

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: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet S Parts I-III Date/Time Prepared: 8/1/2024 8:19 am
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 8/1/2024	Time: 8:19 am
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.		
Contractor use only	5. <input type="checkbox"/> 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. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> 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 PARKVIEW HOSPITAL ( 15-0021 ) for the cost reporting period beginning 01/01/2023 and ending 12/31/2023 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00	HOSPITAL	0	4,120,421	4,335,424	0	0 1.00
2.00	SUBPROVIDER - IPF	0	109,954	0	0	0 2.00
3.00	SUBPROVIDER - IRF	0	211,841	0	0	0 3.00
5.00	SWING BED - SNF	0	0	0	0	0 5.00
6.00	SWING BED - NF	0	0	0	0	0 6.00
7.00	SKILLED NURSING FACILITY	0	0	0	0	0 7.00
9.00	HOME HEALTH AGENCY I	0	0	58,462	0	0 9.00
200.00	TOTAL	0	4,442,216	4,393,886	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: 15-0021		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 8/1/2024 8:19 am		
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	1.00	2.00	3.00	4.00							
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 11109 PARKVIEW PLAZA DRIVE		PO Box:							1.00	
2.00	City: FORT WAYNE		State: IN		Zip Code: 46845		County: ALLEN				2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:											
3.00	Hospital	PARKVIEW HOSPITAL	150021	23060	1	07/01/1966	N	P	P	3.00	
4.00	Subprovider - IPF	PARKVIEW PSYCHIATRIC UNIT	15S021	23060	4	01/01/1984	N	P	P	4.00	
5.00	Subprovider - IRF	PARKVIEW REHABILITATION UNIT	15T021	23060	5	01/01/1984	N	P	P	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	PARKVIEW HOME HEALTH SERVICES	157423	23060		04/25/1995	N	P	N	12.00	
13.00	Separately Certified ASC									13.00	
14.00	Hospital-Based Hospice	PARKVIEW HOME HEALTH & HOSPICE	151552	23060		06/27/1996				14.00	
15.00	Hospital-Based Health Clinic - RHC									15.00	
16.00	Hospital-Based Health Clinic - FQHC									16.00	
17.00	Hospital-Based (CMHC) I									17.00	
17.10	Hospital-Based (CORF) I									17.10	
17.20	Hospital-Based (OPT) I									17.20	
17.30	Hospital-Based (OOT) I									17.30	
17.40	Hospital-Based (OSP) I									17.40	
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)				N	N				22.01	
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				N	N			N	22.03	
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									22.04	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)									22.04	
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									22.04	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0021		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 8/1/2024 8:19 am	
		1.00	2.00	3.00			
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
		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.	8,497	3,383	96	234	41,963	631
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.	123	237	14	0	1,860	
		Urban/Rural		S		Date of Geogr	
		1.00		2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.				2		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.				2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.				0		35.00
		Beginning:		Ending:			
		1.00		2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				0		36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.				0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPSS final rule? Enter "Y" for yes or "N" for no. (see instructions)						37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.						38.00
		Y/N		Y/N			
		1.00		2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)			N	N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)			N	N		40.00
		V	XVII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)			N	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
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.			Y	Y		56.00

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		V	XVIII	XIX	
		1.00	2.00	3.00	
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.	Y			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00
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 Criteria 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)		23.02	1	60.01

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

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

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			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)		Y		63.00	
			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 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	22.01	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	12.07	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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))				
	1.00	2.00	3.00	4.00	5.00				
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MED	1400	0.00	22.01	0.000000		67.00	
						1.00			
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?								68.00
						1.00	2.00	3.00	
<b>Inpatient Psychiatric Facility PPS</b>									
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y			70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0	71.00	
<b>Inpatient Rehabilitation Facility PPS</b>									
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y			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)				N	N	0	76.00	
						1.00			
<b>Long Term Care Hospital PPS</b>									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N		80.00		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N		81.00		
<b>TEFRA Providers</b>									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N		85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00		
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.				N		87.00		
				Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments				
				1.00	2.00				
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.				N	0		88.00	

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		Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge	
		1.00	2.00	3.00	
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.	0.00		0	89.00
			V	XIX	
			1.00	2.00	
<b>Title V and XIX Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
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
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a CAH?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
107.01	If this facility is a REH (line 3, column 4, is "12"), is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no. (see instructions)				107.01
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
		Physical	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			109.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 8/1/2024 8:19 am
			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
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
			1.00	2.00
			3.00	
<b>Miscellaneous Cost Reporting Information</b>				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		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.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	187,107	200,249	130,025
			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
DO NOT USE THIS LINE				
119.00				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y	121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		Y	5.07
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	Y
<b>Certified Transplant Center Information</b>				
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N	125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0021		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 8/1/2024 8:19 am	
		1.00	2.00				
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	15H032			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: PARKVIEW HEALTH SYSTEM, INC.	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101		141.00	
142.00	Street: 1450 PRODUCTION ROAD	PO Box:		Zip Code: 46808-1167		142.00	
143.00	City: FORT WAYNE	State: IN				143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00	
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	
						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	
		1.00		2.00		3.00	
						Title XIX	
						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	161.00	
161.10	CORF			N	N	161.10	
161.20	OUTPATIENT PHYSICAL THERAPY			N	N	161.20	
161.30	OUTPATIENT OCCUPATIONAL THERAPY			N	N	161.30	
161.40	OUTPATIENT SPEECH PATHOLOGY			N	N	161.40	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						Zip Code	
						3.00	
						CBSA	
						4.00	
						FTE/Campus	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 8/1/2024 8:19 am
			Beginning	Ending
			1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0021		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part II Date/Time Prepared: 8/1/2024 8:19 am	
				Y/N	Date		
				1.00	2.00		
<b>PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE</b>							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
				Y/N	Date		V/I
				1.00	2.00		3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
<b>Financial Data and Reports</b>							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/24/2022			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
				Y/N	Legal Oper.		
				1.00	2.00		
<b>Approved Educational Activities</b>							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
<b>Bad Debts</b>							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.			N			14.00
<b>Bed Complement</b>							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y			15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
<b>PS&amp;R Data</b>							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	01/03/2024	Y	01/03/2024		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: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part II Date/Time Prepared: 8/1/2024 8:19 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				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
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				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
<b>Provider-Based Physicians</b>					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
					1.00
					2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SHANNON		ECENBARGER	41.00
42.00	Enter the employer/company name of the cost report preparer.	PARKVIEW HEALTH SYSTEM, INC.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	260-373-8457		SHANNON.ECENBARGER@PARKVIEW.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0021

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
8/1/2024 8:19 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0021

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
8/1/2024 8:19 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P		
	Line No.				Visits	Trips	
	1.00	2.00	3.00	4.00	5.00		
<b>PART I - STATISTICAL DATA</b>							
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	588	214,620	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)		588	214,620	0.00	0	7.00	
8.00 INTENSIVE CARE UNIT	31.00	148	54,020	0.00	0	8.00	
8.01 PEDIATRIC ICU	31.01	7	2,555	0.00	0	8.01	
8.02 NEONATAL ICU	31.02	41	14,965	0.00	0	8.02	
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00	
10.00 BURN INTENSIVE CARE UNIT						10.00	
11.00 SURGICAL INTENSIVE CARE UNIT						11.00	
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00	
13.00 NURSERY	43.00				0	13.00	
14.00 Total (see instructions)		784	286,160	0.00	0	14.00	
15.00 CAH visits					0	15.00	
15.10 REH hours and visits				0.00	0	15.10	
16.00 SUBPROVIDER - IPF	40.00	60	21,900		0	16.00	
17.00 SUBPROVIDER - IRF	41.00	50	18,250		0	17.00	
18.00 SUBPROVIDER						18.00	
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	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	0	0			24.00	
24.10 HOSPICE (non-distinct part)	30.00					24.10	
25.00 CMHC - CMHC						25.00	
25.10 CMHC - CORF	99.10				0	25.10	
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20	
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30	
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40	
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)		894				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: 15-0021

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
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Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
<b>PART I - STATISTICAL DATA</b>						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	27,808	5,862	149,049		1.00
2.00	HMO and other (see instructions)	62,351	45,676			2.00
3.00	HMO IPF Subprovider	2,819	8,355			3.00
4.00	HMO IRF Subprovider	3,344	2,111			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)	27,808	5,862	149,049		7.00
8.00	INTENSIVE CARE UNIT	12,174	527	39,142		8.00
8.01	PEDIATRIC ICU	0	126	1,063		8.01
8.02	NEONATAL ICU	0	1,576	11,478		8.02
9.00	CORONARY CARE UNIT	0	0	0		9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT					11.00
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		406	5,637		13.00
14.00	Total (see instructions)	39,982	8,497	206,369	34.08	6,146.80
15.00	CAH visits	0	0	0		15.00
15.10	REH hours and visits	0	0	0		15.10
16.00	SUBPROVIDER - IPF	1,644	1,701	16,825	0.00	95.10
17.00	SUBPROVIDER - IRF	4,194	123	13,395	0.00	136.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY	0	0	60,695	0.00	166.90
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE	0	0	0	0.00	93.50
24.10	HOSPICE (non-distinct part)			2,433		24.10
25.00	CMHC - CMHC					25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER					26.25
27.00	Total (sum of lines 14-26)				34.08	6,638.30
28.00	Observation Bed Days		972	18,694		28.00
29.00	Ambulance Trips	2,245				29.00
30.00	Employee discount days (see instruction)			4,376		30.00
31.00	Employee discount days - IRF			224		31.00
32.00	Labor & delivery days (see instructions)	0	631	1,230		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: 15-0021

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

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Part I  
Date/Time Prepared:  
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Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
<b>PART I - STATISTICAL DATA</b>							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	7,860	1,268	56,755	1.00
2.00	HMO and other (see instructions)			10,407	8,382		2.00
3.00	HMO IPF Subprovider				1,917		3.00
4.00	HMO IRF Subprovider				396		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
8.01	PEDIATRIC ICU						8.01
8.02	NEONATAL ICU						8.02
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	7,860	1,268	56,755	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF	0.00	0	260	219	3,980	16.00
17.00	SUBPROVIDER - IRF	0.00	0	360	15	1,104	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					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
25.10	CMHC - CORF	0.00					25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0.00					25.20
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00					25.30
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00					25.40
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: 15-0021

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
8/1/2024 8:19 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	687,540,629	-128,380,305	559,160,324	13,807,755.00	40.50
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		3,349,733	0	3,349,733	17,050.00	196.47
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FOHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	2,788,995	-327	2,788,668	69,846.00	39.93
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		280,365,509	-151,985,204	128,380,305	3,372,929.00	38.06
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		51,928,596	6,809,151	58,737,747	1,286,812.00	45.65
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		0	0	0	0.00	0.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		445,659	0	445,659	1,626.00	274.08
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		128,380,305	0	128,380,305	3,372,929.00	38.06
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		183,503,465	0	183,503,465		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		20,825,452	0	20,825,452		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		367,357	0	367,357		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		69,444,535	0	69,444,535		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0021

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

Worksheet S-3  
Part II  
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8/1/2024 8:19 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	53,053,525	-46,248,709	6,804,816	27,819.00	244.61	26.00
27.00	Administrative & General	290,281,994	-123,576,978	166,705,016	3,620,647.00	46.04	27.00
28.00	Administrative & General under contract (see inst.)	0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	5,971,035	704,042	6,675,077	206,536.00	32.32	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9,386,953	1,107,709	10,494,662	450,399.00	23.30	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	10,388,171	1,219,123	11,607,294	461,932.00	25.13	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	3,029,852	344,608	3,374,460	57,896.00	58.28	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	17,663,356	-472,803	17,190,553	332,605.00	51.68	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	8,293,823	927,343	9,221,166	232,498.00	39.66	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0021

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
8/1/2024 8:19 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	404,386,125	23,605,226	427,991,351	10,364,980.00	41.29	1.00
2.00	Excluded area salaries (see instructions)	51,928,596	6,809,151	58,737,747	1,286,812.00	45.65	2.00
3.00	Subtotal salaries (line 1 minus line 2)	352,457,529	16,796,075	369,253,604	9,078,168.00	40.67	3.00
4.00	Subtotal other wages & related costs (see inst.)	128,825,964	0	128,825,964	3,374,555.00	38.18	4.00
5.00	Subtotal wage-related costs (see inst.)	253,315,357	0	253,315,357	0.00	68.60	5.00
6.00	Total (sum of lines 3 thru 5)	734,598,850	16,796,075	751,394,925	12,452,723.00	60.34	6.00
7.00	Total overhead cost (see instructions)	398,068,709	-165,995,665	232,073,044	5,390,332.00	43.05	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0021

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

Worksheet S-3  
Part IV  
Date/Time Prepared:  
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	11,403,337	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	35,367,783	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	101,812	6.00
7.00	Employee Managed Care Program Administration Fees	1,889,525	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	82,578,438	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	23,157,415	9.00
10.00	Dental, Hearing and Vision Plan	2,846,088	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	542,235	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	1,991,568	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	312,240	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	42,879,676	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	334,932	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	1,291,227	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	204,696,276	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0021

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
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Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	0	176,059,468	1.00
2.00	Hospital	0	176,059,468	2.00
3.00	SUBPROVIDER - IPF	0	0	3.00
4.00	SUBPROVIDER - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY	0	0	8.00
9.00	NURSING FACILITY			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
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	RENAL DIALYSIS I			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0021 Component CCN: 15-7423		Period: From 01/01/2023 To 12/31/2023		Worksheet S-4 Date/Time Prepared: 8/1/2024 8:19 am	
				Home Health Agency I		PPS	
						1.00	
0.00	County					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	2,246	0	769	3,015	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	2,864.00	0.00	980.00	0.00	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		0.89	0.00	0.89	3.00
4.00	Director(s) and Assistant Director(s)			0.23	0.00	0.23	4.00
5.00	Other Administrative Personnel			7.38	0.00	7.38	5.00
6.00	Direct Nursing Service			72.02	0.00	72.02	6.00
7.00	Nursing Supervisor			7.70	0.00	7.70	7.00
8.00	Physical Therapy Service			18.91	0.00	18.91	8.00
9.00	Physical Therapy Supervisor			1.00	0.00	1.00	9.00
10.00	Occupational Therapy Service			7.97	0.00	7.97	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			1.30	0.00	1.30	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			3.26	0.00	3.26	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			14.91	0.00	14.91	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.					2	19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).					23060	20.00
20.01						99915	20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	6,958	1,359	140	21	8,478	21.00
22.00	Skilled Nursing Visit Charges	1,570,280	309,620	32,920	4,160	1,916,980	22.00
23.00	Physical Therapy Visits	2,117	1,081	15	10	3,223	23.00
24.00	Physical Therapy Visit Charges	508,080	259,440	3,600	1,920	773,040	24.00
25.00	Occupational Therapy Visits	612	555	3	0	1,170	25.00
26.00	Occupational Therapy Visit Charges	146,880	133,200	480	0	280,560	26.00
27.00	Speech Pathology Visits	93	91	0	0	184	27.00
28.00	Speech Pathology Visit Charges	22,320	21,840	0	0	44,160	28.00
29.00	Medical Social Service Visits	107	60	2	1	170	29.00
30.00	Medical Social Service Visit Charges	27,285	15,300	510	255	43,350	30.00
31.00	Home Health Aide Visits	344	274	0	0	618	31.00
32.00	Home Health Aide Visit Charges	41,280	32,760	0	0	74,040	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	10,231	3,420	160	32	13,843	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)	2,316,125	772,160	37,510	6,335	3,132,130	35.00
36.00	Total Number of Episodes (standard/non outlier)	0		0	0	0	36.00
37.00	Total Number of Outlier Episodes		0		0	0	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 15-0021  
Hospice CCN: 15-1552

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

Worksheet S-9  
PARTS I THROUGH IV  
Date/Time Prepared:  
8/1/2024 8:19 am

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of col.s. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015</b>								
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	
<b>Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015</b>								
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 col.s. 1 through 3)	
		1.00	2.00	3.00	4.00	
<b>PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015</b>						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	69,636	3,657	6,200	79,493	11.00
12.00	Hospice Inpatient Respite Care	272	14	24	310	12.00
13.00	Hospice General Inpatient Care	2,228	117	198	2,543	13.00
14.00	Total Hospice Days	72,136	3,788	6,422	82,346	14.00
<b>PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015</b>						
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: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 8/1/2024 8:19 am
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			1.00	
<b>PART I - HOSPITAL AND HOSPITAL COMPLEX DATA</b>				
<b>Uncompensated and Indigent Care Cost-to-Charge Ratio</b>				
1.00	Cost to charge ratio (see instructions)		0.203722	1.00
<b>Medicaid (see instructions for each line)</b>				
2.00	Net revenue from Medicaid		46,304,674	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		443,028,364	6.00
7.00	Medicaid cost (line 1 times line 6)		90,254,624	7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)		43,949,950	8.00
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>				
9.00	Net revenue from stand-alone CHIP		2,085,146	9.00
10.00	Stand-alone CHIP charges		5,336,441	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		1,087,150	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)		0	12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		103,287,239	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		545,393,818	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		111,108,719	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)		7,821,480	16.00
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		51,771,430	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
<b>Uncompensated care cost (see instructions for each line)</b>				
20.00	Charity care charges and uninsured discounts (see instructions)	65,648,628	14,928,987	80,577,615
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	13,374,070	12,245,681	25,619,751
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (see instructions)	13,374,070	12,245,681	25,619,751
			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)		3,369,811	25.01
26.00	Bad debt amount (see instructions)		50,005,765	26.00
27.00	Medicare reimbursable bad debts (see instructions)		1,621,983	27.00
27.01	Medicare allowable bad debts (see instructions)		2,495,358	27.01
28.00	Non-Medicare bad debt amount (see instructions)		47,510,407	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		10,552,290	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		36,172,041	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		87,943,471	31.00



HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 8/1/2024 8:19 am
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				1.00	
<b>PART II - HOSPITAL DATA</b>					
<b>Uncompensated and Indigent Care Cost-to-Charge Ratio</b>					
1.00	Cost to charge ratio (see instructions)			0.187726	1.00
<b>Medicaid (see instructions for each line)</b>					
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
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>					
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
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)				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
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care				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	
<b>Uncompensated care cost (see instructions for each line)</b>					
20.00	Charity care charges and uninsured discounts (see instructions)	65,648,628	14,928,987	80,577,615	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	12,323,954	12,191,777	24,515,731	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)	12,323,954	12,191,777	24,515,731	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)			3,369,811	25.01
26.00	Bad debt amount (see instructions)			50,005,765	26.00
27.00	Medicare reimbursable bad debts (see instructions)			1,489,498	27.00
27.01	Medicare allowable bad debts (see instructions)			2,291,535	27.01
28.00	Non-Medicare bad debt amount (see instructions)			47,714,230	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)			9,759,239	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)			34,274,970	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			34,274,970	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet A Date/Time Prepared: 8/1/2024 8:19 am		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		49,576,552		-27,945,735	21,630,817	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0		28,791,988	28,791,988	2.00
3.00	00300	OTHER CAP REL COSTS		0		0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	53,053,525	123,420,139	176,473,664	-39,334,286	137,139,378	4.00
5.01	00540	COMMUNICATIONS	0	0	0	282,808	282,808	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	MATERIALS MANAGEMENT	0	0	0	0	0	5.03
5.04	00570	PATIENT SERVICES	3,760,385	1,205,250	4,965,635	616,587	5,582,222	5.04
5.05	00580	PATIENT ACCOUNTING	0	0	0	0	0	5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	0	0	0	5.06
5.07	00590	OTHER A&G	286,521,609	380,538,737	667,060,346	-3,148,026	663,912,320	5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	0	0	0	5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,304,987	9,756,007	11,060,994	154,258	11,215,252	7.00
7.01	00701	FACILITY ENGINEERING	4,666,048	1,054,425	5,720,473	545,499	6,265,972	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,653,595	4,653,595	0	4,653,595	8.00
9.00	00900	HOUSEKEEPING	9,386,953	2,673,457	12,060,410	1,107,644	13,168,054	9.00
10.00	01000	DIETARY	10,388,171	8,978,194	19,366,365	-14,523,411	4,842,954	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	15,734,315	15,734,315	10.01
10.02	01002	CAFETERIA	0	0	0	0	0	10.02
10.03	01003	PREADMITS AND ER	0	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,029,852	444,788	3,474,640	347,274	3,821,914	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	16,151,208	158,786,201	174,937,409	-158,676,961	16,260,448	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	1,512,148	1,020,498	2,532,646	329,850	2,862,496	15.02
15.03	01503	MED SURG SUPPLY	0	-3,623,141	-3,623,141	35,332,012	31,708,871	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	7,309,331	1,892,387	9,201,718	927,343	10,129,061	17.00
17.01	01701	REHAB ADMIN	984,492	46,536	1,031,028	-400	1,030,628	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,788,995	0	2,788,995	-327	2,788,668	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,370,766	1,370,766	-612,193	758,573	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	1,396,436	1,396,436	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	68,910,145	34,781,743	103,691,888	7,896,798	111,588,686	30.00
31.00	03100	INTENSIVE CARE UNIT	24,875,044	8,886,062	33,761,106	2,603,123	36,364,229	31.00
31.01	03101	PEDIATRIC ICU	4,430,340	1,048,653	5,478,993	179,188	5,658,181	31.01
31.02	03102	NEONATAL ICU	7,025,065	2,667,897	9,692,962	978,352	10,671,314	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	7,043,413	3,342,516	10,385,929	315,543	10,701,472	40.00
41.00	04100	SUBPROVIDER - I RF	9,279,874	3,861,695	13,141,569	1,444,732	14,586,301	41.00
43.00	04300	NURSERY	0	0	0	3,044,766	3,044,766	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	18,361,360	64,114,040	82,475,400	-17,143,109	65,332,291	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	2,043,216	8,573,162	10,616,378	-2,792,286	7,824,092	50.01
51.00	05100	RECOVERY ROOM	4,573,813	1,100,505	5,674,318	3,893,230	9,567,548	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	938,096	37,930	976,026	-435,466	540,560	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,417,297	19,244,030	34,661,327	-1,776,140	32,885,187	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	286,673	87,304	373,977	34,099	408,076	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	810,021	161,055	971,076	97,749	1,068,825	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	6,294,630	2,317,479	8,612,109	676,347	9,288,456	55.00
56.00	05600	RADIOISOTOPE	396,367	181,870	578,237	14,311	592,548	56.00
58.00	05800	MRI	1,243,964	740,865	1,984,829	146,897	2,131,726	58.00
60.00	06000	LABORATORY	20,040,045	36,343,074	56,383,119	832,699	57,215,818	60.00
60.01	06001	ANATOMICAL PATHOLOGY	1,027,145	3,191,013	4,218,158	356,562	4,574,720	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	480	3,981,615	3,982,095	-112,916	3,869,179	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0021		Period: From 01/01/2023 To 12/31/2023		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
65.00	06500	RESPIRATORY THERAPY	7,364,503	1,711,887	9,076,390	-1,350,661	7,725,729	65.00
65.02	06502	DIALYSIS	138,566	3,425,430	3,563,996	16,213	3,580,209	65.02
65.03	03330	ENDOSCOPY	5,212,127	10,375,508	15,587,635	-3,405,702	12,181,933	65.03
66.00	06600	PHYSICAL THERAPY	9,601,464	559,814	10,161,278	-4,282,650	5,878,628	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	581,969	-2,141	579,828	3,615,524	4,195,352	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,819,058	1,819,058	68.00
68.01	06801	NEURO REHAB	1,496,076	58,689	1,554,765	174,924	1,729,689	68.01
69.00	06900	ELECTROCARDIOLOGY	521,935	292,977	814,912	1,382,247	2,197,159	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	296,367	88,509	384,876	865,715	1,250,591	70.00
70.01	03950	NUTRITION SUPPORT	1,204,610	34,146	1,238,756	142,034	1,380,790	70.01
70.03	03952	CARDIAC CATH LAB	4,830,891	32,036,105	36,866,996	-3,980,050	32,886,946	70.03
70.04	03953	CARDIAC REHA SERVICES	471,072	53,982	525,054	55,324	580,378	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF 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	157,062,358	157,062,358	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	1,158,811	754,202	1,913,013	21,027	1,934,040	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEI C HSCT ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	3,391,587	488,961	3,880,548	189,217	4,069,765	90.00
90.01	09001	ANTI COAG CLINIC	867,106	114,678	981,784	1,674,807	2,656,591	90.01
90.02	09002	INFECTIOUS DISEASES	929,063	190,713	1,119,776	109,354	1,229,130	90.02
90.03	09003	RHEUMATOLOGY	418,930	196,825	615,755	45,054	660,809	90.03
90.04	09004	PFCI	3,745,746	328,618	4,074,364	-12,393	4,061,971	90.04
90.05	09005	PVSWT	683,437	1,425,731	2,109,168	-233,401	1,875,767	90.05
90.06	09006	PRMC NEUROSCIENCES	497	0	497	0	497	90.06
90.07	09007	PSMKT	0	406,730	406,730	-1,499	405,231	90.07
91.00	09100	EMERGENCY	15,035,349	6,910,860	21,946,209	1,673,917	23,620,126	91.00
91.01	09101	PARTIAL HOSPITALIZATION	130,522	10,072	140,594	11,082	151,676	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	3,997,405	6,000,515	9,997,920	421,088	10,419,008	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	19,070,686	25,642,091	44,712,777	-10,949,237	33,763,540	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
116.00	11600	HOSPICE	0	0	0	12,932,607	12,932,607	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	675,003,411	1,027,561,801	1,702,565,212	-424,889	1,702,140,323	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,857	2,857	0	2,857	190.00
194.00	07950	NON ALLOWABLE	360,598	84,200	444,798	413	445,211	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	367	367	-360	7	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	131,197	221,562	352,759	15,501	368,260	194.05
194.06	07956	STUCKY RESEARCH CTR	5,323,971	905,659	6,229,630	185,690	6,415,320	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	72	72	0	72	194.07
194.08	07958	FOUNDATION	3,447,534	1,481,559	4,929,093	-9,961	4,919,132	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	78,990	222,040	301,030	9,396	310,426	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	1,378,502	1,352,924	2,731,426	9,979	2,741,405	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	1,323	1,323	-315	1,008	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	34,081	34,081	0	34,081	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	248,479	366,810	615,289	29,801	645,090	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0021		Period: From 01/01/2023 To 12/31/2023		Worksheet A Date/Time Prepared: 8/1/2024 8:19 am	
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	
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	1,567,947	112,990,953	114,558,900	184,745	114,743,645	194.29
200.00		TOTAL (SUM OF LINES 118 through 199)	687,540,629	1,145,226,208	1,832,766,837	0	1,832,766,837	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0021

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

Worksheet A  
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8/1/2024 8:19 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	676,527	22,307,344	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	23,729	28,815,717	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,083,132	135,056,246	4.00
5.01	00540	COMMUNICATIONS	-163,434	119,374	5.01
5.02	00550	DATA PROCESSING	0	0	5.02
5.03	00560	MATERIALS MANAGEMENT	0	0	5.03
5.04	00570	PATIENT SERVICES	-258,268	5,323,954	5.04
5.05	00580	PATIENT ACCOUNTING	0	0	5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	5.06
5.07	00590	OTHER A&G	-331,424,561	332,487,759	5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-15,714	11,199,538	7.00
7.01	00701	FACILITY ENGINEERING	-16	6,265,956	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	404,655	5,058,250	8.00
9.00	00900	HOUSEKEEPING	-66	13,167,988	9.00
10.00	01000	DIETARY	-7,640,441	-2,797,487	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	15,734,315	10.01
10.02	01002	CAFETERIA	0	0	10.02
10.03	01003	PREADMITS AND ER	0	0	10.03
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-50	3,821,864	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	-7,907,888	8,352,560	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	15.01
15.02	01502	IV SOLUTIONS	0	2,862,496	15.02
15.03	01503	MED SURG SUPPLY	-71,038	31,637,833	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	-53,587	10,075,474	17.00
17.01	01701	REHAB ADMIN	0	1,030,628	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-721,068	2,067,600	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	758,573	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	1,396,436	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-477,234	111,111,452	30.00
31.00	03100	INTENSIVE CARE UNIT	-114	36,364,115	31.00
31.01	03101	PEDIATRIC ICU	0	5,658,181	31.01
31.02	03102	NEONATAL ICU	-229	10,671,085	31.02
32.00	03200	CORONARY CARE UNIT	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	-13,173	10,688,299	40.00
41.00	04100	SUBPROVIDER - I RF	-80	14,586,221	41.00
43.00	04300	NURSERY	0	3,044,766	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-1,092	65,331,199	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	-657,460	7,166,632	50.01
51.00	05100	RECOVERY ROOM	-39	9,567,509	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	540,560	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-349,297	32,535,890	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	-40,973	367,103	54.05
54.06	05406	RADIOLOGY - CMP	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	-67,712	1,001,113	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	-134,484	9,153,972	55.00
56.00	05600	RADIOISOTOPE	0	592,548	56.00
58.00	05800	MRI	0	2,131,726	58.00
60.00	06000	LABORATORY	-22,074,282	35,141,536	60.00
60.01	06001	ANATOMICAL PATHOLOGY	7,405	4,582,125	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	-166	3,869,013	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-19,074	7,706,655	65.00
65.02	06502	DIALYSIS	0	3,580,209	65.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0021

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

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Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
65.03	03330	ENDOSCOPY	-546,499	11,635,434	65.03
66.00	06600	PHYSICAL THERAPY	-224,331	5,654,297	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	5,105	4,200,457	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,819,058	68.00
68.01	06801	NEURO REHAB	-4,400	1,725,289	68.01
69.00	06900	ELECTROCARDIOLOGY	0	2,197,159	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-70	1,250,521	70.00
70.01	03950	NUTRITION SUPPORT	0	1,380,790	70.01
70.03	03952	CARDIAC CATH LAB	-65,044	32,821,902	70.03
70.04	03953	CARDIAC REHA SERVICES	-2,534	577,844	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-58,676	-58,676	71.00
71.01	07101	COST OF 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	157,062,358	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	1,934,040	76.98
76.99	07699	LITHOTRI PSY	0	0	76.99
77.00	07700	ALLOGENEI C HSCT ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-194,796	3,874,969	90.00
90.01	09001	ANTI COAG CLINIC	0	2,656,591	90.01
90.02	09002	INFECTIOUS DISEASES	-125,558	1,103,572	90.02
90.03	09003	RHEUMATOLOGY	-162,308	498,501	90.03
90.04	09004	PFCI	0	4,061,971	90.04
90.05	09005	PVSWT	0	1,875,767	90.05
90.06	09006	PRMC NEUROSCIENCES	0	497	90.06
90.07	09007	PSMKT	0	405,231	90.07
91.00	09100	EMERGENCY	-1,380,198	22,239,928	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	151,676	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-336,218	10,082,790	95.00
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	-531,099	33,232,441	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	0	12,932,607	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-376,688,982	1,325,451,341	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,857	190.00
194.00	07950	NON ALLOWABLE	0	445,211	194.00
194.01	07951	TELEVISION	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	194.02
194.03	07953	OP CLINIC	0	7	194.03
194.04	07954	PARK CENTER CLINIC	0	0	194.04
194.05	07955	EDUCARE CTR	0	368,260	194.05
194.06	07956	STUCKY RESEARCH CTR	-168,792	6,246,528	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	72	194.07
194.08	07958	FOUNDATION	0	4,919,132	194.08
194.09	07959	LV HEALTH PLAN	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	310,426	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	-12,262	2,729,143	194.15
194.16	07966	FITNESS	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	-16,825	-15,817	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	34,081	194.21
194.22	07972	EBT	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	-957,513	-312,423	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	194.25
194.26	07976	ISH	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	194.28

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet A Date/Time Prepared: 8/1/2024 8:19 am
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Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
194.29	07978 OUTPATIENT PHARMACY	-1,919,488	112,824,157	194.29
200.00	TOTAL (SUM OF LINES 118 through 199)	-379,763,862	1,453,002,975	200.00

RECLASSIFICATIONS

Provider CCN: 15-0021

Period:  
From 01/01/2023  
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - DIETARY PERSONNEL</b>					
1.00	KITCHEN-NO CONNECT W/CAFE	10.01	8,439,930	7,294,385	1.00
	O		8,439,930	7,294,385	
<b>B - PHARMACY SALARIES AND SOLUTIONS</b>					
1.00	IV SOLUTIONS	15.02	0	201,586	1.00
	O		0	201,586	
<b>C - OTHER A&amp;G</b>					
1.00	PATIENT SERVICES	5.04	175,212	0	1.00
	O		175,212	0	
<b>D - BLOOD BANK</b>					
1.00	ANTI COAG CLINIC	90.01	331,311	1,240,613	1.00
2.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	39	0	2.00
	O		331,350	1,240,613	
<b>F - BLOOD BANK LAB ADMIN</b>					
1.00	ANATOMICAL PATHOLOGY	60.01	177,761	58,532	1.00
2.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	10	2,226	2.00
	O		177,771	60,758	
<b>I - EQUIPMENT DEPRECIATION</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	28,538,518	1.00
2.00	O	0.00	0	0	2.00
	O		0	28,538,518	
<b>J - MED SURG/IV SUPPLIES</b>					
1.00	IV SOLUTIONS	15.02	0	1,719,345	1.00
2.00	MED SURG SUPPLY	15.03	0	35,120,149	2.00
3.00	NURSING ADMINISTRATION	13.00	0	39	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00



RECLASSIFICATIONS

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Period:  
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To 12/31/2023

Worksheet A-6  
Date/Time Prepared:  
8/1/2024 8:19 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
51.00		0.00	0	0	51.00
			0	36,839,533	
K - OPERATION OF PLANT					
1.00		0.00	0	0	1.00
			0	0	
L - IV SALARIES					
1.00	ADULTS & PEDIATRICS	30.00	904,245	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	35,694	0	2.00
3.00	PEDIATRIC ICU	31.01	35,694	0	3.00
4.00	NEONATAL ICU	31.02	23,796	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	59,490	0	5.00
6.00	SUBPROVIDER - IRF	41.00	35,694	0	6.00
7.00	SKILLED NURSING FACILITY	44.00	0	0	7.00
8.00	EMERGENCY	91.00	95,183	0	8.00
			1,189,796	0	
M - COST OF DRUGS SOLD					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	157,062,358	1.00
			0	157,062,358	
N - PBH ADMIN COSTS					
1.00	ADULTS & PEDIATRICS	30.00	265,737	209,386	1.00
			265,737	209,386	
S - CAPITAL INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	586,039	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	253,470	2.00
			0	839,509	
T - HOSPICE RECLASS					
1.00	HOSPICE	116.00	7,549,295	5,583,982	1.00
			7,549,295	5,583,982	
U - ALLOC A&G OVERHEAD TO HHA & HOSPICE					
1.00	HOSPICE	116.00	609,304	862,541	1.00
			609,304	862,541	
W - RECLASS PTO DOLLARS					
1.00	OTHER A&G	5.07	9,375	0	1.00
2.00	OPERATION OF PLANT	7.00	6,911	0	2.00
3.00	FACILITY ENGINEERING	7.01	23,626	0	3.00
4.00	HOUSEKEEPING	9.00	39,273	0	4.00
5.00	DIETARY	10.00	39,472	0	5.00
6.00	NURSING ADMINISTRATION	13.00	13,835	0	6.00
7.00	PHARMACY	15.00	37,724	0	7.00
8.00	IV SOLUTIONS	15.02	4,083	0	8.00
9.00	SOCIAL SERVICE	17.00	19,541	0	9.00
10.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	274,305	0	11.00
12.00	SUBPROVIDER - IPF	40.00	3,094	0	12.00
13.00	SUBPROVIDER - IRF	41.00	161,054	0	13.00
14.00	OPERATING ROOM	50.00	74,217	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	46,005	0	15.00
16.00	RADIOLOGY - NHMP	54.05	3,802	0	16.00
17.00	RADIOISOTOPE	56.00	1,816	0	17.00
18.00	MRI	58.00	5,573	0	18.00
19.00	RESPIRATORY THERAPY	65.00	29,607	0	19.00
20.00	HYPERBARIC OXYGEN THERAPY	76.98	11,321	0	20.00
21.00	ENDOSCOPY	65.03	4,902	0	21.00
22.00	PHYSICAL THERAPY	66.00	62,101	0	22.00
23.00	NEURO REHAB	68.01	19,835	0	23.00
24.00	ELECTROCARDIOLOGY	69.00	2,120	0	24.00
25.00	NUTRITION SUPPORT	70.01	4,651	0	25.00
26.00	CARDIAC REHA SERVICES	70.04	2,815	0	26.00
27.00	CLINIC	90.00	3,313	0	27.00
28.00	ANTI COAG CLINIC	90.01	5,857	0	28.00
29.00	INFECTIOUS DISEASES	90.02	7,111	0	29.00
30.00	EMERGENCY	91.00	87,048	0	30.00
31.00	AMBULANCE SERVICES	95.00	0	0	31.00
32.00	SENIOR HEALTH SERVICES	194.14	1,048	0	32.00
33.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	1,646	0	33.00
34.00	OUTPATIENT PHARMACY	194.29	3,700	0	34.00
	TOTALS		1,010,781	0	
Y - EMPLOYEE BENEFIT RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,925,608	1.00
2.00	OTHER A&G	5.07	0	3,030	2.00
3.00	NURSING ADMINISTRATION	13.00	0	2,627	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	142,940	4.00

RECLASSIFICATIONS

Provider CCN: 15-0021

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

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Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
5.00	SUBPROVIDER - IRF	41.00	0	81	5.00
6.00	RADIOLOGY - PULM CLINIC	54.08	0	2,624	6.00
7.00	CLINIC	90.00	0	274	7.00
8.00		0.00	0	0	8.00
	0		0	7,077,184	
<b>Z - PTO ACCRUAL RECLASS PVHOS</b>					
1.00	PATIENT SERVICES	5.04	391,867	0	1.00
2.00	OTHER A&G	5.07	652,103	0	2.00
3.00	OPERATION OF PLANT	7.00	137,915	0	3.00
4.00	FACILITY ENGINEERING	7.01	481,754	0	4.00
5.00	HOUSEKEEPING	9.00	956,211	0	5.00
6.00	DIETARY	10.00	1,059,304	0	6.00
7.00	NURSING ADMINISTRATION	13.00	307,180	0	7.00
8.00	PHARMACY	15.00	1,517,709	0	8.00
9.00	IV SOLUTIONS	15.02	159,809	0	9.00
10.00	MED SURG SUPPLY	15.03	189,197	0	10.00
11.00	SOCIAL SERVICE	17.00	827,341	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	8,016,896	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	3,037,418	0	13.00
14.00	PEDIATRIC ICU	31.01	129,796	0	14.00
15.00	NEONATAL ICU	31.02	904,951	0	15.00
16.00	SUBPROVIDER - IPF	40.00	24,651	0	16.00
17.00	SUBPROVIDER - IRF	41.00	1,283,356	0	17.00
18.00	OPERATING ROOM	50.00	2,257,783	0	18.00
19.00	PARKVIEW PREMIER SURGERY	50.01	215,934	0	19.00
20.00	RECOVERY ROOM	51.00	534,615	0	20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	39,931	0	21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	1,868,634	0	22.00
23.00	RADIOLOGY - NHMP	54.05	30,297	0	23.00
24.00	RADIOLOGY - PULM CLINIC	54.08	85,634	0	24.00
25.00	RADIOLOGY-THERAPEUTIC	55.00	665,041	0	25.00
26.00	RADIOISOTOPE	56.00	41,889	0	26.00
27.00	MRI	58.00	131,466	0	27.00
28.00	LABORATORY	60.00	2,294,702	0	28.00
29.00	ANATOMICAL PATHOLOGY	60.01	108,552	0	29.00
30.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	51	0	30.00
31.00	RESPIRATORY THERAPY	65.00	858,615	0	31.00
32.00	HYPERBARIC OXYGEN THERAPY	76.98	122,116	0	32.00
33.00	DIALYSIS	65.02	14,644	0	33.00
34.00	ENDOSCOPY	65.03	550,835	0	34.00
35.00	PHYSICAL THERAPY	66.00	1,014,676	0	35.00
36.00	NEURO REHAB	68.01	158,110	0	36.00
37.00	ELECTROCARDIOLOGY	69.00	55,086	0	37.00
38.00	ELECTROENCEPHALOGRAPHY	70.00	27,636	0	38.00
39.00	NUTRITION SUPPORT	70.01	127,307	0	39.00
40.00	CARDIAC CATH LAB	70.03	510,545	0	40.00
41.00	CARDIAC REHA SERVICES	70.04	49,785	0	41.00
42.00	CLINIC	90.00	182,583	0	42.00
43.00	ANTI COAG CLINIC	90.01	91,639	0	43.00
44.00	INFECTIOUS DISEASES	90.02	97,967	0	44.00
45.00	RHEUMATOLOGY	90.03	42,831	0	45.00
46.00	EMERGENCY	91.00	1,768,122	0	46.00
47.00	AMBULANCE SERVICES	95.00	422,459	0	47.00
48.00	NON ALLOWABLE	194.00	369	0	48.00
49.00	EDUCARE CTR	194.05	13,843	0	49.00
50.00	STUCKY RESEARCH CTR	194.06	138,468	0	50.00
51.00	SENIOR HEALTH SERVICES	194.14	8,348	0	51.00
52.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	5,113	0	52.00
53.00	MEDICAL OFFICE BUILDINGS	194.23	26,613	0	53.00
54.00	OUTPATIENT PHARMACY	194.29	165,707	0	54.00
55.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	9	0	55.00
	0		34,805,413	0	
<b>AA - PTO RECLASS PVN</b>					
1.00	PATIENT SERVICES	5.04	46,945	0	1.00
2.00	OTHER A&G	5.07	69,171	0	2.00
3.00	OPERATION OF PLANT	7.00	9,925	0	3.00
4.00	FACILITY ENGINEERING	7.01	35,160	0	4.00
5.00	HOUSEKEEPING	9.00	77,063	0	5.00
6.00	DIETARY	10.00	89,223	0	6.00
7.00	NURSING ADMINISTRATION	13.00	23,593	0	7.00
8.00	PHARMACY	15.00	145,809	0	8.00

RECLASSIFICATIONS

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
9.00	IV SOLUTIONS	15.02	15,247	0	9.00
10.00	MED SURG SUPPLY	15.03	22,666	0	10.00
11.00	SOCIAL SERVICE	17.00	80,461	0	11.00
12.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	3	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	698,564	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	363,882	0	14.00
15.00	PEDIATRIC ICU	31.01	15,550	0	15.00
16.00	NEONATAL ICU	31.02	108,413	0	16.00
17.00	OPERATING ROOM	50.00	199,633	0	17.00
18.00	PARKVIEW PREMIER SURGERY	50.01	25,869	0	18.00
19.00	RECOVERY ROOM	51.00	64,047	0	19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	4,784	0	20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	179,944	0	21.00
22.00	RADIOLOGY - PULM CLINIC	54.08	10,259	0	22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	79,672	0	23.00
24.00	RADIOISOTOPE	56.00	3,285	0	24.00
25.00	MRI	58.00	10,429	0	25.00
26.00	LABORATORY	60.00	274,905	0	26.00
27.00	ANATOMICAL PATHOLOGY	60.01	13,005	0	27.00
28.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	6	0	28.00
29.00	RESPIRATORY THERAPY	65.00	74,598	0	29.00
30.00	HYPERBARIC OXYGEN THERAPY	76.98	3,822	0	30.00
31.00	DIALYSIS	65.02	1,754	0	31.00
32.00	ENDOSCOPY	65.03	61,311	0	32.00
33.00	PHYSICAL THERAPY	66.00	62,275	0	33.00
34.00	NEURO REHAB	68.01	6	0	34.00
35.00	ELECTROCARDIOLOGY	69.00	4,576	0	35.00
36.00	ELECTROENCEPHALOGRAPHY	70.00	3,311	0	36.00
37.00	NUTRITION SUPPORT	70.01	10,811	0	37.00
38.00	CARDIAC CATH LAB	70.03	61,163	0	38.00
39.00	CARDIAC REHA SERVICES	70.04	3,277	0	39.00
40.00	CLINIC	90.00	18,711	0	40.00
41.00	ANTI COAG CLINIC	90.01	5,387	0	41.00
42.00	INFECTIOUS DISEASES	90.02	4,949	0	42.00
43.00	RHEUMATOLOGY	90.03	5,208	0	43.00
44.00	EMERGENCY	91.00	128,723	0	44.00
45.00	AMBULANCE SERVICES	95.00	50,615	0	45.00
46.00	NON ALLOWABLE	194.00	44	0	46.00
47.00	EDUCARE CTR	194.05	1,658	0	47.00
48.00	STUCKY RESEARCH CTR	194.06	68,472	0	48.00
49.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	15,813	0	49.00
50.00	MEDICAL OFFICE BUILDINGS	194.23	3,188	0	50.00
51.00	OUTPATIENT PHARMACY	194.29	16,320	0	51.00
	<b>0</b>		<b>3,273,505</b>	<b>0</b>	
<b>AB - PTO RECLASS PBH</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	0	1.00
2.00	PATIENT SERVICES	5.04	276	0	2.00
3.00	OTHER A&G	5.07	0	0	3.00
4.00	FACILITY ENGINEERING	7.01	943	0	4.00
5.00	HOUSEKEEPING	9.00	3,788	0	5.00
6.00	DIETARY	10.00	3,353	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	34,095	0	7.00
8.00	SUBPROVIDER - IPF	40.00	82,438	0	8.00
9.00	OCCUPATIONAL THERAPY	67.00	5,349	0	9.00
10.00	CLINIC	90.00	0	0	10.00
11.00	PARTIAL HOSPITALIZATION	91.01	1,200	0	11.00
12.00	OP CLINIC	194.03	0	0	12.00
13.00	HUNTINGTON ARC	194.13	0	0	13.00
	<b>0</b>		<b>131,442</b>	<b>0</b>	
<b>AC - PTO ACCRUAL RECLASS PBH</b>					
1.00	PATIENT SERVICES	5.04	2,287	0	1.00
2.00	OTHER A&G	5.07	0	0	2.00
3.00	FACILITY ENGINEERING	7.01	7,808	0	3.00
4.00	HOUSEKEEPING	9.00	31,374	0	4.00
5.00	DIETARY	10.00	27,771	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	282,403	0	6.00
7.00	SUBPROVIDER - IPF	40.00	682,815	0	7.00
8.00	OCCUPATIONAL THERAPY	67.00	44,302	0	8.00
9.00	CLINIC	90.00	0	0	9.00
10.00	PARTIAL HOSPITALIZATION	91.01	9,936	0	10.00
	<b>0</b>		<b>1,088,696</b>	<b>0</b>	

RECLASSIFICATIONS

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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>AD - PTO RECLASS HOME HEALTH</b>						
1.00	OTHER A&G	5.07	0	0	1.00	
2.00	HOME HEALTH AGENCY	101.00	181,103	0	2.00	
	O		181,103	0		
<b>AE - PTO ACCRUAL RECLASS HOME HEALTH</b>						
1.00	OTHER A&G	5.07	0	0	1.00	
2.00	HOME HEALTH AGENCY	101.00	2,302,013	0	2.00	
	O		2,302,013	0		
<b>AF - PARAMEDICAL EDUCATION</b>						
1.00	PARAMEDICAL PHARMACY	23.02	1,373,262	23,174	1.00	
	O		1,373,262	23,174		
<b>AH - CORPORATE ALLOCATION RECLASS</b>						
1.00	OTHER A&G	5.07	0	128,380,305	1.00	
	O		0	128,380,305		
<b>AI - INTERNAL MEDICINE PHYSICIAN RECLASS</b>						
1.00	ADULTS & PEDIATRICS	30.00	0	350,400	1.00	
	O		0	350,400		
<b>AK - TELEPHONE EXPENSE RECLASS</b>						
1.00	COMMUNICATIONS	5.01	0	282,808	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
	O		0	282,808		
<b>AM - NEW LIFE CENTER NURSING ADMIN</b>						
1.00	ADULTS & PEDIATRICS	30.00	225,751	20,348	1.00	
2.00	NURSERY	43.00	152,089	13,708	2.00	
	O		377,840	34,056		
<b>AO - CONVERSION TABLE RECLASS</b>						
1.00	RECOVERY ROOM	51.00	535,106	1,654,245	1.00	
2.00	OUTPATIENT PHARMACY	194.29	1,989	6,063	2.00	
3.00	OCCUPATIONAL THERAPY	67.00	3,531,568	34,305	3.00	
4.00	SPEECH PATHOLOGY	68.00	1,801,558	17,500	4.00	
5.00	ELECTROCARDIOLOGY	69.00	1,217,367	103,346	5.00	
6.00	ELECTROENCEPHALOGRAPHY	70.00	769,447	65,321	6.00	
7.00	RECOVERY ROOM	51.00	291,606	901,482	7.00	
8.00	DELIVERY ROOM & LABOR ROOM	52.00	15,073	2,854	8.00	
	O		8,163,714	2,785,116		
<b>AP - NURSERY RECLASS NORTH</b>						
1.00	NURSERY	43.00	1,172,734	663,719	1.00	
	O		1,172,734	663,719		
<b>AQ - NURSERY RECLASS PVHOS</b>						
1.00	NURSERY	43.00	762,194	280,322	1.00	
	O		762,194	280,322		
<b>AR - BONUS SALARY RECLASS</b>						
1.00	OTHER A&G	5.07	3,456,091	0	1.00	
	O		3,456,091	0		
<b>AS - HOSPICE RECLASS</b>						
1.00	OTHER A&G	5.07	0	1,672,515	1.00	
	TOTALS		0	1,672,515		

RECLASSIFICATIONS

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		Increases			
Cost Center		Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	AT - HHA RECLASS				
1.00	HOME HEALTH AGENCY	101.00	0	7,817,121	1.00
	TOTALS		0	7,817,121	
500.00	Grand Total: Increases		76,837,183	388,099,889	500.00

RECLASSIFICATIONS

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - DIETARY PERSONNEL</b>							
1.00	DIETARY	10.00	8,439,930	7,294,385	0		1.00
	O		8,439,930	7,294,385			
<b>B - PHARMACY SALARIES AND SOLUTIONS</b>							
1.00	PHARMACY	15.00	0	201,586	0		1.00
	O		0	201,586			
<b>C - OTHER A&amp;G</b>							
1.00	EMERGENCY	91.00	175,212	0	0		1.00
	O		175,212	0			
<b>D - BLOOD BANK</b>							
1.00	LABORATORY	60.00	331,350	1,125,356	0		1.00
2.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	115,257	0		2.00
	O		331,350	1,240,613			
<b>F - BLOOD BANK LAB ADMIN</b>							
1.00	LABORATORY	60.00	177,771	60,758	0		1.00
2.00	O	0.00	0	0	0		2.00
			177,771	60,758			
<b>I - EQUIPMENT DEPRECIATION</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	28,531,774	9		1.00
2.00	DIETARY	10.00	0	6,744	0		2.00
	O		0	28,538,518			
<b>J - MED SURG/IV SUPPLIES</b>							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	OTHER A&G	5.07	0	2,804	0		3.00
4.00	PHARMACY	15.00	0	1,709,771	0		4.00
5.00	IV SOLUTIONS	15.02	0	580,424	0		5.00
6.00	MED SURG SUPPLY	15.03	0	0	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	615,556	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	893,223	0		8.00
9.00	PEDIATRIC ICU	31.01	0	1,852	0		9.00
10.00	NEONATAL ICU	31.02	0	58,808	0		10.00
11.00	SUBPROVIDER - IPF	40.00	0	210	0		11.00
12.00	SUBPROVIDER - IRF	41.00	0	35,453	0		12.00
13.00	SKILLED NURSING FACILITY	44.00	0	0	0		13.00
14.00	OPERATING ROOM	50.00	0	16,292,303	0		14.00
15.00	PARKVIEW PREMIER SURGERY	50.01	0	3,034,089	0		15.00
16.00	RECOVERY ROOM	51.00	0	87,871	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,870,723	0		17.00
18.00	RADIOLOGY - PULM CLINIC	54.08	0	181	0		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	65,905	0		19.00
20.00	RADIOISOTOPE	56.00	0	32,679	0		20.00
21.00	MRI	58.00	0	571	0		21.00
22.00	LABORATORY	60.00	0	40,979	0		22.00
23.00	ANATOMICAL PATHOLOGY	60.01	0	1,288	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	158,000	0		24.00
25.00	DIALYSIS	65.02	0	185	0		25.00
26.00	ENDOSCOPY	65.03	0	4,022,750	0		26.00
27.00	PHYSICAL THERAPY	66.00	0	35,637	0		27.00
28.00	NEURO REHAB	68.01	0	3,027	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	248	0		29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	0	0		30.00
31.00	NUTRITION SUPPORT	70.01	0	0	0		31.00
32.00	CARDIAC CATH LAB	70.03	0	4,551,758	0		32.00
33.00	CARDIAC REHA SERVICES	70.04	0	553	0		33.00
34.00	HYPERBARIC OXYGEN THERAPY	76.98	0	116,232	0		34.00
35.00	CLINIC	90.00	0	203	0		35.00
36.00	INFECTIOUS DISEASES	90.02	0	363	0		36.00
37.00	RHEUMATOLOGY	90.03	0	447	0		37.00
38.00	EMERGENCY	91.00	0	226,221	0		38.00
39.00	AMBULANCE SERVICES	95.00	0	45,859	0		39.00
40.00	HOME HEALTH AGENCY	101.00	0	214,976	0		40.00
41.00	STUCKY RESEARCH CTR	194.06	0	21,250	0		41.00
42.00	FOUNDATION	194.08	0	0	0		42.00
43.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	0	124	0		43.00
44.00	RWJ FOUNDATION	194.28	0	0	0		44.00
45.00	OUTPATIENT PHARMACY	194.29	0	9,034	0		45.00
46.00	PARTIAL HOSPITALIZATION	91.01	0	54	0		46.00
47.00	PFCI	90.04	0	12,240	0		47.00
48.00	PVSWT	90.05	0	9,454	0		48.00
49.00	PSMKT	90.07	0	37	0		49.00
50.00	DELIVERY ROOM & LABOR ROOM	52.00	0	85,876	0		50.00

RECLASSIFICATIONS

Provider CCN: 15-0021

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

Worksheet A-6

Date/Time Prepared:  
8/1/2024 8:19 am

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
51.00	BREAST DIAGNOSTIC CTR	194.18	0	315	0	51.00
	O		0	36,839,533		
K - OPERATION OF PLANT						
1.00		0.00	0	0	0	1.00
	O		0	0		
L - IV SALARIES						
1.00	IV SOLUTIONS	15.02	1,189,796	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
	O		1,189,796	0		
M - COST OF DRUGS SOLD						
1.00	PHARMACY	15.00	0	157,062,358	0	1.00
	O		0	157,062,358		
N - PBH ADMIN COSTS						
1.00	SUBPROVIDER - IPF	40.00	265,737	209,386	0	1.00
	O		265,737	209,386		
S - CAPITAL INSURANCE						
1.00	OTHER A&G	5.07	0	839,509	9	1.00
2.00		0.00	0	0	9	2.00
	O		0	839,509		
T - HOSPICE RECLASS						
1.00	HOME HEALTH AGENCY	101.00	7,549,295	5,583,982	0	1.00
	O		7,549,295	5,583,982		
U - ALLOC A&G OVERHEAD TO HHA & HOSPICE						
1.00	HOME HEALTH AGENCY	101.00	609,304	862,541	0	1.00
	O		609,304	862,541		
W - RECLASS PTO DOLLARS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,010,736	0	0	1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	40	0	0	2.00
3.00	AMBULANCE SERVICES	95.00	5	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
	TOTALS		1,010,781	0		
Y - EMPLOYEE BENEFIT RECLASS						
1.00		0.00	0	0	0	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	609,986	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00

RECLASSIFICATIONS

Provider CCN: 15-0021

Period:  
From 01/01/2023  
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Worksheet A-6

Date/Time Prepared:  
8/1/2024 8:19 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
5.00	0.00	0	0	0		5.00	
6.00	HOME HEALTH AGENCY 101.00	0	6,240,713	0		6.00	
7.00	RHEUMATOLOGY 90.03	0	2,538	0		7.00	
8.00	PVSWT 90.05	0	223,947	0		8.00	
0		0	7,077,184				
<b>Z - PTO ACCRUAL RECLASS PVHOS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT 4.00	34,805,123	0	0		1.00	
2.00	I&R SERVICES-SALARY & FRINGES APPRV 21.00	290	0	0		2.00	
3.00	0.00	0	0	0		3.00	
4.00	0.00	0	0	0		4.00	
5.00	0.00	0	0	0		5.00	
6.00	0.00	0	0	0		6.00	
7.00	0.00	0	0	0		7.00	
8.00	0.00	0	0	0		8.00	
9.00	0.00	0	0	0		9.00	
10.00	0.00	0	0	0		10.00	
11.00	0.00	0	0	0		11.00	
12.00	0.00	0	0	0		12.00	
13.00	0.00	0	0	0		13.00	
14.00	0.00	0	0	0		14.00	
15.00	0.00	0	0	0		15.00	
16.00	0.00	0	0	0		16.00	
17.00	0.00	0	0	0		17.00	
18.00	0.00	0	0	0		18.00	
19.00	0.00	0	0	0		19.00	
20.00	0.00	0	0	0		20.00	
21.00	0.00	0	0	0		21.00	
22.00	0.00	0	0	0		22.00	
23.00	0.00	0	0	0		23.00	
24.00	0.00	0	0	0		24.00	
25.00	0.00	0	0	0		25.00	
26.00	0.00	0	0	0		26.00	
27.00	0.00	0	0	0		27.00	
28.00	0.00	0	0	0		28.00	
29.00	0.00	0	0	0		29.00	
30.00	0.00	0	0	0		30.00	
31.00	0.00	0	0	0		31.00	
32.00	0.00	0	0	0		32.00	
33.00	0.00	0	0	0		33.00	
34.00	0.00	0	0	0		34.00	
35.00	0.00	0	0	0		35.00	
36.00	0.00	0	0	0		36.00	
37.00	0.00	0	0	0		37.00	
38.00	0.00	0	0	0		38.00	
39.00	0.00	0	0	0		39.00	
40.00	0.00	0	0	0		40.00	
41.00	0.00	0	0	0		41.00	
42.00	0.00	0	0	0		42.00	
43.00	0.00	0	0	0		43.00	
44.00	0.00	0	0	0		44.00	
45.00	0.00	0	0	0		45.00	
46.00	0.00	0	0	0		46.00	
47.00	0.00	0	0	0		47.00	
48.00	0.00	0	0	0		48.00	
49.00	0.00	0	0	0		49.00	
50.00	0.00	0	0	0		50.00	
51.00	0.00	0	0	0		51.00	
52.00	0.00	0	0	0		52.00	
53.00	0.00	0	0	0		53.00	
54.00	0.00	0	0	0		54.00	
55.00	0.00	0	0	0		55.00	
0		34,805,413	0				
<b>AA - PTO RECLASS PVN</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT 4.00	3,273,505	0	0		1.00	
2.00	0.00	0	0	0		2.00	
3.00	0.00	0	0	0		3.00	
4.00	0.00	0	0	0		4.00	
5.00	0.00	0	0	0		5.00	
6.00	0.00	0	0	0		6.00	
7.00	0.00	0	0	0		7.00	
8.00	0.00	0	0	0		8.00	
9.00	0.00	0	0	0		9.00	
10.00	0.00	0	0	0		10.00	



		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
11.00		0.00	0	0	0	0	11.00	
12.00		0.00	0	0	0	0	12.00	
13.00		0.00	0	0	0	0	13.00	
14.00		0.00	0	0	0	0	14.00	
15.00		0.00	0	0	0	0	15.00	
16.00		0.00	0	0	0	0	16.00	
17.00		0.00	0	0	0	0	17.00	
18.00		0.00	0	0	0	0	18.00	
19.00		0.00	0	0	0	0	19.00	
20.00		0.00	0	0	0	0	20.00	
21.00		0.00	0	0	0	0	21.00	
22.00		0.00	0	0	0	0	22.00	
23.00		0.00	0	0	0	0	23.00	
24.00		0.00	0	0	0	0	24.00	
25.00		0.00	0	0	0	0	25.00	
26.00		0.00	0	0	0	0	26.00	
27.00		0.00	0	0	0	0	27.00	
28.00		0.00	0	0	0	0	28.00	
29.00		0.00	0	0	0	0	29.00	
30.00		0.00	0	0	0	0	30.00	
31.00		0.00	0	0	0	0	31.00	
32.00		0.00	0	0	0	0	32.00	
33.00		0.00	0	0	0	0	33.00	
34.00		0.00	0	0	0	0	34.00	
35.00		0.00	0	0	0	0	35.00	
36.00		0.00	0	0	0	0	36.00	
37.00		0.00	0	0	0	0	37.00	
38.00		0.00	0	0	0	0	38.00	
39.00		0.00	0	0	0	0	39.00	
40.00		0.00	0	0	0	0	40.00	
41.00		0.00	0	0	0	0	41.00	
42.00		0.00	0	0	0	0	42.00	
43.00		0.00	0	0	0	0	43.00	
44.00		0.00	0	0	0	0	44.00	
45.00		0.00	0	0	0	0	45.00	
46.00		0.00	0	0	0	0	46.00	
47.00		0.00	0	0	0	0	47.00	
48.00		0.00	0	0	0	0	48.00	
49.00		0.00	0	0	0	0	49.00	
50.00		0.00	0	0	0	0	50.00	
51.00		0.00	0	0	0	0	51.00	
0			3,273,505	0				
<b>AB - PTO RECLASS PBH</b>								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	131,442	0	0	0	1.00	
2.00		0.00	0	0	0	0	2.00	
3.00		0.00	0	0	0	0	3.00	
4.00		0.00	0	0	0	0	4.00	
5.00		0.00	0	0	0	0	5.00	
6.00		0.00	0	0	0	0	6.00	
7.00		0.00	0	0	0	0	7.00	
8.00		0.00	0	0	0	0	8.00	
9.00		0.00	0	0	0	0	9.00	
10.00		0.00	0	0	0	0	10.00	
11.00		0.00	0	0	0	0	11.00	
12.00		0.00	0	0	0	0	12.00	
13.00		0.00	0	0	0	0	13.00	
0			131,442	0				
<b>AC - PTO ACCRUAL RECLASS PBH</b>								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,088,696	0	0	0	1.00	
2.00		0.00	0	0	0	0	2.00	
3.00		0.00	0	0	0	0	3.00	
4.00		0.00	0	0	0	0	4.00	
5.00		0.00	0	0	0	0	5.00	
6.00		0.00	0	0	0	0	6.00	
7.00		0.00	0	0	0	0	7.00	
8.00		0.00	0	0	0	0	8.00	
9.00		0.00	0	0	0	0	9.00	
10.00		0.00	0	0	0	0	10.00	
0			1,088,696	0				
<b>AD - PTO RECLASS HOME HEALTH</b>								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	181,103	0	0	0	1.00	
2.00		0.00	0	0	0	0	2.00	
0			181,103	0				

RECLASSIFICATIONS

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
<b>AE - PTO ACCRUAL RECLASS HOME HEALTH</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,302,013	0	0	1.00	
2.00		0.00	0	0	0	2.00	
	O		2,302,013	0			
<b>AF - PARAMEDICAL EDUCATION</b>							
1.00	PHARMACY	15.00	1,373,262	23,174	0	1.00	
	O		1,373,262	23,174			
<b>AH - CORPORATE ALLOCATION RECLASS</b>							
1.00	OTHER A&G	5.07	128,380,305	0	0	1.00	
	O		128,380,305	0			
<b>AI - INTERNAL MEDICINE PHYSICIAN RECLASS</b>							
1.00	OTHER A&G	5.07	0	350,400	0	1.00	
	O		0	350,400			
<b>AK - TELEPHONE EXPENSE RECLASS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,185	0	1.00	
2.00	OTHER A&G	5.07	0	477	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	493	0	3.00	
4.00	FACILITY ENGINEERING	7.01	0	3,792	0	4.00	
5.00	HOUSEKEEPING	9.00	0	65	0	5.00	
6.00	DIETARY	10.00	0	1,475	0	6.00	
7.00	REHAB ADMIN	17.01	0	400	0	7.00	
8.00	I&R SERVICES-OTHER PRGM	22.00	0	2,207	0	8.00	
9.00	COSTS APPRV						
9.00	ADULTS & PEDIATRICS	30.00	0	15,820	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	138	0	10.00	
11.00	SUBPROVIDER - IPF	40.00	0	2,122	0	11.00	
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	336	0	12.00	
13.00	RADIOLOGY - PULM CLINIC	54.08	0	587	0	13.00	
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,461	0	14.00	
15.00	LABORATORY	60.00	0	694	0	15.00	
16.00	PHYSICAL THERAPY	66.00	0	1,134	0	16.00	
17.00	NUTRITION SUPPORT	70.01	0	735	0	17.00	
18.00	CLINIC	90.00	0	15,461	0	18.00	
19.00	PFCI	90.04	0	153	0	19.00	
20.00	PSMKT	90.07	0	1,462	0	20.00	
21.00	EMERGENCY	91.00	0	3,726	0	21.00	
22.00	INFECTIOUS DISEASES	90.02	0	310	0	22.00	
23.00	AMBULANCE SERVICES	95.00	0	6,122	0	23.00	
24.00	HOME HEALTH AGENCY	101.00	0	188,663	0	24.00	
25.00	OP CLINIC	194.03	0	360	0	25.00	
26.00	FOUNDATION	194.08	0	9,961	0	26.00	
27.00	SCHOOL NURSE/COMMUNITY	194.15	0	12,469	0	27.00	
	OUTREACH						
	O		0	282,808			
<b>AM - NEW LIFE CENTER NURSING ADMIN</b>							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	377,840	34,056	0	1.00	
2.00		0.00	0	0	0	2.00	
	O		377,840	34,056			
<b>AO - CONVERSION TABLE RECLASS</b>							
1.00	OPERATING ROOM	50.00	535,106	1,654,245	0	1.00	
2.00	PHARMACY	15.00	1,989	6,063	0	2.00	
3.00	PHYSICAL THERAPY	66.00	3,531,568	34,305	0	3.00	
4.00	PHYSICAL THERAPY	66.00	1,801,558	17,500	0	4.00	
5.00	RESPIRATORY THERAPY	65.00	1,217,367	103,346	0	5.00	
6.00	RESPIRATORY THERAPY	65.00	769,447	65,321	0	6.00	
7.00	OPERATING ROOM	50.00	291,606	901,482	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	15,073	2,854	0	8.00	
	O		8,163,714	2,785,116			
<b>AP - NURSERY RECLASS NORTH</b>							
1.00	ADULTS & PEDIATRICS	30.00	1,172,734	663,719	0	1.00	
	O		1,172,734	663,719			
<b>AQ - NURSERY RECLASS PVHOS</b>							
1.00	ADULTS & PEDIATRICS	30.00	762,194	280,322	0	1.00	
	O		762,194	280,322			
<b>AR - BONUS SALARY RECLASS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,456,091	0	0	1.00	
	O		3,456,091	0			
<b>AS - HOSPICE RECLASS</b>							
1.00	HOSPICE	116.00	0	1,672,515	0	1.00	
	TOTALS		0	1,672,515			
<b>AT - HHA RECLASS</b>							
1.00	OTHER A&G	5.07	0	7,817,121	0	1.00	
	TOTALS		0	7,817,121			
500.00	Grand Total: Decreases		205,217,488	259,719,584		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0021

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
8/1/2024 8:19 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	7,248,452	0	0	0	1.00
2.00	Land Improvements	75,903,692	335,493	0	335,493	2.00
3.00	Buildings and Fixtures	1,010,183,109	12,789,131	0	12,789,131	3.00
4.00	Building Improvements	14,617,048	128,635	0	128,635	4.00
5.00	Fixed Equipment	20,064,437	888,759	0	888,759	5.00
6.00	Movable Equipment	210,762,049	26,792,392	0	26,792,392	6.00
7.00	HIT designated Assets	42,960,289	2,614,716	0	2,614,716	7.00
8.00	Subtotal (sum of lines 1-7)	1,381,739,076	43,549,126	0	43,549,126	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,381,739,076	43,549,126	0	43,549,126	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	7,248,452	0			1.00
2.00	Land Improvements	76,193,370	21,224,210			2.00
3.00	Buildings and Fixtures	1,020,405,884	191,643,245			3.00
4.00	Building Improvements	14,745,268	10,827,585			4.00
5.00	Fixed Equipment	20,947,731	2,577,231			5.00
6.00	Movable Equipment	221,170,170	116,606,743			6.00
7.00	HIT designated Assets	45,575,005	0			7.00
8.00	Subtotal (sum of lines 1-7)	1,406,285,880	342,879,014			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	1,406,285,880	342,879,014			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0021

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	49,576,552	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	49,576,552	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	49,576,552				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	49,576,552				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0021

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,139,758,982	0	1,139,758,982	0.810349	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	266,745,175	0	266,745,175	0.189651	0	2.00
3.00	Total (sum of lines 1-2)	1,406,504,157	0	1,406,504,157	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	22,307,344	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	28,815,717	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	51,123,061	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	22,307,344	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	28,815,717	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	51,123,061	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0021

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

Worksheet A-8

Date/Time Prepared:  
8/1/2024 8:19 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				1.00	2.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-2,853,348	CAP REL COSTS-BLDG & FIXT	1.00	9 1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
3.00	Investment income - other (chapter 2)		0		0.00	0 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-163,434	COMMUNICATIONS	5.01	0 7.00
8.00	Television and radio service (chapter 21)	A	-8,008	OPERATION OF PLANT	7.00	0 8.00
9.00	Parking lot (chapter 21)		0		0.00	0 9.00
10.00	Provider-based physician adjustment	A-8-2	-2,888,907			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	37,678,601			0 12.00
13.00	Laundry and linen service		0		0.00	0 13.00
14.00	Cafeteria-employees and guests	A	0	DIETARY	10.00	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	B	-1,555,802	OUTPATIENT PHARMACY	194.29	0 17.00
18.00	Sale of medical records and abstracts		0		0.00	0 18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0 19.00
20.00	Vending machines		0		0.00	0 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00	25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0 26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0 27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00	28.00
29.00	Physicians' assistant		0		0.00	0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00	30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00	30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00
33.00	HAF TAX EXPENSE	A	-96,512,526	OTHER A&G	5.07	0 33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0021

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

Worksheet A-8

Date/Time Prepared:  
8/1/2024 8:19 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
				Cost Center		Line #	
				1.00	2.00	3.00	
37.00	EKG NONPATIENT EXPENSE	A	-58,676	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	37.00
37.04	FITNESS CENTER EMPLOYEE REVENUE	B		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.04
37.05	HEALTH FITNESS EMPLOYEE DUES	B		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.05
37.06	NONALLOWABLE LOBBYING FEES	A	-33,790	OTHER A&G	5.07	0	37.06
37.09	CAPITAL COST NEW B&F	A	4,103,451	CAP REL COSTS-BLDG & FIXT	1.00	9	37.09
37.10	CAPITAL COST NEW M&E	A	23,729	CAP REL COSTS-MVBLE EQUIP	2.00	9	37.10
38.00	TELEMETRY	A		ADULTS & PEDIATRICS	30.00	0	38.00
38.06	SELF FUNDED INSURANCE ADJUSTMEN	A		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.06
38.36	CAPITAL COSTS NEW M&E	A	-78,266	CAP REL COSTS-BLDG & FIXT	1.00	9	38.36
39.00	EMPLOYEE HEALTH TESTS	A		BREAST DIAGNOSTIC CTR	194.18	0	39.00
39.02	LIQUOR EXPENSE	A	-7,054	OTHER A&G	5.07	0	39.02
39.03	OTHER OPERATING REV	B	-3,236	OTHER A&G	5.07	0	39.03
39.09	CAFETERIA EMPLOYEE ADJUSTMENT	B	-7,633,033	DIETARY	10.00	0	39.09
39.10	REMOVE PPG LOSSES ALLOCATED TO PARKV	A		ANATOMICAL PATHOLOGY	60.01	0	39.10
39.11	REMOVE PPG LOSSES ALLOCATED TO PARKV	A		PHYSICAL THERAPY	66.00	0	39.11
39.12	REMOVE PPG LOSSES ALLOCATED TO PARKV	A	-15	CARDIAC CATH LAB	70.03	0	39.12
39.13	REMOVE PPG LOSSES ALLOCATED TO PARKV	A		FOUNDATION	194.08	0	39.13
40.00	FOOD SERVICE REVENUE	B	-7,237	DIETARY	10.00	0	40.00
40.02	OFFSET LAB SERVICES BILLED	B	-3,211,689	LABORATORY	60.00	0	40.02
40.03	OFFSET LAB SERVICES BILLED	B	-2,564,162	LABORATORY	60.00	0	40.03
40.04	OFFSET LAB SERVICES BILLED	B	-2,956,803	LABORATORY	60.00	0	40.04
40.06	LAB SERVICES BILLED	B	-3,254,723	LABORATORY	60.00	0	40.06
40.07	MISC OPERATING REVENUE	B	-94,408	ADULTS & PEDIATRICS	30.00	0	40.07
40.08	OFFSET OTHER OPERATING REVENUE	B	-7,487,921	PHARMACY	15.00	0	40.08
40.09	OFFSET OTHER OPERATING REVENUE	B	-46,775	PHARMACY	15.00	0	40.09
40.10	OFFSET OTHER OPERATING REVENUE	B		CLINIC	90.00	0	40.10
40.11	OFFSET LAB SERVICES BILLED	B	-8,150,287	LABORATORY	60.00	0	40.11
40.13	OFFSET LAB SERVICES BILLED NORTH HOS AVIL	B	-61,640	LABORATORY	60.00	0	40.13
40.14	OFFSET LAB SERVICES BILLED LAGR	B	-1,394,238	LABORATORY	60.00	0	40.14
40.16	OFFSET OTHER OPERATING REVENUE	B	-4,400	NEURO REHAB	68.01	0	40.16
40.18	OFFSET OTHER OPERATING REVENUE	B	-371,550	PHARMACY	15.00	0	40.18
40.19	OFFSET OTHER OPERATING REVENUE	B		ADULTS & PEDIATRICS	30.00	0	40.19
40.20	REAL ESTATE INCOME	B	-2,078,076	CAP REL COSTS-BLDG & FIXT	1.00	9	40.20
40.21	OFFSET OTHER OPERATING REVENUE	B		FACILITY ENGINEERING	7.01	0	40.21
40.22	REAL ESTATE INCOME	B	-2,554,622	OTHER A&G	5.07	0	40.22
40.23	RETAIL TANGIBLE	B	-61,332	RADIOLOGY-THERAPEUTIC	55.00	0	40.23
40.24	OFFSET OTHER OPERATING REVENUE	B	-2,534	CARDIAC REHA SERVICES	70.04	0	40.24
40.26	RETAIL TANGIBLE	B		ADULTS & PEDIATRICS	30.00	0	40.26
40.28	RETIAL TANGIBLE	B	-13,009	RADIOLOGY-THERAPEUTIC	55.00	0	40.28
41.00	FOOD INTERNAL TAXIBLE	B		DIETARY	10.00	0	41.00
41.07	VENDING MACHINES	A	-7,706	OPERATION OF PLANT	7.00	0	41.07
41.08	VENDING MACHINES	A	18,080	CAP REL COSTS-BLDG & FIXT	1.00	9	41.08
41.09	VENDING MACHINES	A	-199	OTHER A&G	5.07	0	41.09
41.10	VENDING MACHINES	A	-375	OTHER A&G	5.07	0	41.10
42.00	INERUNIT RENT INCOME OFFSET	B		RADIOLOGY - PULM CLINIC	54.08	0	42.00
43.00	RENTAL PROPERTY ADJUSTMENT	A	-36,655	OTHER A&G	5.07	0	43.00
44.00	FILM DUPLICATION	B	-10,012	RADIOLOGY-DIAGNOSTIC	54.00	0	44.00
44.01	REMOVE PMG LOSSES ALLOCATED TO PARKV	A		MEDICAL OFFICE BUILDINGS	194.23	0	44.01
45.00	OFFSET OTHER OPERATING REVENUE	B	-1,418	PARKVIEW PREMIER SURGERY	50.01	0	45.00
46.00	GOODWILL CAREW MRI	A		PARK CENTER CLINIC	194.04	0	46.00
46.01	INTEREST EXPENSE	A	-71,038	MED SURG SUPPLY	15.03	0	46.01
47.00	HHA PHYSICIAN OFFSET	A	-82,483	HOME HEALTH AGENCY	101.00	0	47.00
47.01	MEDICAL PARK 11	A	-772,515	MEDICAL OFFICE BUILDINGS	194.23	0	47.01
47.03	HOPD LIBERTY MILLS	A	-115,467	LABORATORY	60.00	0	47.03
47.04	HOPD LIBERTY MILLS	A	-115,467	RADIOLOGY-DIAGNOSTIC	54.00	0	47.04
48.04	OFFSET PULM REHAB REVENUE	B	-108	RESPIRATORY THERAPY	65.00	0	48.04
48.11	OFFSET HHC REVENUE	B	-62	HOME HEALTH AGENCY	101.00	0	48.11
48.15	OFFSET PARK CENTER REVENUE	B	-873	SUBPROVIDER - IPF	40.00	0	48.15
49.07	GROSS UP BREAST DIAGNOSTIC EXP	A	-16,825	BREAST DIAGNOSTIC CTR	194.18	0	49.07

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
				Cost Center	Line #			
				1.00	2.00		3.00	4.00
49.12	INTERUNIT RENT EXPENSE	A		0	EDUCARE CTR	194.05	0	49.12
49.13	INTERUNIT RENT EXPENSE	A	-161,093	0	RHEUMATOLOGY	90.03	0	49.13
49.14	INTERUNIT RENT EXPENSE	A		0	SUBPROVIDER - IPF	40.00	0	49.14
49.17	INDIANA SALES TAX DISCOUNT	B	-330,554	0	OTHER A&G	5.07	0	49.17
49.18	INDIANA SALES TAX DISCOUNT	A	-4,433	0	EMERGENCY	91.00	0	49.18
49.19	INTERUNIT RENT EXPENSE	A	-162,782	0	STUCKY RESEARCH CTR	194.06	0	49.19
49.20	INTERUNIT RENT EXPENSE	A	-40,973	0	RADIOLOGY - NHMP	54.05	0	49.20
49.21	INTERUNIT RENT EXPENSE	A	-223,429	0	RADIOLOGY-DIAGNOSTIC	54.00	0	49.21
49.22	INTERUNIT RENT EXPENSE	A	-651,504	0	PARKVIEW PREMIER SURGERY	50.01	0	49.22
49.23	INTERUNIT RENT EXPENSE	A	-400,048	0	ADULTS & PEDIATRICS	30.00	0	49.23
49.24	INTERUNIT RENT EXPENSE	A	-638,104	0	OTHER A&G	5.07	0	49.24
49.25	INTERUNIT RENT EXPENSE	A	-101,443	0	EMERGENCY	91.00	0	49.25
49.26	INTERUNIT RENT EXPENSE	A	-258,268	0	PATIENT SERVICES	5.04	0	49.26
49.27	INTERUNIT RENT EXPENSE	A	-67,208	0	RADIOLOGY - PULM CLINIC	54.08	0	49.27
49.28	INTERUNIT RENT EXPENSE	A	-218,680	0	LABORATORY	60.00	0	49.28
49.29	INTERUNIT RENT EXPENSE	A	7,411	0	ANATOMICAL PATHOLOGY	60.01	0	49.29
49.30	INTERUNIT RENT EXPENSE	A	-544,337	0	ENDOSCOPY	65.03	0	49.30
49.31	INTERUNIT RENT EXPENSE	A	-224,331	0	PHYSICAL THERAPY	66.00	0	49.31
49.32	INTERUNIT RENT EXPENSE	A	-125,291	0	INFECTIOUS DISEASES	90.02	0	49.32
49.33	INTERUNIT RENT EXPENSE	A		0	NEURO REHAB	68.01	0	49.33
49.35	OFFSET DIABETES OTHER REVENUE	B	-362,441	0	OUTPATIENT PHARMACY	194.29	0	49.35
49.38	INTERUNIT RENT EXPENSE	A	-11,998	0	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	0	49.38
49.43	INTERUNIT RENT EXPENSE	A	-152,748	0	MEDICAL OFFICE BUILDINGS	194.23	0	49.43
49.45	INTERUNIT RENT EXPENSE	A	-194,367	0	CLINIC	90.00	0	49.45
49.46	INTERUNIT RENT EXPENSE	A	-440,724	0	HOME HEALTH AGENCY	101.00	0	49.46
49.51	REMOVE PMG SUBSIDY	A		0	SUBPROVIDER - IRF	41.00	0	49.51
49.52	REMOVE PPG SUBSIDY	A		0	ADULTS & PEDIATRICS	30.00	0	49.52
49.53	REMOVE PMG SUBSIDY	A	-267	0	INFECTIOUS DISEASES	90.02	0	49.53
49.54	REMOVE PMG SUBSIDY	A	-1,245	0	OUTPATIENT PHARMACY	194.29	0	49.54
49.55	REMOVE PMG SUBSIDY	A	-66	0	HOUSEKEEPING	9.00	0	49.55
49.56	ONCOLOGY OTHER REVENUE	B	-1,215	0	RHEUMATOLOGY	90.03	0	49.56
49.63	A&G OTHER REVENUE	B		0	OTHER A&G	5.07	0	49.63
49.69	ADMINISTRATION PHYSICIAN ADD BACK	A	1,094,612	0	OTHER A&G	5.07	0	49.69
49.71	REMOVE PPG SUBSIDY	A	-269,654,719	0	OTHER A&G	5.07	0	49.71
49.72	REMOVE PPG SUBSIDY	A	-171	0	DIETARY	10.00	0	49.72
49.73	REMOVE PPG SUBSIDY	A	-1,642	0	PHARMACY	15.00	0	49.73
49.74	REMOVE PPG SUBSIDY	A	-50	0	NURSING ADMINISTRATION	13.00	0	49.74
49.75	REMOVE PPG SUBSIDY	A		0	REHAB ADMIN	17.01	0	49.75
49.76	REMOVE PPG SUBSIDY	A	17,222	0	ADULTS & PEDIATRICS	30.00	0	49.76
49.77	REMOVE PPG SUBSIDY	A	-114	0	INTENSIVE CARE UNIT	31.00	0	49.77
49.78	REMOVE PPG SUBSIDY	A	-229	0	NEONATAL ICU	31.02	0	49.78
49.79	REMOVE PPG SUBSIDY	A	-12,300	0	SUBPROVIDER - IPF	40.00	0	49.79
49.80	REMOVE PPG SUBSIDY	A	-1,092	0	OPERATING ROOM	50.00	0	49.80
49.81	REMOVE PPG SUBSIDY	A	-4,538	0	PARKVIEW PREMIER SURGERY	50.01	0	49.81
49.82	REMOVE PPG SUBSIDY	A	-39	0	RECOVERY ROOM	51.00	0	49.82
49.83	REMOVE PPG SUBSIDY	A	-389	0	RADIOLOGY-DIAGNOSTIC	54.00	0	49.83
49.84	REMOVE PPG SUBSIDY	A	-504	0	RADIOLOGY - PULM CLINIC	54.08	0	49.84
49.85	REMOVE PPG SUBSIDY	A	-11,686	0	RADIOLOGY-THERAPEUTIC	55.00	0	49.85
49.86	REMOVE PPG SUBSIDY	A	-10,244	0	LABORATORY	60.00	0	49.86
49.87	REMOVE PPG SUBSIDY	A	-166	0	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	49.87
49.88	REMOVE PPG SUBSIDY	A	-527	0	RESPIRATORY THERAPY	65.00	0	49.88
49.89	REMOVE PPG SUBSIDY	A	-2,162	0	ENDOSCOPY	65.03	0	49.89
49.90	REMOVE PPG SUBSIDY	A	5,105	0	OCCUPATIONAL THERAPY	67.00	0	49.90
49.92	REMOVE PPG SUBSIDY	A	-70	0	ELECTROENCEPHALOGRAPHY	70.00	0	49.92
49.93	REMOVE PPG SUBSIDY	A	-89	0	CLINIC	90.00	0	49.93
49.94	REMOVE PPG SUBSIDY	A	-341	0	EMERGENCY	91.00	0	49.94
49.95	REMOVE PPG SUBSIDY	A	-336,218	0	AMBULANCE SERVICES	95.00	0	49.95
49.96	REMOVE PPG SUBSIDY	A	-7,830	0	HOME HEALTH AGENCY	101.00	0	49.96
49.97	REMOVE PPG SUBSIDY	A	-6,010	0	STUCKY RESEARCH CTR	194.06	0	49.97
49.98	REMOVE PPG SUBSIDY	A	-264	0	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	0	49.98
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-379,763,862					50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.  
(2) Basis for adjustment (see instructions).



ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0021

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

Worksheet A-8

Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00

- 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: 15-0021

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

Worksheet A-8-1

Date/Time Prepared:  
8/1/2024 8:19 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COST REPORT	0	-1,564,686
2.00	0.00		HOME OFFICE COST REPORT	0	0
3.00	8.00	LAUNDRY & LINEN SERVICE	PURCHASED SERVICES	4,714,966	4,434,193
4.00	5.07	OTHER A&G	HOME OFFICE COST REPORT	348,456,759	310,632,101
4.04	4.00	EMPLOYEE BENEFITS DEPARTMENT	MANAGED CARE SERVICES	3,631,315	5,714,447
4.07	8.00	LAUNDRY & LINEN SERVICE	CARRY FORWARD	123,882	0
4.09	194.23	MEDICAL OFFICE BUILDINGS		0	32,250
4.11	7.01	FACILITY ENGINEERING	HOME OFFICE COST REPORT	0	16
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			356,926,922	319,248,321

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

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

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

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

6.00	C	0.00	HOSPITAL LAUNDR	33.00	6.00
7.00	B	0.00	PV HEALTH SYSTEM	100.00	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: 15-0021

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

Worksheet A-8-1

Date/Time Prepared:  
8/1/2024 8:19 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	1,564,686	9		1.00
2.00	0	0		2.00
3.00	280,773	0		3.00
4.00	37,824,658	0		4.00
4.04	-2,083,132	0		4.04
4.07	123,882	0		4.07
4.09	-32,250	0		4.09
4.11	-16	0		4.11
5.00	37,678,601			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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>		

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

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

6.00	LAUNDRY		6.00
7.00	HOME OFFICE		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: 15-0021

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

Worksheet A-8-2

Date/Time Prepared:  
8/1/2024 8:19 am

	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	21.00	DR. A	282,616	0	282,616	179,000	1,638	1.00
2.00	5.07	DR. B	306,531	0	306,531	179,000	1,248	2.00
3.00	21.00	DR. C	137,237	0	137,237	179,000	832	3.00
4.00	21.00	DR. D	175,312	0	175,312	179,000	1,190	4.00
5.00	5.07	DR. E	88,763	0	88,763	179,000	387	5.00
6.00	5.07	DR. F	137,147	0	137,147	179,000	780	6.00
7.00	5.07	DR. G	141,540	0	141,540	179,000	392	7.00
8.00	21.00	DR. H	32,889	0	32,889	179,000	196	8.00
9.00	21.00	DR. I	141,749	0	141,749	179,000	832	9.00
10.00	21.00	DR. J	279,903	0	279,903	179,000	1,248	10.00
11.00	5.07	DR. K	213,916	0	213,916	179,000	1,032	11.00
12.00	21.00	DR. L	137,249	0	137,249	179,000	832	12.00
13.00	70.03	DR. M	212,869	0	212,869	246,400	1,248	13.00
14.00	17.00	DR. N	59,036	0	59,036	179,000	416	14.00
15.00	55.00	DR. O	36,988	0	36,988	271,900	181	15.00
16.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	73,953	0	73,953	271,900	297	16.00
17.00	5.07	AGGREGATE-OTHER A&G	31,993	0	31,993	271,900	134	17.00
18.00	60.00	AGGREGATE-LABORATORY	228,956	0	228,956	260,300	740	18.00
19.00	65.00	DR. P	26,098	0	26,098	179,000	89	19.00
20.00	91.00	DR. Q	206,625	0	206,625	179,000	1,248	20.00
21.00	91.00	AGGREGATE-EMERGENCY	121,832	0	121,832	179,000	455	21.00
22.00	91.00	AGGREGATE-EMERGENCY	1,092,080	1,092,080	0	0	0	22.00
23.00	21.00	DR. R	173,389	0	173,389	179,000	1,040	23.00
24.00	21.00	DR. S	39,806	0	39,806	179,000	83	24.00
25.00	17.00	DR. T	74,413	0	74,413	179,000	512	25.00
200.00			4,452,890	1,092,080	3,360,810		17,050	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0021

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

Worksheet A-8-2

Date/Time Prepared:  
8/1/2024 8:19 am

	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	21.00	DR. A	140,963	7,048	0	0	0	1.00
2.00	5.07	DR. B	107,400	5,370	0	0	0	2.00
3.00	21.00	DR. C	71,600	3,580	0	0	0	3.00
4.00	21.00	DR. D	102,409	5,120	0	0	0	4.00
5.00	5.07	DR. E	33,304	1,665	0	0	0	5.00
6.00	5.07	DR. F	67,125	3,356	0	0	0	6.00
7.00	5.07	DR. G	33,735	1,687	0	0	0	7.00
8.00	21.00	DR. H	16,867	843	0	0	0	8.00
9.00	21.00	DR. I	71,600	3,580	0	0	0	9.00
10.00	21.00	DR. J	107,400	5,370	0	0	0	10.00
11.00	5.07	DR. K	88,812	4,441	0	0	0	11.00
12.00	21.00	DR. L	71,600	3,580	0	0	0	12.00
13.00	70.03	DR. M	147,840	7,392	0	0	0	13.00
14.00	17.00	DR. N	35,800	1,790	0	0	0	14.00
15.00	55.00	DR. O	23,660	1,183	0	0	0	15.00
16.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	38,824	1,941	0	0	0	16.00
17.00	5.07	AGGREGATE-OTHER A&G	17,517	876	0	0	0	17.00
18.00	60.00	AGGREGATE-LABORATORY	92,607	4,630	0	0	0	18.00
19.00	65.00	DR. P	7,659	383	0	0	0	19.00
20.00	91.00	DR. Q	107,400	5,370	0	0	0	20.00
21.00	91.00	AGGREGATE-EMERGENCY	39,156	1,958	0	0	0	21.00
22.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	22.00
23.00	21.00	DR. R	89,500	4,475	0	0	0	23.00
24.00	21.00	DR. S	7,143	357	0	0	0	24.00
25.00	17.00	DR. T	44,062	2,203	0	0	0	25.00
200.00			1,563,983	78,198	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0021

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

Worksheet A-8-2

Date/Time Prepared:  
8/1/2024 8:19 am

	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	21.00	DR. A	0	140,963	141,653	141,653		1.00
2.00	5.07	DR. B	0	107,400	199,131	199,131		2.00
3.00	21.00	DR. C	0	71,600	65,637	65,637		3.00
4.00	21.00	DR. D	0	102,409	72,903	72,903		4.00
5.00	5.07	DR. E	0	33,304	55,459	55,459		5.00
6.00	5.07	DR. F	0	67,125	70,022	70,022		6.00
7.00	5.07	DR. G	0	33,735	107,805	107,805		7.00
8.00	21.00	DR. H	0	16,867	16,022	16,022		8.00
9.00	21.00	DR. I	0	71,600	70,149	70,149		9.00
10.00	21.00	DR. J	0	107,400	172,503	172,503		10.00
11.00	5.07	DR. K	0	88,812	125,104	125,104		11.00
12.00	21.00	DR. L	0	71,600	65,649	65,649		12.00
13.00	70.03	DR. M	0	147,840	65,029	65,029		13.00
14.00	17.00	DR. N	0	35,800	23,236	23,236		14.00
15.00	55.00	DR. O	0	23,660	13,328	13,328		15.00
16.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	38,824	35,129	35,129		16.00
17.00	5.07	AGGREGATE-OTHER A&G	0	17,517	14,476	14,476		17.00
18.00	60.00	AGGREGATE-LABORATORY	0	92,607	136,349	136,349		18.00
19.00	65.00	DR. P	0	7,659	18,439	18,439		19.00
20.00	91.00	DR. Q	0	107,400	99,225	99,225		20.00
21.00	91.00	AGGREGATE-EMERGENCY	0	39,156	82,676	82,676		21.00
22.00	91.00	AGGREGATE-EMERGENCY	0	0	0	1,092,080		22.00
23.00	21.00	DR. R	0	89,500	83,889	83,889		23.00
24.00	21.00	DR. S	0	7,143	32,663	32,663		24.00
25.00	17.00	DR. T	0	44,062	30,351	30,351		25.00
200.00			0	1,563,983	1,796,827	2,888,907		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B  
Part I  
Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	22,307,344	22,307,344			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	28,815,717		28,815,717		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	135,056,246	185,978	48,780	135,291,004	4.00
5.01 00540	COMMUNICATIONS	119,374	0	0	0	5.01
5.02 00550	DATA PROCESSING	0	108,469	0	0	5.02
5.03 00560	MATERIALS MANAGEMENT	0	36,271	0	0	5.03
5.04 00570	PATIENT SERVICES	5,323,954	57,858	7,965	1,072,074	5.04
5.05 00580	PATIENT ACCOUNTING	0	39,236	0	0	5.05
5.06 00591	AMBULATORY SVCS ADMIN	0	0	0	0	5.06
5.07 00590	OTHER A&G	332,487,759	2,488,851	718,789	39,759,626	5.07
5.08 00592	CAREW MEDICAL PARK ADMIN	0	1,295	0	0	5.08
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	11,199,538	1,806,470	254,336	357,541	7.00
7.01 00701	FACILITY ENGINEERING	6,265,956	1,552,565	576,294	1,277,419	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	5,058,250	21,842	3,767	0	8.00
9.00 00900	HOUSEKEEPING	13,167,988	383,674	129,685	2,570,510	9.00
10.00 01000	DIETARY	-2,797,487	761,151	579,938	775,798	10.00
10.01 01001	KITCHEN-NO CONNECT W/CAFE	15,734,315	0	0	2,067,234	10.01
10.02 01002	CAFETERIA	0	0	0	0	10.02
10.03 01003	PREADMITS AND ER	0	0	0	0	10.03
11.00 01100	CAFETERIA	0	0	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	3,821,864	31,236	1,373,785	826,523	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	165,320	0	0	14.00
15.00 01500	PHARMACY	8,352,560	223,576	1,399,301	4,035,843	15.00
15.01 01501	OUTPATIENT PHARMACY	0	0	0	0	15.01
15.02 01502	IV SOLUTIONS	2,862,496	215,765	3,527	122,833	15.02
15.03 01503	MED SURG SUPPLY	31,637,833	0	0	51,893	15.03
16.00 01600	MEDICAL RECORDS & LIBRARY	0	157,564	0	0	16.00
17.00 01700	SOCIAL SERVICE	10,075,474	93,111	9,525	2,017,450	17.00
17.01 01701	REHAB ADMIN	1,030,628	0	0	241,137	17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING PROGRAM	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	2,067,600	0	0	683,042	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	758,573	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01 02301	PARAMED ED RADIOLOGY	0	0	0	0	23.01
23.02 02302	PARAMED ED PHARMACY	1,396,436	3,319	0	336,360	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	111,111,452	4,093,656	2,239,240	19,022,176	30.00
31.00 03100	INTENSIVE CARE UNIT	36,364,115	942,327	1,184,853	6,949,180	31.00
31.01 03101	PEDIATRIC ICU	5,658,181	68,536	45,128	1,129,488	31.01
31.02 03102	NEONATAL ICU	10,671,085	244,323	125,385	1,974,721	31.02
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00 04000	SUBPROVIDER - IPF	10,688,299	580,850	1,737,400	1,854,323	40.00
41.00 04100	SUBPROVIDER - IRF	14,586,221	490,726	233,500	2,635,495	41.00
43.00 04300	NURSERY	3,044,766	98,389	0	511,184	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	65,331,199	1,198,246	5,145,478	4,914,935	50.00
50.01 05001	PARKVIEW PREMIER SURGERY	7,166,632	190,304	250,322	559,681	50.01
51.00 05100	RECOVERY ROOM	9,567,509	673,230	37,364	1,469,411	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	540,560	329,888	0	151,870	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	32,535,890	858,931	3,387,984	4,289,272	54.00
54.01 05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02 05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03 05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04 05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05 05405	RADIOLOGY - NHMP	367,103	29,222	43,841	78,568	54.05
54.06 05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07 05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08 05408	RADIOLOGY - PULM CLINIC	1,001,113	80,353	14,801	221,890	54.08
54.09 05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00 05500	RADIOLOGY-THERAPEUTIC	9,153,972	389,981	2,115,436	1,724,181	55.00
56.00 05600	RADIOISOTOPE	592,548	59,219	121,766	108,594	56.00
58.00 05800	MRI	2,131,726	65,659	55,246	340,810	58.00
60.00 06000	LABORATORY	35,141,536	553,132	1,681,840	5,413,194	60.00
60.01 06001	ANATOMICAL PATHOLOGY	4,582,125	15,137	206,214	324,897	60.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B  
Part I  
Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,869,013	0	0	146	42	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	7,706,655	138,322	500,298	1,553,013	947	65.00
65.02	06502	DIALYSIS	3,580,209	44,591	6,633	37,956	0	65.02
65.03	03330	ENDOSCOPY	11,635,434	323,868	2,401,853	1,427,769	0	65.03
66.00	06600	PHYSICAL THERAPY	5,654,297	372,532	85,148	1,324,459	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	4,200,457	15,092	0	1,019,710	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,819,058	23,015	0	441,265	14	68.00
68.01	06801	NEURO REHAB	1,725,289	87,114	34,122	410,028	283	68.01
69.00	06900	ELECTROCARDIOLOGY	2,197,159	0	28,067	441,149	71	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,250,521	16,310	69,893	268,635	14	70.00
70.01	03950	NUTRITION SUPPORT	1,380,790	1,195	264	330,020	170	70.01
70.03	03952	CARDIAC CATH LAB	32,821,902	331,492	793,831	1,323,286	2,333	70.03
70.04	03953	CARDIAC REHA SERVICES	577,844	33,648	41,265	129,068	226	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-58,676	0	0	0	0	71.00
71.01	07101	COST OF 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	157,062,358	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	1,934,040	40,851	73,868	317,453	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEI C HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,874,969	20,857	81	880,834	141	90.00
90.01	09001	ANTI COAG CLINIC	2,656,591	36,868	15,239	318,734	184	90.01
90.02	09002	INFECTIOUS DI SEASES	1,103,572	48,774	66	254,510	0	90.02
90.03	09003	RHEUMATOLOGY	498,501	49,327	4,676	114,377	0	90.03
90.04	09004	PFCI	4,061,971	1,106	138	917,464	0	90.04
90.05	09005	PVSWT	1,875,767	1,106	138	167,398	0	90.05
90.06	09006	PRMC NEUROSCIENCES	497	1,106	138	122	0	90.06
90.07	09007	PSMKT	405,231	0	0	0	0	90.07
91.00	09100	EMERGENCY	22,239,928	711,359	347,447	4,149,006	3,111	91.00
91.01	09101	PARTIAL HOSPITALIZATION	151,676	10,844	0	34,697	28	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	10,082,790	82,776	450,218	1,094,976	240	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	33,232,441	220,058	0	3,280,954	3,903	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	12,932,607	0	0	1,998,326	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,325,451,341	21,907,871	28,584,873	132,104,508	116,363	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,857	46,904	8,236	0	113	190.00
194.00	07950	NON ALLOWABLE	445,211	0	0	88,424	622	194.00
194.01	07951	TELEVISION	0	0	0	0	28	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	7	0	0	0	71	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	368,260	10,611	2,052	35,931	14	194.05
194.06	07956	STUCKY RESEARCH CTR	6,246,528	7,845	15,183	1,354,714	28	194.06
194.07	07957	OCCUPATIONAL HEALTH	72	0	0	0	0	194.07
194.08	07958	FOUNDATION	4,919,132	1,848	0	844,422	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	310,426	51,739	196,513	21,649	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	2,729,143	0	2,735	343,172	141	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	-15,817	100,867	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	113	194.19



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B  
Part I  
Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.20 07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21 07971 RONALD MCDONALD FAMILY ROOM	34,081	117,099	671	0	0	194.21
194.22 07972 EBT	0	0	0	0	0	194.22
194.23 07973 MEDICAL OFFICE BUILDINGS	-312,423	3,142	5,454	68,161	156	194.23
194.24 07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25 07975 PREMIER SURGERY CENTER	0	0	0	0	1,711	194.25
194.26 07976 ISH	0	0	0	0	0	194.26
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28 07979 RWJ FOUNDATION	0	0	0	0	0	194.28
194.29 07978 OUTPATIENT PHARMACY	112,824,157	59,418	0	430,023	14	194.29
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118 through 201)	1,453,002,975	22,307,344	28,815,717	135,291,004	119,374	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B  
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Cost Center Description		DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	
		5.02	5.03	5.04	5.05	5.06	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550	130,915					5.02
5.03	00560	0	38,208				5.03
5.04	00570	860	24	6,469,183			5.04
5.05	00580	0	0	0	42,460		5.05
5.06	00591	0	0	0	0	0	5.06
5.07	00590	2,485	161	0	0	0	5.07
5.08	00592	0	0	0	0	0	5.08
6.00	00600	0	0	0	0	0	6.00
7.00	00700	424	35	0	0	0	7.00
7.01	00701	18,317	171	0	0	0	7.01
8.00	00800	0	202	0	0	0	8.00
9.00	00900	5,030	273	0	0	0	9.00
10.00	01000	5,018	331	0	0	0	10.00
10.01	01001	0	0	0	0	0	10.01
10.02	01002	0	0	0	0	0	10.02
10.03	01003	0	0	0	0	0	10.03
11.00	01100	0	0	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	530	6	0	0	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	4,111	20,379	0	0	0	15.00
15.01	01501	0	0	0	0	0	15.01
15.02	01502	365	125	0	0	0	15.02
15.03	01503	0	0	0	0	0	15.03
16.00	01600	0	0	0	0	0	16.00
17.00	01700	1,637	6	0	0	0	17.00
17.01	01701	306	1	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	24,089	1,948	928,502	3,707	0	30.00
31.00	03100	9,482	887	356,015	1,066	0	31.00
31.01	03101	377	19	131,453	394	0	31.01
31.02	03102	1,849	197	183,035	548	0	31.02
32.00	03200	0	0	0	0	0	32.00
40.00	04000	3,228	44	124,589	373	0	40.00
41.00	04100	3,710	191	96,055	288	0	41.00
43.00	04300	0	0	8,627	26	0	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	6,467	3,056	919,652	5,428	0	50.00
50.01	05001	719	221	1,217	596	0	50.01
51.00	05100	1,319	112	105,304	754	0	51.00
52.00	05200	330	99	6,834	20	0	52.00
54.00	05400	5,206	2,496	341,906	3,856	0	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	130	5	16	9	0	54.05
54.06	05406	0	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
54.08	05408	106	8	3,146	89	0	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	1,614	63	14,455	1,389	0	55.00
56.00	05600	94	10	5,954	65	0	56.00
58.00	05800	306	19	26,961	174	0	58.00
60.00	06000	8,293	4,159	523,983	4,038	0	60.00
60.01	06001	436	498	42,261	312	0	60.01
62.00	06200	0	0	40,908	140	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	2,627	117	115,991	411	0	65.00
65.02	06502	47	12	29,671	95	0	65.02
65.03	03330	1,908	752	87,123	1,226	0	65.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B  
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Date/Time Prepared:  
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Cost Center Description		DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	
		5.02	5.03	5.04	5.05	5.06	
66.00	06600	PHYSICAL THERAPY	2,921	11	175,988	593	0 66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	236	0	47,799	154	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	19,417	61	0 68.00
68.01	06801	NEURO REHAB	683	5	11	80	0 68.01
69.00	06900	ELECTROCARDIOLOGY	271	69	111,629	584	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	106	17	18,612	91	0 70.00
70.01	03950	NUTRITION SUPPORT	365	2	2,046	9	0 70.01
70.03	03952	CARDIAC CATH LAB	1,319	91	294,396	1,680	0 70.03
70.04	03953	CARDIAC REHA SERVICES	165	5	15	32	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	305,624	1,614	0 71.00
71.01	07101	COST OF SOLUTIONS	0	0	52,903	225	0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	361,404	1,907	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	602,888	6,199	0 73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	271	53	6,831	115	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0 77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	766	15	1,404	25	0 90.00
90.01	09001	ANTICOAG CLINIC	224	23	75	33	0 90.01
90.02	09002	INFECTIOUS DISEASES	342	7	15	6	0 90.02
90.03	09003	RHEUMATOLOGY	188	2	1	4	0 90.03
90.04	09004	PFCI	59	0	67	17	0 90.04
90.05	09005	PVSWT	59	0	2,043	88	0 90.05
90.06	09006	PRMC NEUROSCIENCES	59	0	0	0	0 90.06
90.07	09007	PSMKT	0	0	0	0	0 90.07
91.00	09100	EMERGENCY	5,748	699	372,347	3,214	0 91.00
91.01	09101	PARTIAL HOSPITALIZATION	59	0	0	17	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	530	0	10	260	0 95.00
99.10	09910	CORF	0	0	0	0	0 99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0 99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0 99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0 99.40
101.00	10100	HOME HEALTH AGENCY	5,124	291	0	448	0 101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0 102.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
116.00	11600	HOSPICE	0	291	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	130,915	38,208	6,469,183	42,460	0 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0 194.00
194.01	07951	TELEVISION	0	0	0	0	0 194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0 194.02
194.03	07953	OP CLINIC	0	0	0	0	0 194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0 194.04
194.05	07955	EDUCARE CTR	0	0	0	0	0 194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	0 194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0 194.07
194.08	07958	FOUNDATION	0	0	0	0	0 194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0 194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0 194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0 194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0 194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0 194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	0 194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	0 194.15
194.16	07966	FITNESS	0	0	0	0	0 194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0 194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	0 194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0 194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0 194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0 194.21
194.22	07972	EBT	0	0	0	0	0 194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	0	0 194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0 194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0 194.25
194.26	07976	ISH	0	0	0	0	0 194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0 194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0 194.28
194.29	07978	OUTPATIENT PHARMACY	0	0	0	0	0 194.29

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B  
Part I  
Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description		DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	
		5.02	5.03	5.04	5.05	5.06	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	130,915	38,208	6,469,183	42,460	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description			Subtotal	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5A.06	5.07	5.08	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G	375,470,765	375,470,765				5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	1,295	451	1,746			5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	13,618,952	4,741,574	0	0	18,360,526	7.00
7.01	00701	FACILITY ENGINEERING	9,693,776	3,374,985	0	0	1,621,228	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	5,085,701	1,770,638	0	0	22,808	8.00
9.00	00900	HOUSEKEEPING	16,257,881	5,660,344	0	0	400,642	9.00
10.00	01000	DIETARY	-674,261	0	0	0	794,813	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	17,801,549	6,197,787	0	0	0	10.01
10.02	01002	CAFETERIA	0	0	0	0	0	10.02
10.03	01003	PREADMITS ANDER	0	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,054,170	2,107,820	0	0	32,618	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	166,112	57,834	0	0	172,631	14.00
15.00	01500	PHARMACY	14,037,764	4,887,388	0	0	233,464	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	3,205,111	1,115,891	0	0	225,307	15.02
15.03	01503	MED SURG SUPPLY	31,689,726	11,033,095	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	157,804	54,941	0	0	164,532	16.00
17.00	01700	SOCIAL SERVICE	12,198,080	4,246,884	0	0	97,229	17.00
17.01	01701	REHAB ADMIN	1,272,595	443,067	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,750,642	957,664	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	758,573	264,105	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED PHARMACY	1,736,115	604,446	0	0	3,466	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	137,444,892	47,852,814	0	0	4,274,695	30.00
31.00	03100	INTENSIVE CARE UNIT	45,811,234	15,949,639	0	0	984,002	31.00
31.01	03101	PEDIATRIC ICU	7,033,816	2,448,893	0	0	71,567	31.01
31.02	03102	NEONATAL ICU	13,203,193	4,596,824	0	0	255,128	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	14,992,712	5,219,863	0	0	606,538	40.00
41.00	04100	SUBPROVIDER - IRF	18,047,430	6,283,393	0	0	512,429	41.00
43.00	04300	NURSERY	3,663,006	1,275,312	0	0	102,740	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	77,526,893	26,991,763	0	0	1,251,239	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	8,170,243	2,844,552	0	0	198,721	50.01
51.00	05100	RECOVERY ROOM	11,856,516	4,127,965	0	0	703,004	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,030,789	358,879	0	0	344,477	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	41,428,779	14,423,844	0	0	896,918	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	518,894	180,658	0	0	30,515	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	1,321,506	460,096	0	0	83,907	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	13,404,032	4,666,748	0	0	407,228	55.00
56.00	05600	RADIOISOTOPE	888,335	309,283	0	0	61,838	56.00
58.00	05800	MRI	2,621,184	912,591	0	0	68,563	58.00
60.00	06000	LABORATORY	43,333,060	15,086,838	0	0	577,595	60.00
60.01	06001	ANATOMICAL PATHOLOGY	5,172,021	1,800,691	0	0	15,806	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,910,249	1,361,392	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	10,018,381	3,488,000	0	0	144,439	65.00
65.02	06502	DIALYSIS	3,699,214	1,287,918	0	0	46,563	65.02
65.03	03330	ENDOSCOPY	15,879,933	5,528,757	0	0	338,191	65.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B  
Part I  
Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description			Subtotal	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5A.06	5.07	5.08	6.00	7.00	
66.00	06600	PHYSICAL THERAPY	7,615,949	2,651,569	0	0	389,007	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	5,283,448	1,839,485	0	0	15,760	67.00
68.00	06800	SPEECH PATHOLOGY	2,302,830	801,753	0	0	24,033	68.00
68.01	06801	NEURO REHAB	2,257,615	786,011	0	0	90,966	68.01
69.00	06900	ELECTROCARDIOLOGY	2,778,999	967,536	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,624,199	565,481	0	0	17,031	70.00
70.01	03950	NUTRITION SUPPORT	1,714,861	597,046	0	0	1,248	70.01
70.03	03952	CARDIAC CATH LAB	35,570,330	12,384,166	0	0	346,152	70.03
70.04	03953	CARDIAC REHA SERVICES	782,268	272,354	0	0	35,136	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	248,562	86,539	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	53,128	18,497	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	363,311	126,490	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	157,671,445	54,895,297	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,373,482	826,351	0	0	42,658	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,779,092	1,663,889	1,746	0	21,780	90.00
90.01	09001	ANTI COAG CLINIC	3,027,971	1,054,218	0	0	38,499	90.01
90.02	09002	INFECTIOUS DISEASES	1,407,292	489,963	0	0	50,931	90.02
90.03	09003	RHEUMATOLOGY	667,076	232,249	0	0	51,509	90.03
90.04	09004	PFCI	4,980,822	1,734,123	0	0	1,155	90.04
90.05	09005	PVSWT	2,046,599	712,544	0	0	1,155	90.05
90.06	09006	PRMC NEUROSCIENCES	1,922	669	0	0	1,155	90.06
90.07	09007	PSMKT	405,231	141,085	0	0	0	90.07
91.00	09100	EMERGENCY	27,832,859	9,690,288	0	0	742,820	91.00
91.01	09101	PARTIAL HOSPITALIZATION	197,321	68,699	0	0	11,323	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	11,711,800	4,077,580	0	0	86,437	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	36,743,219	12,792,519	0	0	229,790	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	14,931,224	5,198,455	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,321,631,517	329,650,483	1,746	0	17,943,386	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	58,110	20,232	0	0	48,978	190.00
194.00	07950	NON ALLOWABLE	534,257	186,007	0	0	0	194.00
194.01	07951	TELEVISION	28	10	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	78	27	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	416,868	145,137	0	0	11,080	194.05
194.06	07956	STUCKY RESEARCH CTR	7,624,298	2,654,476	0	0	8,192	194.06
194.07	07957	OCCUPATIONAL HEALTH	72	25	0	0	0	194.07
194.08	07958	FOUNDATION	5,765,402	2,007,282	0	0	1,930	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	580,327	202,047	0	0	54,027	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	3,075,191	1,070,658	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	85,050	29,611	0	0	105,328	194.18
194.19	07969	REGIONAL PAIN CLINIC	113	39	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	151,851	52,868	0	0	122,278	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	-235,510	0	0	0	3,281	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	1,711	596	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	113,313,612	39,451,267	0	0	62,046	194.29

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

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Part I  
Date/Time Prepared:  
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Cost Center Description		Subtotal	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5A.06	5.07	5.08	6.00	7.00	
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)	1,453,002,975	375,470,765	1,746	0	18,360,526	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B  
Part I  
Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description			FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	
			7.01	8.00	9.00	10.00	10.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING	14,689,989					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	20,016	6,899,163				8.00
9.00	00900	HOUSEKEEPING	351,593	0	22,670,460			9.00
10.00	01000	DIETARY	697,508	0	1,104,373	1,922,433		10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	23,999,336	10.01
10.02	01002	CAFETERIA	0	0	0	4,839	0	10.02
10.03	01003	PREADMITS AND ER	0	0	0	24,932	312,035	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	28,624	0	45,321	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	151,497	0	239,867	0	0	14.00
15.00	01500	PHARMACY	204,882	0	324,393	0	0	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	197,724	0	313,058	0	0	15.02
15.03	01503	MED SURG SUPPLY	0	0	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	144,389	0	228,613	0	0	16.00
17.00	01700	SOCIAL SERVICE	85,325	0	135,097	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	3,042	0	4,816	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,751,366	4,170,930	5,939,588	1,051,958	13,165,624	30.00
31.00	03100	INTENSIVE CARE UNIT	863,535	140,223	1,367,246	226,717	2,837,435	31.00
31.01	03101	PEDIATRIC ICU	62,805	21,645	99,440	8,610	107,756	31.01
31.02	03102	NEONATAL ICU	223,894	72,464	354,494	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	532,282	396,201	842,769	148,274	1,855,696	40.00
41.00	04100	SUBPROVIDER - IRF	449,695	470,547	712,007	457,103	5,720,790	41.00
43.00	04300	NURSERY	90,162	0	142,755	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,098,056	309,620	1,738,565	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	174,392	506,309	276,117	0	0	50.01
51.00	05100	RECOVERY ROOM	616,939	119,519	976,806	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	302,304	564,657	478,642	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	787,113	0	1,246,245	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	26,779	0	42,399	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	73,634	0	116,586	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	357,373	0	565,833	0	0	55.00
56.00	05600	RADIOISOTOPE	54,268	0	85,922	0	0	56.00
58.00	05800	MRI	60,169	18,822	95,266	0	0	58.00
60.00	06000	LABORATORY	506,882	941	802,553	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	13,871	0	21,962	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	126,756	35,762	200,694	0	0	65.00
65.02	06502	DIALYSIS	40,863	71,523	64,699	0	0	65.02
65.03	03330	ENDOSCOPY	296,788	0	469,908	0	0	65.03



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

Period:  
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Worksheet B  
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Cost Center Description		FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	
		7.01	8.00	9.00	10.00	10.01	
66.00	06600	PHYSICAL THERAPY	341,383	0	540,515	0	0 66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	13,831	0	21,898	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	21,091	0	33,393	0	0 68.00
68.01	06801	NEURO REHAB	79,830	0	126,395	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,946	0	23,664	0	0 70.00
70.01	03950	NUTRITION SUPPORT	1,095	0	1,734	0	0 70.01
70.03	03952	CARDIAC CATH LAB	303,775	0	480,970	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	30,835	0	48,821	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
71.01	07101	COST OF 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
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	37,436	0	59,272	0	0 76.98
76.99	07699	LI THOTRIPSY	0	0	0	0	0 76.99
77.00	07700	ALLOGENEI C HSCT ACQUISITION	0	0	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	19,113	0	30,262	0	0 90.00
90.01	09001	ANTI COAG CLINIC	33,785	0	53,493	0	0 90.01
90.02	09002	INFECTIOUS DISEASES	44,696	0	70,767	0	0 90.02
90.03	09003	RHEUMATOLOGY	45,203	0	71,570	0	0 90.03
90.04	09004	PFCI	1,014	0	1,605	0	0 90.04
90.05	09005	PVSWT	1,014	0	1,605	0	0 90.05
90.06	09006	PRMC NEUROSCIENCES	1,014	0	1,605	0	0 90.06
90.07	09007	PSMKT	0	0	0	0	0 90.07
91.00	09100	EMERGENCY	651,880	0	1,032,129	0	0 91.00
91.01	09101	PARTIAL HOSPITALIZATION	9,937	0	15,733	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	75,855	0	120,102	0	0 95.00
99.10	09910	CORF	0	0	0	0	0 99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0 99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0 99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0 99.40
101.00	10100	HOME HEALTH AGENCY	201,658	0	319,287	0	0 101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0 102.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,323,917	6,899,163	22,090,854	1,922,433	23,999,336 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	42,982	0	68,054	0	0 190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0 194.00
194.01	07951	TELEVISION	0	0	0	0	0 194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0 194.02
194.03	07953	OP CLINIC	0	0	0	0	0 194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0 194.04
194.05	07955	EDUCARE CTR	9,724	0	15,396	0	0 194.05
194.06	07956	STUCKY RESEARCH CTR	7,189	0	11,382	0	0 194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0 194.07
194.08	07958	FOUNDATION	1,693	0	2,681	0	0 194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0 194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0 194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0 194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0 194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0 194.13
194.14	07964	SENIOR HEALTH SERVICES	47,413	0	75,070	0	0 194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	0 194.15
194.16	07966	FITNESS	0	0	0	0	0 194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0 194.17
194.18	07968	BREAST DIAGNOSTIC CTR	92,433	0	146,351	0	0 194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0 194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0 194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	107,308	0	169,902	0	0 194.21
194.22	07972	EBT	0	0	0	0	0 194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	2,880	0	4,559	0	0 194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0 194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0 194.25
194.26	07976	ISH	0	0	0	0	0 194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0 194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0 194.28
194.29	07978	OUTPATIENT PHARMACY	54,450	0	86,211	0	0 194.29

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

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Cost Center Description		FACILITY	LAUNDRY &	HOUSEKEEPING	DIETARY	KITCHEN-NO	
		ENGINEERING	LINEN SERVICE			CONNECT W/CAFE	
		7.01	8.00	9.00	10.00	10.01	
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)	14,689,989	6,899,163	22,670,460	1,922,433	23,999,336	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

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Cost Center Description		CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		10.02	10.03	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
5.07	00590						5.07
5.08	00592						5.08
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
10.01	01001						10.01
10.02	01002	4,839					10.02
10.03	01003	4,839	341,806				10.03
11.00	01100	0	341,806	341,806			11.00
12.00	01200	0	0	0	0		12.00
13.00	01300	0	0	0	0	8,268,553	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	28,869	0	0	15.00
15.01	01501	0	0	0	0	0	15.01
15.02	01502	0	0	2,591	0	0	15.02
15.03	01503	0	0	0	0	0	15.03
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	11,474	0	0	17.00
17.01	01701	0	0	2,221	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	0	157,671	0	4,536,258	30.00
31.00	03100	0	0	66,807	0	1,922,053	31.00
31.01	03101	0	0	2,591	0	74,539	31.01
31.02	03102	0	0	12,954	0	372,697	31.02
32.00	03200	0	0	0	0	0	32.00
40.00	04000	0	0	22,762	0	0	40.00
41.00	04100	0	0	26,093	0	0	41.00
43.00	04300	0	0	7,773	0	223,618	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	0	0	0	0	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
54.00	05400	0	0	0	0	0	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	0	54.05
54.06	05406	0	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
54.08	05408	0	0	0	0	0	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
58.00	05800	0	0	0	0	0	58.00
60.00	06000	0	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	0	0	0	0	65.00
65.02	06502	0	0	0	0	0	65.02
65.03	03330	0	0	0	0	0	65.03

COST ALLOCATION - GENERAL SERVICE COSTS

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

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Cost Center Description		CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		10.02	10.03	11.00	12.00	13.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
68.01	06801	NEURO REHAB	0	0	0	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0 70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
71.01	07101	COST OF 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
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	53,242 76.98
76.99	07699	LI THOTRIPSY	0	0	0	0	0 76.99
77.00	07700	ALLOGENEI C HSCT ACQUISITION	0	0	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	0	42,594 90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	0	0 90.02
90.03	09003	RHEUMATOLOGY	0	0	0	0	0 90.03
90.04	09004	PFCI	0	0	0	0	0 90.04
90.05	09005	PVSWT	0	0	0	0	0 90.05
90.06	09006	PRMC NEUROSCIENCES	0	0	0	0	0 90.06
90.07	09007	PSMKT	0	0	0	0	0 90.07
91.00	09100	EMERGENCY	0	0	0	0	953,040 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
99.10	09910	CORF	0	0	0	0	0 99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0 99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0 99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0 99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0 102.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,839	341,806	341,806	0	8,178,041 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0 194.00
194.01	07951	TELEVISION	0	0	0	0	0 194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0 194.02
194.03	07953	OP CLINIC	0	0	0	0	0 194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0 194.04
194.05	07955	EDUCARE CTR	0	0	0	0	0 194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	0 194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0 194.07
194.08	07958	FOUNDATION	0	0	0	0	0 194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0 194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0 194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0 194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0 194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0 194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	0 194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	90,512 194.15
194.16	07966	FITNESS	0	0	0	0	0 194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0 194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	0 194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0 194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0 194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0 194.21
194.22	07972	EBT	0	0	0	0	0 194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	0	0 194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0 194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0 194.25
194.26	07976	ISH	0	0	0	0	0 194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0 194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0 194.28
194.29	07978	OUTPATIENT PHARMACY	0	0	0	0	0 194.29

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:  
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Cost Center Description		CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		10.02	10.03	11.00	12.00	13.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	4,839	341,806	341,806	0	8,268,553	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:  
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	I V SOLUTIONS	MED SURG SUPPLY	
			14.00	15.00	15.01	15.02	15.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	01002	CAFETERIA						10.02
10.03	01003	PREADMITS AND ER						10.03
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	787,941					14.00
15.00	01500	PHARMACY	0	19,716,760				15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0			15.01
15.02	01502	I V SOLUTIONS	0	0	0	5,059,682		15.02
15.03	01503	MED SURG SUPPLY	750,992	0	0	0	43,473,813	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	9,462	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	84	0	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	22	0	0	0	31.01
31.02	03102	NEONATAL ICU	0	0	0	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	7	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	28	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,949	16	0	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	263	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	8	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	47	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,467	0	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	11	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	8	0	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	27	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	86	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.02	06502	DIALYSIS	0	0	0	0	0	65.02

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:  
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To 12/31/2023

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Part I  
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	IV SOLUTIONS	MED SURG SUPPLY	
		14.00	15.00	15.01	15.02	15.03	
65.03	03330	ENDOSCOPY	0	0	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	20,480,513	71.00
71.01	07101	COST OF SOLUTIONS	0	0	5,059,682	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	22,993,300	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,844,890	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	0	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	0	90.03
90.04	09004	PFCI	0	0	0	0	90.04
90.05	09005	PVSWT	0	0	0	0	90.05
90.06	09006	PRMC NEUROSCIENCES	0	0	0	0	90.06
90.07	09007	PSMKT	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	705,123	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	787,941	12,561,551	0	5,059,682	43,473,813
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	194.27

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	I V SOLUTIONS	MED SURG SUPPLY	
		14.00	15.00	15.01	15.02	15.03	
194.28	07979 RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978 OUTPATIENT PHARMACY	0	7,155,209	0	0	0	194.29
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)	787,941	19,716,760	0	5,059,682	43,473,813	202.00



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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
		16.00	17.00	17.01	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G					5.07
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	FACILITY ENGINEERING					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE					10.01
10.02	01002	CAFETERIA					10.02
10.03	01003	PREADMITS AND ER					10.03
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
15.01	01501	OUTPATIENT PHARMACY					15.01
15.02	01502	IV SOLUTIONS					15.02
15.03	01503	MED SURG SUPPLY					15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	750,279				16.00
17.00	01700	SOCIAL SERVICE	0	16,774,089			17.00
17.01	01701	REHAB ADMIN	0	0	1,717,883		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	75,748	8,697,366	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	750	2,672,112	0	0	31.00
31.01	03101	PEDIATRIC ICU	300	738,060	0	0	31.01
31.02	03102	NEONATAL ICU	0	0	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	1,350	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	4,050	0	247,375	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	192,445	0	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	22,649	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	489,803	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	251,093	0	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.02	06502	DIALYSIS	0	0	0	0	65.02

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
		16.00	17.00	17.01	19.00	20.00	
65.03	03330	ENDOSCOPY	0	0	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0	0	572,743	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	325,023	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	325,023	0	68.00
68.01	06801	NEURO REHAB	5,700	0	247,719	0	68.01
69.00	06900	ELECTROCARDIOLOGY	18,599	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,650	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	300	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	127,646	0	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	2,400	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	0	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	0	90.03
90.04	09004	PFCI	0	0	0	0	90.04
90.05	09005	PVSWT	0	0	0	0	90.05
90.06	09006	PRMC NEUROSCIENCES	0	0	0	0	90.06
90.07	09007	PSMKT	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	4,176,748	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	45,599	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	750,279	16,774,089	1,717,883	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	194.27

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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
		16.00	17.00	17.01	19.00	20.00	
194.28	07979 RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978 OUTPATIENT PHARMACY	0	0	0	0	0	194.29
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)	750,279	16,774,089	1,717,883	0		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED RADIOLOGY	PARAMED PHARMACY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 MATERIALS MANAGEMENT						5.03
5.04 00570 PATIENT SERVICES						5.04
5.05 00580 PATIENT ACCOUNTING						5.05
5.06 00591 AMBULATORY SVCS ADMIN						5.06
5.07 00590 OTHER A&G						5.07
5.08 00592 CAREW MEDICAL PARK ADMIN						5.08
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 FACILITY ENGINEERING						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
10.01 01001 KITCHEN-NO CONNECT W/CAFE						10.01
10.02 01002 CAFETERIA						10.02
10.03 01003 PREADMITS ANDER						10.03
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
15.01 01501 OUTPATIENT PHARMACY						15.01
15.02 01502 IV SOLUTIONS						15.02
15.03 01503 MED SURG SUPPLY						15.03
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
17.01 01701 REHAB ADMIN						17.01
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING PROGRAM						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	3,708,306					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		1,022,678				22.00
23.00 02300 PARAMED PRGM-(SPECIFY)			0			23.00
23.01 02301 PARAMED RADIOLOGY				0		23.01
23.02 02302 PARAMED PHARMACY					2,351,885	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	1,787,404	492,932	0	0	1,129	30.00
31.00 03100 INTENSIVE CARE UNIT	337,085	92,961	0	0	10	31.00
31.01 03101 PEDIATRIC ICU	0	0	0	0	3	31.01
31.02 03102 NEONATAL ICU	0	0	0	0	0	31.02
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00 04000 SUBPROVIDER - I PF	4,450	1,227	0	0	1	40.00
41.00 04100 SUBPROVIDER - I RF	10,754	2,966	0	0	3	41.00
43.00 04300 NURSERY	34,487	9,511	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	194,315	53,588	0	0	2	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	0	0	0	31	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	1	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	6	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	175	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	1	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
58.00 05800 MRI	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	0	1	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	0	3	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	10	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

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Part I  
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8/1/2024 8:19 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED PRGM	PARAMED RADIOLOGY	PARAMED PHARMACY	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.02	06502	DIALYSIS	0	0	0	0	0	65.02
65.03	03330	ENDOSCOPY	151,299	41,725	0	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	136,095	37,532	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF 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	1,412,926	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEI C HSCT ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,002,726	276,532	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	15,204	4,193	0	0	0	90.02
90.03	09003	RHEUMATOLOGY	10,754	2,966	0	0	0	90.03
90.04	09004	PFCI	0	0	0	0	0	90.04
90.05	09005	PVSWT	0	0	0	0	0	90.05
90.06	09006	PRMC NEUROSCIENCES	0	0	0	0	0	90.06
90.07	09007	PSMKT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	23,733	6,545	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	84,107	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,708,306	1,022,678	0	0	1,498,409	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.23

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

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Cost Center Description		INTERNS & RESIDENTS		PARAMED ED PRGM	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
		21.00	22.00				
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	0	0	0	853,476	194.29
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,708,306	1,022,678	0	2,351,885	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

Period:  
From 01/01/2023  
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	COMMUNICATIONS				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	MATERIALS MANAGEMENT				5.03
5.04	00570	PATIENT SERVICES				5.04
5.05	00580	PATIENT ACCOUNTING				5.05
5.06	00591	AMBULATORY SVCS ADMIN				5.06
5.07	00590	OTHER A&G				5.07
5.08	00592	CAREW MEDICAL PARK ADMIN				5.08
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	FACILITY ENGINEERING				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE				10.01
10.02	01002	CAFETERIA				10.02
10.03	01003	PREADMITS ANDER				10.03
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
15.01	01501	OUTPATIENT PHARMACY				15.01
15.02	01502	IV SOLUTIONS				15.02
15.03	01503	MED SURG SUPPLY				15.03
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
17.01	01701	REHAB ADMIN				17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING PROGRAM				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PARAMED ED RADIOLOGY				23.01
23.02	02302	PARAMED ED PHARMACY				23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	233,409,837	-2,280,336	231,129,501	30.00
31.00	03100	INTENSIVE CARE UNIT	73,271,893	-430,046	72,841,847	31.00
31.01	03101	PEDIATRIC ICU	10,670,047	0	10,670,047	31.01
31.02	03102	NEONATAL ICU	19,091,648	0	19,091,648	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	24,624,132	-5,677	24,618,455	40.00
41.00	04100	SUBPROVIDER - I RF	32,944,663	-13,720	32,930,943	41.00
43.00	04300	NURSERY	5,549,364	-43,998	5,505,366	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	109,393,451	-247,903	109,145,548	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	12,193,277	0	12,193,277	50.01
51.00	05100	RECOVERY ROOM	18,400,758	0	18,400,758	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,569,604	0	3,569,604	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	59,035,634	0	59,035,634	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	799,245	0	799,245	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	2,055,741	0	2,055,741	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	19,401,216	0	19,401,216	55.00
56.00	05600	RADIOISOTOPE	1,399,646	0	1,399,646	56.00
58.00	05800	MRI	3,776,595	0	3,776,595	58.00
60.00	06000	LABORATORY	60,307,878	0	60,307,878	60.00
60.01	06001	ANATOMICAL PATHOLOGY	7,024,381	0	7,024,381	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,271,737	0	5,271,737	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

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Part I  
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
65.00	06500	RESPIRATORY THERAPY	14,014,032	0	14,014,032	65.00
65.02	06502	DIALYSIS	5,210,780	0	5,210,780	65.02
65.03	03330	ENDOSCOPY	22,706,601	-193,024	22,513,577	65.03
66.00	06600	PHYSICAL THERAPY	12,111,166	0	12,111,166	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	7,499,445	0	7,499,445	67.00
68.00	06800	SPEECH PATHOLOGY	3,508,123	0	3,508,123	68.00
68.01	06801	NEURO REHAB	3,594,236	0	3,594,236	68.01
69.00	06900	ELECTROCARDIOLOGY	3,938,761	-173,627	3,765,134	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,246,971	0	2,246,971	70.00
70.01	03950	NUTRITION SUPPORT	2,316,284	0	2,316,284	70.01
70.03	03952	CARDIAC CATH LAB	49,213,039	0	49,213,039	70.03
70.04	03953	CARDIAC REHA SERVICES	1,171,814	0	1,171,814	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,815,614	0	20,815,614	71.00
71.01	07101	COST OF SOLUTIONS	5,131,307	0	5,131,307	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,483,101	0	23,483,101	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	225,824,558	0	225,824,558	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,392,441	0	3,392,441	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	7,795,140	-1,279,258	6,515,882	90.00
90.01	09001	ANTI COAG CLINIC	4,250,560	0	4,250,560	90.01
90.02	09002	INFECTIOUS DISEASES	2,083,046	-19,397	2,063,649	90.02
90.03	09003	RHEUMATOLOGY	1,081,327	-13,720	1,067,607	90.03
90.04	09004	PFCI	6,718,719	0	6,718,719	90.04
90.05	09005	PVSMT	2,762,917	0	2,762,917	90.05
90.06	09006	PRMC NEUROSCIENCES	6,365	0	6,365	90.06
90.07	09007	PSMKT	546,316	0	546,316	90.07
91.00	09100	EMERGENCY	45,110,042	-30,278	45,079,764	91.00
91.01	09101	PARTIAL HOSPITALIZATION	303,013	0	303,013	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES	16,071,774	0	16,071,774	95.00
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	51,121,302	0	51,121,302	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
116.00	11600	HOSPICE	20,129,679	0	20,129,679	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,266,349,220	-4,730,984	1,261,618,236	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	238,356	0	238,356	190.00
194.00	07950	NON ALLOWABLE	720,264	0	720,264	194.00
194.01	07951	TELEVISION	38	0	38	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	194.02
194.03	07953	OP CLINIC	105	0	105	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	194.04
194.05	07955	EDUCARE CTR	598,205	0	598,205	194.05
194.06	07956	STUCKY RESEARCH CTR	10,305,537	0	10,305,537	194.06
194.07	07957	OCCUPATIONAL HEALTH	97	0	97	194.07
194.08	07958	FOUNDATION	7,778,988	0	7,778,988	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	958,884	0	958,884	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	4,236,361	0	4,236,361	194.15
194.16	07966	FITNESS	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	458,773	0	458,773	194.18
194.19	07969	REGIONAL PAIN CLINIC	152	0	152	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	604,207	0	604,207	194.21
194.22	07972	EBT	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	-224,790	0	-224,790	194.23



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
194.24	07974 START-UP COSTS ORTHO	0	0	0	194.24
194.25	07975 PREMIER SURGERY CENTER	2,307	0	2,307	194.25
194.26	07976 ISH	0	0	0	194.26
194.27	07977 MCHA BRYAN HOPD	0	0	0	194.27
194.28	07979 RWJ FOUNDATION	0	0	0	194.28
194.29	07978 OUTPATIENT PHARMACY	160,976,271	0	160,976,271	194.29
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,453,002,975	-4,730,984	1,448,271,991	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

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Part II  
Date/Time Prepared:  
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	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
			BLDG & FIXT	MVBLE EQUIP				
			0	1.00				2.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	185,978	48,780	234,758	234,758	4.00
5.01	00540	COMMUNICATIONS	0	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	108,469	0	108,469	0	5.02
5.03	00560	MATERIALS MANAGEMENT	0	36,271	0	36,271	0	5.03
5.04	00570	PATIENT SERVICES	0	57,858	7,965	65,823	1,860	5.04
5.05	00580	PATIENT ACCOUNTING	0	39,236	0	39,236	0	5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	0	0	0	5.06
5.07	00590	OTHER A&G	0	2,488,851	718,789	3,207,640	69,000	5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	1,295	0	1,295	0	5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	1,806,470	254,336	2,060,806	620	7.00
7.01	00701	FACILITY ENGINEERING	0	1,552,565	576,294	2,128,859	2,217	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	21,842	3,767	25,609	0	8.00
9.00	00900	HOUSEKEEPING	0	383,674	129,685	513,359	4,460	9.00
10.00	01000	DIETARY	0	761,151	579,938	1,341,089	1,346	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	3,587	10.01
10.02	01002	CAFETERIA	0	0	0	0	0	10.02
10.03	01003	PREADMITS AND ER	0	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	31,236	1,373,785	1,405,021	1,434	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	165,320	0	165,320	0	14.00
15.00	01500	PHARMACY	0	223,576	1,399,301	1,622,877	7,003	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	0	215,765	3,527	219,292	213	15.02
15.03	01503	MED SURG SUPPLY	0	0	0	0	90	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	157,564	0	157,564	0	16.00
17.00	01700	SOCIAL SERVICE	0	93,111	9,525	102,636	3,501	17.00
17.01	01701	REHAB ADMIN	0	0	0	0	418	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	1,185	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	3,319	0	3,319	584	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	4,093,656	2,239,240	6,332,896	33,006	30.00
31.00	03100	INTENSIVE CARE UNIT	0	942,327	1,184,853	2,127,180	12,058	31.00
31.01	03101	PEDIATRIC ICU	0	68,536	45,128	113,664	1,960	31.01
31.02	03102	NEONATAL ICU	0	244,323	125,385	369,708	3,426	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	580,850	1,737,400	2,318,250	3,218	40.00
41.00	04100	SUBPROVIDER - I RF	0	490,726	233,500	724,226	4,573	41.00
43.00	04300	NURSERY	0	98,389	0	98,389	887	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	1,198,246	5,145,478	6,343,724	8,528	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	190,304	250,322	440,626	971	50.01
51.00	05100	RECOVERY ROOM	0	673,230	37,364	710,594	2,550	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	329,888	0	329,888	264	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	858,931	3,387,984	4,246,915	7,443	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	29,222	43,841	73,063	136	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	80,353	14,801	95,154	385	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	389,981	2,115,436	2,505,417	2,992	55.00
56.00	05600	RADIOISOTOPE	0	59,219	121,766	180,985	188	56.00
58.00	05800	MRI	0	65,659	55,246	120,905	591	58.00
60.00	06000	LABORATORY	0	553,132	1,681,840	2,234,972	9,393	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	15,137	206,214	221,351	564	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B  
Part II  
Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description			CAPITAL RELATED COSTS				Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP	2A			4.00
				1.00	2.00				
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	0	138,322	500,298	638,620	2,695	65.00	
65.02	06502	DIALYSIS	0	44,591	6,633	51,224	66	65.02	
65.03	03330	ENDOSCOPY	0	323,868	2,401,853	2,725,721	2,477	65.03	
66.00	06600	PHYSICAL THERAPY	0	372,532	85,148	457,680	2,298	66.00	
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01	
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02	
67.00	06700	OCCUPATIONAL THERAPY	0	15,092	0	15,092	1,769	67.00	
68.00	06800	SPEECH PATHOLOGY	0	23,015	0	23,015	766	68.00	
68.01	06801	NEURO REHAB	0	87,114	34,122	121,236	711	68.01	
69.00	06900	ELECTROCARDIOLOGY	0	0	28,067	28,067	765	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	16,310	69,893	86,203	466	70.00	
70.01	03950	NUTRITION SUPPORT	0	1,195	264	1,459	573	70.01	
70.03	03952	CARDIAC CATH LAB	0	331,492	793,831	1,125,323	2,296	70.03	
70.04	03953	CARDIAC REHA SERVICES	0	33,648	41,265	74,913	224	70.04	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
71.01	07101	COST OF 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	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	40,851	73,868	114,719	551	76.98	
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99	
77.00	07700	ALLOGENEI C HSCT ACQUISITION	0	0	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	20,857	81	20,938	1,528	90.00	
90.01	09001	ANTI COAG CLINIC	0	36,868	15,239	52,107	553	90.01	
90.02	09002	INFECTIOUS DISEASES	0	48,774	66	48,840	442	90.02	
90.03	09003	RHEUMATOLOGY	0	49,327	4,676	54,003	198	90.03	
90.04	09004	PFCI	0	1,106	138	1,244	1,592	90.04	
90.05	09005	PVSWT	0	1,106	138	1,244	290	90.05	
90.06	09006	PRMC NEUROSCIENCES	0	1,106	138	1,244	0	90.06	
90.07	09007	PSMKT	0	0	0	0	0	90.07	
91.00	09100	EMERGENCY	0	711,359	347,447	1,058,806	7,199	91.00	
91.01	09101	PARTIAL HOSPITALIZATION	0	10,844	0	10,844	60	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	82,776	450,218	532,994	1,900	95.00	
99.10	09910	CORF	0	0	0	0	0	99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40	
101.00	10100	HOME HEALTH AGENCY	0	220,058	0	220,058	5,693	101.00	
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00	
SPECIAL PURPOSE COST CENTERS									
116.00	11600	HOSPICE	0	0	0	0	3,467	116.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	21,907,871	28,584,873	50,492,744	229,230	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	46,904	8,236	55,140	0	190.00	
194.00	07950	NON ALLOWABLE	0	0	0	0	153	194.00	
194.01	07951	TELEVISION	0	0	0	0	0	194.01	
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02	
194.03	07953	OP CLINIC	0	0	0	0	0	194.03	
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04	
194.05	07955	EDUCARE CTR	0	10,611	2,052	12,663	62	194.05	
194.06	07956	STUCKY RESEARCH CTR	0	7,845	15,183	23,028	2,351	194.06	
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07	
194.08	07958	FOUNDATION	0	1,848	0	1,848	1,465	194.08	
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09	
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10	
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11	
194.12	07962	GUEST SERVICES	0	0	0	0	0	194.12	
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13	
194.14	07964	SENIOR HEALTH SERVICES	0	51,739	196,513	248,252	38	194.14	
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	2,735	2,735	595	194.15	
194.16	07966	FITNESS	0	0	0	0	0	194.16	
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17	
194.18	07968	BREAST DIAGNOSTIC CTR	0	100,867	0	100,867	0	194.18	
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19	
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20	
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	117,099	671	117,770	0	194.21	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B  
Part II  
Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
194.22 07972 EBT	0	0	0	0	0	194.22
194.23 07973 MEDICAL OFFICE BUILDINGS	0	3,142	5,454	8,596	118	194.23
194.24 07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25 07975 PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26 07976 ISH	0	0	0	0	0	194.26
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28 07979 RWJ FOUNDATION	0	0	0	0	0	194.28
194.29 07978 OUTPATIENT PHARMACY	0	59,418	0	59,418	746	194.29
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)	0	22,307,344	28,815,717	51,123,061	234,758	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 8/1/2024 8:19 am	
Cost Center Description			COMMUNICATIONS	DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS	0					5.01
5.02	00550	DATA PROCESSING	0	108,469				5.02
5.03	00560	MATERIALS MANAGEMENT	0	0	36,271			5.03
5.04	00570	PATIENT SERVICES	0	712	23	68,418		5.04
5.05	00580	PATIENT ACCOUNTING	0	0	0	0	39,236	5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	0	0	0	5.06
5.07	00590	OTHER A&G	0	2,059	153	0	0	5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	0	0	0	5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	351	34	0	0	7.00
7.01	00701	FACILITY ENGINEERING	0	15,176	163	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	192	0	0	8.00
9.00	00900	HOUSEKEEPING	0	4,167	259	0	0	9.00
10.00	01000	DIETARY	0	4,158	314	0	0	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	0	10.01
10.02	01002	CAFETERIA	0	0	0	0	0	10.02
10.03	01003	PREADMITS ANDER	0	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	439	6	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	3,406	19,346	0	0	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	0	303	118	0	0	15.02
15.03	01503	MED SURG SUPPLY	0	0	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,357	5	0	0	17.00
17.01	01701	REHAB ADMIN	0	254	1	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	19,962	1,849	9,148	3,178	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,857	842	3,808	914	31.00
31.01	03101	PEDIATRIC ICU	0	312	18	1,406	337	31.01
31.02	03102	NEONATAL ICU	0	1,532	187	1,958	470	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	2,674	42	1,333	320	40.00
41.00	04100	SUBPROVIDER - IRF	0	3,074	182	1,028	247	41.00
43.00	04300	NURSERY	0	0	0	92	22	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	5,358	2,901	9,838	4,653	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	595	210	13	511	50.01
51.00	05100	RECOVERY ROOM	0	1,093	106	1,126	646	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	273	94	73	18	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,314	2,369	3,658	3,305	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	107	5	0	8	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	88	8	34	76	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,337	60	155	1,191	55.00
56.00	05600	RADIOISOTOPE	0	78	9	64	56	56.00
58.00	05800	MRI	0	254	18	288	149	58.00
60.00	06000	LABORATORY	0	6,871	3,948	5,605	3,461	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	361	472	452	268	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	438	120	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	2,176	111	1,241	353	65.00
65.02	06502	DIALYSIS	0	39	11	317	82	65.02
65.03	03330	ENDOSCOPY	0	1,581	714	932	1,051	65.03

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 8/1/2024 8:19 am	
Cost Center Description			COMMUNICATIONS	DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
66.00	06600	PHYSICAL THERAPY	0	2,420	10	1,883	508	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	195	0	511	132	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	208	52	68.00
68.01	06801	NEURO REHAB	0	566	5	0	68	68.01
69.00	06900	ELECTROCARDIOLOGY	0	224	66	1,194	500	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	88	16	199	78	70.00
70.01	03950	NUTRITION SUPPORT	0	303	2	22	7	70.01
70.03	03952	CARDIAC CATH LAB	0	1,093	87	3,149	1,440	70.03
70.04	03953	CARDIAC REHA SERVICES	0	137	5	0	28	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,269	1,383	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	566	193	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,866	1,635	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,449	8,153	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	224	50	73	99	76.98
76.99	07699	LI THOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	634	14	15	21	90.00
90.01	09001	ANTI COAG CLINIC	0	185	22	1	28	90.01
90.02	09002	INFECTIOUS DISEASES	0	283	7	0	5	90.02
90.03	09003	RHEUMATOLOGY	0	156	2	0	4	90.03
90.04	09004	PFCI	0	49	0	1	15	90.04
90.05	09005	PVSWT	0	49	0	22	75	90.05
90.06	09006	PRMC NEUROSCIENCES	0	49	0	0	0	90.06
90.07	09007	PSMKT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	4,763	663	3,983	2,755	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	49	0	0	14	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	439	0	0	223	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	4,245	276	0	384	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	276	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	108,469	36,271	68,418	39,236	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	0	0	0	0	0	194.29

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0021			Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 8/1/2024 8:19 am	
Cost Center Description		COMMUNICATIONS	DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING		
		5.01	5.02	5.03	5.04	5.05		
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	108,469	36,271	68,418	39,236		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 8/1/2024 8:19 am	
Cost Center Description			AMBULATORY SVCS ADMIN	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.06	5.07	5.08	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN	0					5.06
5.07	00590	OTHER A&G	0	3,278,852				5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	4	1,299			5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	0	41,402	0	0	2,103,213	7.00
7.01	00701	FACILITY ENGINEERING	0	29,469	0	0	185,713	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	15,461	0	0	2,613	8.00
9.00	00900	HOUSEKEEPING	0	49,424	0	0	45,894	9.00
10.00	01000	DIETARY	0	0	0	0	91,047	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	54,117	0	0	0	10.01
10.02	01002	CAFETERIA	0	0	0	0	0	10.02
10.03	01003	PREADMITS ANDER	0	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	18,405	0	0	3,736	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	505	0	0	19,775	14.00
15.00	01500	PHARMACY	0	42,675	0	0	26,744	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	0	9,744	0	0	25,809	15.02
15.03	01503	MED SURG SUPPLY	0	96,337	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	480	0	0	18,847	16.00
17.00	01700	SOCIAL SERVICE	0	37,082	0	0	11,138	17.00
17.01	01701	REHAB ADMIN	0	3,869	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	8,362	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,306	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED PHARMACY	0	5,278	0	0	397	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	417,832	0	0	489,671	30.00
31.00	03100	INTENSIVE CARE UNIT	0	139,266	0	0	112,718	31.00
31.01	03101	PEDIATRIC ICU	0	21,383	0	0	8,198	31.01
31.02	03102	NEONATAL ICU	0	40,138	0	0	29,225	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	45,578	0	0	69,479	40.00
41.00	04100	SUBPROVIDER - I RF	0	54,864	0	0	58,699	41.00
43.00	04300	NURSERY	0	11,136	0	0	11,769	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	235,682	0	0	143,330	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	24,838	0	0	22,764	50.01
51.00	05100	RECOVERY ROOM	0	36,044	0	0	80,530	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,134	0	0	39,460	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	125,943	0	0	102,743	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	1,577	0	0	3,495	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	4,017	0	0	9,612	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	40,748	0	0	46,648	55.00
56.00	05600	RADIOISOTOPE	0	2,701	0	0	7,084	56.00
58.00	05800	MRI	0	7,968	0	0	7,854	58.00
60.00	06000	LABORATORY	0	131,733	0	0	66,164	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	15,723	0	0	1,811	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	11,887	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	30,456	0	0	16,546	65.00
65.02	06502	DIALYSIS	0	11,246	0	0	5,334	65.02
65.03	03330	ENDOSCOPY	0	48,275	0	0	38,740	65.03



ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 8/1/2024 8:19 am	
Cost Center Description			AMBULATORY SVCS ADMIN	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.06	5.07	5.08	6.00	7.00	
66.00	06600	PHYSICAL THERAPY	0	23,152	0	0	44,561	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	16,062	0	0	1,805	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,001	0	0	2,753	68.00
68.01	06801	NEURO REHAB	0	6,863	0	0	10,420	68.01
69.00	06900	ELECTROCARDIOLOGY	0	8,448	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,938	0	0	1,951	70.00
70.01	03950	NUTRITION SUPPORT	0	5,213	0	0	143	70.01
70.03	03952	CARDIAC CATH LAB	0	108,134	0	0	39,652	70.03
70.04	03953	CARDIAC REHA SERVICES	0	2,378	0	0	4,025	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	756	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	162	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,104	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	479,705	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	7,215	0	0	4,887	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	14,528	1,299	0	2,495	90.00
90.01	09001	ANTI COAG CLINIC	0	9,205	0	0	4,410	90.01
90.02	09002	INFECTIOUS DISEASES	0	4,278	0	0	5,834	90.02
90.03	09003	RHEUMATOLOGY	0	2,028	0	0	5,900	90.03
90.04	09004	PFCI	0	15,142	0	0	132	90.04
90.05	09005	PVSWT	0	6,222	0	0	132	90.05
90.06	09006	PRMC NEUROSCIENCES	0	6	0	0	132	90.06
90.07	09007	PSMKT	0	1,232	0	0	0	90.07
91.00	09100	EMERGENCY	0	84,612	0	0	85,091	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	600	0	0	1,297	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	35,604	0	0	9,901	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	111,699	0	0	26,323	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	45,391	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,878,767	1,299	0	2,055,431	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	177	0	0	5,610	190.00
194.00	07950	NON ALLOWABLE	0	1,624	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	1,267	0	0	1,269	194.05
194.06	07956	STUCKY RESEARCH CTR	0	23,178	0	0	938	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	17,527	0	0	221	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	1,764	0	0	6,189	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	9,349	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	259	0	0	12,065	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	462	0	0	14,007	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	0	376	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	5	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	0	344,473	0	0	7,107	194.29

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0021			Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 8/1/2024 8:19 am	
Cost Center Description		AMBULATORY SVCS ADMIN 5.06	OTHER A&G 5.07	CAREW MEDICAL PARK ADMIN 5.08	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00		
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	3,278,852	1,299	0	2,103,213		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 8/1/2024 8:19 am	
Cost Center Description			FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	
			7.01	8.00	9.00	10.00	10.01	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING	2,361,597					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,218	47,093				8.00
9.00	00900	HOUSEKEEPING	56,523	0	674,086			9.00
10.00	01000	DIETARY	112,133	0	32,838	644,728		10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	57,704	10.01
10.02	01002	CAFETERIA	0	0	0	1,623	0	10.02
10.03	01003	PREADMITS AND ER	0	0	0	8,362	750	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,602	0	1,348	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	24,355	0	7,132	0	0	14.00
15.00	01500	PHARMACY	32,937	0	9,646	0	0	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	31,787	0	9,309	0	0	15.02
15.03	01503	MED SURG SUPPLY	0	0	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	23,212	0	6,798	0	0	16.00
17.00	01700	SOCIAL SERVICE	13,717	0	4,017	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	489	0	143	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	603,077	28,472	176,602	352,795	31,656	30.00
31.00	03100	INTENSIVE CARE UNIT	138,824	957	40,654	76,034	6,822	31.00
31.01	03101	PEDIATRIC ICU	10,097	148	2,957	2,888	259	31.01
31.02	03102	NEONATAL ICU	35,994	495	10,541	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	85,571	2,704	25,059	49,727	4,462	40.00
41.00	04100	SUBPROVIDER - IRF	72,294	3,212	21,171	153,299	13,755	41.00
43.00	04300	NURSERY	14,495	0	4,245	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	176,526	2,113	51,695	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	28,036	3,456	8,210	0	0	50.01
51.00	05100	RECOVERY ROOM	99,180	816	29,044	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	48,599	3,854	14,232	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	126,538	0	37,056	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	4,305	0	1,261	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	11,838	0	3,467	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	57,452	0	16,825	0	0	55.00
56.00	05600	RADIOISOTOPE	8,724	0	2,555	0	0	56.00
58.00	05800	MRI	9,673	128	2,833	0	0	58.00
60.00	06000	LABORATORY	81,488	6	23,863	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	2,230	0	653	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	20,378	244	5,967	0	0	65.00
65.02	06502	DIALYSIS	6,569	488	1,924	0	0	65.02
65.03	03330	ENDOSCOPY	47,712	0	13,972	0	0	65.03

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 8/1/2024 8:19 am	
Cost Center Description			FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	
			7.01	8.00	9.00	10.00	10.01	
66.00	06600	PHYSICAL THERAPY	54,881	0	16,072	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,223	0	651	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,391	0	993	0	0	68.00
68.01	06801	NEURO REHAB	12,834	0	3,758	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,403	0	704	0	0	70.00
70.01	03950	NUTRITION SUPPORT	176	0	52	0	0	70.01
70.03	03952	CARDIAC CATH LAB	48,836	0	14,301	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	4,957	0	1,452	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF 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
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	6,018	0	1,762	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEI C HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,073	0	900	0	0	90.00
90.01	09001	ANTI COAG CLINIC	5,431	0	1,591	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	7,185	0	2,104	0	0	90.02
90.03	09003	RHEUMATOLOGY	7,267	0	2,128	0	0	90.03
90.04	09004	PFCI	163	0	48	0	0	90.04
90.05	09005	PVSWT	163	0	48	0	0	90.05
90.06	09006	PRMC NEUROSCIENCES	163	0	48	0	0	90.06
90.07	09007	PSMKT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	104,798	0	30,689	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	1,597	0	468	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	12,195	0	3,571	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	32,419	0	9,494	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,302,746	47,093	656,851	644,728	57,704	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,910	0	2,024	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	1,563	0	458	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	1,156	0	338	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	272	0	80	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	7,622	0	2,232	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	14,860	0	4,352	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	17,251	0	5,052	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	463	0	136	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	8,754	0	2,563	0	0	194.29

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0021			Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 8/1/2024 8:19 am	
Cost Center Description		FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE		
		7.01	8.00	9.00	10.00	10.01		
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	938,197	0		201.00
202.00	TOTAL (sum lines 118 through 201)	2,361,597	47,093	674,086	1,582,925	57,704		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 8/1/2024 8:19 am
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Cost Center Description		CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION		
		10.02	10.03	11.00	12.00	13.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	COMMUNICATIONS					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	MATERIALS MANAGEMENT					5.03	
5.04	00570	PATIENT SERVICES					5.04	
5.05	00580	PATIENT ACCOUNTING					5.05	
5.06	00591	AMBULATORY SVCS ADMIN					5.06	
5.07	00590	OTHER A&G					5.07	
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
7.01	00701	FACILITY ENGINEERING					7.01	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY					10.00	
10.01	01001	KITCHEN-NO CONNECT W/CAFE					10.01	
10.02	01002	CAFETERIA	1,623				10.02	
10.03	01003	PREADMITS AND ER	1,623	10,735			10.03	
11.00	01100	CAFETERIA	0	10,735	10,735		11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	0	0	0	1,434,991	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00	
15.00	01500	PHARMACY	0	0	907	0	15.00	
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	15.01	
15.02	01502	IV SOLUTIONS	0	0	81	0	15.02	
15.03	01503	MED SURG SUPPLY	0	0	0	0	15.03	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	360	0	17.00	
17.01	01701	REHAB ADMIN	0	0	70	0	17.01	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00	
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00	
23.01	02301	PARAMED RADIOLOGY	0	0	0	0	23.01	
23.02	02302	PARAMED PHARMACY	0	0	0	0	23.02	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	4,952	0	787,259	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	2,098	0	333,568	31.00
31.01	03101	PEDIATRIC ICU	0	0	81	0	12,936	31.01
31.02	03102	NEONATAL ICU	0	0	407	0	64,681	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	715	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	820	0	0	41.00
43.00	04300	NURSERY	0	0	244	0	38,809	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.02	06502	DIALYSIS	0	0	0	0	0	65.02
65.03	03330	ENDOSCOPY	0	0	0	0	0	65.03

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 8/1/2024 8:19 am	
Cost Center Description			CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			10.02	10.03	11.00	12.00	13.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF 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
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	9,240	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	0	7,392	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	0	0	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	0	0	90.03
90.04	09004	PFCI	0	0	0	0	0	90.04
90.05	09005	PVSWT	0	0	0	0	0	90.05
90.06	09006	PRMC NEUROSCIENCES	0	0	0	0	0	90.06
90.07	09007	PSMKT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	165,398	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,623	10,735	10,735	0	1,419,283	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	15,708	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	0	0	0	0	0	194.29

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B  
Part II  
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8/1/2024 8:19 am

Cost Center Description		CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		10.02	10.03	11.00	12.00	13.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,623	10,735	10,735	0	1,434,991	202.00



ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 8/1/2024 8:19 am
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	I V SOLUTIONS	MED SURG SUPPLY	
		14.00	15.00	15.01	15.02	15.03	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G					5.07
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	FACILITY ENGINEERING					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE					10.01
10.02	01002	CAFETERIA					10.02
10.03	01003	PREADMITS AND ER					10.03
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	217,087				14.00
15.00	01500	PHARMACY	0	1,765,541			15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0		15.01
15.02	01502	I V SOLUTIONS	0	0	296,656		15.02
15.03	01503	MED SURG SUPPLY	206,907	0	0	303,334	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	847	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	2	0	0	31.01
31.02	03102	NEONATAL ICU	0	0	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	1	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	3	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	10,180	1	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	24	0	0	50.01
51.00	05100	RECOVERY ROOM	0	1	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	131	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	1	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	1	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	2	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	8	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.02	06502	DIALYSIS	0	0	0	0	65.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B  
Part II  
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	I V SOLUTIONS	MED SURG SUPPLY	
		14.00	15.00	15.01	15.02	15.03	
65.03	03330	ENDOSCOPY	0	0	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	142,901	71.00
71.01	07101	COST OF SOLUTIONS	0	0	296,656	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	160,433	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,060,622	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	0	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	0	90.03
90.04	09004	PFCI	0	0	0	0	90.04
90.05	09005	PVSWT	0	0	0	0	90.05
90.06	09006	PRMC NEUROSCIENCES	0	0	0	0	90.06
90.07	09007	PSMKT	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	63,143	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	217,087	1,124,798	0	296,656	303,334
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	194.27

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0021		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 8/1/2024 8:19 am	
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	I V SOLUTIONS	MED SURG SUPPLY	
		14.00	15.00	15.01	15.02	15.03	
194.28	07979 RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978 OUTPATIENT PHARMACY	0	640,743	0	0	0	194.29
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)	217,087	1,765,541	0	296,656	303,334	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 8/1/2024 8:19 am	
Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
			16.00	17.00	17.01	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	01002	CAFETERIA						10.02
10.03	01003	PREADMITS AND ER						10.03
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
15.01	01501	OUTPATIENT PHARMACY						15.01
15.02	01502	IV SOLUTIONS						15.02
15.03	01503	MED SURG SUPPLY						15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	206,901					16.00
17.00	01700	SOCIAL SERVICE	0	173,813				17.00
17.01	01701	REHAB ADMIN	0	0	4,612			17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0		23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0		23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	20,889	90,123	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	207	27,688	0	0		31.00
31.01	03101	PEDIATRIC ICU	83	7,648	0	0		31.01
31.02	03102	NEONATAL ICU	0	0	0	0		31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0		32.00
40.00	04000	SUBPROVIDER - I PF	372	0	0	0		40.00
41.00	04100	SUBPROVIDER - I RF	1,117	0	664	0		41.00
43.00	04300	NURSERY	0	0	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	53,070	0	0	0		50.00
50.01	05001	PARKVIEW PREMIER SURGERY	6,246	0	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,075	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	69,241	0	0	0		54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0		54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0		54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0		54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0		54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0		54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0		54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0		54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0		54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0		54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
58.00	05800	MRI	0	0	0	0		58.00
60.00	06000	LABORATORY	0	0	0	0		60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0		65.00
65.02	06502	DIALYSIS	0	0	0	0		65.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B  
Part II  
Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
			16.00	17.00	17.01	19.00	20.00	
65.03	03330	ENDOSCOPY	0	0	0			65.03
66.00	06600	PHYSICAL THERAPY	0	0	1,537			66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0			66.01
66.02	03650	PV REHAB OUTREACH	0	0	0			66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	873			67.00
68.00	06800	SPEECH PATHOLOGY	0	0	873			68.00
68.01	06801	NEURO REHAB	1,572	0	665			68.01
69.00	06900	ELECTROCARDIOLOGY	5,129	0	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	455	0	0			70.00
70.01	03950	NUTRITION SUPPORT	83	0	0			70.01
70.03	03952	CARDIAC CATH LAB	35,200	0	0			70.03
70.04	03953	CARDIAC REHA SERVICES	662	0	0			70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0			71.00
71.01	07101	COST OF SOLUTIONS	0	0	0			71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0			73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0			77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0			90.00
90.01	09001	ANTI COAG CLINIC	0	0	0			90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0			90.02
90.03	09003	RHEUMATOLOGY	0	0	0			90.03
90.04	09004	PFCI	0	0	0			90.04
90.05	09005	PVSWT	0	0	0			90.05
90.06	09006	PRMC NEUROSCIENCES	0	0	0			90.06
90.07	09007	PSMKT	0	0	0			90.07
91.00	09100	EMERGENCY	0	43,279	0			91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0			92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0			95.00
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
101.00	10100	HOME HEALTH AGENCY	12,575	0	0			101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0			116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	206,901	173,813	4,612	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
194.00	07950	NON ALLOWABLE	0	0	0			194.00
194.01	07951	TELEVISION	0	0	0			194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0			194.02
194.03	07953	OP CLINIC	0	0	0			194.03
194.04	07954	PARK CENTER CLINIC	0	0	0			194.04
194.05	07955	EDUCARE CTR	0	0	0			194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0			194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0			194.07
194.08	07958	FOUNDATION	0	0	0			194.08
194.09	07959	LV HEALTH PLAN	0	0	0			194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0			194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0			194.11
194.12	07962	GUEST SERVICES	0	0	0			194.12
194.13	07963	HUNTINGTON ARC	0	0	0			194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0			194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0			194.15
194.16	07966	FITNESS	0	0	0			194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0			194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0			194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0			194.19
194.20	07970	START-UP COSTS NORTH	0	0	0			194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0			194.21
194.22	07972	EBT	0	0	0			194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0			194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0			194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0			194.25
194.26	07976	ISH	0	0	0			194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0			194.27

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0021			Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 8/1/2024 8:19 am	
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM		
		16.00	17.00	17.01	19.00	20.00		
194.28	07979 RWJ FOUNDATION	0	0	0				194.28
194.29	07978 OUTPATIENT PHARMACY	0	0	0				194.29
200.00	Cross Foot Adjustments				0		0	200.00
201.00	Negative Cost Centers	0	0	0	0		0	201.00
202.00	TOTAL (sum lines 118 through 201)	206,901	173,813	4,612	0		0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B  
Part II  
Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	COMMUNICATIONS					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	MATERIALS MANAGEMENT					5.03
5.04 00570	PATIENT SERVICES					5.04
5.05 00580	PATIENT ACCOUNTING					5.05
5.06 00591	AMBULATORY SVCS ADMIN					5.06
5.07 00590	OTHER A&G					5.07
5.08 00592	CAREW MEDICAL PARK ADMIN					5.08
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	FACILITY ENGINEERING					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
10.01 01001	KITCHEN-NO CONNECT W/CAFE					10.01
10.02 01002	CAFETERIA					10.02
10.03 01003	PREADMITS ANDER					10.03
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
15.01 01501	OUTPATIENT PHARMACY					15.01
15.02 01502	IV SOLUTIONS					15.02
15.03 01503	MED SURG SUPPLY					15.03
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
17.01 01701	REHAB ADMIN					17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING PROGRAM					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	9,547				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		2,306			22.00
23.00 02300	PARAMED ED PRGM - (SPECIFY)			0		23.00
23.01 02301	PARAMED ED RADIOLOGY				0	23.01
23.02 02302	PARAMED ED PHARMACY					10,210
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
31.01 03101	PEDIATRIC ICU					31.01
31.02 03102	NEONATAL ICU					31.02
32.00 03200	CORONARY CARE UNIT					32.00
40.00 04000	SUBPROVIDER - I PF					40.00
41.00 04100	SUBPROVIDER - I RF					41.00
43.00 04300	NURSERY					43.00
44.00 04400	SKILLED NURSING FACILITY					44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM					50.00
50.01 05001	PARKVIEW PREMIER SURGERY					50.01
51.00 05100	RECOVERY ROOM					51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
54.01 05401	RADIOLOGY - WABASH					54.01
54.02 05402	RADIOLOGY - MANCHESTER					54.02
54.03 05403	RADIOLOGY - EAST STATE					54.03
54.04 05404	RADIOLOGY - JEFFERSON					54.04
54.05 05405	RADIOLOGY - NHMP					54.05
54.06 05406	RADIOLOGY - CMP					54.06
54.07 05407	RADIOLOGY - WP					54.07
54.08 05408	RADIOLOGY - PULM CLINIC					54.08
54.09 05409	RADIOLOGY - WHITLEY POOL					54.09
55.00 05500	RADIOLOGY-THERAPEUTIC					55.00
56.00 05600	RADIOISOTOPE					56.00
58.00 05800	MRI					58.00
60.00 06000	LABORATORY					60.00
60.01 06001	ANATOMICAL PATHOLOGY					60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL					62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS					62.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

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Cost Center Description		INTERNS & RESIDENTS		PARAMED PRGM	PARAMED RADIOLOGY	PARAMED PHARMACY	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
		21.00	22.00				
65.00	06500	RESPIRATORY THERAPY					65.00
65.02	06502	DIALYSIS					65.02
65.03	03330	ENDOSCOPY					65.03
66.00	06600	PHYSICAL THERAPY					66.00
66.01	06601	TRANSITIONAL THERAPY					66.01
66.02	03650	PV REHAB OUTREACH					66.02
67.00	06700	OCCUPATIONAL THERAPY					67.00
68.00	06800	SPEECH PATHOLOGY					68.00
68.01	06801	NEURO REHAB					68.01
69.00	06900	ELECTROCARDIOLOGY					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					70.00
70.01	03950	NUTRITION SUPPORT					70.01
70.03	03952	CARDIAC CATH LAB					70.03
70.04	03953	CARDIAC REHA SERVICES					70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					71.00
71.01	07101	COST OF SOLUTIONS					71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					73.00
76.97	07697	CARDIAC REHABILITATION					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY					76.98
76.99	07699	LITHOTRIPSY					76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION					77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC					90.00
90.01	09001	ANTI COAG CLINIC					90.01
90.02	09002	INFECTIOUS DISEASES					90.02
90.03	09003	RHEUMATOLOGY					90.03
90.04	09004	PFCI					90.04
90.05	09005	PVSWT					90.05
90.06	09006	PRMC NEUROSCIENCES					90.06
90.07	09007	PSMKT					90.07
91.00	09100	EMERGENCY					91.00
91.01	09101	PARTIAL HOSPITALIZATION					91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					95.00
99.10	09910	CORF					99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY					99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY					99.40
101.00	10100	HOME HEALTH AGENCY					101.00
102.00	10200	OPIOID TREATMENT PROGRAM					102.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
116.00	11600	HOSPICE					116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					190.00
194.00	07950	NON ALLOWABLE					194.00
194.01	07951	TELEVISION					194.01
194.02	07952	PHYSICIAN PRACTICES					194.02
194.03	07953	OP CLINIC					194.03
194.04	07954	PARK CENTER CLINIC					194.04
194.05	07955	EDUCARE CTR					194.05
194.06	07956	STUCKY RESEARCH CTR					194.06
194.07	07957	OCCUPATIONAL HEALTH					194.07
194.08	07958	FOUNDATION					194.08
194.09	07959	LV HEALTH PLAN					194.09
194.10	07960	PV RESPIRATORY OUTREACH					194.10
194.11	07961	OUTREACH TRANSCRIPTION					194.11
194.12	07962	GUEST SERVICES					194.12
194.13	07963	HUNTINGTON ARC					194.13
194.14	07964	SENIOR HEALTH SERVICES					194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH					194.15
194.16	07966	FITNESS					194.16
194.17	07967	NONALLOWABLE ADVERTISING					194.17
194.18	07968	BREAST DIAGNOSTIC CTR					194.18
194.19	07969	REGIONAL PAIN CLINIC					194.19
194.20	07970	START-UP COSTS NORTH					194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM					194.21
194.22	07972	EBT					194.22
194.23	07973	MEDICAL OFFICE BUILDINGS					194.23



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

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8/1/2024 8:19 am

Cost Center Description		INTERNS & RESIDENTS		PARAMED ED PRGM	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
		21.00	22.00				
194.24	07974	START-UP COSTS ORTHO					194.24
194.25	07975	PREMIER SURGERY CENTER					194.25
194.26	07976	ISH					194.26
194.27	07977	MCHA BRYAN HOPD					194.27
194.28	07979	RWJ FOUNDATION					194.28
194.29	07978	OUTPATIENT PHARMACY					194.29
200.00		Cross Foot Adjustments	9,547	2,306	0	0	10,210
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	9,547	2,306	0	0	10,210

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00540				5.01
5.02	00550				5.02
5.03	00560				5.03
5.04	00570				5.04
5.05	00580				5.05
5.06	00591				5.06
5.07	00590				5.07
5.08	00592				5.08
6.00	00600				6.00
7.00	00700				7.00
7.01	00701				7.01
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
10.01	01001				10.01
10.02	01002				10.02
10.03	01003				10.03
11.00	01100				11.00
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
15.01	01501				15.01
15.02	01502				15.02
15.03	01503				15.03
16.00	01600				16.00
17.00	01700				17.00
17.01	01701				17.01
19.00	01900				19.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302				23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	9,404,214	0	9,404,214	30.00
31.00	03100	3,031,502	0	3,031,502	31.00
31.01	03101	184,377	0	184,377	31.01
31.02	03102	558,762	0	558,762	31.02
32.00	03200	0	0	0	32.00
40.00	04000	2,609,505	0	2,609,505	40.00
41.00	04100	1,113,228	0	1,113,228	41.00
43.00	04300	180,088	0	180,088	43.00
44.00	04400	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	7,047,599	0	7,047,599	50.00
50.01	05001	536,500	0	536,500	50.01
51.00	05100	961,730	0	961,730	51.00
52.00	05200	444,968	0	444,968	52.00
54.00	05400	4,729,656	0	4,729,656	54.00
54.01	05401	0	0	0	54.01
54.02	05402	0	0	0	54.02
54.03	05403	0	0	0	54.03
54.04	05404	0	0	0	54.04
54.05	05405	83,957	0	83,957	54.05
54.06	05406	0	0	0	54.06
54.07	05407	0	0	0	54.07
54.08	05408	124,680	0	124,680	54.08
54.09	05409	0	0	0	54.09
55.00	05500	2,672,825	0	2,672,825	55.00
56.00	05600	202,444	0	202,444	56.00
58.00	05800	150,661	0	150,661	58.00
60.00	06000	2,567,505	0	2,567,505	60.00
60.01	06001	243,887	0	243,887	60.01
62.00	06200	12,453	0	12,453	62.00
62.30	06250	0	0	0	62.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B  
Part II  
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
65.00	06500	RESPIRATORY THERAPY	718,787	0	718,787	65.00
65.02	06502	DIALYSIS	77,300	0	77,300	65.02
65.03	03330	ENDOSCOPY	2,881,175	0	2,881,175	65.03
66.00	06600	PHYSICAL THERAPY	605,002	0	605,002	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	39,313	0	39,313	67.00
68.00	06800	SPEECH PATHOLOGY	39,052	0	39,052	68.00
68.01	06801	NEURO REHAB	158,698	0	158,698	68.01
69.00	06900	ELECTROCARDIOLOGY	44,393	0	44,393	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	97,501	0	97,501	70.00
70.01	03950	NUTRITION SUPPORT	8,033	0	8,033	70.01
70.03	03952	CARDIAC CATH LAB	1,379,511	0	1,379,511	70.03
70.04	03953	CARDIAC REHA SERVICES	88,781	0	88,781	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	148,309	0	148,309	71.00
71.01	07101	COST OF SOLUTIONS	297,577	0	297,577	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	167,038	0	167,038	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,554,929	0	1,554,929	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	144,838	0	144,838	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	45,445	0	45,445	90.00
90.01	09001	ANTI COAG CLINIC	80,925	0	80,925	90.01
90.02	09002	INFECTIOUS DISEASES	68,978	0	68,978	90.02
90.03	09003	RHEUMATOLOGY	71,686	0	71,686	90.03
90.04	09004	PFCI	18,386	0	18,386	90.04
90.05	09005	PVSWT	8,245	0	8,245	90.05
90.06	09006	PRMC NEUROSCIENCES	1,642	0	1,642	90.06
90.07	09007	PSMKT	1,232	0	1,232	90.07
91.00	09100	EMERGENCY	1,592,036	0	1,592,036	91.00
91.01	09101	PARTIAL HOSPITALIZATION	14,929	0	14,929	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES	596,827	0	596,827	95.00
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	486,309	0	486,309	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
116.00	11600	HOSPICE	49,134	0	49,134	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	48,346,552	0	48,346,552	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	69,861	0	69,861	190.00
194.00	07950	NON ALLOWABLE	1,777	0	1,777	194.00
194.01	07951	TELEVISION	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	194.04
194.05	07955	EDUCARE CTR	17,282	0	17,282	194.05
194.06	07956	STUCKY RESEARCH CTR	50,989	0	50,989	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	194.07
194.08	07958	FOUNDATION	21,413	0	21,413	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	266,097	0	266,097	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	28,387	0	28,387	194.15
194.16	07966	FITNESS	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	132,403	0	132,403	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	154,542	0	154,542	194.21
194.22	07972	EBT	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	9,689	0	9,689	194.23

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B  
Part II  
Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
194.24	07974 START-UP COSTS ORTHO	0	0	0	194.24
194.25	07975 PREMIER SURGERY CENTER	5	0	5	194.25
194.26	07976 ISH	0	0	0	194.26
194.27	07977 MCHA BRYAN HOPD	0	0	0	194.27
194.28	07979 RWJ FOUNDATION	0	0	0	194.28
194.29	07978 OUTPATIENT PHARMACY	1,063,804	0	1,063,804	194.29
200.00	Cross Foot Adjustments	22,063	0	22,063	200.00
201.00	Negative Cost Centers	938,197	0	938,197	201.00
202.00	TOTAL (sum lines 118 through 201)	51,123,061	0	51,123,061	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1  
Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	2,016,054				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		20,884,529			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	16,808	35,354	552,355,508		4.00
5.01 00540	COMMUNICATIONS	0	0	0	8,442	5.01
5.02 00550	DATA PROCESSING	9,803	0	0	1,587	11,114 5.02
5.03 00560	MATERIALS MANAGEMENT	3,278	0	0	137	0 5.03
5.04 00570	PATIENT SERVICES	5,229	5,773	4,376,972	456	73 5.04
5.05 00580	PATIENT ACCOUNTING	3,546	0	0	228	0 5.05
5.06 00591	AMBULATORY SVCS ADMIN	0	0	0	0	0 5.06
5.07 00590	OTHER A&G	224,933	520,951	162,328,044	926	211 5.07
5.08 00592	CAREW MEDICAL PARK ADMIN	117	0	0	0	0 5.08
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	163,262	184,333	1,459,738	43	36 7.00
7.01 00701	FACILITY ENGINEERING	140,315	417,676	5,215,339	216	1,555 7.01
8.00 00800	LAUNDRY & LINEN SERVICE	1,974	2,730	0	116	0 8.00
9.00 00900	HOUSEKEEPING	34,675	93,991	10,494,662	51	427 9.00
10.00 01000	DIETARY	68,790	420,317	3,167,364	70	426 10.00
10.01 01001	KITCHEN-NO CONNECT W/CAFE	0	0	8,439,930	0	0 10.01
10.02 01002	CAFETERIA	0	0	0	0	0 10.02
10.03 01003	PREADMITS AND ER	0	0	0	0	0 10.03
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	2,823	995,667	3,374,460	16	45 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	14,941	0	0	56	0 14.00
15.00 01500	PHARMACY	20,206	1,014,160	16,477,199	141	349 15.00
15.01 01501	OUTPATIENT PHARMACY	0	0	0	0	0 15.01
15.02 01502	IV SOLUTIONS	19,500	2,556	501,491	0	31 15.02
15.03 01503	MED SURG SUPPLY	0	0	211,863	0	0 15.03
16.00 01600	MEDICAL RECORDS & LIBRARY	14,240	0	0	17	0 16.00
17.00 01700	SOCIAL SERVICE	8,415	6,903	8,236,674	62	139 17.00
17.01 01701	REHAB ADMIN	0	0	984,492	37	26 17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING PROGRAM	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	2,788,668	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01 02301	PARAMED ED RADIOLOGY	0	0	0	0	0 23.01
23.02 02302	PARAMED ED PHARMACY	300	0	1,373,262	0	0 23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	369,969	1,622,915	77,662,140	1,423	2,045 30.00
31.00 03100	INTENSIVE CARE UNIT	85,164	858,736	28,371,528	234	805 31.00
31.01 03101	PEDIATRIC ICU	6,194	32,707	4,611,380	17	32 31.01
31.02 03102	NEONATAL ICU	22,081	90,874	8,062,225	145	157 31.02
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
40.00 04000	SUBPROVIDER - IPF	52,495	1,259,201	7,570,674	255	274 40.00
41.00 04100	SUBPROVIDER - IRF	44,350	169,232	10,759,978	88	315 41.00
43.00 04300	NURSERY	8,892	0	2,087,017	1	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	108,293	3,729,248	20,066,281	172	549 50.00
50.01 05001	PARKVIEW PREMIER SURGERY	17,199	181,424	2,285,019	39	61 50.01
51.00 05100	RECOVERY ROOM	60,844	27,080	5,999,187	107	112 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	29,814	0	620,044	84	28 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	77,627	2,455,481	17,511,880	229	442 54.00
54.01 05401	RADIOLOGY - WABASH	0	0	0	0	0 54.01
54.02 05402	RADIOLOGY - MANCHESTER	0	0	0	0	0 54.02
54.03 05403	RADIOLOGY - EAST STATE	0	0	0	0	0 54.03
54.04 05404	RADIOLOGY - JEFFERSON	0	0	0	0	0 54.04
54.05 05405	RADIOLOGY - NHMP	2,641	31,774	320,772	0	11 54.05
54.06 05406	RADIOLOGY - CMP	0	0	0	0	0 54.06
54.07 05407	RADIOLOGY - WP	0	0	0	0	0 54.07
54.08 05408	RADIOLOGY - PULM CLINIC	7,262	10,727	905,914	0	9 54.08
54.09 05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0 54.09
55.00 05500	RADIOLOGY-THERAPEUTIC	35,245	1,533,187	7,039,343	208	137 55.00
56.00 05600	RADIOISOTOPE	5,352	88,251	443,357	6	8 56.00
58.00 05800	MRI	5,934	40,040	1,391,432	20	26 58.00
60.00 06000	LABORATORY	49,990	1,218,933	22,100,531	204	704 60.00
60.01 06001	ANATOMICAL PATHOLOGY	1,368	149,456	1,326,463	10	37 60.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00				
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	595	3	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	12,501	362,597	6,340,509	67	223	65.00
65.02	06502	DIALYSIS	4,030	4,807	154,964	0	4	65.02
65.03	03330	ENDOSCOPY	29,270	1,740,771	5,829,175	0	162	65.03
66.00	06600	PHYSICAL THERAPY	33,668	61,712	5,407,390	0	248	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,364	0	4,163,188	0	20	67.00
68.00	06800	SPEECH PATHOLOGY	2,080	0	1,801,558	1	0	68.00
68.01	06801	NEURO REHAB	7,873	24,730	1,674,027	20	58	68.01
69.00	06900	ELECTROCARDIOLOGY	0	20,342	1,801,084	5	23	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,474	50,656	1,096,761	1	9	70.00
70.01	03950	NUTRITION SUPPORT	108	191	1,347,379	12	31	70.01
70.03	03952	CARDIAC CATH LAB	29,959	575,338	5,402,599	165	112	70.03
70.04	03953	CARDIAC REHA SERVICES	3,041	29,907	526,949	16	14	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF 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
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	3,692	53,537	1,296,070	0	23	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEI C HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,885	59	3,596,194	10	65	90.00
90.01	09001	ANTI COAG CLINIC	3,332	11,045	1,301,300	13	19	90.01
90.02	09002	INFECTIOUS DISEASES	4,408	48	1,039,090	0	29	90.02
90.03	09003	RHEUMATOLOGY	4,458	3,389	466,969	0	16	90.03
90.04	09004	PFCI	100	100	3,745,746	0	5	90.04
90.05	09005	PVSWT	100	100	683,437	0	5	90.05
90.06	09006	PRMC NEUROSCIENCES	100	100	497	0	5	90.06
90.07	09007	PSMKT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	64,290	251,816	16,939,213	220	488	91.00
91.01	09101	PARTIAL HOSPITALIZATION	980	0	141,658	2	5	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	7,481	326,301	4,470,474	17	45	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	19,888	0	13,395,203	276	435	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	8,158,599	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,979,951	20,717,223	539,345,951	8,229	11,114	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,239	5,969	0	8	0	190.00
194.00	07950	NON ALLOWABLE	0	0	361,011	44	0	194.00
194.01	07951	TELEVISION	0	0	0	2	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	5	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	959	1,487	146,698	1	0	194.05
194.06	07956	STUCKY RESEARCH CTR	709	11,004	5,530,911	2	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	167	0	3,447,534	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	4,676	142,425	88,386	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	1,982	1,401,074	10	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	9,116	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	8	0	194.19

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
194.20 07970 START-UP COSTS NORTH	0	0	0	0	0	0 194.20
194.21 07971 RONALD MCDONALD FAMILY ROOM	10,583	486	0	0	0	0 194.21
194.22 07972 EBT	0	0	0	0	0	0 194.22
194.23 07973 MEDICAL OFFICE BUILDINGS	284	3,953	278,280	11	0	0 194.23
194.24 07974 START-UP COSTS ORTHO	0	0	0	0	0	0 194.24
194.25 07975 PREMIER SURGERY CENTER	0	0	0	121	0	0 194.25
194.26 07976 ISH	0	0	0	0	0	0 194.26
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	0 194.27
194.28 07979 RWJ FOUNDATION	0	0	0	0	0	0 194.28
194.29 07978 OUTPATIENT PHARMACY	5,370	0	1,755,663	1	0	0 194.29
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)	22,307,344	28,815,717	135,291,004	119,374	130,915	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	11.064854	1.379764	0.244935	14.140488	11.779287	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			234,758	0	108,469	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000425	0.000000	9.759672	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: 15-0021

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

Worksheet B-1

Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description		MATERIALS MANAGEMENT (COSTED REQUIREMENT)	PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation	
		5.03	5.04	5.05	5.06	5A.07	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT	161,827,944				5.03
5.04	00570	PATIENT SERVICES	101,354	2,767,864,519			5.04
5.05	00580	PATIENT ACCOUNTING	0	0	6,192,834,805		5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	0	0	5.06
5.07	00590	OTHER A&G	682,040	0	0	0	-375,470,765
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	0	0	0
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	150,213	0	0	0	0
7.01	00701	FACILITY ENGINEERING	726,044	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	857,435	0	0	0	0
9.00	00900	HOUSEKEEPING	1,157,044	0	0	0	0
10.00	01000	DIETARY	1,403,133	0	0	0	674,261
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	0
10.02	01002	CAFETERIA	0	0	0	0	0
10.03	01003	PREADMITS AND ER	0	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	26,944	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	86,273,497	0	0	0	0
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0
15.02	01502	IV SOLUTIONS	528,400	0	0	0	0
15.03	01503	MED SURG SUPPLY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	23,824	0	0	0	0
17.01	01701	REHAB ADMIN	6,261	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING PROGRAM	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	8,253,443	397,012,680	529,623,906	0	0
31.00	03100	INTENSIVE CARE UNIT	3,759,558	152,338,596	152,338,596	0	0
31.01	03101	PEDIATRIC ICU	82,542	56,248,730	56,248,730	0	0
31.02	03102	NEONATAL ICU	833,709	78,320,640	78,320,640	0	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	185,858	53,311,298	53,311,298	0	0
41.00	04100	SUBPROVIDER - I RF	810,583	41,101,711	41,101,711	0	0
43.00	04300	NURSERY	0	3,691,693	3,691,693	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	12,950,608	393,518,249	775,429,636	0	0
50.01	05001	PARKVIEW PREMIER SURGERY	936,483	520,855	85,094,062	0	0
51.00	05100	RECOVERY ROOM	474,085	45,059,527	107,686,933	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	418,579	2,924,182	2,924,182	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,577,730	146,301,240	550,876,277	0	0
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0
54.05	05405	RADIOLOGY - NHMP	20,890	7,004	1,354,042	0	0
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0
54.07	05407	RADIOLOGY - WP	0	0	0	0	0
54.08	05408	RADIOLOGY - PULM CLINIC	34,045	1,346,254	12,721,868	0	0
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	267,240	6,185,230	198,440,126	0	0
56.00	05600	RADIOISOTOPE	41,901	2,547,548	9,314,996	0	0
58.00	05800	MRI	79,446	11,536,677	24,853,593	0	0
60.00	06000	LABORATORY	17,624,592	224,211,798	576,870,278	0	0
60.01	06001	ANATOMICAL PATHOLOGY	2,109,288	18,083,373	44,591,956	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	17,504,400	20,043,846	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	496,506	49,632,227	58,761,860	0	0



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description			MATERIALS MANAGEMENT (COSTED REQ UISTION)	PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVE NUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation	
			5.03	5.04	5.05	5.06	5A.07	
65.02	06502	DIALYSIS	48,820	12,696,044	13,629,490	0	0	65.02
65.03	03330	ENDOSCOPY	3,188,500	37,279,990	175,102,795	0	0	65.03
66.00	06600	PHYSICAL THERAPY	46,567	75,305,270	84,714,427	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	845	20,453,005	21,997,371	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,308,672	8,688,057	0	0	68.00
68.01	06801	NEURO REHAB	22,299	4,879	11,413,088	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	294,020	47,765,759	83,404,399	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70,264	7,963,864	12,964,164	0	0	70.00
70.01	03950	NUTRITION SUPPORT	8,210	875,425	1,220,677	0	0	70.01
70.03	03952	CARDIAC CATH LAB	387,389	125,971,563	240,051,462	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	23,067	6,218	4,628,990	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	130,776,227	230,523,552	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	22,637,036	32,089,692	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	154,644,254	272,490,191	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	257,975,297	1,012,372,812	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	223,887	2,923,064	16,474,597	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	63,493	600,671	3,573,340	0	0	90.00
90.01	09001	ANTI COAG CLINIC	96,437	32,045	4,672,821	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	29,661	6,517	876,033	0	0	90.02
90.03	09003	RHEUMATOLOGY	7,432	625	617,523	0	0	90.03
90.04	09004	PFCI	100	28,872	2,498,174	0	0	90.04
90.05	09005	PVSWT	100	874,071	12,542,860	0	0	90.05
90.06	09006	PRMC NEUROSCIENCES	100	0	320	0	0	90.06
90.07	09007	PSMKT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	2,961,374	159,326,812	459,199,621	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	2,367,374	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	4,427	37,132,995	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	1,231,052	0	63,987,751	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	1,231,052	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	161,827,944	2,767,864,519	6,192,834,805	0	-374,796,504	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	0	235,510	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description		MATERIALS MANAGEMENT (COSTED REQ UISTION)	PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVE NUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation	
		5.03	5.04	5.05	5.06	5A.07	
194.26	07976 ISH	0	0	0	0	0	194.26
194.27	07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979 RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978 OUTPATIENT PHARMACY	0	0	0	0	0	194.29
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)	38,208	6,469,183	42,460	0		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000236	0.002337	0.000007	0.000000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	36,271	68,418	39,236	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000224	0.000025	0.000006	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

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To 12/31/2023

Worksheet B-1  
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Cost Center Description		OTHER A&G (ACCUM. COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)		
		5.07	5.08	6.00	7.00	7.01		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	COMMUNICATIONS					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	MATERIALS MANAGEMENT					5.03	
5.04	00570	PATIENT SERVICES					5.04	
5.05	00580	PATIENT ACCOUNTING					5.05	
5.06	00591	AMBULATORY SVCS ADMIN					5.06	
5.07	00590	OTHER A&G	1,078,441,981				5.07	
5.08	00592	CAREW MEDICAL PARK ADMIN	1,295	100			5.08	
6.00	00600	MAINTENANCE & REPAIRS	0	0	0		6.00	
7.00	00700	OPERATION OF PLANT	13,618,952	0	0	1,589,078	7.00	
7.01	00701	FACILITY ENGINEERING	9,693,776	0	0	140,315	1,448,763	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	5,085,701	0	0	1,974	1,974	8.00
9.00	00900	HOUSEKEEPING	16,257,881	0	0	34,675	34,675	9.00
10.00	01000	DIETARY	0	0	0	68,790	68,790	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	17,801,549	0	0	0	0	10.01
10.02	01002	CAFETERIA	0	0	0	0	0	10.02
10.03	01003	PREADMITS AND ER	0	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,054,170	0	0	2,823	2,823	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	166,112	0	0	14,941	14,941	14.00
15.00	01500	PHARMACY	14,037,764	0	0	20,206	20,206	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	3,205,111	0	0	19,500	19,500	15.02
15.03	01503	MED SURG SUPPLY	31,689,726	0	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	157,804	0	0	14,240	14,240	16.00
17.00	01700	SOCIAL SERVICE	12,198,080	0	0	8,415	8,415	17.00
17.01	01701	REHAB ADMIN	1,272,595	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,750,642	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	758,573	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	1,736,115	0	0	300	300	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	137,444,892	0	0	369,969	369,969	30.00
31.00	03100	INTENSIVE CARE UNIT	45,811,234	0	0	85,164	85,164	31.00
31.01	03101	PEDIATRIC ICU	7,033,816	0	0	6,194	6,194	31.01
31.02	03102	NEONATAL ICU	13,203,193	0	0	22,081	22,081	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	14,992,712	0	0	52,495	52,495	40.00
41.00	04100	SUBPROVIDER - I RF	18,047,430	0	0	44,350	44,350	41.00
43.00	04300	NURSERY	3,663,006	0	0	8,892	8,892	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	77,526,893	0	0	108,293	108,293	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	8,170,243	0	0	17,199	17,199	50.01
51.00	05100	RECOVERY ROOM	11,856,516	0	0	60,844	60,844	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,030,789	0	0	29,814	29,814	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	41,428,779	0	0	77,627	77,627	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	518,894	0	0	2,641	2,641	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	1,321,506	0	0	7,262	7,262	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	13,404,032	0	0	35,245	35,245	55.00
56.00	05600	RADIOISOTOPE	888,335	0	0	5,352	5,352	56.00
58.00	05800	MRI	2,621,184	0	0	5,934	5,934	58.00
60.00	06000	LABORATORY	43,333,060	0	0	49,990	49,990	60.00
60.01	06001	ANATOMICAL PATHOLOGY	5,172,021	0	0	1,368	1,368	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,910,249	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	10,018,381	0	0	12,501	12,501	65.00

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description		OTHER A&G (ACCUM. COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)		
		5.07	5.08	6.00	7.00	7.01		
65.02	06502	DIALYSIS	3,699,214	0	0	4,030	4,030	65.02
65.03	03330	ENDOSCOPY	15,879,933	0	0	29,270	29,270	65.03
66.00	06600	PHYSICAL THERAPY	7,615,949	0	0	33,668	33,668	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	5,283,448	0	0	1,364	1,364	67.00
68.00	06800	SPEECH PATHOLOGY	2,302,830	0	0	2,080	2,080	68.00
68.01	06801	NEURO REHAB	2,257,615	0	0	7,873	7,873	68.01
69.00	06900	ELECTROCARDIOLOGY	2,778,999	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,624,199	0	0	1,474	1,474	70.00
70.01	03950	NUTRITION SUPPORT	1,714,861	0	0	108	108	70.01
70.03	03952	CARDIAC CATH LAB	35,570,330	0	0	29,959	29,959	70.03
70.04	03953	CARDIAC REHA SERVICES	782,268	0	0	3,041	3,041	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	248,562	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	53,128	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	363,311	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	157,671,445	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,373,482	0	0	3,692	3,692	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,779,092	100	0	1,885	1,885	90.00
90.01	09001	ANTI COAG CLINIC	3,027,971	0	0	3,332	3,332	90.01
90.02	09002	INFECTIOUS DISEASES	1,407,292	0	0	4,408	4,408	90.02
90.03	09003	RHEUMATOLOGY	667,076	0	0	4,458	4,458	90.03
90.04	09004	PFCI	4,980,822	0	0	100	100	90.04
90.05	09005	PVSWT	2,046,599	0	0	100	100	90.05
90.06	09006	PRMC NEUROSCIENCES	1,922	0	0	100	100	90.06
90.07	09007	PSMKT	405,231	0	0	0	0	90.07
91.00	09100	EMERGENCY	27,832,859	0	0	64,290	64,290	91.00
91.01	09101	PARTIAL HOSPITALIZATION	197,321	0	0	980	980	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	11,711,800	0	0	7,481	7,481	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	36,743,219	0	0	19,888	19,888	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	14,931,224	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	946,835,013	100	0	1,552,975	1,412,660	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	58,110	0	0	4,239	4,239	190.00
194.00	07950	NON ALLOWABLE	534,257	0	0	0	0	194.00
194.01	07951	TELEVISION	28	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	78	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	416,868	0	0	959	959	194.05
194.06	07956	STUCKY RESEARCH CTR	7,624,298	0	0	709	709	194.06
194.07	07957	OCCUPATIONAL HEALTH	72	0	0	0	0	194.07
194.08	07958	FOUNDATION	5,765,402	0	0	167	167	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	580,327	0	0	4,676	4,676	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	3,075,191	0	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	85,050	0	0	9,116	9,116	194.18
194.19	07969	REGIONAL PAIN CLINIC	113	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	151,851	0	0	10,583	10,583	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	284	284	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	1,711	0	0	0	0	194.25

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description		OTHER A&G (ACCUM. COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)	
		5.07	5.08	6.00	7.00	7.01	
194.26	07976 ISH	0	0	0	0	0	194.26
194.27	07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979 RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978 OUTPATIENT PHARMACY	113,313,612	0	0	5,370	5,370	194.29
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)	375,470,765	1,746	0	18,360,526	14,689,989	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.348160	17.460000	0.000000	11.554201	10.139677	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,278,852	1,299	0	2,103,213	2,361,597	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.003040	12.990000	0.000000	1.323543	1.630078	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: 15-0021

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

Worksheet B-1

Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	
		8.00	9.00	10.00	10.01	10.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G					5.07
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	FACILITY ENGINEERING					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	7,331				8.00
9.00	00900	HOUSEKEEPING	0	1,412,114			9.00
10.00	01000	DIETARY	0	68,790	925,278		10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	922,949	10.01
10.02	01002	CAFETERIA	0	0	2,329	0	12,000
10.03	01003	PREADMITS AND ER	0	0	12,000	12,000	12,000
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	2,823	0	0	2,823
14.00	01400	CENTRAL SERVICES & SUPPLY	0	14,941	0	0	14,941
15.00	01500	PHARMACY	0	20,206	0	0	20,206
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0
15.02	01502	IV SOLUTIONS	0	19,500	0	0	19,500
15.03	01503	MED SURG SUPPLY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	14,240	0	0	14,240
17.00	01700	SOCIAL SERVICE	0	8,415	0	0	8,415
17.01	01701	REHAB ADMIN	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING PROGRAM	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0
23.02	02302	PARAMED ED PHARMACY	0	300	0	0	300
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	4,432	369,969	506,314	506,314	0
31.00	03100	INTENSIVE CARE UNIT	149	85,164	109,120	109,120	0
31.01	03101	PEDIATRIC ICU	23	6,194	4,144	4,144	0
31.02	03102	NEONATAL ICU	77	22,081	0	0	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	421	52,495	71,365	71,365	0
41.00	04100	SUBPROVIDER - I RF	500	44,350	220,006	220,006	0
43.00	04300	NURSERY	0	8,892	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	329	108,293	0	0	0
50.01	05001	PARKVIEW PREMIER SURGERY	538	17,199	0	0	0
51.00	05100	RECOVERY ROOM	127	60,844	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	600	29,814	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	77,627	0	0	0
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0
54.05	05405	RADIOLOGY - NHMP	0	2,641	0	0	0
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0
54.07	05407	RADIOLOGY - WP	0	0	0	0	0
54.08	05408	RADIOLOGY - PULM CLINIC	0	7,262	0	0	0
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	35,245	0	0	0
56.00	05600	RADIOISOTOPE	0	5,352	0	0	0
58.00	05800	MRI	20	5,934	0	0	0
60.00	06000	LABORATORY	1	49,990	0	0	0
60.01	06001	ANATOMICAL PATHOLOGY	0	1,368	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	38	12,501	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	
		8.00	9.00	10.00	10.01	10.02	
65.02	06502	DIALYSIS	76	4,030	0	0	0 65.02
65.03	03330	ENDOSCOPY	0	29,270	0	0	0 65.03
66.00	06600	PHYSICAL THERAPY	0	33,668	0	0	0 66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,364	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	2,080	0	0	0 68.00
68.01	06801	NEURO REHAB	0	7,873	0	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,474	0	0	0 70.00
70.01	03950	NUTRITION SUPPORT	0	108	0	0	0 70.01
70.03	03952	CARDIAC CATH LAB	0	29,959	0	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	0	3,041	0	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
71.01	07101	COST OF 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
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	3,692	0	0	0 76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0 76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	1,885	0	0	0 90.00
90.01	09001	ANTI COAG CLINIC	0	3,332	0	0	0 90.01
90.02	09002	INFECTIOUS DISEASES	0	4,408	0	0	0 90.02
90.03	09003	RHEUMATOLOGY	0	4,458	0	0	0 90.03
90.04	09004	PFCI	0	100	0	0	0 90.04
90.05	09005	PVSWT	0	100	0	0	0 90.05
90.06	09006	PRMC NEUROSCIENCES	0	100	0	0	0 90.06
90.07	09007	PSMKT	0	0	0	0	0 90.07
91.00	09100	EMERGENCY	0	64,290	0	0	0 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	980	0	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	7,481	0	0	0 95.00
99.10	09910	CORF	0	0	0	0	0 99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0 99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0 99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0 99.40
101.00	10100	HOME HEALTH AGENCY	0	19,888	0	0	0 101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0 102.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,331	1,376,011	925,278	922,949	12,000 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,239	0	0	0 190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0 194.00
194.01	07951	TELEVISION	0	0	0	0	0 194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0 194.02
194.03	07953	OP CLINIC	0	0	0	0	0 194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0 194.04
194.05	07955	EDUCARE CTR	0	959	0	0	0 194.05
194.06	07956	STUCKY RESEARCH CTR	0	709	0	0	0 194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0 194.07
194.08	07958	FOUNDATION	0	167	0	0	0 194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0 194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0 194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0 194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0 194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0 194.13
194.14	07964	SENIOR HEALTH SERVICES	0	4,676	0	0	0 194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	0 194.15
194.16	07966	FITNESS	0	0	0	0	0 194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0 194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	9,116	0	0	0 194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0 194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0 194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	10,583	0	0	0 194.21
194.22	07972	EBT	0	0	0	0	0 194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	284	0	0	0 194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0 194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0 194.25

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	
		8.00	9.00	10.00	10.01	10.02	
194.26	07976	ISH	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	0	5,370	0	0	194.29
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)	6,899,163	22,670,460	1,922,433	23,999,336	4,839
203.00		Unit cost multiplier (Wkst. B, Part I)	941.094394	16.054270	2.077682	26.002884	0.403250
204.00		Cost to be allocated (per Wkst. B, Part II)	47,093	674,086	1,582,925	57,704	1,623
205.00		Unit cost multiplier (Wkst. B, Part II)	6.423817	0.477359	0.696794	0.062521	0.135250
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: 15-0021

Period:  
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To 12/31/2023

Worksheet B-1

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8/1/2024 8:19 am

Cost Center Description		PREADMITS AND ER (MEALS PREADMITS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.03	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G					5.07
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	FACILITY ENGINEERING					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE					10.01
10.02	01002	CAFETERIA					10.02
10.03	01003	PREADMITS AND ER	12,000				10.03
11.00	01100	CAFETERIA	12,000	1,847			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	1,553	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	156	0	0	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	0	14	0	0	15.02
15.03	01503	MED SURG SUPPLY	0	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	62	0	0	17.00
17.01	01701	REHAB ADMIN	0	12	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED RADIOLOGY	0	0	0	0	23.01
23.02	02302	PARAMED PHARMACY	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	852	0	852	30.00
31.00	03100	INTENSIVE CARE UNIT	0	361	0	361	31.00
31.01	03101	PEDIATRIC ICU	0	14	0	14	31.01
31.02	03102	NEONATAL ICU	0	70	0	70	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	123	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	141	0	0	41.00
43.00	04300	NURSERY	0	42	0	42	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description			PREADMITS AND ER (MEALS PREA DMITS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRS ING FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.03	11.00	12.00	13.00	14.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.02	06502	DIALYSIS	0	0	0	0	0	65.02
65.03	03330	ENDOSCOPY	0	0	0	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF 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
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	10	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	8	0	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	0	0	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	0	0	90.03
90.04	09004	PFCI	0	0	0	0	0	90.04
90.05	09005	PVSWT	0	0	0	0	0	90.05
90.06	09006	PRMC NEUROSCIENCES	0	0	0	0	0	90.06
90.07	09007	PSMKT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	179	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,000	1,847	0	1,536	591,818	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	17	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.23

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description			PREADMITS AND ER (MEALS PREA DMITS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRS ING FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.03	11.00	12.00	13.00	14.00	
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	0	0	0	0	0	194.29
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)	341,806	341,806	0	8,268,553	787,941	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	28.483833	185.060097	0.000000	5,324.245332	1.331391	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	10,735	10,735	0	1,434,991	217,087	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.894583	5.812128	0.000000	924.012234	0.366814	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: 15-0021

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

Worksheet B-1

Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description		PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		15.00	15.01	15.02	15.03	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
5.07	00590						5.07
5.08	00592						5.08
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
10.01	01001						10.01
10.02	01002						10.02
10.03	01003						10.03
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	194,687,580					15.00
15.01	01501	0	100				15.01
15.02	01502	0	0	100			15.02
15.03	01503	0	0	0	10,000		15.03
16.00	01600	0	0	0	0	5,002	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	0	0	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	93,432	0	0	0	505	30.00
31.00	03100	825	0	0	0	5	31.00
31.01	03101	215	0	0	0	2	31.01
31.02	03102	0	0	0	0	0	31.02
32.00	03200	0	0	0	0	0	32.00
40.00	04000	72	0	0	0	9	40.00
41.00	04100	280	0	0	0	27	41.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	156	0	0	0	1,283	50.00
50.01	05001	2,592	0	0	0	151	50.01
51.00	05100	75	0	0	0	0	51.00
52.00	05200	469	0	0	0	0	52.00
54.00	05400	14,481	0	0	0	1,674	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	0	54.05
54.06	05406	0	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
54.08	05408	108	0	0	0	0	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	24	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
58.00	05800	0	0	0	0	0	58.00
60.00	06000	80	0	0	0	0	60.00
60.01	06001	268	0	0	0	0	60.01
62.00	06200	852	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	0	0	0	0	65.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description		PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		15.00	15.01	15.02	15.03	16.00	
65.02	06502	DIALYSIS	0	0	0	0	65.02
65.03	03330	ENDOSCOPY	0	0	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	0	38	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	124	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	11	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	2	70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	851	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	16	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	4,711	0	71.00
71.01	07101	COST OF SOLUTIONS	0	100	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	5,289	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	116,959,146	100	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	0	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	0	90.03
90.04	09004	PFCI	0	0	0	0	90.04
90.05	09005	PVSWT	0	0	0	0	90.05
90.06	09006	PRMC NEUROSCIENCES	0	0	0	0	90.06
90.07	09007	PSMKT	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	6,962,525	0	0	304	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	124,035,600	100	10,000	5,002	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	194.25

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description		PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	I V SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		15.00	15.01	15.02	15.03	16.00	
194.26	07976 ISH	0	0	0	0	0	194.26
194.27	07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979 RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978 OUTPATIENT PHARMACY	70,651,980	0	0	0	0	194.29
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)	19,716,760	0	5,059,682	43,473,813	750,279	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.101274	0.000000	50,596.820000	4,347.381300	149.995802	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,765,541	0	296,656	303,334	206,901	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.009069	0.000000	2,966.560000	30.333400	41.363655	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: 15-0021

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

Worksheet B-1

Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	REHAB ADMIN (PERCENTAGE 4)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
	17.00	17.01	19.00	20.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 MATERIALS MANAGEMENT						5.03
5.04 00570 PATIENT SERVICES						5.04
5.05 00580 PATIENT ACCOUNTING						5.05
5.06 00591 AMBULATORY SVCS ADMIN						5.06
5.07 00590 OTHER A&G						5.07
5.08 00592 CAREW MEDICAL PARK ADMIN						5.08
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 FACILITY ENGINEERING						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
10.01 01001 KITCHEN-NO CONNECT W/CAFE						10.01
10.02 01002 CAFETERIA						10.02
10.03 01003 PREADMITS AND ER						10.03
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
15.01 01501 OUTPATIENT PHARMACY						15.01
15.02 01502 IV SOLUTIONS						15.02
15.03 01503 MED SURG SUPPLY						15.03
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	10,000					17.00
17.01 01701 REHAB ADMIN	0	10,000				17.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING PROGRAM	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			10,000	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
23.01 02301 PARAMED ED RADIOLOGY	0	0				23.01
23.02 02302 PARAMED ED PHARMACY	0	0				23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	5,185	0	0	0	4,820	30.00
31.00 03100 INTENSIVE CARE UNIT	1,593	0	0	0	909	31.00
31.01 03101 PEDIATRIC ICU	440	0	0	0	0	31.01
31.02 03102 NEONATAL ICU	0	0	0	0	0	31.02
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	12	40.00
41.00 04100 SUBPROVIDER - IRF	0	1,440	0	0	29	41.00
43.00 04300 NURSERY	0	0	0	0	93	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	524	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	292	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
58.00 05800 MRI	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	0	0	60.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN	NURSING	INTERNS & RESIDENTS	
	(TIME SPENT)	(PERCENTAGE 4)	ANESTHETISTS	PROGRAM	SERVICES-SALAR	
	17.00	17.01	19.00	20.00	21.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.02 06502 DIALYSIS	0	0	0	0	0	65.02
65.03 03330 ENDOSCOPY	0	0	0	0	408	65.03
66.00 06600 PHYSICAL THERAPY	0	3,334	0	0	0	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	1,892	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,892	0	0	0	68.00
68.01 06801 NEURO REHAB	0	1,442	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	367	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 03950 NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03 03952 CARDIAC CATH LAB	0	0	0	0	0	70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01 07101 COST OF 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
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
77.00 07700 ALLOGENEI C HSCT ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	2,704	90.00
90.01 09001 ANTI COAG CLINIC	0	0	0	0	0	90.01
90.02 09002 INFECTIOUS DISEASES	0	0	0	0	41	90.02
90.03 09003 RHEUMATOLOGY	0	0	0	0	29	90.03
90.04 09004 PFCI	0	0	0	0	0	90.04
90.05 09005 PVS WT	0	0	0	0	0	90.05
90.06 09006 PRMC NEUROSCIENCES	0	0	0	0	0	90.06
90.07 09007 PSMKT	0	0	0	0	0	90.07
91.00 09100 EMERGENCY	2,490	0	0	0	64	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	10,000	10,000	0	0	10,000	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07950 NON ALLOWABLE	0	0	0	0	0	194.00
194.01 07951 TELEVISION	0	0	0	0	0	194.01
194.02 07952 PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03 07953 OP CLINIC	0	0	0	0	0	194.03
194.04 07954 PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05 07955 EDUCARE CTR	0	0	0	0	0	194.05
194.06 07956 STUCKY RESEARCH CTR	0	0	0	0	0	194.06
194.07 07957 OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08 07958 FOUNDATION	0	0	0	0	0	194.08
194.09 07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10 07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11 07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12 07962 GUEST SERVICES	0	0	0	0	0	194.12
194.13 07963 HUNTINGTON ARC	0	0	0	0	0	194.13
194.14 07964 SENIOR HEALTH SERVICES	0	0	0	0	0	194.14
194.15 07965 SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	0	194.15
194.16 07966 FITNESS	0	0	0	0	0	194.16
194.17 07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18 07968 BREAST DIAGNOSTIC CTR	0	0	0	0	0	194.18
194.19 07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	REHAB ADMIN (PERCENTAGE 4)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
	17.00	17.01	19.00	20.00	21.00	
194.20 07970 START-UP COSTS NORTH	0	0	0	0	0	0 194.20
194.21 07971 RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	0 194.21
194.22 07972 EBT	0	0	0	0	0	0 194.22
194.23 07973 MEDICAL OFFICE BUILDINGS	0	0	0	0	0	0 194.23
194.24 07974 START-UP COSTS ORTHO	0	0	0	0	0	0 194.24
194.25 07975 PREMIER SURGERY CENTER	0	0	0	0	0	0 194.25
194.26 07976 ISH	0	0	0	0	0	0 194.26
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	0 194.27
194.28 07979 RWJ FOUNDATION	0	0	0	0	0	0 194.28
194.29 07978 OUTPATIENT PHARMACY	0	0	0	0	0	0 194.29
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)	16,774,089	1,717,883	0	0	3,708,306	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1,677.408900	171.788300	0.000000	0.000000	370.830600	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	173,813	4,612	0	0	9,547	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	17.381300	0.461200	0.000000	0.000000	0.954700	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED RADIOLOGY (PERCENTAGE %)	PARAMED PHARMACY (COSTED REQUIS.)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
	22.00	23.00	23.01	23.02	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 COMMUNICATIONS					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00560 MATERIALS MANAGEMENT					5.03
5.04 00570 PATIENT SERVICES					5.04
5.05 00580 PATIENT ACCOUNTING					5.05
5.06 00591 AMBULATORY SVCS ADMIN					5.06
5.07 00590 OTHER A&G					5.07
5.08 00592 CAREW MEDICAL PARK ADMIN					5.08
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
7.01 00701 FACILITY ENGINEERING					7.01
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
10.01 01001 KITCHEN-NO CONNECT W/CAFE					10.01
10.02 01002 CAFETERIA					10.02
10.03 01003 PREADMITS AND ER					10.03
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
15.01 01501 OUTPATIENT PHARMACY					15.01
15.02 01502 IV SOLUTIONS					15.02
15.03 01503 MED SURG SUPPLY					15.03
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
17.01 01701 REHAB ADMIN					17.01
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING PROGRAM					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	10,000				22.00
23.00 02300 PARAMED PRGM-(SPECIFY)		10,000			23.00
23.01 02301 PARAMED RADIOLOGY			0		23.01
23.02 02302 PARAMED PHARMACY				194,687,580	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	4,820	0	0	93,432	30.00
31.00 03100 INTENSIVE CARE UNIT	909	0	0	825	31.00
31.01 03101 PEDIATRIC ICU	0	0	0	215	31.01
31.02 03102 NEONATAL ICU	0	0	0	0	31.02
32.00 03200 CORONARY CARE UNIT	0	0	0	0	32.00
40.00 04000 SUBPROVIDER - IPF	12	0	0	72	40.00
41.00 04100 SUBPROVIDER - IRF	29	0	0	280	41.00
43.00 04300 NURSERY	93	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	524	0	0	156	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	0	0	2,592	50.01
51.00 05100 RECOVERY ROOM	0	0	0	75	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	469	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	14,481	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	108	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	24	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	56.00
58.00 05800 MRI	0	0	0	0	58.00
60.00 06000 LABORATORY	0	10,000	0	80	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	268	60.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	PARAMED RADIOLOGY (PERCENTAGE %)	PARAMED PHARMACY (COSTED REQUIS.)		
		22.00	23.00	23.01	23.02		
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	852	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.02	06502	DIALYSIS	0	0	0	0	65.02
65.03	03330	ENDOSCOPY	408	0	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	367	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	116,959,146	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	76.99
77.00	07700	ALLOGENEI C HSCT ACQUISITION	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	2,704	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	41	0	0	0	90.02
90.03	09003	RHEUMATOLOGY	29	0	0	0	90.03
90.04	09004	PFCI	0	0	0	0	90.04
90.05	09005	PVSWT	0	0	0	0	90.05
90.06	09006	PRMC NEUROSCIENCES	0	0	0	0	90.06
90.07	09007	PSMKT	0	0	0	0	90.07
91.00	09100	EMERGENCY	64	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	6,962,525	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,000	10,000	0	124,035,600	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	194.19

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED RADIOLOGY (PERCENTAGE %)	PARAMED PHARMACY (COSTED REQUIS.)		
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
	22.00	23.00	23.01	23.02		
194.20 07970 START-UP COSTS NORTH	0	0	0	0		194.20
194.21 07971 RONALD MCDONALD FAMILY ROOM	0	0	0	0		194.21
194.22 07972 EBT	0	0	0	0		194.22
194.23 07973 MEDICAL OFFICE BUILDINGS	0	0	0	0		194.23
194.24 07974 START-UP COSTS ORTHO	0	0	0	0		194.24
194.25 07975 PREMIER SURGERY CENTER	0	0	0	0		194.25
194.26 07976 ISH	0	0	0	0		194.26
194.27 07977 MCHA BRYAN HOPD	0	0	0	0		194.27
194.28 07979 RWJ FOUNDATION	0	0	0	0		194.28
194.29 07978 OUTPATIENT PHARMACY	0	0	0	70,651,980		194.29
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)	1,022,678	0	0	2,351,885		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	102.267800	0.000000	0.000000	0.012080		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	2,306	0	0	10,210		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.230600	0.000000	0.000000	0.000052		205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)		0	0	0		206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	0.000000	0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

Worksheet C  
Part I  
Date/Time Prepared:  
8/1/2024 8:19 am

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance			Total Costs
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	231,129,501		231,129,501	0	231,129,501	30.00
31.00	03100	INTENSIVE CARE UNIT	72,841,847		72,841,847	0	72,841,847	31.00
31.01	03101	PEDIATRIC ICU	10,670,047		10,670,047	0	10,670,047	31.01
31.02	03102	NEONATAL ICU	19,091,648		19,091,648	0	19,091,648	31.02
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
40.00	04000	SUBPROVIDER - I/PF	24,618,455		24,618,455	0	24,618,455	40.00
41.00	04100	SUBPROVIDER - I/RF	32,930,943		32,930,943	0	32,930,943	41.00
43.00	04300	NURSERY	5,505,366		5,505,366	0	5,505,366	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	109,145,548		109,145,548	0	109,145,548	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	12,193,277		12,193,277	0	12,193,277	50.01
51.00	05100	RECOVERY ROOM	18,400,758		18,400,758	0	18,400,758	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,569,604		3,569,604	0	3,569,604	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	59,035,634		59,035,634	0	59,035,634	54.00
54.01	05401	RADIOLOGY - WABASH	0		0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0		0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0		0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0		0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	799,245		799,245	0	799,245	54.05
54.06	05406	RADIOLOGY - CMP	0		0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0		0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	2,055,741		2,055,741	0	2,055,741	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0		0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	19,401,216		19,401,216	48,457	19,449,673	55.00
56.00	05600	RADIOISOTOPE	1,399,646		1,399,646	0	1,399,646	56.00
58.00	05800	MRI	3,776,595		3,776,595	0	3,776,595	58.00
60.00	06000	LABORATORY	60,307,878		60,307,878	136,349	60,444,227	60.00
60.01	06001	ANATOMICAL PATHOLOGY	7,024,381		7,024,381	0	7,024,381	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,271,737		5,271,737	0	5,271,737	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	14,014,032	0	14,014,032	18,439	14,032,471	65.00
65.02	06502	DIALYSIS	5,210,780	0	5,210,780	0	5,210,780	65.02
65.03	03330	ENDOSCOPY	22,513,577	0	22,513,577	0	22,513,577	65.03
66.00	06600	PHYSICAL THERAPY	12,111,166	0	12,111,166	0	12,111,166	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	7,499,445	0	7,499,445	0	7,499,445	67.00
68.00	06800	SPEECH PATHOLOGY	3,508,123	0	3,508,123	0	3,508,123	68.00
68.01	06801	NEURO REHAB	3,594,236	0	3,594,236	0	3,594,236	68.01
69.00	06900	ELECTROCARDIOLOGY	3,765,134		3,765,134	0	3,765,134	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,246,971		2,246,971	0	2,246,971	70.00
70.01	03950	NUTRITION SUPPORT	2,316,284		2,316,284	0	2,316,284	70.01
70.03	03952	CARDIAC CATH LAB	49,213,039		49,213,039	65,029	49,278,068	70.03
70.04	03953	CARDIAC REHA SERVICES	1,171,814		1,171,814	0	1,171,814	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,815,614		20,815,614	0	20,815,614	71.00
71.01	07101	COST OF SOLUTIONS	5,131,307		5,131,307	0	5,131,307	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,483,101		23,483,101	0	23,483,101	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	225,824,558		225,824,558	0	225,824,558	73.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	3,392,441		3,392,441	0	3,392,441	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	6,515,882		6,515,882	0	6,515,882	90.00
90.01	09001	ANTI COAG CLINIC	4,250,560		4,250,560	0	4,250,560	90.01
90.02	09002	INFECTIOUS DISEASES	2,063,649		2,063,649	0	2,063,649	90.02
90.03	09003	RHEUMATOLOGY	1,067,607		1,067,607	0	1,067,607	90.03
90.04	09004	PFCI	6,718,719		6,718,719	0	6,718,719	90.04
90.05	09005	PVSWT	2,762,917		2,762,917	0	2,762,917	90.05
90.06	09006	PRMC NEUROSCIENCES	6,365		6,365	0	6,365	90.06
90.07	09007	PSMKT	546,316		546,316	0	546,316	90.07
91.00	09100	EMERGENCY	45,079,764		45,079,764	181,901	45,261,665	91.00
91.01	09101	PARTIAL HOSPITALIZATION	303,013		303,013	0	303,013	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	25,758,089		25,758,089	0	25,758,089	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	16,071,774		16,071,774	0	16,071,774	95.00
99.10	09910	CORF	0		0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0	0	0	99.20

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

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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	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0		0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0		0	99.40
101.00	10100	HOME HEALTH AGENCY	51,121,302		51,121,302		51,121,302	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0		0	102.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	20,129,679		20,129,679		20,129,679	116.00
200.00		Subtotal (see instructions)	1,287,376,325	0	1,287,376,325	450,175	1,287,826,500	200.00
201.00		Less Observation Beds	25,758,089		25,758,089		25,758,089	201.00
202.00		Total (see instructions)	1,261,618,236	0	1,261,618,236	450,175	1,262,068,411	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

Worksheet C  
Part I  
Date/Time Prepared:  
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		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	395,545,979		395,545,979		30.00
31.00	03100	INTENSIVE CARE UNIT	152,338,596		152,338,596		31.00
31.01	03101	PEDIATRIC ICU	56,248,730		56,248,730		31.01
31.02	03102	NEONATAL ICU	78,320,640		78,320,640		31.02
32.00	03200	CORONARY CARE UNIT	0		0		32.00
40.00	04000	SUBPROVIDER - IPF	53,311,298		53,311,298		40.00
41.00	04100	SUBPROVIDER - IRF	41,101,711		41,101,711		41.00
43.00	04300	NURSERY	3,691,693		3,691,693		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	393,518,249	381,911,387	775,429,636	0.140755	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	520,855	84,573,207	85,094,062	0.143292	50.01
51.00	05100	RECOVERY ROOM	45,059,527	62,627,406	107,686,933	0.170873	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,924,182	0	2,924,182	1.220719	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	146,301,240	404,575,037	550,876,277	0.107167	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	7,004	1,347,038	1,354,042	0.590266	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	1,346,254	11,375,614	12,721,868	0.161591	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	6,185,230	192,254,896	198,440,126	0.097769	55.00
56.00	05600	RADIOISOTOPE	2,547,548	6,767,448	9,314,996	0.150257	56.00
58.00	05800	MRI	11,536,677	13,316,916	24,853,593	0.151954	58.00
60.00	06000	LABORATORY	224,211,798	352,658,480	576,870,278	0.104543	60.00
60.01	06001	ANATOMICAL PATHOLOGY	18,083,373	26,508,583	44,591,956	0.157526	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	17,504,400	2,539,446	20,043,846	0.263010	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	49,632,227	9,129,633	58,761,860	0.238489	65.00
65.02	06502	DIALYSIS	12,696,044	933,446	13,629,490	0.382317	65.02
65.03	03330	ENDOSCOPY	37,279,990	137,822,805	175,102,795	0.128573	65.03
66.00	06600	PHYSICAL THERAPY	75,305,270	9,409,157	84,714,427	0.142965	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0.000000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	20,453,005	1,544,366	21,997,371	0.340925	67.00
68.00	06800	SPEECH PATHOLOGY	8,308,672	379,385	8,688,057	0.403787	68.00
68.01	06801	NEURO REHAB	4,879	11,408,209	11,413,088	0.314922	68.01
69.00	06900	ELECTROCARDIOLOGY	47,765,759	35,638,640	83,404,399	0.045143	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,963,864	5,000,300	12,964,164	0.173322	70.00
70.01	03950	NUTRITION SUPPORT	875,425	345,252	1,220,677	1.897540	70.01
70.03	03952	CARDIAC CATH LAB	125,971,563	114,079,899	240,051,462	0.205010	70.03
70.04	03953	CARDIAC REHA SERVICES	6,218	4,622,772	4,628,990	0.253147	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	130,776,227	99,747,325	230,523,552	0.090297	71.00
71.01	07101	COST OF SOLUTIONS	22,637,036	9,452,656	32,089,692	0.159905	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	154,644,254	117,845,937	272,490,191	0.086180	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	257,975,297	754,397,515	1,012,372,812	0.223065	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,923,064	13,551,533	16,474,597	0.205920	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	600,671	2,972,669	3,573,340	1.823471	90.00
90.01	09001	ANTI COAG CLINIC	32,045	4,640,776	4,672,821	0.909635	90.01
90.02	09002	INFECTIOUS DISEASES	6,517	869,516	876,033	2.355675	90.02
90.03	09003	RHEUMATOLOGY	625	616,898	617,523	1.728854	90.03
90.04	09004	PFCI	28,872	2,469,302	2,498,174	2.689452	90.04
90.05	09005	PVSWT	874,071	11,668,789	12,542,860	0.220278	90.05
90.06	09006	PRMC NEUROSCIENCES	0	320	320	19.890625	90.06
90.07	09007	PSMKT	0	0	0	0.000000	90.07
91.00	09100	EMERGENCY	159,326,812	299,872,809	459,199,621	0.098170	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	2,367,374	2,367,374	0.127995	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,466,701	132,611,226	134,077,927	0.192113	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	4,427	37,128,568	37,132,995	0.432817	95.00
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

Worksheet C  
Part I  
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Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
Title XVIII			Hospital			PPS		
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
101.00	10100	HOME HEALTH AGENCY	0	63,987,751	63,987,751			101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	2,767,864,519	3,424,970,286	6,192,834,805			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,767,864,519	3,424,970,286	6,192,834,805			202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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Worksheet C  
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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 PEDIATRIC ICU				31.01
31.02	03102 NEONATAL ICU				31.02
32.00	03200 CORONARY CARE UNIT				32.00
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.140755			50.00
50.01	05001 PARKVIEW PREMIER SURGERY	0.143292			50.01
51.00	05100 RECOVERY ROOM	0.170873			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.220719			52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.107167			54.00
54.01	05401 RADIOLOGY - WABASH	0.000000			54.01
54.02	05402 RADIOLOGY - MANCHESTER	0.000000			54.02
54.03	05403 RADIOLOGY - EAST STATE	0.000000			54.03
54.04	05404 RADIOLOGY - JEFFERSON	0.000000			54.04
54.05	05405 RADIOLOGY - NHMP	0.590266			54.05
54.06	05406 RADIOLOGY - CMP	0.000000			54.06
54.07	05407 RADIOLOGY - WP	0.000000			54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0.161591			54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0.000000			54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0.098013			55.00
56.00	05600 RADIOISOTOPE	0.150257			56.00
58.00	05800 MRI	0.151954			58.00
60.00	06000 LABORATORY	0.104780			60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.157526			60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.263010			62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500 RESPIRATORY THERAPY	0.238802			65.00
65.02	06502 DIALYSIS	0.382317			65.02
65.03	03330 ENDOSCOPY	0.128573			65.03
66.00	06600 PHYSICAL THERAPY	0.142965			66.00
66.01	06601 TRANSITIONAL THERAPY	0.000000			66.01
66.02	03650 PV REHAB OUTREACH	0.000000			66.02
67.00	06700 OCCUPATIONAL THERAPY	0.340925			67.00
68.00	06800 SPEECH PATHOLOGY	0.403787			68.00
68.01	06801 NEURO REHAB	0.314922			68.01
69.00	06900 ELECTROCARDIOLOGY	0.045143			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.173322			70.00
70.01	03950 NUTRITION SUPPORT	1.897540			70.01
70.03	03952 CARDIAC CATH LAB	0.205281			70.03
70.04	03953 CARDIAC REHA SERVICES	0.253147			70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.090297			71.00
71.01	07101 COST OF SOLUTIONS	0.159905			71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.086180			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.223065			73.00
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.205920			76.98
76.99	07699 LI THOTRIPSY	0.000000			76.99
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000			77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	1.823471			90.00
90.01	09001 ANTI COAG CLINIC	0.909635			90.01
90.02	09002 INFECTIOUS DISEASES	2.355675			90.02
90.03	09003 RHEUMATOLOGY	1.728854			90.03
90.04	09004 PFCI	2.689452			90.04
90.05	09005 PVS WT	0.220278			90.05
90.06	09006 PRMC NEUROSCIENCES	19.890625			90.06
90.07	09007 PSMKT	0.000000			90.07
91.00	09100 EMERGENCY	0.098566			91.00
91.01	09101 PARTIAL HOSPITALIZATION	0.127995			91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.192113			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES	0.432817			95.00
99.10	09910 CORF				99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY				99.40
101.00	10100 HOME HEALTH AGENCY				101.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 8/1/2024 8:19 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
102.00	10200 OPIOID TREATMENT PROGRAM	11.00		102.00
SPECIAL PURPOSE COST CENTERS				
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: 15-0021

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

Worksheet C  
Part I  
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		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS		231,129,501	0	231,129,501	30.00
31.00	03100	INTENSIVE CARE UNIT		72,841,847	0	72,841,847	31.00
31.01	03101	PEDIATRIC ICU		10,670,047	0	10,670,047	31.01
31.02	03102	NEONATAL ICU		19,091,648	0	19,091,648	31.02
32.00	03200	CORONARY CARE UNIT		0	0	0	32.00
40.00	04000	SUBPROVIDER - I/PF		24,618,455	0	24,618,455	40.00
41.00	04100	SUBPROVIDER - I/RF		32,930,943	0	32,930,943	41.00
43.00	04300	NURSERY		5,505,366	0	5,505,366	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM		109,145,548	0	109,145,548	50.00
50.01	05001	PARKVIEW PREMIER SURGERY		12,193,277	0	12,193,277	50.01
51.00	05100	RECOVERY ROOM		18,400,758	0	18,400,758	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		3,569,604	0	3,569,604	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		59,035,634	0	59,035,634	54.00
54.01	05401	RADIOLOGY - WABASH		0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER		0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE		0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON		0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP		799,245	0	799,245	54.05
54.06	05406	RADIOLOGY - CMP		0	0	0	54.06
54.07	05407	RADIOLOGY - WP		0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC		2,055,741	0	2,055,741	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL		0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC		19,401,216	48,457	19,449,673	55.00
56.00	05600	RADIOISOTOPE		1,399,646	0	1,399,646	56.00
58.00	05800	MRI		3,776,595	0	3,776,595	58.00
60.00	06000	LABORATORY		60,307,878	136,349	60,444,227	60.00
60.01	06001	ANATOMICAL PATHOLOGY		7,024,381	0	7,024,381	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		5,271,737	0	5,271,737	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	14,014,032	18,439	14,032,471	65.00
65.02	06502	DIALYSIS	0	5,210,780	0	5,210,780	65.02
65.03	03330	ENDOSCOPY	0	22,513,577	0	22,513,577	65.03
66.00	06600	PHYSICAL THERAPY	0	12,111,166	0	12,111,166	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	7,499,445	0	7,499,445	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,508,123	0	3,508,123	68.00
68.01	06801	NEURO REHAB	0	3,594,236	0	3,594,236	68.01
69.00	06900	ELECTROCARDIOLOGY		3,765,134	0	3,765,134	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		2,246,971	0	2,246,971	70.00
70.01	03950	NUTRITION SUPPORT		2,316,284	0	2,316,284	70.01
70.03	03952	CARDIAC CATH LAB		49,213,039	65,029	49,278,068	70.03
70.04	03953	CARDIAC REHA SERVICES		1,171,814	0	1,171,814	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		20,815,614	0	20,815,614	71.00
71.01	07101	COST OF SOLUTIONS		5,131,307	0	5,131,307	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		23,483,101	0	23,483,101	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		225,824,558	0	225,824,558	73.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY		3,392,441	0	3,392,441	76.98
76.99	07699	LITHOTRIPSY		0	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION		0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC		6,515,882	0	6,515,882	90.00
90.01	09001	ANTI COAG CLINIC		4,250,560	0	4,250,560	90.01
90.02	09002	INFECTIOUS DISEASES		2,063,649	0	2,063,649	90.02
90.03	09003	RHEUMATOLOGY		1,067,607	0	1,067,607	90.03
90.04	09004	PFCI		6,718,719	0	6,718,719	90.04
90.05	09005	PVSWT		2,762,917	0	2,762,917	90.05
90.06	09006	PRMC NEUROSCIENCES		6,365	0	6,365	90.06
90.07	09007	PSMKT		546,316	0	546,316	90.07
91.00	09100	EMERGENCY		45,079,764	181,901	45,261,665	91.00
91.01	09101	PARTIAL HOSPITALIZATION		303,013	0	303,013	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		25,758,089	0	25,758,089	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES		16,071,774	0	16,071,774	95.00
99.10	09910	CORF		0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY		0	0	0	99.20

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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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	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0		0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0		0	99.40
101.00	10100	HOME HEALTH AGENCY	51,121,302		51,121,302		51,121,302	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0		0	102.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	20,129,679		20,129,679		20,129,679	116.00
200.00		Subtotal (see instructions)	1,287,376,325	0	1,287,376,325	450,175	1,287,826,500	200.00
201.00		Less Observation Beds	25,758,089		25,758,089		25,758,089	201.00
202.00		Total (see instructions)	1,261,618,236	0	1,261,618,236	450,175	1,262,068,411	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

Period:  
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			Title XIX			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	395,545,979		395,545,979				30.00
31.00	03100	INTENSIVE CARE UNIT	152,338,596		152,338,596				31.00
31.01	03101	PEDIATRIC ICU	56,248,730		56,248,730				31.01
31.02	03102	NEONATAL ICU	78,320,640		78,320,640				31.02
32.00	03200	CORONARY CARE UNIT	0		0				32.00
40.00	04000	SUBPROVIDER - IPF	53,311,298		53,311,298				40.00
41.00	04100	SUBPROVIDER - IRF	41,101,711		41,101,711				41.00
43.00	04300	NURSERY	3,691,693		3,691,693				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	393,518,249	381,911,387	775,429,636	0.140755	0.000000		50.00
50.01	05001	PARKVIEW PREMIER SURGERY	520,855	84,573,207	85,094,062	0.143292	0.000000		50.01
51.00	05100	RECOVERY ROOM	45,059,527	62,627,406	107,686,933	0.170873	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,924,182	0	2,924,182	1.220719	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	146,301,240	404,575,037	550,876,277	0.107167	0.000000		54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0.000000	0.000000		54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0.000000	0.000000		54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0.000000	0.000000		54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0.000000	0.000000		54.04
54.05	05405	RADIOLOGY - NHMP	7,004	1,347,038	1,354,042	0.590266	0.000000		54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0.000000	0.000000		54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0.000000	0.000000		54.07
54.08	05408	RADIOLOGY - PULM CLINIC	1,346,254	11,375,614	12,721,868	0.161591	0.000000		54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0.000000	0.000000		54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	6,185,230	192,254,896	198,440,126	0.097769	0.000000		55.00
56.00	05600	RADIOISOTOPE	2,547,548	6,767,448	9,314,996	0.150257	0.000000		56.00
58.00	05800	MRI	11,536,677	13,316,916	24,853,593	0.151954	0.000000		58.00
60.00	06000	LABORATORY	224,211,798	352,658,480	576,870,278	0.104543	0.000000		60.00
60.01	06001	ANATOMICAL PATHOLOGY	18,083,373	26,508,583	44,591,956	0.157526	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	17,504,400	2,539,446	20,043,846	0.263010	0.000000		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	49,632,227	9,129,633	58,761,860	0.238489	0.000000		65.00
65.02	06502	DIALYSIS	12,696,044	933,446	13,629,490	0.382317	0.000000		65.02
65.03	03330	ENDOSCOPY	37,279,990	137,822,805	175,102,795	0.128573	0.000000		65.03
66.00	06600	PHYSICAL THERAPY	75,305,270	9,409,157	84,714,427	0.142965	0.000000		66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0.000000	0.000000		66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0.000000	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	20,453,005	1,544,366	21,997,371	0.340925	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	8,308,672	379,385	8,688,057	0.403787	0.000000		68.00
68.01	06801	NEURO REHAB	4,879	11,408,209	11,413,088	0.314922	0.000000		68.01
69.00	06900	ELECTROCARDIOLOGY	47,765,759	35,638,640	83,404,399	0.045143	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,963,864	5,000,300	12,964,164	0.173322	0.000000		70.00
70.01	03950	NUTRITION SUPPORT	875,425	345,252	1,220,677	1.897540	0.000000		70.01
70.03	03952	CARDIAC CATH LAB	125,971,563	114,079,899	240,051,462	0.205010	0.000000		70.03
70.04	03953	CARDIAC REHA SERVICES	6,218	4,622,772	4,628,990	0.253147	0.000000		70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	130,776,227	99,747,325	230,523,552	0.090297	0.000000		71.00
71.01	07101	COST OF SOLUTIONS	22,637,036	9,452,656	32,089,692	0.159905	0.000000		71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	154,644,254	117,845,937	272,490,191	0.086180	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	257,975,297	754,397,515	1,012,372,812	0.223065	0.000000		73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,923,064	13,551,533	16,474,597	0.205920	0.000000		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000		76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	0.000000		77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	600,671	2,972,669	3,573,340	1.823471	0.000000		90.00
90.01	09001	ANTI COAG CLINIC	32,045	4,640,776	4,672,821	0.909635	0.000000		90.01
90.02	09002	INFECTIOUS DISEASES	6,517	869,516	876,033	2.355675	0.000000		90.02
90.03	09003	RHEUMATOLOGY	625	616,898	617,523	1.728854	0.000000		90.03
90.04	09004	PFCI	28,872	2,469,302	2,498,174	2.689452	0.000000		90.04
90.05	09005	PVSWT	874,071	11,668,789	12,542,860	0.220278	0.000000		90.05
90.06	09006	PRMC NEUROSCIENCES	0	320	320	19.890625	0.000000		90.06
90.07	09007	PSMKT	0	0	0	0.000000	0.000000		90.07
91.00	09100	EMERGENCY	159,326,812	299,872,809	459,199,621	0.098170	0.000000		91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	2,367,374	2,367,374	0.127995	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,466,701	132,611,226	134,077,927	0.192113	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	4,427	37,128,568	37,132,995	0.432817	0.000000		95.00
99.10	09910	CORF	0	0	0				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0				99.30

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

Period:  
From 01/01/2023  
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Cost Center Description			Title XIX			Hospital	PPS
			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col . 6 + col . 7)		
6.00	7.00	8.00	9.00	10.00			
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	63,987,751	63,987,751		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	2,767,864,519	3,424,970,286	6,192,834,805		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	2,767,864,519	3,424,970,286	6,192,834,805		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

Period:  
From 01/01/2023  
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Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	PPS
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 PEDIATRIC ICU				31.01
31.02	03102 NEONATAL ICU				31.02
32.00	03200 CORONARY CARE UNIT				32.00
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.140755			50.00
50.01	05001 PARKVIEW PREMIER SURGERY	0.143292			50.01
51.00	05100 RECOVERY ROOM	0.170873			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.220719			52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.107167			54.00
54.01	05401 RADIOLOGY - WABASH	0.000000			54.01
54.02	05402 RADIOLOGY - MANCHESTER	0.000000			54.02
54.03	05403 RADIOLOGY - EAST STATE	0.000000			54.03
54.04	05404 RADIOLOGY - JEFFERSON	0.000000			54.04
54.05	05405 RADIOLOGY - NHMP	0.590266			54.05
54.06	05406 RADIOLOGY - CMP	0.000000			54.06
54.07	05407 RADIOLOGY - WP	0.000000			54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0.161591			54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0.000000			54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0.098013			55.00
56.00	05600 RADIOISOTOPE	0.150257			56.00
58.00	05800 MRI	0.151954			58.00
60.00	06000 LABORATORY	0.104780			60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.157526			60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.263010			62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500 RESPIRATORY THERAPY	0.238802			65.00
65.02	06502 DIALYSIS	0.382317			65.02
65.03	03330 ENDOSCOPY	0.128573			65.03
66.00	06600 PHYSICAL THERAPY	0.142965			66.00
66.01	06601 TRANSITIONAL THERAPY	0.000000			66.01
66.02	03650 PV REHAB OUTREACH	0.000000			66.02
67.00	06700 OCCUPATIONAL THERAPY	0.340925			67.00
68.00	06800 SPEECH PATHOLOGY	0.403787			68.00
68.01	06801 NEURO REHAB	0.314922			68.01
69.00	06900 ELECTROCARDIOLOGY	0.045143			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.173322			70.00
70.01	03950 NUTRITION SUPPORT	1.897540			70.01
70.03	03952 CARDIAC CATH LAB	0.205281			70.03
70.04	03953 CARDIAC REHA SERVICES	0.253147			70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.090297			71.00
71.01	07101 COST OF SOLUTIONS	0.159905			71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.086180			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.223065			73.00
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.205920			76.98
76.99	07699 LI THOTRI PSY	0.000000			76.99
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000			77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	1.823471			90.00
90.01	09001 ANTI COAG CLINIC	0.909635			90.01
90.02	09002 INFECTIOUS DISEASES	2.355675			90.02
90.03	09003 RHEUMATOLOGY	1.728854			90.03
90.04	09004 PFCI	2.689452			90.04
90.05	09005 PVS WT	0.220278			90.05
90.06	09006 PRMC NEUROSCIENCES	19.890625			90.06
90.07	09007 PSMKT	0.000000			90.07
91.00	09100 EMERGENCY	0.098566			91.00
91.01	09101 PARTIAL HOSPITALIZATION	0.127995			91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.192113			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES	0.432817			95.00
99.10	09910 CORF				99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY				99.40
101.00	10100 HOME HEALTH AGENCY				101.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

Worksheet C  
Part I  
Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	PPS
102.00	10200 OPIOID TREATMENT PROGRAM	11.00			102.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600 HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00



CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY			Provider CCN: 15-0021		Period: From 01/01/2023 To 12/31/2023		Worksheet C Part II Date/Time Prepared: 8/1/2024 8:19 am	
Cost Center Description			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	PPS
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	109,145,548	7,047,599	102,097,949	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	12,193,277	536,500	11,656,777	0	0	50.01
51.00	05100	RECOVERY ROOM	18,400,758	961,730	17,439,028	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,569,604	444,968	3,124,636	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	59,035,634	4,729,656	54,305,978	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	799,245	83,957	715,288	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	2,055,741	124,680	1,931,061	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	19,401,216	2,672,825	16,728,391	0	0	55.00
56.00	05600	RADIOISOTOPE	1,399,646	202,444	1,197,202	0	0	56.00
58.00	05800	MRI	3,776,595	150,661	3,625,934	0	0	58.00
60.00	06000	LABORATORY	60,307,878	2,567,505	57,740,373	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	7,024,381	243,887	6,780,494	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,271,737	12,453	5,259,284	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	14,014,032	718,787	13,295,245	0	0	65.00
65.02	06502	DIALYSIS	5,210,780	77,300	5,133,480	0	0	65.02
65.03	03330	ENDOSCOPY	22,513,577	2,881,175	19,632,402	0	0	65.03
66.00	06600	PHYSICAL THERAPY	12,111,166	605,002	11,506,164	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	7,499,445	39,313	7,460,132	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,508,123	39,052	3,469,071	0	0	68.00
68.01	06801	NEURO REHAB	3,594,236	158,698	3,435,538	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	3,765,134	44,393	3,720,741	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,246,971	97,501	2,149,470	0	0	70.00
70.01	03950	NUTRITION SUPPORT	2,316,284	8,033	2,308,251	0	0	70.01
70.03	03952	CARDIAC CATH LAB	49,213,039	1,379,511	47,833,528	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	1,171,814	88,781	1,083,033	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,815,614	148,309	20,667,305	0	0	71.00
71.01	07101	COST OF SOLUTIONS	5,131,307	297,577	4,833,730	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,483,101	167,038	23,316,063	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	225,824,558	1,554,929	224,269,629	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	3,392,441	144,838	3,247,603	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEI C HSCT ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	6,515,882	45,445	6,470,437	0	0	90.00
90.01	09001	ANTI COAG CLINIC	4,250,560	80,925	4,169,635	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	2,063,649	68,978	1,994,671	0	0	90.02
90.03	09003	RHEUMATOLOGY	1,067,607	71,686	995,921	0	0	90.03
90.04	09004	PFCI	6,718,719	18,386	6,700,333	0	0	90.04
90.05	09005	PVSWT	2,762,917	8,245	2,754,672	0	0	90.05
90.06	09006	PRMC NEUROSCIENCES	6,365	1,642	4,723	0	0	90.06
90.07	09007	PSMKT	546,316	1,232	545,084	0	0	90.07
91.00	09100	EMERGENCY	45,079,764	1,592,036	43,487,728	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	303,013	14,929	288,084	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	25,758,089	1,048,045	24,710,044	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	16,071,774	596,827	15,474,947	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	51,121,302	486,309	50,634,993	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
116.00	11600	HOSPICE	20,129,679	49,134	20,080,545	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	890,588,518	32,312,921	858,275,597	0	0	200.00
201.00		Less Observation Beds	25,758,089	1,048,045	24,710,044	0	0	201.00
202.00		Total (line 200 minus line 201)	864,830,429	31,264,876	833,565,553	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part II Date/Time Prepared: 8/1/2024 8:19 am		
Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	109,145,548	775,429,636	0.140755		50.00
50.01	05001 PARKVIEW PREMIER SURGERY	12,193,277	85,094,062	0.143292		50.01
51.00	05100 RECOVERY ROOM	18,400,758	107,686,933	0.170873		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,569,604	2,924,182	1.220719		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	59,035,634	550,876,277	0.107167		54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0.000000		54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0.000000		54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0.000000		54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0.000000		54.04
54.05	05405 RADIOLOGY - NHMP	799,245	1,354,042	0.590266		54.05
54.06	05406 RADIOLOGY - CMP	0	0	0.000000		54.06
54.07	05407 RADIOLOGY - WP	0	0	0.000000		54.07
54.08	05408 RADIOLOGY - PULM CLINIC	2,055,741	12,721,868	0.161591		54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0.000000		54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	19,401,216	198,440,126	0.097769		55.00
56.00	05600 RADIOISOTOPE	1,399,646	9,314,996	0.150257		56.00
58.00	05800 MRI	3,776,595	24,853,593	0.151954		58.00
60.00	06000 LABORATORY	60,307,878	576,870,278	0.104543		60.00
60.01	06001 ANATOMICAL PATHOLOGY	7,024,381	44,591,956	0.157526		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	5,271,737	20,043,846	0.263010		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	14,014,032	58,761,860	0.238489		65.00
65.02	06502 DIALYSIS	5,210,780	13,629,490	0.382317		65.02
65.03	03330 ENDOSCOPY	22,513,577	175,102,795	0.128573		65.03
66.00	06600 PHYSICAL THERAPY	12,111,166	84,714,427	0.142965		66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0.000000		66.01
66.02	03650 PV REHAB OUTREACH	0	0	0.000000		66.02
67.00	06700 OCCUPATIONAL THERAPY	7,499,445	21,997,371	0.340925		67.00
68.00	06800 SPEECH PATHOLOGY	3,508,123	8,688,057	0.403787		68.00
68.01	06801 NEURO REHAB	3,594,236	11,413,088	0.314922		68.01
69.00	06900 ELECTROCARDIOLOGY	3,765,134	83,404,399	0.045143		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,246,971	12,964,164	0.173322		70.00
70.01	03950 NUTRITION SUPPORT	2,316,284	1,220,677	1.897540		70.01
70.03	03952 CARDIAC CATH LAB	49,213,039	240,051,462	0.205010		70.03
70.04	03953 CARDIAC REHA SERVICES	1,171,814	4,628,990	0.253147		70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	20,815,614	230,523,552	0.090297		71.00
71.01	07101 COST OF SOLUTIONS	5,131,307	32,089,692	0.159905		71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	23,483,101	272,490,191	0.086180		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	225,824,558	1,012,372,812	0.223065		73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	3,392,441	16,474,597	0.205920		76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000		76.99
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.000000		77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	6,515,882	3,573,340	1.823471		90.00
90.01	09001 ANTI COAG CLINIC	4,250,560	4,672,821	0.909635		90.01
90.02	09002 INFECTIOUS DISEASES	2,063,649	876,033	2.355675		90.02
90.03	09003 RHEUMATOLOGY	1,067,607	617,523	1.728854		90.03
90.04	09004 PFCI	6,718,719	2,498,174	2.689452		90.04
90.05	09005 PVSWT	2,762,917	12,542,860	0.220278		90.05
90.06	09006 PRMC NEUROSCIENCES	6,365	320	19.890625		90.06
90.07	09007 PSMKT	546,316	0	0.000000		90.07
91.00	09100 EMERGENCY	45,079,764	459,199,621	0.098170		91.00
91.01	09101 PARTIAL HOSPITALIZATION	303,013	2,367,374	0.127995		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	25,758,089	134,077,927	0.192113		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES	16,071,774	37,132,995	0.432817		95.00
99.10	09910 CORF	0	0	0.000000		99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0.000000		99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0.000000		99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0.000000		99.40
101.00	10100 HOME HEALTH AGENCY	51,121,302	63,987,751	0.798923		101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0.000000		102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
116.00	11600 HOSPICE	20,129,679	0	0.000000		116.00
200.00		Subtotal (sum of lines 50 thru 199)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (line 200 minus line 201)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part I Date/Time Prepared: 8/1/2024 8:19 am
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital 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	9,404,214	0	9,404,214	167,743	56.06	30.00
31.00	INTENSIVE CARE UNIT	3,031,502		3,031,502	39,142	77.45	31.00
31.01	PEDIATRIC ICU	184,377		184,377	1,063	173.45	31.01
31.02	NEONATAL ICU	558,762		558,762	11,478	48.68	31.02
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
40.00	SUBPROVIDER - IPF	2,609,505	0	2,609,505	16,825	155.10	40.00
41.00	SUBPROVIDER - IRF	1,113,228	0	1,113,228	13,395	83.11	41.00
43.00	NURSERY	180,088		180,088	5,637	31.95	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	17,081,676		17,081,676	255,283		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	27,808	1,558,916	30.00
31.00	INTENSIVE CARE UNIT	12,174	942,876	31.00
31.01	PEDIATRIC ICU	0	0	31.01
31.02	NEONATAL ICU	0	0	31.02
32.00	CORONARY CARE UNIT	0	0	32.00
40.00	SUBPROVIDER - IPF	1,644	254,984	40.00
41.00	SUBPROVIDER - IRF	4,194	348,563	41.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
200.00	Total (lines 30 through 199)	45,820	3,105,339	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part II Date/Time Prepared: 8/1/2024 8:19 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	7,047,599	775,429,636	0.009089	70,633,363	641,987	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	536,500	85,094,062	0.006305	258,685	1,631	50.01
51.00	05100 RECOVERY ROOM	961,730	107,686,933	0.008931	5,028,323	44,908	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	444,968	2,924,182	0.152168	129,457	19,699	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,729,656	550,876,277	0.008586	48,243,363	414,218	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	83,957	1,354,042	0.062005	3,295	204	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0.000000	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0.000000	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	124,680	12,721,868	0.009800	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	2,672,825	198,440,126	0.013469	1,475,180	19,869	55.00
56.00	05600 RADIOISOTOPE	202,444	9,314,996	0.021733	640,328	13,916	56.00
58.00	05800 MRI	150,661	24,853,593	0.006062	2,368,622	14,359	58.00
60.00	06000 LABORATORY	2,567,505	576,870,278	0.004451	38,238,415	170,199	60.00
60.01	06001 ANATOMICAL PATHOLOGY	243,887	44,591,956	0.005469	4,287,327	23,447	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	12,453	20,043,846	0.000621	4,236,480	2,631	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	718,787	58,761,860	0.012232	9,564,329	116,991	65.00
65.02	06502 DIALYSIS	77,300	13,629,490	0.005672	4,143,712	23,503	65.02
65.03	03330 ENDOSCOPY	2,881,175	175,102,795	0.016454	8,410,800	138,391	65.03
66.00	06600 PHYSICAL THERAPY	605,002	84,714,427	0.007142	10,250,503	73,209	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	39,313	21,997,371	0.001787	3,283,690	5,868	67.00
68.00	06800 SPEECH PATHOLOGY	39,052	8,688,057	0.004495	1,281,446	5,760	68.00
68.01	06801 NEURO REHAB	158,698	11,413,088	0.013905	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	44,393	83,404,399	0.000532	3,686,847	1,961	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	97,501	12,964,164	0.007521	621,717	4,676	70.00
70.01	03950 NUTRITION SUPPORT	8,033	1,220,677	0.006581	186,325	1,226	70.01
70.03	03952 CARDIAC CATH LAB	1,379,511	240,051,462	0.005747	30,128,347	173,148	70.03
70.04	03953 CARDIAC REHA SERVICES	88,781	4,628,990	0.019179	1,783	34	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	148,309	230,523,552	0.000643	38,086,140	24,489	71.00
71.01	07101 COST OF SOLUTIONS	297,577	32,089,692	0.009273	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	167,038	272,490,191	0.000613	39,876,303	24,444	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,554,929	1,012,372,812	0.001536	54,678,367	83,986	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	144,838	16,474,597	0.008792	651,462	5,728	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	45,445	3,573,340	0.012718	87,401	1,112	90.00
90.01	09001 ANTI COAG CLINIC	80,925	4,672,821	0.017318	6,722	116	90.01
90.02	09002 INFECTIOUS DISEASES	68,978	876,033	0.078739	1,542	121	90.02
90.03	09003 RHEUMATOLOGY	71,686	617,523	0.116086	0	0	90.03
90.04	09004 PFCI	18,386	2,498,174	0.007360	11,732	86	90.04
90.05	09005 PVS WT	8,245	12,542,860	0.000657	153,646	101	90.05
90.06	09006 PRMC NEUROSCIENCES	1,642	320	5.131250	0	0	90.06
90.07	09007 PSMKT	1,232	0	0.000000	0	0	90.07
91.00	09100 EMERGENCY	1,592,036	459,199,621	0.003467	28,951,150	100,374	91.00
91.01	09101 PARTIAL HOSPITALIZATION	14,929	2,367,374	0.006306	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,048,045	134,077,927	0.007817	970,343	7,585	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	31,180,651	5,311,155,412		410,577,145	2,159,977	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part III Date/Time Prepared: 8/1/2024 8:19 am
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
Title XVIII			1A	1.00	2A	2.00	3.00		
Hospital			PPS						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	1,129	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	10	0	31.00	
31.01	03101	PEDIATRIC ICU	0	0	0	3	0	31.01	
31.02	03102	NEONATAL ICU	0	0	0	0	0	31.02	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	1	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	3	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	1,146	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	1,129	167,743	0.01	27,808	30.00	
31.00	03100	INTENSIVE CARE UNIT		10	39,142	0.00	12,174	31.00	
31.01	03101	PEDIATRIC ICU		3	1,063	0.00	0	31.01	
31.02	03102	NEONATAL ICU		0	11,478	0.00	0	31.02	
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	1	16,825	0.00	1,644	40.00	
41.00	04100	SUBPROVIDER - IRF	0	3	13,395	0.00	4,194	41.00	
43.00	04300	NURSERY		0	5,637	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00	
200.00		Total (lines 30 through 199)		1,146	255,283		45,820	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	278						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
31.01	03101	PEDIATRIC ICU	0						31.01
31.02	03102	NEONATAL ICU	0						31.02
32.00	03200	CORONARY CARE UNIT	0						32.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	278						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 8/1/2024 8:19 am
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Cost Center Description	Title XVIII			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	0	0	2	50.00	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	0	0	0	31	50.01	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	1	51.00	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	6	52.00	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	175	54.00	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0	54.06	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0	54.07	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	1	54.08	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00	56.00
58.00 05800 MRI	0	0	0	0	0	58.00	58.00
60.00 06000 LABORATORY	0	0	0	0	1	60.00	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	0	3	60.01	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	10	62.00	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00	65.00
65.02 06502 DIALYSIS	0	0	0	0	0	65.02	65.02
65.03 03330 ENDOSCOPY	0	0	0	0	0	65.03	65.03
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01	66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0	66.02	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00	68.00
68.01 06801 NEURO REHAB	0	0	0	0	0	68.01	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	70.00
70.01 03950 NUTRITION SUPPORT	0	0	0	0	0	70.01	70.01
70.03 03952 CARDIAC CATH LAB	0	0	0	0	0	70.03	70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	0	0	0	70.04	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	0	0	71.01	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	1,412,926	73.00	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99	76.99
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	0	0	90.00	90.00
90.01 09001 ANTI COAG CLINIC	0	0	0	0	0	90.01	90.01
90.02 09002 INFECTIOUS DISEASES	0	0	0	0	0	90.02	90.02
90.03 09003 RHEUMATOLOGY	0	0	0	0	0	90.03	90.03
90.04 09004 PFCI	0	0	0	0	0	90.04	90.04
90.05 09005 PVS WT	0	0	0	0	0	90.05	90.05
90.06 09006 PRMC NEUROSCIENCES	0	0	0	0	0	90.06	90.06
90.07 09007 PSMKT	0	0	0	0	0	90.07	90.07
91.00 09100 EMERGENCY	0	0	0	0	0	91.00	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	129	92.00	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	95.00
200.00 Total (lines 50 through 199)	0	0	0	0	1,413,285	200.00	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 8/1/2024 8:19 am
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	Title XVIII	
						Hospital	PPS
	4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	2	2	775,429,636	0.000000		50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	31	31	85,094,062	0.000000		50.01
51.00 05100 RECOVERY ROOM	0	1	1	107,686,933	0.000000		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	6	6	2,924,182	0.000002		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	175	175	550,876,277	0.000000		54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0.000000		54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0.000000		54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0.000000		54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0.000000		54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	1,354,042	0.000000		54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0.000000		54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0.000000		54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	1	1	12,721,868	0.000000		54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000		54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	198,440,126	0.000000		55.00
56.00 05600 RADIOLOGY-SOTOPE	0	0	0	9,314,996	0.000000		56.00
58.00 05800 MRI	0	0	0	24,853,593	0.000000		58.00
60.00 06000 LABORATORY	0	1	1	576,870,278	0.000000		60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	3	3	44,591,956	0.000000		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	10	10	20,043,846	0.000000		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000		62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	58,761,860	0.000000		65.00
65.02 06502 DIALYSIS	0	0	0	13,629,490	0.000000		65.02
65.03 03330 ENDOSCOPY	0	0	0	175,102,795	0.000000		65.03
66.00 06600 PHYSICAL THERAPY	0	0	0	84,714,427	0.000000		66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0.000000		66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0.000000		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	21,997,371	0.000000		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	8,688,057	0.000000		68.00
68.01 06801 NEURO REHAB	0	0	0	11,413,088	0.000000		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	83,404,399	0.000000		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	12,964,164	0.000000		70.00
70.01 03950 NUTRITION SUPPORT	0	0	0	1,220,677	0.000000		70.01
70.03 03952 CARDIAC CATH LAB	0	0	0	240,051,462	0.000000		70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	0	4,628,990	0.000000		70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	230,523,552	0.000000		71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	32,089,692	0.000000		71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	272,490,191	0.000000		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,412,926	1,412,926	1,012,372,812	0.001396		73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	16,474,597	0.000000		76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000		76.99
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000		77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	3,573,340	0.000000		90.00
90.01 09001 ANTI COAG CLINIC	0	0	0	4,672,821	0.000000		90.01
90.02 09002 INFECTIOUS DISEASES	0	0	0	876,033	0.000000		90.02
90.03 09003 RHEUMATOLOGY	0	0	0	617,523	0.000000		90.03
90.04 09004 PFCI	0	0	0	2,498,174	0.000000		90.04
90.05 09005 PVSWT	0	0	0	12,542,860	0.000000		90.05
90.06 09006 PRMC NEUROSCIENCES	0	0	0	320	0.000000		90.06
90.07 09007 PSMKT	0	0	0	0	0.000000		90.07
91.00 09100 EMERGENCY	0	0	0	459,199,621	0.000000		91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	2,367,374	0.000000		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	129	129	134,077,927	0.000001		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	0	0	0	0			95.00
200.00 Total (lines 50 through 199)	0	1,413,285	1,413,285	5,311,155,412			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 8/1/2024 8:19 am
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Cost Center Description		Title XVIII				Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)			
		9.00	10.00	11.00	12.00	13.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000 OPERATING ROOM	0.000000	70,633,363	0	42,215,173	0	50.00		
50.01	05001 PARKVIEW PREMIER SURGERY	0.000000	258,685	0	9,706,573	0	50.01		
51.00	05100 RECOVERY ROOM	0.000000	5,028,323	0	9,590,268	0	51.00		
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000002	129,457	0	0	0	52.00		
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	48,243,363	0	52,808,282	0	54.00		
54.01	05401 RADIOLOGY - WABASH	0.000000	0	0	0	0	54.01		
54.02	05402 RADIOLOGY - MANCHESTER	0.000000	0	0	0	0	54.02		
54.03	05403 RADIOLOGY - EAST STATE	0.000000	0	0	0	0	54.03		
54.04	05404 RADIOLOGY - JEFFERSON	0.000000	0	0	0	0	54.04		
54.05	05405 RADIOLOGY - NHMP	0.000000	3,295	0	105,147	0	54.05		
54.06	05406 RADIOLOGY - CMP	0.000000	0	0	0	0	54.06		
54.07	05407 RADIOLOGY - WP	0.000000	0	0	0	0	54.07		
54.08	05408 RADIOLOGY - PULM CLINIC	0.000000	0	0	0	0	54.08		
54.09	05409 RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0	54.09		
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	1,475,180	0	46,448,262	0	55.00		
56.00	05600 RADIOISOTOPE	0.000000	640,328	0	527,284	0	56.00		
58.00	05800 MRI	0.000000	2,368,622	0	1,366,052	0	58.00		
60.00	06000 LABORATORY	0.000000	38,238,415	0	8,997,419	0	60.00		
60.01	06001 ANATOMICAL PATHOLOGY	0.000000	4,287,327	0	11,072,926	0	60.01		
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	4,236,480	0	1,360,279	0	62.00		
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30		
65.00	06500 RESPIRATORY THERAPY	0.000000	9,564,329	0	2,972,620	0	65.00		
65.02	06502 DIALYSIS	0.000000	4,143,712	0	192,442	0	65.02		
65.03	03330 ENDOSCOPY	0.000000	8,410,800	0	20,711,054	0	65.03		
66.00	06600 PHYSICAL THERAPY	0.000000	10,250,503	0	285,578	0	66.00		
66.01	06601 TRANSITIONAL THERAPY	0.000000	0	0	0	0	66.01		
66.02	03650 PV REHAB OUTREACH	0.000000	0	0	0	0	66.02		
67.00	06700 OCCUPATIONAL THERAPY	0.000000	3,283,690	0	511,628	0	67.00		
68.00	06800 SPEECH PATHOLOGY	0.000000	1,281,446	0	0	0	68.00		
68.01	06801 NEURO REHAB	0.000000	0	0	1,668,223	0	68.01		
69.00	06900 ELECTROCARDIOLOGY	0.000000	3,686,847	0	3,479,914	0	69.00		
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	621,717	0	0	0	70.00		
70.01	03950 NUTRITION SUPPORT	0.000000	186,325	0	0	0	70.01		
70.03	03952 CARDIAC CATH LAB	0.000000	30,128,347	0	24,325,461	0	70.03		
70.04	03953 CARDIAC REHAB SERVICES	0.000000	1,783	0	1,105,235	0	70.04		
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	38,086,140	0	18,398,419	0	71.00		
71.01	07101 COST OF SOLUTIONS	0.000000	0	0	9,001,099	0	71.01		
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	39,876,303	0	22,307,823	0	72.00		
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001396	54,678,367	76,331	198,031,270	276,452	73.00		
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97		
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	651,462	0	1,823,676	0	76.98		
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99		
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00		
OUTPATIENT SERVICE COST CENTERS									
90.00	09000 CLINIC	0.000000	87,401	0	302,885	0	90.00		
90.01	09001 ANTI COAG CLINIC	0.000000	6,722	0	1,428,600	0	90.01		
90.02	09002 INFECTIOUS DISEASES	0.000000	1,542	0	479,098	0	90.02		
90.03	09003 RHEUMATOLOGY	0.000000	0	0	176,740	0	90.03		
90.04	09004 PFCI	0.000000	11,732	0	722,334	0	90.04		
90.05	09005 PVS WT	0.000000	153,646	0	13,558	0	90.05		
90.06	09006 PRMC NEUROSCIENCES	0.000000	0	0	0	0	90.06		
90.07	09007 PSMKT	0.000000	0	0	0	0	90.07		
91.00	09100 EMERGENCY	0.000000	28,951,150	0	19,401,565	0	91.00		
91.01	09101 PARTIAL HOSPITALIZATION	0.000000	0	0	0	0	91.01		
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000001	970,343	1	1,639,567	2	92.00		
OTHER REIMBURSABLE COST CENTERS									
95.00	09500 AMBULANCE SERVICES						95.00		
200.00	Total (lines 50 through 199)		410,577,145	76,332	513,176,454	276,454	200.00		



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 8/1/2024 8:19 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0.140755	42,215,173	0	5,941,997	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	0.143292	9,706,573	0	1,390,874	50.01
51.00	05100 RECOVERY ROOM	0.170873	9,590,268	0	1,638,718	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.220719	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.107167	52,808,282	0	5,659,305	54.00
54.01	05401 RADIOLOGY - WABASH	0.000000	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0.000000	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0.000000	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0.000000	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0.590266	105,147	0	62,065	54.05
54.06	05406 RADIOLOGY - CMP	0.000000	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0.000000	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0.161591	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0.097769	46,448,262	0	4,541,200	55.00
56.00	05600 RADIOISOTOPE	0.150257	527,284	0	79,228	56.00
58.00	05800 MRI	0.151954	1,366,052	0	207,577	58.00
60.00	06000 LABORATORY	0.104543	8,997,419	0	940,617	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.157526	11,072,926	0	1,744,274	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.263010	1,360,279	0	357,767	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.238489	2,972,620	0	708,937	65.00
65.02	06502 DIALYSIS	0.382317	192,442	0	73,574	65.02
65.03	03330 ENDOSCOPY	0.128573	20,711,054	0	2,662,882	65.03
66.00	06600 PHYSICAL THERAPY	0.142965	285,578	0	40,828	66.00
66.01	06601 TRANSITIONAL THERAPY	0.000000	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0.000000	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.340925	511,628	0	174,427	67.00
68.00	06800 SPEECH PATHOLOGY	0.403787	0	0	0	68.00
68.01	06801 NEURO REHAB	0.314922	1,668,223	0	525,360	68.01
69.00	06900 ELECTROCARDIOLOGY	0.045143	3,479,914	0	157,094	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.173322	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	1.897540	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0.205010	24,325,461	0	4,986,963	70.03
70.04	03953 CARDIAC REHA SERVICES	0.253147	1,105,235	0	279,787	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.090297	18,398,419	0	1,661,322	71.00
71.01	07101 COST OF SOLUTIONS	0.159905	9,001,099	0	1,439,321	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.086180	22,307,823	0	1,922,488	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.223065	198,031,270	0	44,173,845	73.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.205920	1,823,676	0	375,531	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	76.99
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	1.823471	302,885	0	552,302	90.00
90.01	09001 ANTI COAG CLINIC	0.909635	1,428,600	0	1,299,505	90.01
90.02	09002 INFECTIOUS DISEASES	2.355675	479,098	0	1,128,599	90.02
90.03	09003 RHEUMATOLOGY	1.728854	176,740	0	305,558	90.03
90.04	09004 PFCI	2.689452	722,334	0	1,942,683	90.04
90.05	09005 PVS WT	0.220278	13,558	0	2,987	90.05
90.06	09006 PRMC NEUROSCIENCES	19.890625	0	0	0	90.06
90.07	09007 PSMKT	0.000000	0	0	0	90.07
91.00	09100 EMERGENCY	0.098170	19,401,565	0	1,904,652	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0.127995	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.192113	1,639,567	0	314,982	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES	0.432817	0	0	0	95.00
200.00	Subtotal (see instructions)		513,176,454	0	89,197,249	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		513,176,454	0	89,197,249	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 8/1/2024 8:19 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY - WABASH	0	0		54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0		54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0		54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0		54.04
54.05 05405 RADIOLOGY - NHMP	0	0		54.05
54.06 05406 RADIOLOGY - CMP	0	0		54.06
54.07 05407 RADIOLOGY - WP	0	0		54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0		54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0		54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
58.00 05800 MRI	0	0		58.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.02 06502 DIALYSIS	0	0		65.02
65.03 03330 ENDOSCOPY	0	0		65.03
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 TRANSITIONAL THERAPY	0	0		66.01
66.02 03650 PV REHAB OUTREACH	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 NEURO REHAB	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 03950 NUTRITION SUPPORT	0	0		70.01
70.03 03952 CARDIAC CATH LAB	0	0		70.03
70.04 03953 CARDIAC REHA SERVICES	0	0		70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
71.01 07101 COST OF 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
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0		77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 ANTI COAG CLINIC	0	0		90.01
90.02 09002 INFECTIOUS DISEASES	0	0		90.02
90.03 09003 RHEUMATOLOGY	0	0		90.03
90.04 09004 PFCI	0	0		90.04
90.05 09005 PVSMT	0	0		90.05
90.06 09006 PRMC NEUROSCIENCES	0	0		90.06
90.07 09007 PSMKT	0	0		90.07
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 - line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0021 Component CCN: 15-S021		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part II Date/Time Prepared: 8/1/2024 8:19 am		
Title XVIII				Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	7,047,599	775,429,636	0.009089	3,052	28	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	536,500	85,094,062	0.006305	0	0	50.01
51.00	05100	RECOVERY ROOM	961,730	107,686,933	0.008931	4,062	36	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	444,968	2,924,182	0.152168	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,729,656	550,876,277	0.008586	49,151	422	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	83,957	1,354,042	0.062005	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0.000000	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	124,680	12,721,868	0.009800	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	2,672,825	198,440,126	0.013469	0	0	55.00
56.00	05600	RADIOLOGY-SOTOPE	202,444	9,314,996	0.021733	0	0	56.00
58.00	05800	MRI	150,661	24,853,593	0.006062	3,070	19	58.00
60.00	06000	LABORATORY	2,567,505	576,870,278	0.004451	377,256	1,679	60.00
60.01	06001	ANATOMICAL PATHOLOGY	243,887	44,591,956	0.005469	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	12,453	20,043,846	0.000621	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	718,787	58,761,860	0.012232	561	7	65.00
65.02	06502	DIALYSIS	77,300	13,629,490	0.005672	0	0	65.02
65.03	03330	ENDOSCOPY	2,881,175	175,102,795	0.016454	0	0	65.03
66.00	06600	PHYSICAL THERAPY	605,002	84,714,427	0.007142	7,210	51	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	39,313	21,997,371	0.001787	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	39,052	8,688,057	0.004495	0	0	68.00
68.01	06801	NEURO REHAB	158,698	11,413,088	0.013905	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	44,393	83,404,399	0.000532	51,330	27	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	97,501	12,964,164	0.007521	0	0	70.00
70.01	03950	NUTRITION SUPPORT	8,033	1,220,677	0.006581	1,305	9	70.01
70.03	03952	CARDIAC CATH LAB	1,379,511	240,051,462	0.005747	0	0	70.03
70.04	03953	CARDIAC REHAB SERVICES	88,781	4,628,990	0.019179	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	148,309	230,523,552	0.000643	0	0	71.00
71.01	07101	COST OF SOLUTIONS	297,577	32,089,692	0.009273	4,555	42	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	167,038	272,490,191	0.000613	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,554,929	1,012,372,812	0.001536	154,393	237	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	144,838	16,474,597	0.008792	2,240	20	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	45,445	3,573,340	0.012718	0	0	90.00
90.01	09001	ANTI COAG CLINIC	80,925	4,672,821	0.017318	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	68,978	876,033	0.078739	0	0	90.02
90.03	09003	RHEUMATOLOGY	71,686	617,523	0.116086	0	0	90.03
90.04	09004	PFCI	18,386	2,498,174	0.007360	0	0	90.04
90.05	09005	PVSWT	8,245	12,542,860	0.000657	0	0	90.05
90.06	09006	PRMC NEUROSCIENCES	1,642	320	5.131250	0	0	90.06
90.07	09007	PSMKT	1,232	0	0.000000	0	0	90.07
91.00	09100	EMERGENCY	1,592,036	459,199,621	0.003467	666,330	2,310	91.00
91.01	09101	PARTIAL HOSPITALIZATION	14,929	2,367,374	0.006306	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	134,077,927	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	30,132,606	5,311,155,412		1,324,515	4,887	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 8/1/2024 8:19 am
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	Title XVIII	Subprovider - IPF	PPS
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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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	2	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	0	0	0	0	31	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	1	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	6	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	175	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0	0	1	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800 MRI	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	1	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	0	3	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	10	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.02	06502 DIALYSIS	0	0	0	0	0	65.02
65.03	03330 ENDOSCOPY	0	0	0	0	0	65.03
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0	0	0	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101 COST OF 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	1,412,926	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	0	0	90.01
90.02	09002 INFECTIOUS DISEASES	0	0	0	0	0	90.02
90.03	09003 RHEUMATOLOGY	0	0	0	0	0	90.03
90.04	09004 PFCI	0	0	0	0	0	90.04
90.05	09005 PVSWT	0	0	0	0	0	90.05
90.06	09006 PRMC NEUROSCIENCES	0	0	0	0	0	90.06
90.07	09007 PSMKT	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	0	0	0	0	1,413,156	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 8/1/2024 8:19 am	
Title XVIII			Subprovider - IPF	PPS	
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)
	4.00	5.00	6.00	7.00	8.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	2	2	775,429,636	0.000000
50.01 05001 PARKVIEW PREMIER SURGERY	0	31	31	85,094,062	0.000000
51.00 05100 RECOVERY ROOM	0	1	1	107,686,933	0.000000
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	6	6	2,924,182	0.000002
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	175	175	550,876,277	0.000000
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0.000000
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0.000000
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0.000000
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0.000000
54.05 05405 RADIOLOGY - NHMP	0	0	0	1,354,042	0.000000
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0.000000
54.07 05407 RADIOLOGY - WP	0	0	0	0	0.000000
54.08 05408 RADIOLOGY - PULM CLINIC	0	1	1	12,721,868	0.000000
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	198,440,126	0.000000
56.00 05600 RADIOISOTOPE	0	0	0	9,314,996	0.000000
58.00 05800 MRI	0	0	0	24,853,593	0.000000
60.00 06000 LABORATORY	0	1	1	576,870,278	0.000000
60.01 06001 ANATOMICAL PATHOLOGY	0	3	3	44,591,956	0.000000
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	10	10	20,043,846	0.000000
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000
65.00 06500 RESPIRATORY THERAPY	0	0	0	58,761,860	0.000000
65.02 06502 DIALYSIS	0	0	0	13,629,490	0.000000
65.03 03330 ENDOSCOPY	0	0	0	175,102,795	0.000000
66.00 06600 PHYSICAL THERAPY	0	0	0	84,714,427	0.000000
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0.000000
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0.000000
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	21,997,371	0.000000
68.00 06800 SPEECH PATHOLOGY	0	0	0	8,688,057	0.000000
68.01 06801 NEURO REHAB	0	0	0	11,413,088	0.000000
69.00 06900 ELECTROCARDIOLOGY	0	0	0	83,404,399	0.000000
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	12,964,164	0.000000
70.01 03950 NUTRITION SUPPORT	0	0	0	1,220,677	0.000000
70.03 03952 CARDIAC CATH LAB	0	0	0	240,051,462	0.000000
70.04 03953 CARDIAC REHA SERVICES	0	0	0	4,628,990	0.000000
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	230,523,552	0.000000
71.01 07101 COST OF SOLUTIONS	0	0	0	32,089,692	0.000000
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	272,490,191	0.000000
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,412,926	1,412,926	1,012,372,812	0.001396
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	16,474,597	0.000000
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000
77.00 07700 ALLOGENEI C HSCT ACQUISITION	0	0	0	0	0.000000
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	0	0	0	3,573,340	0.000000
90.01 09001 ANTI COAG CLINIC	0	0	0	4,672,821	0.000000
90.02 09002 INFECTIOUS DISEASES	0	0	0	876,033	0.000000
90.03 09003 RHEUMATOLOGY	0	0	0	617,523	0.000000
90.04 09004 PFCI	0	0	0	2,498,174	0.000000
90.05 09005 PVSMT	0	0	0	12,542,860	0.000000
90.06 09006 PRMC NEUROSCIENCES	0	0	0	320	0.000000
90.07 09007 PSMKT	0	0	0	0	0.000000
91.00 09100 EMERGENCY	0	0	0	459,199,621	0.000000
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	2,367,374	0.000000
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	134,077,927	0.000000
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000
200.00 Total (Lines 50 through 199)	0	1,413,156	1,413,156	5,311,155,412	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 8/1/2024 8:19 am			
Title XVIII			Subprovider - IPF	PPS			
Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
	9.00	10.00	11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0.000000	3,052	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.000000	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	4,062	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000002	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	49,151	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.000000	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0.000000	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
58.00	05800	MRI	0.000000	3,070	0	0	58.00
60.00	06000	LABORATORY	0.000000	377,256	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.000000	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	561	0	0	65.00
65.02	06502	DIALYSIS	0.000000	0	0	0	65.02
65.03	03330	ENDOSCOPY	0.000000	0	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0.000000	7,210	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
68.01	06801	NEURO REHAB	0.000000	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.000000	51,330	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0.000000	1,305	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0.000000	0	0	0	70.03
70.04	03953	CARDIAC REHAB SERVICES	0.000000	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0.000000	4,555	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001396	154,393	216	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	2,240	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0.000000	0	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	0.000000	0	0	0	90.02
90.03	09003	RHEUMATOLOGY	0.000000	0	0	0	90.03
90.04	09004	PFCI	0.000000	0	0	0	90.04
90.05	09005	PVSWT	0.000000	0	0	0	90.05
90.06	09006	PRMC NEUROSCIENCES	0.000000	0	0	0	90.06
90.07	09007	PSMKT	0.000000	0	0	0	90.07
91.00	09100	EMERGENCY	0.000000	666,330	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.000000	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		1,324,515	216	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0021 Component CCN: 15-T021		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part II Date/Time Prepared: 8/1/2024 8:19 am		
Title XVIII				Subprovider - IRF		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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	7,047,599	775,429,636	0.009089	260,400	2,367	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	536,500	85,094,062	0.006305	0	0	50.01
51.00	05100	RECOVERY ROOM	961,730	107,686,933	0.008931	19,503	174	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	444,968	2,924,182	0.152168	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,729,656	550,876,277	0.008586	1,189,783	10,215	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	83,957	1,354,042	0.062005	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0.000000	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	124,680	12,721,868	0.009800	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	2,672,825	198,440,126	0.013469	0	0	55.00
56.00	05600	RADIOLOGY-SOTOPE	202,444	9,314,996	0.021733	0	0	56.00
58.00	05800	MRI	150,661	24,853,593	0.006062	9,858	60	58.00
60.00	06000	LABORATORY	2,567,505	576,870,278	0.004451	793,765	3,533	60.00
60.01	06001	ANATOMICAL PATHOLOGY	243,887	44,591,956	0.005469	3,971	22	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	12,453	20,043,846	0.000621	61,403	38	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	718,787	58,761,860	0.012232	1,249	15	65.00
65.02	06502	DIALYSIS	77,300	13,629,490	0.005672	0	0	65.02
65.03	03330	ENDOSCOPY	2,881,175	175,102,795	0.016454	0	0	65.03
66.00	06600	PHYSICAL THERAPY	605,002	84,714,427	0.007142	2,413,324	17,236	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	39,313	21,997,371	0.001787	2,551,093	4,559	67.00
68.00	06800	SPEECH PATHOLOGY	39,052	8,688,057	0.004495	723,536	3,252	68.00
68.01	06801	NEURO REHAB	158,698	11,413,088	0.013905	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	44,393	83,404,399	0.000532	8,737	5	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	97,501	12,964,164	0.007521	0	0	70.00
70.01	03950	NUTRITION SUPPORT	8,033	1,220,677	0.006581	0	0	70.01
70.03	03952	CARDIAC CATH LAB	1,379,511	240,051,462	0.005747	0	0	70.03
70.04	03953	CARDIAC REHABILITATION SERVICES	88,781	4,628,990	0.019179	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	148,309	230,523,552	0.000643	171,269	110	71.00
71.01	07101	COST OF SOLUTIONS	297,577	32,089,692	0.009273	171,256	1,588	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	167,038	272,490,191	0.000613	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,554,929	1,012,372,812	0.001536	339,387	521	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	144,838	16,474,597	0.008792	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	45,445	3,573,340	0.012718	4,455	57	90.00
90.01	09001	ANTI COAG CLINIC	80,925	4,672,821	0.017318	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	68,978	876,033	0.078739	0	0	90.02
90.03	09003	RHEUMATOLOGY	71,686	617,523	0.116086	0	0	90.03
90.04	09004	PFCI	18,386	2,498,174	0.007360	0	0	90.04
90.05	09005	PVSWT	8,245	12,542,860	0.000657	0	0	90.05
90.06	09006	PRMC NEUROSCIENCES	1,642	320	5.131250	0	0	90.06
90.07	09007	PSMKT	1,232	0	0.000000	0	0	90.07
91.00	09100	EMERGENCY	1,592,036	459,199,621	0.003467	33,815	117	91.00
91.01	09101	PARTIAL HOSPITALIZATION	14,929	2,367,374	0.006306	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	134,077,927	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	30,132,606	5,311,155,412		8,756,804	43,869	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 8/1/2024 8:19 am
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	Title XVIII	Subprovider - IRF	PPS
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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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	2	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	0	0	0	0	31	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	1	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	6	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	175	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0	0	1	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800 MRI	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	1	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	0	3	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	10	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.02	06502 DIALYSIS	0	0	0	0	0	65.02
65.03	03330 ENDOSCOPY	0	0	0	0	0	65.03
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0	0	0	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101 COST OF 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	1,412,926	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	0	0	90.01
90.02	09002 INFECTIOUS DISEASES	0	0	0	0	0	90.02
90.03	09003 RHEUMATOLOGY	0	0	0	0	0	90.03
90.04	09004 PFCI	0	0	0	0	0	90.04
90.05	09005 PVSWT	0	0	0	0	0	90.05
90.06	09006 PRMC NEUROSCIENCES	0	0	0	0	0	90.06
90.07	09007 PSMKT	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	0	0	0	0	1,413,156	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 8/1/2024 8:19 am	
Title XVIII			Subprovider - IRF	PPS	
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)
	4.00	5.00	6.00	7.00	8.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	2	2	775,429,636	0.000000
50.01 05001 PARKVIEW PREMIER SURGERY	0	31	31	85,094,062	0.000000
51.00 05100 RECOVERY ROOM	0	1	1	107,686,933	0.000000
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	6	6	2,924,182	0.000002
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	175	175	550,876,277	0.000000
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0.000000
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0.000000
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0.000000
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0.000000
54.05 05405 RADIOLOGY - NHMP	0	0	0	1,354,042	0.000000
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0.000000
54.07 05407 RADIOLOGY - WP	0	0	0	0	0.000000
54.08 05408 RADIOLOGY - PULM CLINIC	0	1	1	12,721,868	0.000000
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	198,440,126	0.000000
56.00 05600 RADIOISOTOPE	0	0	0	9,314,996	0.000000
58.00 05800 MRI	0	0	0	24,853,593	0.000000
60.00 06000 LABORATORY	0	1	1	576,870,278	0.000000
60.01 06001 ANATOMICAL PATHOLOGY	0	3	3	44,591,956	0.000000
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	10	10	20,043,846	0.000000
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000
65.00 06500 RESPIRATORY THERAPY	0	0	0	58,761,860	0.000000
65.02 06502 DIALYSIS	0	0	0	13,629,490	0.000000
65.03 03330 ENDOSCOPY	0	0	0	175,102,795	0.000000
66.00 06600 PHYSICAL THERAPY	0	0	0	84,714,427	0.000000
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0.000000
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0.000000
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	21,997,371	0.000000
68.00 06800 SPEECH PATHOLOGY	0	0	0	8,688,057	0.000000
68.01 06801 NEURO REHAB	0	0	0	11,413,088	0.000000
69.00 06900 ELECTROCARDIOLOGY	0	0	0	83,404,399	0.000000
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	12,964,164	0.000000
70.01 03950 NUTRITION SUPPORT	0	0	0	1,220,677	0.000000
70.03 03952 CARDIAC CATH LAB	0	0	0	240,051,462	0.000000
70.04 03953 CARDIAC REHA SERVICES	0	0	0	4,628,990	0.000000
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	230,523,552	0.000000
71.01 07101 COST OF SOLUTIONS	0	0	0	32,089,692	0.000000
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	272,490,191	0.000000
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,412,926	1,412,926	1,012,372,812	0.001396
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	16,474,597	0.000000
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000
77.00 07700 ALLOGENEI C HSCT ACQUISITION	0	0	0	0	0.000000
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	0	0	0	3,573,340	0.000000
90.01 09001 ANTI COAG CLINIC	0	0	0	4,672,821	0.000000
90.02 09002 INFECTIOUS DISEASES	0	0	0	876,033	0.000000
90.03 09003 RHEUMATOLOGY	0	0	0	617,523	0.000000
90.04 09004 PFCI	0	0	0	2,498,174	0.000000
90.05 09005 PVSMT	0	0	0	12,542,860	0.000000
90.06 09006 PRMC NEUROSCIENCES	0	0	0	320	0.000000
90.07 09007 PSMKT	0	0	0	0	0.000000
91.00 09100 EMERGENCY	0	0	0	459,199,621	0.000000
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	2,367,374	0.000000
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	134,077,927	0.000000
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000
200.00 Total (Lines 50 through 199)	0	1,413,156	1,413,156	5,311,155,412	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-T021		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part IV Date/Time Prepared: 8/1/2024 8:19 am	
Title XVIII				Subprovider - IRF		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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	260,400	0	0	0	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	19,503	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000002	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,189,783	0	0	0	54.00
54.01	05401 RADIOLOGY - WABASH	0.000000	0	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0.000000	0	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0.000000	0	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0.000000	0	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0.000000	0	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0.000000	0	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0.000000	0	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0.000000	0	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
58.00	05800 MRI	0.000000	9,858	0	0	0	58.00
60.00	06000 LABORATORY	0.000000	793,765	0	0	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.000000	3,971	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	61,403	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	1,249	0	0	0	65.00
65.02	06502 DIALYSIS	0.000000	0	0	0	0	65.02
65.03	03330 ENDOSCOPY	0.000000	0	0	0	0	65.03
66.00	06600 PHYSICAL THERAPY	0.000000	2,413,324	0	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0.000000	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0.000000	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000	2,551,093	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	723,536	0	0	0	68.00
68.01	06801 NEURO REHAB	0.000000	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.000000	8,737	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0.000000	0	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0.000000	0	0	0	0	70.03
70.04	03953 CARDIAC REHAB SERVICES	0.000000	0	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	171,269	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0.000000	171,256	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001396	339,387	474	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	4,455	0	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 INFECTIOUS DISEASES	0.000000	0	0	0	0	90.02
90.03	09003 RHEUMATOLOGY	0.000000	0	0	0	0	90.03
90.04	09004 PFCI	0.000000	0	0	0	0	90.04
90.05	09005 PVS WT	0.000000	0	0	0	0	90.05
90.06	09006 PRMC NEUROSCIENCES	0.000000	0	0	0	0	90.06
90.07	09007 PSMKT	0.000000	0	0	0	0	90.07
91.00	09100 EMERGENCY	0.000000	33,815	0	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		8,756,804	474	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part I Date/Time Prepared: 8/1/2024 8:19 am
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Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,404,214	0	9,404,214	167,743	56.06	30.00
31.00	INTENSIVE CARE UNIT	3,031,502		3,031,502	39,142	77.45	31.00
31.01	PEDIATRIC ICU	184,377		184,377	1,063	173.45	31.01
31.02	NEONATAL ICU	558,762		558,762	11,478	48.68	31.02
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
40.00	SUBPROVIDER - IPF	2,609,505	0	2,609,505	16,825	155.10	40.00
41.00	SUBPROVIDER - IRF	1,113,228	0	1,113,228	13,395	83.11	41.00
43.00	NURSERY	180,088		180,088	5,637	31.95	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	17,081,676		17,081,676	255,283		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,862	328,624				
31.00	INTENSIVE CARE UNIT	527	40,816				
31.01	PEDIATRIC ICU	126	21,855				
31.02	NEONATAL ICU	1,576	76,720				
32.00	CORONARY CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	1,701	263,825				
41.00	SUBPROVIDER - IRF	123	10,223				
43.00	NURSERY	406	12,972				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	10,321	755,035				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0021

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

Worksheet D  
Part II  
Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	7,047,599	775,429,636	0.009089	7,702,876	70,011	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	536,500	85,094,062	0.006305	0	0	50.01
51.00	05100 RECOVERY ROOM	961,730	107,686,933	0.008931	730,095	6,520	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	444,968	2,924,182	0.152168	586,382	89,229	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,729,656	550,876,277	0.008586	4,683,300	40,211	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	83,957	1,354,042	0.062005	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0.000000	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0.000000	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	124,680	12,721,868	0.009800	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	2,672,825	198,440,126	0.013469	124,148	1,672	55.00
56.00	05600 RADIOISOTOPE	202,444	9,314,996	0.021733	81,768	1,777	56.00
58.00	05800 MRI	150,661	24,853,593	0.006062	262,341	1,590	58.00
60.00	06000 LABORATORY	2,567,505	576,870,278	0.004451	7,438,996	33,111	60.00
60.01	06001 ANATOMICAL PATHOLOGY	243,887	44,591,956	0.005469	512,965	2,805	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	12,453	20,043,846	0.000621	706,878	439	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	718,787	58,761,860	0.012232	4,106,357	50,229	65.00
65.02	06502 DIALYSIS	77,300	13,629,490	0.005672	283,104	1,606	65.02
65.03	03330 ENDOSCOPY	2,881,175	175,102,795	0.016454	639,190	10,517	65.03
66.00	06600 PHYSICAL THERAPY	605,002	84,714,427	0.007142	763,283	5,451	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	39,313	21,997,371	0.001787	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	39,052	8,688,057	0.004495	109,454	492	68.00
68.01	06801 NEURO REHAB	158,698	11,413,088	0.013905	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	44,393	83,404,399	0.000532	478,115	254	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	97,501	12,964,164	0.007521	159,133	1,197	70.00
70.01	03950 NUTRITION SUPPORT	8,033	1,220,677	0.006581	34,965	230	70.01
70.03	03952 CARDIAC CATH LAB	1,379,511	240,051,462	0.005747	761,884	4,379	70.03
70.04	03953 CARDIAC REHA SERVICES	88,781	4,628,990	0.019179	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	148,309	230,523,552	0.000643	2,223,637	1,430	71.00
71.01	07101 COST OF SOLUTIONS	297,577	32,089,692	0.009273	1,957,545	18,152	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	167,038	272,490,191	0.000613	608,603	373	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,554,929	1,012,372,812	0.001536	5,906,305	9,072	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	144,838	16,474,597	0.008792	442,816	3,893	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	45,445	3,573,340	0.012718	41,408	527	90.00
90.01	09001 ANTI COAG CLINIC	80,925	4,672,821	0.017318	202	3	90.01
90.02	09002 INFECTIOUS DISEASES	68,978	876,033	0.078739	0	0	90.02
90.03	09003 RHEUMATOLOGY	71,686	617,523	0.116086	0	0	90.03
90.04	09004 PFCI	18,386	2,498,174	0.007360	0	0	90.04
90.05	09005 PVS WT	8,245	12,542,860	0.000657	0	0	90.05
90.06	09006 PRMC NEUROSCIENCES	1,642	320	5.131250	0	0	90.06
90.07	09007 PSMKT	1,232	0	0.000000	0	0	90.07
91.00	09100 EMERGENCY	1,592,036	459,199,621	0.003467	4,117,006	14,274	91.00
91.01	09101 PARTIAL HOSPITALIZATION	14,929	2,367,374	0.006306	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,048,045	134,077,927	0.007817	409,239	3,199	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	31,180,651	5,311,155,412		45,871,995	372,643	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part III Date/Time Prepared: 8/1/2024 8:19 am
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	0	1,129	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	10	0	31.00	
31.01	03101	PEDIATRIC ICU	0	0	0	3	0	31.01	
31.02	03102	NEONATAL ICU	0	0	0	0	0	31.02	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	1	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	3	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	1,146	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		
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	1,129	167,743	0.01	5,862	30.00	
31.00	03100	INTENSIVE CARE UNIT			10	39,142	0.00	527	
31.01	03101	PEDIATRIC ICU			3	1,063	0.00	126	
31.02	03102	NEONATAL ICU			0	11,478	0.00	1,576	
32.00	03200	CORONARY CARE UNIT			0	0	0.00	0	
40.00	04000	SUBPROVIDER - IPF	0	1	16,825	0.00	1,701	40.00	
41.00	04100	SUBPROVIDER - IRF	0	3	13,395	0.00	123	41.00	
43.00	04300	NURSERY			0	5,637	0.00	406	
44.00	04400	SKILLED NURSING FACILITY			0	0	0.00	0	
200.00		Total (lines 30 through 199)		1,146	255,283		10,321	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
INPATIENT ROUTINE SERVICE COST CENTERS			9.00						
30.00	03000	ADULTS & PEDIATRICS	59						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
31.01	03101	PEDIATRIC ICU	0						31.01
31.02	03102	NEONATAL ICU	0						31.02
32.00	03200	CORONARY CARE UNIT	0						32.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	59						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 8/1/2024 8:19 am
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Cost Center Description	Title XIX			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	0	0	2	50.00	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	0	0	0	31	50.01	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	1	51.00	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	6	52.00	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	175	54.00	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0	54.06	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0	54.07	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	1	54.08	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00	56.00
58.00 05800 MRI	0	0	0	0	0	58.00	58.00
60.00 06000 LABORATORY	0	0	0	0	1	60.00	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	0	3	60.01	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	10	62.00	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00	65.00
65.02 06502 DIALYSIS	0	0	0	0	0	65.02	65.02
65.03 03330 ENDOSCOPY	0	0	0	0	0	65.03	65.03
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01	66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0	66.02	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00	68.00
68.01 06801 NEURO REHAB	0	0	0	0	0	68.01	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	70.00
70.01 03950 NUTRITION SUPPORT	0	0	0	0	0	70.01	70.01
70.03 03952 CARDIAC CATH LAB	0	0	0	0	0	70.03	70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	0	0	0	70.04	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	0	0	71.01	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	1,412,926	73.00	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99	76.99
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	0	0	90.00	90.00
90.01 09001 ANTI COAG CLINIC	0	0	0	0	0	90.01	90.01
90.02 09002 INFECTIOUS DISEASES	0	0	0	0	0	90.02	90.02
90.03 09003 RHEUMATOLOGY	0	0	0	0	0	90.03	90.03
90.04 09004 PFCI	0	0	0	0	0	90.04	90.04
90.05 09005 PVS WT	0	0	0	0	0	90.05	90.05
90.06 09006 PRMC NEUROSCIENCES	0	0	0	0	0	90.06	90.06
90.07 09007 PSMKT	0	0	0	0	0	90.07	90.07
91.00 09100 EMERGENCY	0	0	0	0	0	91.00	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	129	92.00	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	95.00
200.00 Total (lines 50 through 199)	0	0	0	0	1,413,285	200.00	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 8/1/2024 8:19 am
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	Title XIX	
						Hospital	PPS
	4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	2	2	775,429,636	0.000000		50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	31	31	85,094,062	0.000000		50.01
51.00 05100 RECOVERY ROOM	0	1	1	107,686,933	0.000000		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	6	6	2,924,182	0.000002		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	175	175	550,876,277	0.000000		54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0.000000		54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0.000000		54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0.000000		54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0.000000		54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	1,354,042	0.000000		54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0.000000		54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0.000000		54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	1	1	12,721,868	0.000000		54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000		54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	198,440,126	0.000000		55.00
56.00 05600 RADIOLOGY-SOTOPE	0	0	0	9,314,996	0.000000		56.00
58.00 05800 MRI	0	0	0	24,853,593	0.000000		58.00
60.00 06000 LABORATORY	0	1	1	576,870,278	0.000000		60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	3	3	44,591,956	0.000000		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	10	10	20,043,846	0.000000		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000		62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	58,761,860	0.000000		65.00
65.02 06502 DIALYSIS	0	0	0	13,629,490	0.000000		65.02
65.03 03330 ENDOSCOPY	0	0	0	175,102,795	0.000000		65.03
66.00 06600 PHYSICAL THERAPY	0	0	0	84,714,427	0.000000		66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0.000000		66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0.000000		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	21,997,371	0.000000		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	8,688,057	0.000000		68.00
68.01 06801 NEURO REHAB	0	0	0	11,413,088	0.000000		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	83,404,399	0.000000		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	12,964,164	0.000000		70.00
70.01 03950 NUTRITION SUPPORT	0	0	0	1,220,677	0.000000		70.01
70.03 03952 CARDIAC CATH LAB	0	0	0	240,051,462	0.000000		70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	0	4,628,990	0.000000		70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	230,523,552	0.000000		71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	32,089,692	0.000000		71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	272,490,191	0.000000		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,412,926	1,412,926	1,012,372,812	0.001396		73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	16,474,597	0.000000		76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000		76.99
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000		77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	3,573,340	0.000000		90.00
90.01 09001 ANTI COAG CLINIC	0	0	0	4,672,821	0.000000		90.01
90.02 09002 INFECTIOUS DISEASES	0	0	0	876,033	0.000000		90.02
90.03 09003 RHEUMATOLOGY	0	0	0	617,523	0.000000		90.03
90.04 09004 PFCI	0	0	0	2,498,174	0.000000		90.04
90.05 09005 PVS WT	0	0	0	12,542,860	0.000000		90.05
90.06 09006 PRMC NEUROSCIENCES	0	0	0	320	0.000000		90.06
90.07 09007 PSMKT	0	0	0	0	0.000000		90.07
91.00 09100 EMERGENCY	0	0	0	459,199,621	0.000000		91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	2,367,374	0.000000		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	129	129	134,077,927	0.000001		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000		95.00
200.00 Total (lines 50 through 199)	0	1,413,285	1,413,285	5,311,155,412			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 8/1/2024 8:19 am
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Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	7,702,876	0	0	0	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	730,095	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000002	586,382	1	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	4,683,300	0	0	0	54.00
54.01	05401 RADIOLOGY - WABASH	0.000000	0	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0.000000	0	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0.000000	0	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0.000000	0	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0.000000	0	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0.000000	0	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0.000000	0	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0.000000	0	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	124,148	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	81,768	0	0	0	56.00
58.00	05800 MRI	0.000000	262,341	0	0	0	58.00
60.00	06000 LABORATORY	0.000000	7,438,996	0	0	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.000000	512,965	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	706,878	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	4,106,357	0	0	0	65.00
65.02	06502 DIALYSIS	0.000000	283,104	0	0	0	65.02
65.03	03330 ENDOSCOPY	0.000000	639,190	0	0	0	65.03
66.00	06600 PHYSICAL THERAPY	0.000000	763,283	0	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0.000000	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0.000000	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	109,454	0	0	0	68.00
68.01	06801 NEURO REHAB	0.000000	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.000000	478,115	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	159,133	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0.000000	34,965	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0.000000	761,884	0	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0.000000	0	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,223,637	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0.000000	1,957,545	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	608,603	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001396	5,906,305	8,245	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	442,816	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	41,408	0	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0.000000	202	0	0	0	90.01
90.02	09002 INFECTIOUS DISEASES	0.000000	0	0	0	0	90.02
90.03	09003 RHEUMATOLOGY	0.000000	0	0	0	0	90.03
90.04	09004 PFCI	0.000000	0	0	0	0	90.04
90.05	09005 PVS WT	0.000000	0	0	0	0	90.05
90.06	09006 PRMC NEUROSCIENCES	0.000000	0	0	0	0	90.06
90.07	09007 PSMKT	0.000000	0	0	0	0	90.07
91.00	09100 EMERGENCY	0.000000	4,117,006	0	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000001	409,239	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		45,871,995	8,246	0	0	200.00



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 8/1/2024 8:19 am
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
							1.00	2.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.140755	0	5,329,170	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.143292	0	865,150	0	0	50.01
51.00	05100	RECOVERY ROOM	0.170873	0	1,149,805	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.220719	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.107167	0	4,084,349	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.590266	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0.161591	0	3,099	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.097769	0	2,361,355	0	0	55.00
56.00	05600	RADIOISOTOPE	0.150257	0	80,872	0	0	56.00
58.00	05800	MRI	0.151954	0	322,207	0	0	58.00
60.00	06000	LABORATORY	0.104543	0	4,508,256	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.157526	0	650,605	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.263010	0	104,749	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.238489	0	466,564	0	0	65.00
65.02	06502	DIALYSIS	0.382317	0	26,550	0	0	65.02
65.03	03330	ENDOSCOPY	0.128573	0	1,029,955	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0.142965	0	949,606	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.340925	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.403787	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0.314922	0	113,943	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.045143	0	563,337	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.173322	0	129,644	0	0	70.00
70.01	03950	NUTRITION SUPPORT	1.897540	0	19,080	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0.205010	0	570,718	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0.253147	0	23,760	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.090297	0	727,672	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0.159905	0	451,557	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.086180	0	1,799,521	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223065	0	3,283,003	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.205920	0	327,242	0	0	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	0	0	0	76.99
77.00	07700	ALLOGENEI C HSCT ACQUISITION	0.000000	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1.823471	0	1,302,235	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0.909635	0	34,566	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	2.355675	0	20,602	0	0	90.02
90.03	09003	RHEUMATOLOGY	1.728854	0	6,107	0	0	90.03
90.04	09004	PFCI	2.689452	0	15,709	0	0	90.04
90.05	09005	PVSMT	0.220278	0	1,308,264	0	0	90.05
90.06	09006	PRMC NEUROSCIENCES	19.890625	0	0	0	0	90.06
90.07	09007	PSMKT	0.000000	0	0	0	0	90.07
91.00	09100	EMERGENCY	0.098170	0	1,704,765	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.127995	0	15,840	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.192113	0	1,133,446	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0.432817	0	0	0	0	95.00
200.00		Subtotal (see instructions)		0	35,483,303	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	35,483,303	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 8/1/2024 8:19 am
	Title XIX	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	750,107	0		50.00
50.01 05001 PARKVIEW PREMIER SURGERY	123,969	0		50.01
51.00 05100 RECOVERY ROOM	196,471	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	437,707	0		54.00
54.01 05401 RADIOLOGY - WABASH	0	0		54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0		54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0		54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0		54.04
54.05 05405 RADIOLOGY - NHMP	0	0		54.05
54.06 05406 RADIOLOGY - CMP	0	0		54.06
54.07 05407 RADIOLOGY - WP	0	0		54.07
54.08 05408 RADIOLOGY - PULM CLINIC	501	0		54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0		54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	230,867	0		55.00
56.00 05600 RADIOISOTOPE	12,152	0		56.00
58.00 05800 MRI	48,961	0		58.00
60.00 06000 LABORATORY	471,307	0		60.00
60.01 06001 ANATOMICAL PATHOLOGY	102,487	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	27,550	0		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	111,270	0		65.00
65.02 06502 DIALYSIS	10,151	0		65.02
65.03 03330 ENDOSCOPY	132,424	0		65.03
66.00 06600 PHYSICAL THERAPY	135,760	0		66.00
66.01 06601 TRANSITIONAL THERAPY	0	0		66.01
66.02 03650 PV REHAB OUTREACH	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 NEURO REHAB	35,883	0		68.01
69.00 06900 ELECTROCARDIOLOGY	25,431	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	22,470	0		70.00
70.01 03950 NUTRITION SUPPORT	36,205	0		70.01
70.03 03952 CARDIAC CATH LAB	117,003	0		70.03
70.04 03953 CARDIAC REHA SERVICES	6,015	0		70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	65,707	0		71.00
71.01 07101 COST OF SOLUTIONS	72,206	0		71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	155,083	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	732,323	0		73.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	67,386	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0		77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	2,374,588	0		90.00
90.01 09001 ANTI COAG CLINIC	31,442	0		90.01
90.02 09002 INFECTIOUS DISEASES	48,532	0		90.02
90.03 09003 RHEUMATOLOGY	10,558	0		90.03
90.04 09004 PFCI	42,249	0		90.04
90.05 09005 PVSMT	288,182	0		90.05
90.06 09006 PRMC NEUROSCIENCES	0	0		90.06
90.07 09007 PSMKT	0	0		90.07
91.00 09100 EMERGENCY	167,357	0		91.00
91.01 09101 PARTIAL HOSPITALIZATION	2,027	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	217,750	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	7,310,081	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)	7,310,081	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0021 Component CCN: 15-S021		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part II Date/Time Prepared: 8/1/2024 8:19 am	
Title XIX				Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	7,047,599	775,429,636	0.009089	0	0
50.01	05001	PARKVIEW PREMIER SURGERY	536,500	85,094,062	0.006305	0	0
51.00	05100	RECOVERY ROOM	961,730	107,686,933	0.008931	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	444,968	2,924,182	0.152168	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,729,656	550,876,277	0.008586	74,612	641
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	0
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	0
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	0
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	0
54.05	05405	RADIOLOGY - NHMP	83,957	1,354,042	0.062005	0	0
54.06	05406	RADIOLOGY - CMP	0	0	0.000000	0	0
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0	0
54.08	05408	RADIOLOGY - PULM CLINIC	124,680	12,721,868	0.009800	0	0
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	2,672,825	198,440,126	0.013469	0	0
56.00	05600	RADIOLOGY-SOTOPE	202,444	9,314,996	0.021733	0	0
58.00	05800	MRI	150,661	24,853,593	0.006062	1,535	9
60.00	06000	LABORATORY	2,567,505	576,870,278	0.004451	320,002	1,424
60.01	06001	ANATOMICAL PATHOLOGY	243,887	44,591,956	0.005469	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	12,453	20,043,846	0.000621	342	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	718,787	58,761,860	0.012232	161	2
65.02	06502	DIALYSIS	77,300	13,629,490	0.005672	0	0
65.03	03330	ENDOSCOPY	2,881,175	175,102,795	0.016454	0	0
66.00	06600	PHYSICAL THERAPY	605,002	84,714,427	0.007142	0	0
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0	0
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0
67.00	06700	OCCUPATIONAL THERAPY	39,313	21,997,371	0.001787	0	0
68.00	06800	SPEECH PATHOLOGY	39,052	8,688,057	0.004495	0	0
68.01	06801	NEURO REHAB	158,698	11,413,088	0.013905	0	0
69.00	06900	ELECTROCARDIOLOGY	44,393	83,404,399	0.000532	40,664	22
70.00	07000	ELECTROENCEPHALOGRAPHY	97,501	12,964,164	0.007521	0	0
70.01	03950	NUTRITION SUPPORT	8,033	1,220,677	0.006581	1,755	12
70.03	03952	CARDIAC CATH LAB	1,379,511	240,051,462	0.005747	0	0
70.04	03953	CARDIAC REHAB SERVICES	88,781	4,628,990	0.019179	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	148,309	230,523,552	0.000643	195	0
71.01	07101	COST OF SOLUTIONS	297,577	32,089,692	0.009273	1,149	11
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	167,038	272,490,191	0.000613	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,554,929	1,012,372,812	0.001536	191,537	294
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	144,838	16,474,597	0.008792	280	2
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	45,445	3,573,340	0.012718	15,448	196
90.01	09001	ANTI COAG CLINIC	80,925	4,672,821	0.017318	0	0
90.02	09002	INFECTIOUS DISEASES	68,978	876,033	0.078739	0	0
90.03	09003	RHEUMATOLOGY	71,686	617,523	0.116086	0	0
90.04	09004	PFCI	18,386	2,498,174	0.007360	0	0
90.05	09005	PVSWT	8,245	12,542,860	0.000657	0	0
90.06	09006	PRMC NEUROSCIENCES	1,642	320	5.131250	0	0
90.07	09007	PSMKT	1,232	0	0.000000	0	0
91.00	09100	EMERGENCY	1,592,036	459,199,621	0.003467	956,745	3,317
91.01	09101	PARTIAL HOSPITALIZATION	14,929	2,367,374	0.006306	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	134,077,927	0.000000	31,240	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					
200.00		Total (lines 50 through 199)	30,132,606	5,311,155,412		1,635,665	5,930

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 8/1/2024 8:19 am
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	Title XIX	Subprovider - IPF	PPS
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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	2 50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	0	0	31 50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	1 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	6 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	175 54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0 54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0 54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	1 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
58.00	05800	MRI	0	0	0	0	0 58.00
60.00	06000	LABORATORY	0	0	0	0	1 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	0	3 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	10 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
65.02	06502	DIALYSIS	0	0	0	0	0 65.02
65.03	03330	ENDOSCOPY	0	0	0	0	0 65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
68.01	06801	NEURO REHAB	0	0	0	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0 70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
71.01	07101	COST OF 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	1,412,926 73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0 76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	0	0 90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	0	0 90.02
90.03	09003	RHEUMATOLOGY	0	0	0	0	0 90.03
90.04	09004	PFCI	0	0	0	0	0 90.04
90.05	09005	PVSWT	0	0	0	0	0 90.05
90.06	09006	PRMC NEUROSCIENCES	0	0	0	0	0 90.06
90.07	09007	PSMKT	0	0	0	0	0 90.07
91.00	09100	EMERGENCY	0	0	0	0	0 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					
200.00		Total (lines 50 through 199)	0	0	0	0	1,413,156 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 8/1/2024 8:19 am				
Title XIX			Subprovider - IPF	PPS				
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)			
	4.00	5.00	6.00	7.00	8.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	2	2	775,429,636	0.000000	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	31	31	85,094,062	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	1	1	107,686,933	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6	6	2,924,182	0.000002	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	175	175	550,876,277	0.000000	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	1,354,042	0.000000	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	1	1	12,721,868	0.000000	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	198,440,126	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	9,314,996	0.000000	56.00
58.00	05800	MRI	0	0	0	24,853,593	0.000000	58.00
60.00	06000	LABORATORY	0	1	1	576,870,278	0.000000	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	3	3	44,591,956	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	10	10	20,043,846	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	58,761,860	0.000000	65.00
65.02	06502	DIALYSIS	0	0	0	13,629,490	0.000000	65.02
65.03	03330	ENDOSCOPY	0	0	0	175,102,795	0.000000	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	84,714,427	0.000000	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0.000000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	21,997,371	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	8,688,057	0.000000	68.00
68.01	06801	NEURO REHAB	0	0	0	11,413,088	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	83,404,399	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	12,964,164	0.000000	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	1,220,677	0.000000	70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	240,051,462	0.000000	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	4,628,990	0.000000	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	230,523,552	0.000000	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	32,089,692	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	272,490,191	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,412,926	1,412,926	1,012,372,812	0.001396	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	16,474,597	0.000000	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0.000000	76.99
77.00	07700	ALLOGENEI C HSCT ACQUISITION	0	0	0	0	0.000000	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	3,573,340	0.000000	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	4,672,821	0.000000	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	876,033	0.000000	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	617,523	0.000000	90.03
90.04	09004	PFCI	0	0	0	2,498,174	0.000000	90.04
90.05	09005	PVSWT	0	0	0	12,542,860	0.000000	90.05
90.06	09006	PRMC NEUROSCIENCES	0	0	0	320	0.000000	90.06
90.07	09007	PSMKT	0	0	0	0	0.000000	90.07
91.00	09100	EMERGENCY	0	0	0	459,199,621	0.000000	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	2,367,374	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	134,077,927	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (Lines 50 through 199)	0	1,413,156	1,413,156	5,311,155,412		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 8/1/2024 8:19 am			
Title XIX			Subprovider - IPF	PPS			
Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
	9.00	10.00	11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0.000000	0	0	50.00	
50.01	05001	PARKVIEW PREMIER SURGERY	0.000000	0	0	50.01	
51.00	05100	RECOVERY ROOM	0.000000	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000002	0	0	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	74,612	1,823	54.00	
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0	54.01	
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0	54.02	
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0	54.03	
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0	54.04	
54.05	05405	RADIOLOGY - NHMP	0.000000	0	0	54.05	
54.06	05406	RADIOLOGY - CMP	0.000000	0	0	54.06	
54.07	05407	RADIOLOGY - WP	0.000000	0	0	54.07	
54.08	05408	RADIOLOGY - PULM CLINIC	0.000000	0	0	54.08	
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0	54.09	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00	
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00	
58.00	05800	MRI	0.000000	1,535	0	58.00	
60.00	06000	LABORATORY	0.000000	320,002	18,682	60.00	
60.01	06001	ANATOMICAL PATHOLOGY	0.000000	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	342	0	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	0.000000	161	161	65.00	
65.02	06502	DIALYSIS	0.000000	0	0	65.02	
65.03	03330	ENDOSCOPY	0.000000	0	0	65.03	
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	66.00	
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0	66.01	
66.02	03650	PV REHAB OUTREACH	0.000000	0	0	66.02	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00	
68.01	06801	NEURO REHAB	0.000000	0	0	68.01	
69.00	06900	ELECTROCARDIOLOGY	0.000000	40,664	782	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00	
70.01	03950	NUTRITION SUPPORT	0.000000	1,755	5	70.01	
70.03	03952	CARDIAC CATH LAB	0.000000	0	0	70.03	
70.04	03953	CARDIAC REHA SERVICES	0.000000	0	0	70.04	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	195	0	71.00	
71.01	07101	COST OF SOLUTIONS	0.000000	1,149	0	71.01	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001396	191,537	267	73.00	
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	280	0	76.98	
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99	
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	77.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0.000000	15,448	78,713	90.00	
90.01	09001	ANTI COAG CLINIC	0.000000	0	0	90.01	
90.02	09002	INFECTIOUS DISEASES	0.000000	0	0	90.02	
90.03	09003	RHEUMATOLOGY	0.000000	0	0	90.03	
90.04	09004	PFCI	0.000000	0	0	90.04	
90.05	09005	PVSWT	0.000000	0	0	90.05	
90.06	09006	PRMC NEUROSCIENCES	0.000000	0	0	90.06	
90.07	09007	PSMKT	0.000000	0	0	90.07	
91.00	09100	EMERGENCY	0.000000	956,745	33,503	91.00	
91.01	09101	PARTIAL HOSPITALIZATION	0.000000	0	70,154	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	31,240	1,759	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES				95.00	
200.00		Total (lines 50 through 199)		1,635,665	267	205,730	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 8/1/2024 8:19 am			
		Component CCN: 15-S021	Title XIX		Subprovider - IPF		
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0.140755	0	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.143292	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.170873	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.220719	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.107167	1,823	0	0	195 54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	0.590266	0	0	0	0 54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0	0	0 54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0.161591	0	0	0	0 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.097769	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0.150257	0	0	0	0 56.00
58.00	05800	MRI	0.151954	0	0	0	0 58.00
60.00	06000	LABORATORY	0.104543	18,682	0	0	1,953 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.157526	0	0	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.263010	0	0	0	0 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.238489	161	0	0	38 65.00
65.02	06502	DIALYSIS	0.382317	0	0	0	0 65.02
65.03	03330	ENDOSCOPY	0.128573	0	0	0	0 65.03
66.00	06600	PHYSICAL THERAPY	0.142965	0	0	0	0 66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.340925	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.403787	0	0	0	0 68.00
68.01	06801	NEURO REHAB	0.314922	0	0	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.045143	782	0	0	35 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.173322	0	0	0	0 70.00
70.01	03950	NUTRITION SUPPORT	1.897540	5	0	0	9 70.01
70.03	03952	CARDIAC CATH LAB	0.205010	0	0	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	0.253147	0	0	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.090297	0	0	0	0 71.00
71.01	07101	COST OF SOLUTIONS	0.159905	0	0	0	0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.086180	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223065	148	0	0	33 73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.205920	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0 76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0 77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	1.823471	78,713	0	0	143,531 90.00
90.01	09001	ANTI COAG CLINIC	0.909635	0	0	0	0 90.01
90.02	09002	INFECTIOUS DISEASES	2.355675	0	0	0	0 90.02
90.03	09003	RHEUMATOLOGY	1.728854	0	0	0	0 90.03
90.04	09004	PFCU	2.689452	0	0	0	0 90.04
90.05	09005	PVSWT	0.220278	0	0	0	0 90.05
90.06	09006	PRMC NEUROSCIENCES	19.890625	0	0	0	0 90.06
90.07	09007	PSMKT	0.000000	0	0	0	0 90.07
91.00	09100	EMERGENCY	0.098170	33,503	0	0	3,289 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.127995	70,154	0	0	8,979 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.192113	1,759	0	0	338 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0.432817	0	0	0	95.00
200.00		Subtotal (see instructions)		205,730	0	0	158,400 200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		205,730	0	0	158,400 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 8/1/2024 8:19 am
	Title XIX	Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
58.00 05800 MRI	0	0	58.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
65.02 06502 DIALYSIS	0	0	65.02
65.03 03330 ENDOSCOPY	0	0	65.03
66.00 06600 PHYSICAL THERAPY	0	0	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	66.01
66.02 03650 PV REHAB OUTREACH	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
68.01 06801 NEURO REHAB	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01 03950 NUTRITION SUPPORT	0	0	70.01
70.03 03952 CARDIAC CATH LAB	0	0	70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
71.01 07101 COST OF 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
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRIPSY	0	0	76.99
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 ANTI COAG CLINIC	0	0	90.01
90.02 09002 INFECTIOUS DISEASES	0	0	90.02
90.03 09003 RHEUMATOLOGY	0	0	90.03
90.04 09004 PFCI	0	0	90.04
90.05 09005 PVSWT	0	0	90.05
90.06 09006 PRMC NEUROSCIENCES	0	0	90.06
90.07 09007 PSMKT	0	0	90.07
91.00 09100 EMERGENCY	0	0	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	201.00
202.00	Net Charges (line 200 - line 201)	0	202.00



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0021 Component CCN: 15-T021		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part II Date/Time Prepared: 8/1/2024 8:19 am	
Title XIX				Subprovider - IRF		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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	7,047,599	775,429,636	0.009089	0	0
50.01	05001	PARKVIEW PREMIER SURGERY	536,500	85,094,062	0.006305	0	0
51.00	05100	RECOVERY ROOM	961,730	107,686,933	0.008931	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	444,968	2,924,182	0.152168	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,729,656	550,876,277	0.008586	19,293	166
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	0
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	0
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	0
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	0
54.05	05405	RADIOLOGY - NHMP	83,957	1,354,042	0.062005	0	0
54.06	05406	RADIOLOGY - CMP	0	0	0.000000	0	0
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0	0
54.08	05408	RADIOLOGY - PULM CLINIC	124,680	12,721,868	0.009800	0	0
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	2,672,825	198,440,126	0.013469	0	0
56.00	05600	RADIOLOGY-SOTOPE	202,444	9,314,996	0.021733	0	0
58.00	05800	MRI	150,661	24,853,593	0.006062	0	0
60.00	06000	LABORATORY	2,567,505	576,870,278	0.004451	1,519	7
60.01	06001	ANATOMICAL PATHOLOGY	243,887	44,591,956	0.005469	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	12,453	20,043,846	0.000621	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	718,787	58,761,860	0.012232	1,818	22
65.02	06502	DIALYSIS	77,300	13,629,490	0.005672	14,160	80
65.03	03330	ENDOSCOPY	2,881,175	175,102,795	0.016454	5,525	91
66.00	06600	PHYSICAL THERAPY	605,002	84,714,427	0.007142	191,076	1,365
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0	0
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0
67.00	06700	OCCUPATIONAL THERAPY	39,313	21,997,371	0.001787	0	0
68.00	06800	SPEECH PATHOLOGY	39,052	8,688,057	0.004495	0	0
68.01	06801	NEURO REHAB	158,698	11,413,088	0.013905	0	0
69.00	06900	ELECTROCARDIOLOGY	44,393	83,404,399	0.000532	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	97,501	12,964,164	0.007521	0	0
70.01	03950	NUTRITION SUPPORT	8,033	1,220,677	0.006581	405	3
70.03	03952	CARDIAC CATH LAB	1,379,511	240,051,462	0.005747	0	0
70.04	03953	CARDIAC REHABILITATION SERVICES	88,781	4,628,990	0.019179	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	148,309	230,523,552	0.000643	4,764	3
71.01	07101	COST OF SOLUTIONS	297,577	32,089,692	0.009273	10,741	100
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	167,038	272,490,191	0.000613	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,554,929	1,012,372,812	0.001536	38,238	59
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	144,838	16,474,597	0.008792	1,680	15
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	45,445	3,573,340	0.012718	1,050	13
90.01	09001	ANTI COAG CLINIC	80,925	4,672,821	0.017318	0	0
90.02	09002	INFECTIOUS DISEASES	68,978	876,033	0.078739	0	0
90.03	09003	RHEUMATOLOGY	71,686	617,523	0.116086	0	0
90.04	09004	PFCI	18,386	2,498,174	0.007360	0	0
90.05	09005	PVSWT	8,245	12,542,860	0.000657	0	0
90.06	09006	PRMC NEUROSCIENCES	1,642	320	5.131250	0	0
90.07	09007	PSMKT	1,232	0	0.000000	0	0
91.00	09100	EMERGENCY	1,592,036	459,199,621	0.003467	0	0
91.01	09101	PARTIAL HOSPITALIZATION	14,929	2,367,374	0.006306	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	134,077,927	0.000000	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	30,132,606	5,311,155,412		290,269	1,924

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 8/1/2024 8:19 am
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	Title XIX	Subprovider - IRF	PPS
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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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	2	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	0	0	0	0	31	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	1	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	6	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	175	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0	0	1	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800 MRI	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	1	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	0	3	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	10	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.02	06502 DIALYSIS	0	0	0	0	0	65.02
65.03	03330 ENDOSCOPY	0	0	0	0	0	65.03
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0	0	0	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101 COST OF 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	1,412,926	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	0	0	90.01
90.02	09002 INFECTIOUS DISEASES	0	0	0	0	0	90.02
90.03	09003 RHEUMATOLOGY	0	0	0	0	0	90.03
90.04	09004 PFCI	0	0	0	0	0	90.04
90.05	09005 PVSWT	0	0	0	0	0	90.05
90.06	09006 PRMC NEUROSCIENCES	0	0	0	0	0	90.06
90.07	09007 PSMKT	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	1,413,156	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 8/1/2024 8:19 am				
Title XIX			Subprovider - IRF	PPS				
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)			
	4.00	5.00	6.00	7.00	8.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	2	2	775,429,636	0.000000	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	31	31	85,094,062	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	1	1	107,686,933	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6	6	2,924,182	0.000002	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	175	175	550,876,277	0.000000	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	1,354,042	0.000000	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	1	1	12,721,868	0.000000	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	198,440,126	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	9,314,996	0.000000	56.00
58.00	05800	MRI	0	0	0	24,853,593	0.000000	58.00
60.00	06000	LABORATORY	0	1	1	576,870,278	0.000000	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	3	3	44,591,956	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	10	10	20,043,846	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	58,761,860	0.000000	65.00
65.02	06502	DIALYSIS	0	0	0	13,629,490	0.000000	65.02
65.03	03330	ENDOSCOPY	0	0	0	175,102,795	0.000000	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	84,714,427	0.000000	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0.000000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	21,997,371	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	8,688,057	0.000000	68.00
68.01	06801	NEURO REHAB	0	0	0	11,413,088	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	83,404,399	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	12,964,164	0.000000	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	1,220,677	0.000000	70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	240,051,462	0.000000	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	4,628,990	0.000000	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	230,523,552	0.000000	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	32,089,692	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	272,490,191	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,412,926	1,412,926	1,012,372,812	0.001396	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	16,474,597	0.000000	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0.000000	76.99
77.00	07700	ALLOGENEI C HSCT ACQUISITION	0	0	0	0	0.000000	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	3,573,340	0.000000	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	4,672,821	0.000000	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	876,033	0.000000	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	617,523	0.000000	90.03
90.04	09004	PFCI	0	0	0	2,498,174	0.000000	90.04
90.05	09005	PVSWT	0	0	0	12,542,860	0.000000	90.05
90.06	09006	PRMC NEUROSCIENCES	0	0	0	320	0.000000	90.06
90.07	09007	PSMKT	0	0	0	0	0.000000	90.07
91.00	09100	EMERGENCY	0	0	0	459,199,621	0.000000	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	2,367,374	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	134,077,927	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (Lines 50 through 199)	0	1,413,156	1,413,156	5,311,155,412		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 8/1/2024 8:19 am		
Title XIX			Subprovider - IRF	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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0.000000	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000002	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	19,293	0	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.000000	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0.000000	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
58.00	05800	MRI	0.000000	0	0	58.00
60.00	06000	LABORATORY	0.000000	1,519	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	1,818	0	65.00
65.02	06502	DIALYSIS	0.000000	14,160	0	65.02
65.03	03330	ENDOSCOPY	0.000000	5,525	0	65.03
66.00	06600	PHYSICAL THERAPY	0.000000	191,076	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
68.01	06801	NEURO REHAB	0.000000	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0.000000	405	0	70.01
70.03	03952	CARDIAC CATH LAB	0.000000	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0.000000	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	4,764	0	71.00
71.01	07101	COST OF SOLUTIONS	0.000000	10,741	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001396	38,238	53	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	1,680	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	0.000000	1,050	0	90.00
90.01	09001	ANTI COAG CLINIC	0.000000	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	0.000000	0	0	90.02
90.03	09003	RHEUMATOLOGY	0.000000	0	0	90.03
90.04	09004	PFCI	0.000000	0	0	90.04
90.05	09005	PVSWT	0.000000	0	0	90.05
90.06	09006	PRMC NEUROSCIENCES	0.000000	0	0	90.06
90.07	09007	PSMKT	0.000000	0	0	90.07
91.00	09100	EMERGENCY	0.000000	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (lines 50 through 199)		290,269	53	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 8/1/2024 8:19 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		167,743	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		167,743	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)		149,049	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)		27,808	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		231,129,501	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)		231,129,501	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		231,129,501	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,377.88	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		38,316,087	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)		38,316,087	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 8/1/2024 8:19 am
Title XVIII				Hospital	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	72,841,847	39,142	1,860.96	12,174	22,655,327	43.00
43.01 PEDIATRIC ICU	10,670,047	1,063	10,037.67	0	0	43.01
43.02 NEONATAL ICU	19,091,648	11,478	1,663.33	0	0	43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	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)					59,911,365	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)					120,882,779	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)					2,502,070	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,236,309	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,738,379	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					116,144,400	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)					18,694	87.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 8/1/2024 8:19 am	
Cost Center Description		Title XVIII		Hospital		PPS	
Cost Center Description						1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,377.88	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					25,758,089	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	9,404,214	231,129,501	0.040688	25,758,089	1,048,045	90.00
91.00	Nursing Program cost	0	231,129,501	0.000000	25,758,089	0	91.00
92.00	Allied health cost	1,129	231,129,501	0.000005	25,758,089	129	92.00
93.00	All other Medical Education	0	231,129,501	0.000000	25,758,089	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 8/1/2024 8:19 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			16,825 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			16,825 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)			16,825 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)			1,644 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			24,618,455 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)			24,618,455 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			24,618,455 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,463.21 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,405,517 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			2,405,517 41.00



COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1	
				Component CCN: 15-S021		Date/Time Prepared: 8/1/2024 8:19 am	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 PEDIATRIC ICU	0	0	0.00	0	0	0	43.01
43.02 NEONATAL ICU	0	0	0.00	0	0	0	43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	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
<b>Cost Center Description</b>						1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					153,650		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)					2,559,167		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					254,984		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,103		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					260,087		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,299,080		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 8/1/2024 8:19 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description						1.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,609,505	24,618,455	0.105998	0	0	90.00
91.00	Nursing Program cost	0	24,618,455	0.000000	0	0	91.00
92.00	Allied health cost	1	24,618,455	0.000000	0	0	92.00
93.00	All other Medical Education	0	24,618,455	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 8/1/2024 8:19 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			13,395 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			13,395 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)			13,395 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)			4,194 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			32,930,943 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)			32,930,943 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			32,930,943 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			2,458.45 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			10,310,739 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)			10,310,739 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1		
				Component CCN: 15-T021		Date/Time Prepared: 8/1/2024 8:19 am		
				Title XVIII	Subprovider - IRF	PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
<b>Intensive Care Type Inpatient Hospital Units</b>								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
43.01 PEDIATRIC ICU	0	0	0.00	0	0		43.01	
43.02 NEONATAL ICU	0	0	0.00	0	0		43.02	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		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	
<b>Cost Center Description</b>								
					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						1,906,546		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)						12,217,285		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>								
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						348,563		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						44,343		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						392,906		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						11,824,379		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>								
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>								
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>								
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)								70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)								71.00
72.00 Program routine service cost (line 9 x line 71)								72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)								73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)								74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)								75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)								76.00
77.00 Program capital-related costs (line 9 x line 76)								77.00
78.00 Inpatient routine service cost (line 74 minus line 77)								78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)								79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)								80.00
81.00 Inpatient routine service cost per diem limitation								81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)								82.00
83.00 Reasonable inpatient routine service costs (see instructions)								83.00
84.00 Program inpatient ancillary services (see instructions)								84.00
85.00 Utilization review - physician compensation (see instructions)								85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)								86.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 8/1/2024 8:19 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description						1.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0 89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,113,228	32,930,943	0.033805	0	0 90.00
91.00	Nursing Program cost	0	32,930,943	0.000000	0	0 91.00
92.00	Allied health cost	3	32,930,943	0.000000	0	0 92.00
93.00	All other Medical Education	0	32,930,943	0.000000	0	0 93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 8/1/2024 8:19 am
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		167,743	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		167,743	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)		149,049	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		5,862	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)		5,637	15.00
16.00	Nursery days (title V or XIX only)		406	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		231,129,501	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)		231,129,501	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		231,129,501	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,377.88	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,077,133	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)		8,077,133	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0021		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 8/1/2024 8:19 am	
Title XIX			Hospital		PPS			
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
			1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)		5,505,366	5,637	976.65	406	396,520	42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT		72,841,847	39,142	1,860.96	527	980,726	43.00
43.01	PEDIATRIC ICU		10,670,047	1,063	10,037.67	126	1,264,746	43.01
43.02	NEONATAL ICU		19,091,648	11,478	1,663.33	1,576	2,621,408	43.02
44.00	CORONARY CARE UNIT		0	0	0.00	0	0	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)						7,668,467	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)						21,009,000	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)						481,046	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						380,889	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						861,935	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						20,147,065	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)						18,694	87.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 8/1/2024 8:19 am	
Cost Center Description		Title XIX		Hospital		PPS	
Cost Center Description						1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,377.88	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					25,758,089	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	9,404,214	231,129,501	0.040688	25,758,089	1,048,045	90.00
91.00	Nursing Program cost	0	231,129,501	0.000000	25,758,089	0	91.00
92.00	Allied health cost	1,129	231,129,501	0.000005	25,758,089	129	92.00
93.00	All other Medical Education	0	231,129,501	0.000000	25,758,089	0	93.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 8/1/2024 8:19 am
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			16,825 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			16,825 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)			16,825 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)			1,701 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)			5,637 15.00
16.00	Nursery days (title V or XIX only)			406 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			24,618,455 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)			24,618,455 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			24,618,455 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,463.21 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,488,920 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			2,488,920 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1	
				Component CCN: 15-S021		Date/Time Prepared: 8/1/2024 8:19 am	
				Title XIX	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 PEDIATRIC ICU	0	0	0.00	0	0	0	43.01
43.02 NEONATAL ICU	0	0	0.00	0	0	0	43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	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
<b>Cost Center Description</b>						1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					218,512		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)					2,707,432		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					263,825		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					6,197		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					270,022		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,437,410		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 8/1/2024 8:19 am
	Title XIX	Subprovider - IPF	PPS

Cost Center Description						1.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,609,505	24,618,455	0.105998	0	0	90.00
91.00	Nursing Program cost	0	24,618,455	0.000000	0	0	91.00
92.00	Allied health cost	1	24,618,455	0.000000	0	0	92.00
93.00	All other Medical Education	0	24,618,455	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 8/1/2024 8:19 am
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			13,395 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			13,395 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)			13,395 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)			123 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)			5,637 15.00
16.00	Nursery days (title V or XIX only)			406 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			32,930,943 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)			32,930,943 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			32,930,943 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			2,458.45 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			302,389 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)			302,389 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1	
				Component CCN: 15-T021		Date/Time Prepared: 8/1/2024 8:19 am	
				Title XIX	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 PEDIATRIC ICU	0	0	0.00	0	0	0	43.01
43.02 NEONATAL ICU	0	0	0.00	0	0	0	43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	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)					49,810		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)					352,199		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					10,223		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,977		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					12,200		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					339,999		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 8/1/2024 8:19 am
	Title XIX	Subprovider - IRF	PPS

Cost Center Description						1.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,113,228	32,930,943	0.033805	0	0	90.00
91.00	Nursing Program cost	0	32,930,943	0.000000	0	0	91.00
92.00	Allied health cost	3	32,930,943	0.000000	0	0	92.00
93.00	All other Medical Education	0	32,930,943	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 8/1/2024 8:19 am	
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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		65,490,338	30.00
31.00	03100	INTENSIVE CARE UNIT		37,384,514	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		175,473	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.140755	70,633,363	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.143292	258,685	50.01
51.00	05100	RECOVERY ROOM	0.170873	5,028,323	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.220719	129,457	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.107167	48,243,363	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.590266	3,295	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0.161591	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.098013	1,475,180	55.00
56.00	05600	RADIOISOTOPE	0.150257	640,328	56.00
58.00	05800	MRI	0.151954	2,368,622	58.00
60.00	06000	LABORATORY	0.104780	38,238,415	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.157526	4,287,327	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.263010	4,236,480	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.238802	9,564,329	65.00
65.02	06502	DIALYSIS	0.382317	4,143,712	65.02
65.03	03330	ENDOSCOPY	0.128573	8,410,800	65.03
66.00	06600	PHYSICAL THERAPY	0.142965	10,250,503	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.340925	3,283,690	67.00
68.00	06800	SPEECH PATHOLOGY	0.403787	1,281,446	68.00
68.01	06801	NEURO REHAB	0.314922	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.045143	3,686,847	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.173322	621,717	70.00
70.01	03950	NUTRITION SUPPORT	1.897540	186,325	70.01
70.03	03952	CARDIAC CATH LAB	0.205281	30,128,347	70.03
70.04	03953	CARDIAC REHA SERVICES	0.253147	1,783	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.090297	38,086,140	71.00
71.01	07101	COST OF SOLUTIONS	0.159905	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.086180	39,876,303	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223065	54,678,367	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.205920	651,462	76.98
76.99	07699	LI THOTRI PSY	0.000000	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.823471	87,401	90.00
90.01	09001	ANTI COAG CLINIC	0.909635	6,722	90.01
90.02	09002	INFECTIOUS DISEASES	2.355675	1,542	90.02
90.03	09003	RHEUMATOLOGY	1.728854	0	90.03
90.04	09004	PFCI	2.689452	11,732	90.04
90.05	09005	PVSWT	0.220278	153,646	90.05
90.06	09006	PRMC NEUROSCIENCES	19.890625	0	90.06
90.07	09007	PSMKT	0.000000	0	90.07
91.00	09100	EMERGENCY	0.098566	28,951,150	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.127995	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.192113	970,343	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		410,577,145	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)		410,577,145	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3	
		Component CCN: 15-S021		Date/Time Prepared: 8/1/2024 8:19 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	03101	PEDIATRIC ICU			31.01
31.02	03102	NEONATAL ICU			31.02
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF		3,969,967	40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.140755	3,052	430 50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.143292	0	0 50.01
51.00	05100	RECOVERY ROOM	0.170873	4,062	694 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.220719	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.107167	49,151	5,267 54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	0.590266	0	0 54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0 54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0.161591	0	0 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.098013	0	0 55.00
56.00	05600	RADIOISOTOPE	0.150257	0	0 56.00
58.00	05800	MRI	0.151954	3,070	466 58.00
60.00	06000	LABORATORY	0.104780	377,256	39,529 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.157526	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.263010	0	0 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.238802	561	134 65.00
65.02	06502	DIALYSIS	0.382317	0	0 65.02
65.03	03330	ENDOSCOPY	0.128573	0	0 65.03
66.00	06600	PHYSICAL THERAPY	0.142965	7,210	1,031 66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.340925	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.403787	0	0 68.00
68.01	06801	NEURO REHAB	0.314922	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.045143	51,330	2,317 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.173322	0	0 70.00
70.01	03950	NUTRITION SUPPORT	1.897540	1,305	2,476 70.01
70.03	03952	CARDIAC CATH LAB	0.205281	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	0.253147	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.090297	0	0 71.00
71.01	07101	COST OF SOLUTIONS	0.159905	4,555	728 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.086180	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223065	154,393	34,440 73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.205920	2,240	461 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0 76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0 77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.823471	0	0 90.00
90.01	09001	ANTI COAG CLINIC	0.909635	0	0 90.01
90.02	09002	INFECTIOUS DISEASES	2.355675	0	0 90.02
90.03	09003	RHEUMATOLOGY	1.728854	0	0 90.03
90.04	09004	PFCI	2.689452	0	0 90.04
90.05	09005	PVSWT	0.220278	0	0 90.05
90.06	09006	PRMC NEUROSCIENCES	19.890625	0	0 90.06
90.07	09007	PSMKT	0.000000	0	0 90.07
91.00	09100	EMERGENCY	0.098566	666,330	65,677 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.127995	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.192113	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,324,515	153,650 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		1,324,515	202.00



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 8/1/2024 8:19 am	
		Title XVIII	Subprovider - IRF	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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	03101	PEDIATRIC ICU			31.01
31.02	03102	NEONATAL ICU			31.02
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF		8,897,413	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.140755	260,400	36,653 50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.143292	0	0 50.01
51.00	05100	RECOVERY ROOM	0.170873	19,503	3,333 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.220719	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.107167	1,189,783	127,505 54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	0.590266	0	0 54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0 54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0.161591	0	0 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.098013	0	0 55.00
56.00	05600	RADIOISOTOPE	0.150257	0	0 56.00
58.00	05800	MRI	0.151954	9,858	1,498 58.00
60.00	06000	LABORATORY	0.104780	793,765	83,171 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.157526	3,971	626 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.263010	61,403	16,150 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.238802	1,249	298 65.00
65.02	06502	DIALYSIS	0.382317	0	0 65.02
65.03	03330	ENDOSCOPY	0.128573	0	0 65.03
66.00	06600	PHYSICAL THERAPY	0.142965	2,413,324	345,021 66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.340925	2,551,093	869,731 67.00
68.00	06800	SPEECH PATHOLOGY	0.403787	723,536	292,154 68.00
68.01	06801	NEURO REHAB	0.314922	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.045143	8,737	394 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.173322	0	0 70.00
70.01	03950	NUTRITION SUPPORT	1.897540	0	0 70.01
70.03	03952	CARDIAC CATH LAB	0.205281	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	0.253147	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.090297	171,269	15,465 71.00
71.01	07101	COST OF SOLUTIONS	0.159905	171,256	27,385 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.086180	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223065	339,387	75,705 73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.205920	0	0 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0 76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0 77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.823471	4,455	8,124 90.00
90.01	09001	ANTI COAG CLINIC	0.909635	0	0 90.01
90.02	09002	INFECTIOUS DISEASES	2.355675	0	0 90.02
90.03	09003	RHEUMATOLOGY	1.728854	0	0 90.03
90.04	09004	PFCI	2.689452	0	0 90.04
90.05	09005	PVSWT	0.220278	0	0 90.05
90.06	09006	PRMC NEUROSCIENCES	19.890625	0	0 90.06
90.07	09007	PSMKT	0.000000	0	0 90.07
91.00	09100	EMERGENCY	0.098566	33,815	3,333 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.127995	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.192113	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		8,756,804	1,906,546 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		8,756,804	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 8/1/2024 8:19 am	
Cost Center Description		Title XIX	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		7,399,520	30.00
31.00	03100	INTENSIVE CARE UNIT		6,760,523	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		7,167,567	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		278,176	40.00
41.00	04100	SUBPROVIDER - IRF		43,340	41.00
43.00	04300	NURSERY		338,040	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.140755	7,702,876	1,084,218 50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.143292	0	0 50.01
51.00	05100	RECOVERY ROOM	0.170873	730,095	124,754 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.220719	586,382	715,808 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.107167	4,683,300	501,895 54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	0.590266	0	0 54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0 54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0.161591	0	0 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.098013	124,148	12,168 55.00
56.00	05600	RADIOISOTOPE	0.150257	81,768	12,286 56.00
58.00	05800	MRI	0.151954	262,341	39,864 58.00
60.00	06000	LABORATORY	0.104780	7,438,996	779,458 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.157526	512,965	80,805 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.263010	706,878	185,916 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.238802	4,106,357	980,606 65.00
65.02	06502	DIALYSIS	0.382317	283,104	108,235 65.02
65.03	03330	ENDOSCOPY	0.128573	639,190	82,183 65.03
66.00	06600	PHYSICAL THERAPY	0.142965	763,283	109,123 66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.340925	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.403787	109,454	44,196 68.00
68.01	06801	NEURO REHAB	0.314922	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.045143	478,115	21,584 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.173322	159,133	27,581 70.00
70.01	03950	NUTRITION SUPPORT	1.897540	34,965	66,347 70.01
70.03	03952	CARDIAC CATH LAB	0.205281	761,884	156,400 70.03
70.04	03953	CARDIAC REHAB SERVICES	0.253147	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.090297	2,223,637	200,788 71.00
71.01	07101	COST OF SOLUTIONS	0.159905	1,957,545	313,021 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.086180	608,603	52,449 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223065	5,906,305	1,317,490 73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.205920	442,816	91,185 76.98
76.99	07699	LI THOTRI PSY	0.000000	0	0 76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0 77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.823471	41,408	75,506 90.00
90.01	09001	ANTI COAG CLINIC	0.909635	202	184 90.01
90.02	09002	INFECTIOUS DISEASES	2.355675	0	0 90.02
90.03	09003	RHEUMATOLOGY	1.728854	0	0 90.03
90.04	09004	PFCI	2.689452	0	0 90.04
90.05	09005	PVSWT	0.220278	0	0 90.05
90.06	09006	PRMC NEUROSCIENCES	19.890625	0	0 90.06
90.07	09007	PSMKT	0.000000	0	0 90.07
91.00	09100	EMERGENCY	0.098566	4,117,006	405,797 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.127995	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.192113	409,239	78,620 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		45,871,995	7,668,467 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		45,871,995	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 8/1/2024 8:19 am	
Cost Center Description		Title XIX	Subprovider - IPF	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 PEDIATRIC ICU				31.01
31.02	03102 NEONATAL ICU				31.02
32.00	03200 CORONARY CARE UNIT				32.00
40.00	04000 SUBPROVIDER - IPF		5,591,408		40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.140755	0	0	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	0.143292	0	0	50.01
51.00	05100 RECOVERY ROOM	0.170873	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.220719	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.107167	74,612	7,996	54.00
54.01	05401 RADIOLOGY - WABASH	0.000000	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0.000000	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0.000000	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0.000000	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0.590266	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0.000000	0	0	54.06
54.07	05407 RADIOLOGY - WP	0.000000	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0.161591	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0.000000	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0.098013	0	0	55.00
56.00	05600 RADIOISOTOPE	0.150257	0	0	56.00
58.00	05800 MRI	0.151954	1,535	233	58.00
60.00	06000 LABORATORY	0.104780	320,002	33,530	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.157526	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.263010	342	90	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.238802	161	38	65.00
65.02	06502 DIALYSIS	0.382317	0	0	65.02
65.03	03330 ENDOSCOPY	0.128573	0	0	65.03
66.00	06600 PHYSICAL THERAPY	0.142965	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0.000000	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0.000000	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.340925	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.403787	0	0	68.00
68.01	06801 NEURO REHAB	0.314922	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.045143	40,664	1,836	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.173322	0	0	70.00
70.01	03950 NUTRITION SUPPORT	1.897540	1,755	3,330	70.01
70.03	03952 CARDIAC CATH LAB	0.205281	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0.253147	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.090297	195	18	71.00
71.01	07101 COST OF SOLUTIONS	0.159905	1,149	184	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.086180	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.223065	191,537	42,725	73.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.205920	280	58	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	1.823471	15,448	28,169	90.00
90.01	09001 ANTI COAG CLINIC	0.909635	0	0	90.01
90.02	09002 INFECTIOUS DISEASES	2.355675	0	0	90.02
90.03	09003 RHEUMATOLOGY	1.728854	0	0	90.03
90.04	09004 PFCI	2.689452	0	0	90.04
90.05	09005 PVS WT	0.220278	0	0	90.05
90.06	09006 PRMC NEUROSCIENCES	19.890625	0	0	90.06
90.07	09007 PSMKT	0.000000	0	0	90.07
91.00	09100 EMERGENCY	0.098566	956,745	94,303	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0.127995	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.192113	31,240	6,002	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,635,665	218,512	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)		1,635,665		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3	
		Component CCN: 15-T021		Date/Time Prepared: 8/1/2024 8:19 am	
		Title XIX	Subprovider - IRF	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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	03101	PEDIATRIC ICU			31.01
31.02	03102	NEONATAL ICU			31.02
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF		298,165	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.140755	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.143292	0	50.01
51.00	05100	RECOVERY ROOM	0.170873	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.220719	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.107167	19,293	2,068 54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.590266	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0.161591	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.098013	0	55.00
56.00	05600	RADIOISOTOPE	0.150257	0	56.00
58.00	05800	MRI	0.151954	0	58.00
60.00	06000	LABORATORY	0.104780	1,519	159 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.157526	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.263010	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.238802	1,818	434 65.00
65.02	06502	DIALYSIS	0.382317	14,160	5,414 65.02
65.03	03330	ENDOSCOPY	0.128573	5,525	710 65.03
66.00	06600	PHYSICAL THERAPY	0.142965	191,076	27,317 66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.340925	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.403787	0	68.00
68.01	06801	NEURO REHAB	0.314922	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.045143	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.173322	0	70.00
70.01	03950	NUTRITION SUPPORT	1.897540	405	769 70.01
70.03	03952	CARDIAC CATH LAB	0.205281	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0.253147	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.090297	4,764	430 71.00
71.01	07101	COST OF SOLUTIONS	0.159905	10,741	1,718 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.086180	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223065	38,238	8,530 73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.205920	1,680	346 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.823471	1,050	1,915 90.00
90.01	09001	ANTI COAG CLINIC	0.909635	0	90.01
90.02	09002	INFECTIOUS DISEASES	2.355675	0	90.02
90.03	09003	RHEUMATOLOGY	1.728854	0	90.03
90.04	09004	PFCI	2.689452	0	90.04
90.05	09005	PVSWT	0.220278	0	90.05
90.06	09006	PRMC NEUROSCIENCES	19.890625	0	90.06
90.07	09007	PSMKT	0.000000	0	90.07
91.00	09100	EMERGENCY	0.098566	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.127995	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.192113	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		290,269	49,810 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		290,269	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 8/1/2024 8:19 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments			0 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		68,979,185	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		23,350,281	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)		2,512,018	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		561,124	2.04
3.00	Managed Care Simulated Payments		129,300,110	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		726.12	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		10.82	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		-1.01	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)		9.81	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.		9.62	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.		7.31	14.00
15.00	Sum of lines 12 through 14 divided by 3.		5.64	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		34.08	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		39.72	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.054702	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.022936	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.022936	21.00
22.00	IME payment adjustment (see instructions)		1,149,963	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,610,433	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		1.80	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-9.81	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)		1,149,963	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,610,433	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.37	30.00
31.00	Percentage of Medicaid patient days (see instructions)		25.85	31.00
32.00	Sum of lines 30 and 31		30.22	32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.15	33.00
34.00	Disproportionate share adjustment (see instructions)		3,266,155	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 8/1/2024 8:19 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Payment Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	7,192,008,710	6,874,403,459	35.00
35.01	Factor 3 (see instructions)	0.001002609	0.001104499	35.01
35.02	Hospital UCP, including supplemental UCP (see instructions)	7,210,773	7,592,772	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	5,393,262	1,908,565	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	7,301,827		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	107,120,553		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
			<b>Amount</b>	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		108,730,986	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		7,456,822	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		1,504,636	52.00
53.00	Nursing and Allied Health Managed Care payment		87,735	53.00
54.00	Special add-on payments for new technologies		183,471	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
55.01	Cellular therapy acquisition cost (see instructions)		0	55.01
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		278	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		76,332	58.00
59.00	Total (sum of amounts on lines 49 through 58)		118,040,260	59.00
60.00	Primary payer payments		45,285	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		117,994,975	61.00
62.00	Deductibles billed to program beneficiaries		8,539,965	62.00
63.00	Coinurance billed to program beneficiaries		454,665	63.00
64.00	Allowable bad debts (see instructions)		1,303,428	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		847,228	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		273,110	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		109,847,573	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.75	N95 respirator payment adjustment amount (see instructions)		0	70.75
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-156,795	70.93
70.94	HRR adjustment amount (see instructions)		-87,661	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 8/1/2024 8:19 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3	0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		109,603,117	71.00
71.01	Sequestration adjustment (see instructions)		2,192,062	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		103,290,634	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		4,120,421	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,159,282	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
<b>HSP Bonus Payment Amount</b>				
100.00	HSP bonus amount (see instructions)		0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
<b>Cost Reimbursement</b>				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
<b>Comparison of PPS versus Cost Reimbursement</b>				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 8/1/2024 8:19 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		88,920,795	2.00
3.00	OPPS or REH payments		74,079,205	3.00
4.00	Outlier payment (see instructions)		415,346	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		276,454	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	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)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		74,771,005	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		11,819,970	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)		62,951,035	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		989,551	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)		63,940,586	30.00
31.00	Primary payer payments		8,120	31.00
32.00	Subtotal (line 30 minus line 31)		63,932,466	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		988,107	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		642,270	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		347,431	36.00
37.00	Subtotal (see instructions)		64,574,736	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		64,574,736	40.00
40.01	Sequestration adjustment (see instructions)		1,291,495	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		58,947,817	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)		4,335,424	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		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 8/1/2024 8:19 am
		Title XVIII	Hospital	PPS
				1.00
94.00	Total (sum of lines 91 and 93)			0 94.00
				1.00
200.00	MEDICARE PART B ANCILLARY COSTS Part B Combined Billed Days			0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0021

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
8/1/2024 8:19 am

		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		103,258,934		58,947,817	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	08/30/2023	31,700		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)		31,700		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)		103,290,634		58,947,817	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		4,120,421		4,335,424	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		107,411,055		63,283,241	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0021  
Component CCN: 15-S021

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
8/1/2024 8:19 am  
PPS

Title XVIII

Subprovider -  
IPF

		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					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,289,098		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)		1,289,098		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					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		109,954		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,399,052		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0021  
Component CCN: 15-T021

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
8/1/2024 8:19 am  
PPS

Title XVIII

Subprovider -  
IRF

		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					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		8,461,561		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)		8,461,561		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					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		211,841		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		8,673,402		0	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: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet E-1 Part II Date/Time Prepared: 8/1/2024 8:19 am
		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: 15-0021 Component CCN: 15-S021	Period: From 01/01/2023 To 12/31/2023	Worksheet E-3 Part II Date/Time Prepared: 8/1/2024 8:19 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,586,210 1.00
2.00	Net IPF PPS Outlier Payments			5,547 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			46.095890 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$ .			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,591,757 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,591,757 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,591,757 18.00
19.00	Deductibles			272,008 19.00
20.00	Subtotal (line 18 minus line 19)			1,319,749 20.00
21.00	Coinsurance			22,206 21.00
22.00	Subtotal (line 20 minus line 21)			1,297,543 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			199,761 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			129,845 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			19,762 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,427,388 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			216 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.98	Recovery of accelerated depreciation.			0 30.98
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,427,604 31.00
31.01	Sequestration adjustment (see instructions)			28,552 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,289,098 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			109,954 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			5,547 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
<b>FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING ON OR BEFORE MAY 11, 2023 (THE END OF THE COVID-19 PHE)</b>				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2023 To 12/31/2023	Worksheet E-3 Part III Date/Time Prepared: 8/1/2024 8:19 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			7,038,439 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0331 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			413,860 3.00
4.00	Outlier Payments			1,495,753 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			36.698630 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			8,948,052 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			8,948,052 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			8,948,052 19.00
20.00	Deductibles			51,156 20.00
21.00	Subtotal (line 19 minus line 20)			8,896,896 21.00
22.00	Coinsurance			49,600 22.00
23.00	Subtotal (line 21 minus line 22)			8,847,296 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			4,062 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			2,640 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			8,849,936 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			474 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			8,850,410 32.00
32.01	Sequestration adjustment (see instructions)			177,008 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			8,461,561 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			211,841 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			1,495,753 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
<b>FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING ON OR BEFORE MAY 11, 2023 (THE END OF THE COVID-19 PHE)</b>				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet E-4 Date/Time Prepared: 8/1/2024 8:19 am	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			8.53	1.00
1.01	FTE cap adjustment under §131 of the CAA 2021 (see instructions)			0.00	1.01
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
2.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)			0.00	2.26
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
3.02	Adjustment (increase or decrease) to the hospital's rural track FTE limitation(s) for rural track programs with a rural track Medicare GME affiliation agreement in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)			0.00	3.02
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-1.63	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
4.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)			0.00	4.21
5.00	FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus lines 2.26 through 2.49, minus lines 3 and 3.01, plus or minus line 3.02, plus or minus line 4, plus lines 4.01 through 4.27)			6.90	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6. For cost reporting periods beginning on or after October 1, 2022, or if Worksheet S-2, Part I, line 68, is "Y", see instructions.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	6.90	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	6.90	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	4.60	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	22.01	12.07		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	22.01	12.07		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	26.61	12.07		17.00
18.00	Per resident amount	133,556.33	133,556.33		18.00
18.01	Per resident amount under §131 of the CAA 2021	0.00	0.00		18.01
19.00	Approved amount for resident costs	3,553,934	1,612,025	5,165,959	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			3.50	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			121,911.43	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			5,165,959	25.00



DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet E-4 Date/Time Prepared: 8/1/2024 8:19 am
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		Title XVIII		Hospital	PPS
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	45,820	68,514		26.00
27.00	Total Inpatient Days (see instructions)	232,182	232,182		27.00
28.00	Ratio of inpatient days to total inpatient days	0.197345	0.295087		28.00
29.00	Program direct GME amount	1,019,476	1,524,407	2,543,883	29.00
29.01	Percent reduction for MA DGME		3.26		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		49,696	49,696	30.00
31.00	Net Program direct GME amount			2,494,187	31.00
				1.00	
<b>DI RECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)</b>					
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>					
<b>Part A Reasonable Cost</b>					
37.00	Reasonable cost (see instructions)			135,659,231	37.00
38.00	Organ acquisition and HSCT acquisition costs (see instructions)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			45,285	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			135,613,946	41.00
<b>Part B Reasonable Cost</b>					
42.00	Reasonable cost (see instructions)			89,197,249	42.00
43.00	Primary payer payments (see instructions)			8,120	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			89,189,129	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			224,803,075	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.603257	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.396743	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>					
48.00	Total program GME payment (line 31)			2,494,187	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			1,504,636	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			989,551	50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet E-5 Date/Time Prepared: 8/1/2024 8:19 am
Title XVIII			PPS	
			1.00	
<b>TO BE COMPLETED BY CONTRACTOR</b>				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2		0	2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)		0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)		0	4.00
5.00	The rate used to calculate the time value of money (see instructions)		0.00	5.00
6.00	Time value of money for operating expenses (see instructions)		0	6.00
7.00	Time value of money for capital related expenses (see instructions)		0	7.00

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

Provider CCN: 15-0021

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

Worksheet G

Date/Time Prepared:  
8/1/2024 8:19 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	-176,905	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	241,337,322	0	0	0	4.00
5.00	Other receivable	18,813,111	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	23,486,295	0	0	0	8.00
9.00	Other current assets	4,014,919	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)	287,474,742	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	7,248,452	0	0	0	12.00
13.00	Land improvements	76,194,000	0	0	0	13.00
14.00	Accumulated depreciation	-40,852,226	0	0	0	14.00
15.00	Buildings	765,737,873	0	0	0	15.00
16.00	Accumulated depreciation	-343,456,001	0	0	0	16.00
17.00	Leasehold improvements	14,745,268	0	0	0	17.00
18.00	Accumulated depreciation	-12,833,112	0	0	0	18.00
19.00	Fixed equipment	21,165,378	0	0	0	19.00
20.00	Accumulated depreciation	-16,005,188	0	0	0	20.00
21.00	Automobiles and trucks	8,356,087	0	0	0	21.00
22.00	Accumulated depreciation	-7,943,204	0	0	0	22.00
23.00	Major movable equipment	540,021,904	0	0	0	23.00
24.00	Accumulated depreciation	-288,587,606	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)	723,791,625	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	31,657,552	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	24,352,127	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	56,009,679	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,067,276,046	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	60,299,124	0	0	0	37.00
38.00	Salaries, wages, and fees payable	20,189,199	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	49,495,455	0	0	0	43.00
44.00	Other current liabilities	14,611,471	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	144,595,249	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	9,148,975	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	9,148,975	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	153,744,224	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	913,531,822				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)	913,531,822	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,067,276,046	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0021

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

Worksheet G-1

Date/Time Prepared:  
8/1/2024 8:19 am

		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		813,965,802		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		87,392,371			2.00
3.00	Total (sum of line 1 and line 2)		901,358,173		0	3.00
4.00	CREDIT ADJUSTMENTS	-192,422		0		4.00
5.00	NON ALLOWABLE HOME OFFICE INTEREST E	12,620,637		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		12,428,215		0	10.00
11.00	Subtotal (line 3 plus line 10)		913,786,388		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	TRANSFERS	254,579		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		254,579		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		913,531,809		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	CREDIT ADJUSTMENTS		0			4.00
5.00	NON ALLOWABLE HOME OFFICE INTEREST E		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	TRANSFERS		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: 15-0021

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	346,047,183		346,047,183	1.00
2.00	SUBPROVIDER - IPF	41,087,621		41,087,621	2.00
3.00	SUBPROVIDER - IRF	28,001,066		28,001,066	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	0		0	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)	415,135,870		415,135,870	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	154,151,311		154,151,311	11.00
11.01	PEDIATRIC ICU	5,127,174		5,127,174	11.01
11.02	NEONATAL ICU	75,894,660		75,894,660	11.02
12.00	CORONARY CARE UNIT	0		0	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)	235,173,145		235,173,145	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	650,309,015		650,309,015	17.00
18.00	Ancillary services	2,035,484,527	3,243,689,077	5,279,173,604	18.00
19.00	Outpatient services	0	0	0	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		38,215,211	38,215,211	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	25,149,186	25,149,186	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,685,793,542	3,307,053,474	5,992,847,016	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,832,766,837		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	HOME OFFICE INTEREST EXPENSE	12,620,637			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)		12,620,637		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)		1,845,387,474		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0021

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

Worksheet G-3

Date/Time Prepared:  
8/1/2024 8:19 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	5,992,847,016	1.00
2.00	Less contractual allowances and discounts on patients' accounts	4,285,348,589	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,707,498,427	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,845,387,474	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-137,889,047	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	10,735,560	6.00
7.00	Income from investments	-1,554,666	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	-412	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	58,632	13.00
14.00	Revenue from meals sold to employees and guests	7,386,637	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	47,656,376	17.00
18.00	Revenue from sale of medical records and abstracts	1,274	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	81,001	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	8,549,186	22.00
23.00	Governmental appropriations	0	23.00
24.00	LAB SERVICES BILLED	21,597,647	24.00
24.01	OTHER (SPECIFY)	0	24.01
24.02	OTHER OPERATING INCOME	128,589,698	24.02
24.03	OTHER GAIN ON SALE OF ASSET	2,583,660	24.03
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	225,684,593	25.00
26.00	Total (line 5 plus line 25)	87,795,546	26.00
27.00	UNREALIZED LOSSES	403,175	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	403,175	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	87,392,371	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0021

Period: From 01/01/2023

Worksheet H

HHA CCN: 15-7423

To 12/31/2023

Date/Time Prepared: 8/1/2024 8:19 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	1,775,098	573,816	0	0	2,398,024	4,746,938	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	5,766,321	1,864,013	586,347	0	0	8,216,681	6.00
7.00	1,634,503	528,367	110,646	0	0	2,273,516	7.00
8.00	657,031	212,391	44,044	0	0	913,466	8.00
9.00	121,949	39,421	7,932	0	0	169,302	9.00
10.00	188,904	61,065	44,211	0	0	294,180	10.00
11.00	383,317	123,911	192,250	0	0	699,478	11.00
12.00	0	0	0	0	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	8,543,775	2,761,849	29,905	2,622,609	13,428,518	27,386,656	23.00
23.50	0	0	0	0	0	0	23.50
24.00	19,070,898	6,164,833	1,015,335	2,622,609	15,826,542	44,700,217	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-3,866,305	880,633	0	880,633			5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	-5,165,753	3,050,928	0	3,050,928			6.00
7.00	-1,635,718	637,798	0	637,798			7.00
8.00	-800,000	113,466	0	113,466			8.00
9.00	0	169,302	0	169,302			9.00
10.00	0	294,180	0	294,180			10.00
11.00	0	699,478	0	699,478			11.00
12.00	0	0	0	0			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	27,386,656	0	27,386,656			23.00
23.50	0	0	0	0			23.50
24.00	-11,467,776	33,232,441	0	33,232,441			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: 15-0021 HHA CCN: 15-7423		Period: From 01/01/2023 To 12/31/2023		Worksheet H-1 Part I Date/Time Prepared: 8/1/2024 8:19 am	
				Home Health Agency I		PPS	
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>							
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	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	880,633	0	0	0	880,633	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	3,050,928	0	0	0	3,050,928	6.00
7.00	Physical Therapy	637,798	0	0	0	637,798	7.00
8.00	Occupational Therapy	113,466	0	0	0	113,466	8.00
9.00	Speech Pathology	169,302	0	0	0	169,302	9.00
10.00	Medical Social Services	294,180	0	0	0	294,180	10.00
11.00	Home Health Aide	699,478	0	0	0	699,478	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	27,386,656	0	0	0	27,386,656	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	33,232,441	0	0	0	33,232,441	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
<b>GENERAL SERVICE COST CENTERS</b>							
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	880,633					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	83,049	3,133,977				6.00
7.00	Physical Therapy	17,361	655,159				7.00
8.00	Occupational Therapy	3,089	116,555				8.00
9.00	Speech Pathology	4,609	173,911				9.00
10.00	Medical Social Services	8,008	302,188				10.00
11.00	Home Health Aide	19,040	718,518				11.00
12.00	Supplies (see instructions)	0	0				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
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)	745,477	28,132,133				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		33,232,441				24.00



COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0021  
HHA CCN: 15-7423

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

Worksheet H-1  
Part II  
Date/Time Prepared:  
8/1/2024 8:19 am

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Home Health Agency I	Administrative & General (ACCUM. COST)	PPS
		Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)						
		1.00	2.00						
<b>GENERAL SERVICE COST CENTERS</b>									
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	0		0			3.00
4.00	Transportation (see instructions)	0	0	0	0				4.00
5.00	Administrative and General	0	0	0	0	-880,633		32,351,808	5.00
<b>HHA REIMBURSABLE SERVICES</b>									
6.00	Skilled Nursing Care	0	0	0	0	0		3,050,928	6.00
7.00	Physical Therapy	0	0	0	0	0		637,798	7.00
8.00	Occupational Therapy	0	0	0	0	0		113,466	8.00
9.00	Speech Pathology	0	0	0	0	0		169,302	9.00
10.00	Medical Social Services	0	0	0	0	0		294,180	10.00
11.00	Home Health Aide	0	0	0	0	0		699,478	11.00
12.00	Supplies (see instructions)	0	0	0	0	0		0	12.00
13.00	Drugs	0	0	0	0	0		0	13.00
14.00	DME	0	0	0	0	0		0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>									
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		27,386,656	23.00
23.50	Telemedicine	0	0	0	0	0		0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-880,633		32,351,808	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0		880,633	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000			0.027221	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0021

Period: From 01/01/2023

Worksheet H-2

HHA CCN: 15-7423

To 12/31/2023

Part I  
Date/Time Prepared:  
8/1/2024 8:19 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
1.00 Administrative and General	0	220,058	0	3,280,954	3,903	5,124	1.00	
2.00 Skilled Nursing Care	3,133,977	0	0	0	0	0	2.00	
3.00 Physical Therapy	655,159	0	0	0	0	0	3.00	
4.00 Occupational Therapy	116,555	0	0	0	0	0	4.00	
5.00 Speech Pathology	173,911	0	0	0	0	0	5.00	
6.00 Medical Social Services	302,188	0	0	0	0	0	6.00	
7.00 Home Health Aide	718,518	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)	28,132,133	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)	33,232,441	220,058	0	3,280,954	3,903	5,124	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	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	Subtotal	OTHER A&G		
	5.03	5.04	5.05	5.06	5A.06	5.07		
1.00 Administrative and General	291	0	448	0	3,510,778	1,222,312	1.00	
2.00 Skilled Nursing Care	0	0	0	0	3,133,977	1,091,125	2.00	
3.00 Physical Therapy	0	0	0	0	655,159	228,100	3.00	
4.00 Occupational Therapy	0	0	0	0	116,555	40,580	4.00	
5.00 Speech Pathology	0	0	0	0	173,911	60,549	5.00	
6.00 Medical Social Services	0	0	0	0	302,188	105,210	6.00	
7.00 Home Health Aide	0	0	0	0	718,518	250,159	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	28,132,133	9,794,484	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	291	0	448	0	36,743,219	12,792,519	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	

(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: 15-0021

Period: From 01/01/2023

Worksheet H-2

HHA CCN: 15-7423

To 12/31/2023

Part I Date/Time Prepared: 8/1/2024 8:19 am

Home Health Agency I

PPS

Cost Center Description		CAREW MEDICAL	MAINTENANCE &	OPERATION OF	FACILITY	LAUNDRY &	HOUSEKEEPING	
		PARK ADMIN	REPAIRS	PLANT	ENGINEERING	LINEN SERVICE		
		5.08	6.00	7.00	7.01	8.00	9.00	
1.00	Administrative and General	0	0	229,790	201,658	0	319,287	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)	0	0	229,790	201,658	0	319,287	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		DIETARY	KITCHEN-NO CONNECT W/CAFE	CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	
		10.00	10.01	10.02	10.03	11.00	12.00	
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	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)	0	0	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: 15-0021

Period: From 01/01/2023

Worksheet H-2

HHA CCN: 15-7423

To 12/31/2023

Part I  
Date/Time Prepared:  
8/1/2024 8:19 am

Home Health Agency I

PPS

Cost Center Description		NURSING	CENTRAL	PHARMACY	OUTPATIENT	IV SOLUTIONS	MED SURG		
		ADMINISTRATION	SERVICES & SUPPLY		PHARMACY		SUPPLY		
		13.00	14.00	15.00	15.01	15.02	15.03		
1.00	Administrative and General	0	0	705,123	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	705,123	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		MEDICAL	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN	NURSING	INTERNS & RESIDENTS		
		RECORDS & LIBRARY			ANESTHETISTS	PROGRAM	SERVICES-SALARY & FRINGES APPRV		
		16.00	17.00	17.01	19.00	20.00	21.00		
1.00	Administrative and General	45,599	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	45,599	0	0	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: 15-0021

Period: From 01/01/2023

Worksheet H-2 Part I

HHA CCN: 15-7423

To 12/31/2023

Date/Time Prepared: 8/1/2024 8:19 am

Home Health Agency I

PPS

Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS APPRV						
	22.00					23.00	23.01
1.00 Administrative and General	0	0	0	84,107	6,318,654	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	4,225,102	0	2.00
3.00 Physical Therapy	0	0	0	0	883,259	0	3.00
4.00 Occupational Therapy	0	0	0	0	157,135	0	4.00
5.00 Speech Pathology	0	0	0	0	234,460	0	5.00
6.00 Medical Social Services	0	0	0	0	407,398	0	6.00
7.00 Home Health Aide	0	0	0	0	968,677	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	37,926,617	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	0	0	84,107	51,121,302	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
<b>Cost Center Description</b>	<b>Subtotal</b>	<b>Allocated HHA A&amp;G (see Part II)</b>	<b>Total HHA Costs</b>				
	26.00	27.00	28.00				
1.00 Administrative and General	6,318,654						1.00
2.00 Skilled Nursing Care	4,225,102	595,879	4,820,981				2.00
3.00 Physical Therapy	883,259	124,569	1,007,828				3.00
4.00 Occupational Therapy	157,135	22,161	179,296				4.00
5.00 Speech Pathology	234,460	33,067	267,527				5.00
6.00 Medical Social Services	407,398	57,457	464,855				6.00
7.00 Home Health Aide	968,677	136,615	1,105,292				7.00
8.00 Supplies (see instructions)	0	0	0				8.00
9.00 Drugs	0	0	0				9.00
10.00 DME	0	0	0				10.00
11.00 Home Dialysis Aide Services	0	0	0				11.00
12.00 Respiratory Therapy	0	0	0				12.00
13.00 Private Duty Nursing	0	0	0				13.00
14.00 Clinic	0	0	0				14.00
15.00 Health Promotion Activities	0	0	0				15.00
16.00 Day Care Program	0	0	0				16.00
17.00 Home Delivered Meals Program	0	0	0				17.00
18.00 Homemaker Service	0	0	0				18.00
19.00 All Others (specify)	37,926,617	5,348,906	43,275,523				19.00
19.50 Telemedicine	0	0	0				19.50
20.00 Total (sum of lines 1-19) (2)	51,121,302	6,318,654	51,121,302				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.		0.141033					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: 15-0021  
HHA CCN: 15-7423

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

Worksheet H-2  
Part II  
Date/Time Prepared: 8/1/2024 8:19 am  
PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	MATERIALS MANAGEMENT (COSTED REQUIREMENT)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00					
1.00	Administrative and General	19,888	0	13,395,203	276	435	1,231,052	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	Tel emedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	19,888	0	13,395,203	276	435	1,231,052	20.00
21.00	Total cost to be allocated	220,058	0	3,280,954	3,903	5,124	291	21.00
22.00	Unit cost multiplier	11.064863	0.000000	0.244935	14.141304	11.779310	0.000236	22.00
Cost Center Description		PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation	OTHER A&G (ACCUM. COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	
		5.04	5.05	5.06	5A.07	5.07	5.08	
1.00	Administrative and General	0	63,987,751	0	0	3,510,778	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	3,133,977	0	2.00
3.00	Physical Therapy	0	0	0	0	655,159	0	3.00
4.00	Occupational Therapy	0	0	0	0	116,555	0	4.00
5.00	Speech Pathology	0	0	0	0	173,911	0	5.00
6.00	Medical Social Services	0	0	0	0	302,188	0	6.00
7.00	Home Health Aide	0	0	0	0	718,518	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	28,132,133	0	19.00
19.50	Tel emedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	63,987,751	0	0	36,743,219	0	20.00
21.00	Total cost to be allocated	0	448	0	0	12,792,519	0	21.00
22.00	Unit cost multiplier	0.000000	0.000007	0.000000	0.000000	0.348160	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0021  
HHA CCN: 15-7423

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

Worksheet H-2 Part II  
Date/Time Prepared: 8/1/2024 8:19 am  
PPS

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	7.01	8.00	9.00	10.00	
1.00	Administrative and General	0	19,888	19,888	0	19,888	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)	0	19,888	19,888	0	19,888	0	20.00
21.00	Total cost to be allocated	0	229,790	201,658	0	319,287	0	21.00
22.00	Unit cost multiplier	0.000000	11.554204	10.139682	0.000000	16.054254	0.000000	22.00
Cost Center Description		KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	PREADMITS AND ER (MEALS PREADMITS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING FTE)	
		10.01	10.02	10.03	11.00	12.00	13.00	
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	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)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	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: 15-0021 HHA CCN: 15-7423	Period: From 01/01/2023 To 12/31/2023	Worksheet H-2 Part II Date/Time Prepared: 8/1/2024 8:19 am
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Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		14.00	15.00	15.01	15.02	15.03	16.00	
1.00	Administrative and General	0	6,962,525	0	0	0	304	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)	0	6,962,525	0	0	0	304	20.00
21.00	Total cost to be allocated	0	705,123	0	0	0	45,599	21.00
22.00	Unit cost multiplier	0.000000	0.101274	0.000000	0.000000	0.000000	149.996711	22.00

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	REHAB ADMIN (PERCENTAGE 4)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
		17.00	17.01	19.00	20.00	21.00	22.00	
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	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)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	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: 15-0021 HHA CCN: 15-7423	Period: From 01/01/2023 To 12/31/2023	Worksheet H-2 Part II Date/Time Prepared: 8/1/2024 8:19 am PPS
		Home Health Agency I	

Cost Center Description	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED RADIOLOGY (PERCENTAGE %)	PARAMED ED PHARMACY (COSTED REQUIS.)		
	23.00	23.01	23.02		
1.00 Administrative and General	0	0	6,962,525		1.00
2.00 Skilled Nursing Care	0	0	0		2.00
3.00 Physical Therapy	0	0	0		3.00
4.00 Occupational Therapy	0	0	0		4.00
5.00 Speech Pathology	0	0	0		5.00
6.00 Medical Social Services	0	0	0		6.00
7.00 Home Health Aide	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0		8.00
9.00 Drugs	0	0	0		9.00
10.00 DME	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0		13.00
14.00 Clinic	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0		15.00
16.00 Day Care Program	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0		17.00
18.00 Homemaker Service	0	0	0		18.00
19.00 All Others (specify)	0	0	0		19.00
19.50 Telemedicine	0	0	0		19.50
20.00 Total (sum of lines 1-19)	0	0	6,962,525		20.00
21.00 Total cost to be allocated	0	0	84,107		21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.012080		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS			Provider CCN: 15-0021 HHA CCN: 15-7423	Period: From 01/01/2023 To 12/31/2023	Worksheet H-3 Part I Date/Time Prepared: 8/1/2024 8:19 am
			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	4,820,981		4,820,981	38,698	124.58	1.00
2.00	Physical Therapy	3.00	1,007,828	0	1,007,828	12,291	82.00	2.00
3.00	Occupational Therapy	4.00	179,296	0	179,296	4,924	36.41	3.00
4.00	Speech Pathology	5.00	267,527	0	267,527	830	322.32	4.00
5.00	Medical Social Services	6.00	464,855		464,855	951	488.81	5.00
6.00	Home Health Aide	7.00	1,105,292		1,105,292	3,001	368.31	6.00
7.00	Total (sum of lines 1-6)		7,845,779	0	7,845,779	60,695		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation

8.00	Skilled Nursing Care		23060	0	4,219			8.00
8.01	Skilled Nursing Care		99915	0	4,259			8.01
9.00	Physical Therapy		23060	0	2,092			9.00
9.01	Physical Therapy		99915	0	1,131			9.01
10.00	Occupational Therapy		23060	0	763			10.00
10.01	Occupational Therapy		99915	0	407			10.01
11.00	Speech Pathology		23060	0	125			11.00
11.01	Speech Pathology		99915	0	59			11.01
12.00	Medical Social Services		23060	0	106			12.00
12.01	Medical Social Services		99915	0	64			12.01
13.00	Home Health Aide		23060	0	361			13.00
13.01	Home Health Aide		99915	0	257			13.01
14.00	Total (sum of lines 8-13)			0	13,843			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	0	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Cost of Services	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00		8.00	9.00

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	8,478		0	1,056,189		1.00
2.00	Physical Therapy	0	3,223		0	264,286		2.00
3.00	Occupational Therapy	0	1,170		0	42,600		3.00
4.00	Speech Pathology	0	184		0	59,307		4.00
5.00	Medical Social Services	0	170		0	83,098		5.00
6.00	Home Health Aide	0	618		0	227,616		6.00
7.00	Total (sum of lines 1-6)	0	13,843		0	1,733,096		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0021  
HHA CCN: 15-7423

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

Worksheet H-3  
Part I  
Date/Time Prepared:  
8/1/2024 8:19 am  
PPS

Title XVIII

Home Health  
Agency I

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	
8.01	Skilled Nursing Care							8.01	
9.00	Physical Therapy							9.00	
9.01	Physical Therapy							9.01	
10.00	Occupational Therapy							10.00	
10.01	Occupational Therapy							10.01	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
14.00	Total (sum of lines 8-13)							14.00	
Cost Center Description		Program Covered Charges			Cost of Services				
		Part A	Part B		Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		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 col s. 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	1,056,189							1.00
2.00	Physical Therapy	264,286							2.00
3.00	Occupational Therapy	42,600							3.00
4.00	Speech Pathology	59,307							4.00
5.00	Medical Social Services	83,098							5.00
6.00	Home Health Aide	227,616							6.00
7.00	Total (sum of lines 1-6)	1,733,096							7.00
Cost Center Description									
		12.00							
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
8.01	Skilled Nursing Care							8.01	
9.00	Physical Therapy							9.00	
9.01	Physical Therapy							9.01	
10.00	Occupational Therapy							10.00	
10.01	Occupational Therapy							10.01	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0021  
HHA CCN: 15-7423

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

Worksheet H-3  
Part II  
Date/Time Prepared:  
8/1/2024 8:19 am  
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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		
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>							
1.00	Physical Therapy	66.00	0.142965	0	0	col. 2, line 2.00	1.00
1.01	Physical Therapy 1	66.01	0.000000	0	0	col. 2, line 2.01	1.01
1.02	Physical Therapy 2	66.02	0.000000	0	0	col. 2, line 2.02	1.02
2.00	Occupational Therapy	67.00	0.340925	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.403787	0	0	col. 2, line 4.00	3.00
3.01	Speech Pathology 1	68.01	0.314922	0	0	col. 2, line 4.01	3.01
4.00	Cost of Medical Supplies	71.00	0.090297	0	0	col. 2, line 15.00	4.00
4.01	Cost of Medical Supplies 1	71.01	0.159905	0	0	col. 2, line 15.01	4.01
5.00	Cost of Drugs	73.00	0.223065	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021 HHA CCN: 15-7423	Period: From 01/01/2023 To 12/31/2023	Worksheet H-4 Part I-11 Date/Time Prepared: 8/1/2024 8:19 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	3,133,710	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
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
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	3,133,710	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	3,133,710	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	2,443,611
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	385,499
13.00	Total PPS Reimbursement - LUPA Episodes		0	27,916
14.00	Total PPS Reimbursement - PEP Episodes		0	302
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	91,127
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	269
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	2,948,724
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	2,948,724
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	2,948,724
27.00	Allowable bad debts (from your records)		0	0
27.01	Adjusted reimbursable bad debts (see instructions)		0	0
28.00	Allowable bad debts for dual eligible (see instructions)		0	0
29.00	Total costs - current cost reporting period (see instructions)		0	2,948,724
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	2,948,724
31.01	Sequestration adjustment (see instructions)		0	0
31.02	Demonstration payment adjustment after sequestration		0	0
31.75	Sequestration adjustment for non-claims based amounts (see instructions)		0	0
32.00	Interim payments (see instructions)		0	2,890,262
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 31.75, 32, and 33)		0	58,462
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 15-0021  
HHA CCN: 15-7423

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

Worksheet H-5  
Date/Time Prepared:  
8/1/2024 8:19 am  
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		2,890,262	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		2,890,262	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		58,462	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		2,948,724	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: 15-0021

Period: From 01/01/2023

Worksheet 0

Hospice CCN: 15-1552

To 12/31/2023

Date/Time Prepared: 8/1/2024 8:19 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	2,514,670	2,514,670	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	103,852	0	103,852	0	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	80,104	0	80,104	0	13.00
14.00	PHARMACY*	0	406,939	406,939	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>						
25.00	INPATIENT CARE-CONTRACTED**		1,347,300	1,347,300	0	25.00
26.00	PHYSICIAN SERVICES**	582,984	18,163	601,147	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	4,538,000	10,147	4,548,147	0	28.00
29.00	LPN/LVN**	558,482	0	558,482	0	29.00
30.00	PHYSICAL THERAPY**	20	0	20	0	30.00
31.00	OCCUPATIONAL THERAPY**	9	0	9	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	4	0	4	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	605,623	797	606,420	0	33.00
34.00	SPIRITUAL COUNSELING**	395,243	770	396,013	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	678,851	3,033	681,884	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	40,413	914,745	955,158	0	38.00
39.00	PATIENT TRANSPORTATION**	0	37,194	37,194	0	39.00
40.00	IMAGING SERVICES**	0	5,765	5,765	0	40.00
41.00	LABS & DIAGNOSTICS**	0	3,971	3,971	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	85,528	85,528	0	46.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	71.00
100.00	TOTAL	7,583,585	5,349,022	12,932,607	0	100.00

\* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

\*\* See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0021

Period: From 01/01/2023

Worksheet 0

Hospice CCN: 15-1552

To 12/31/2023

Date/Time Prepared: 8/1/2024 8:19 am

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
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	2,514,670	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	103,852	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	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	80,104	13.00
14.00	PHARMACY*	0	406,939	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
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>				
25.00	INPATIENT CARE-CONTRACTED**	0	1,347,300	25.00
26.00	PHYSICIAN SERVICES**	0	601,147	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	4,548,147	28.00
29.00	LPN/LVN**	0	558,482	29.00
30.00	PHYSICAL THERAPY**	0	20	30.00
31.00	OCCUPATIONAL THERAPY**	0	9	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	4	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	606,420	33.00
34.00	SPIRITUAL COUNSELING**	0	396,013	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	681,884	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	955,158	38.00
39.00	PATIENT TRANSPORTATION**	0	37,194	39.00
40.00	IMAGING SERVICES**	0	5,765	40.00
41.00	LABS & DIAGNOSTICS**	0	3,971	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	85,528	46.00
<b>NONREIMBURSABLE COST CENTERS</b>				
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	12,932,607	100.00

\* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

\*\* See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.



ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 15-0021 Hospice CCN: 15-1552	Period: From 01/01/2023 To 12/31/2023	Worksheet 0-2 Date/Time Prepared: 8/1/2024 8:19 am
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I 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	556,593	17,342	573,935	0	573,935	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	4,346,201	0	4,346,201	0	4,346,201	28.00
29.00	LPN/LVN	537,171	0	537,171	0	537,171	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	582,315	0	582,315	0	582,315	33.00
34.00	SPIRITUAL COUNSELING	380,290	0	380,290	0	380,290	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 & HOME MAKER SERVICES	658,901	0	658,901	0	658,901	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	38,686	888,677	927,363	0	927,363	38.00
39.00	PATIENT TRANSPORTATION	0	34,953	34,953	0	34,953	39.00
40.00	IMAGING SERVICES	0	5,409	5,409	0	5,409	40.00
41.00	LABS & DIAGNOSTICS	0	3,835	3,835	0	3,835	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	85,121	85,121	0	85,121	46.00
100.00	TOTAL *	7,100,157	1,035,337	8,135,494	0	8,135,494	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, 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	573,935	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	4,346,201	28.00
29.00	LPN/LVN	0	537,171	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	582,315	33.00
34.00	SPIRITUAL COUNSELING	0	380,290	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	658,901	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	927,363	38.00
39.00	PATIENT TRANSPORTATION	0	34,953	39.00
40.00	IMAGING SERVICES	0	5,409	40.00
41.00	LABS & DIAGNOSTICS	0	3,835	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	85,121	46.00
100.00	TOTAL *	0	8,135,494	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPI CE COSTS FOR HOSPI CE INPATIENT RESPI TE CARE

Provider CCN: 15-0021

Period: From 01/01/2023

Worksheet 0-3

Hospice CCN: 15-1552

To 12/31/2023

Date/Time Prepared: 8/1/2024 8:19 am

		SALARIES	OTHER	SUBTOTAL (col . 1 + col . 2)	Hospice I 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	2,577	80	2,657	0	2,657	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	18,729	991	19,720	0	19,720	28.00
29.00	LPN/LVN	2,081	0	2,081	0	2,081	29.00
30.00	PHYSICAL THERAPY	2	0	2	0	2	30.00
31.00	OCCUPATIONAL THERAPY	1	0	1	0	1	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	2,276	78	2,354	0	2,354	33.00
34.00	SPIRITUAL COUNSELING	1,460	75	1,535	0	1,535	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	HOSPI CE AIDE & HOME MAKER SERVICES	1,948	296	2,244	0	2,244	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	169	2,546	2,715	0	2,715	38.00
39.00	PATIENT TRANSPORTATION	0	219	219	0	219	39.00
40.00	IMAGING SERVICES	0	35	35	0	35	40.00
41.00	LABS & DIAGNOSTICS	0	13	13	0	13	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	40	40	0	40	46.00
100.00	TOTAL *	29,243	4,373	33,616	0	33,616	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, 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	2,657	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	19,720	28.00
29.00	LPN/LVN	0	2,081	29.00
30.00	PHYSICAL THERAPY	0	2	30.00
31.00	OCCUPATIONAL THERAPY	0	1	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	2,354	33.00
34.00	SPIRITUAL COUNSELING	0	1,535	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPI CE AIDE & HOME MAKER SERVICES	0	2,244	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	2,715	38.00
39.00	PATIENT TRANSPORTATION	0	219	39.00
40.00	IMAGING SERVICES	0	35	40.00
41.00	LABS & DIAGNOSTICS	0	13	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	40	46.00
100.00	TOTAL *	0	33,616	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN: 15-0021 Hospice CCN: 15-1552	Period: From 01/01/2023 To 12/31/2023	Worksheet 0-4 Date/Time Prepared: 8/1/2024 8:19 am
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		SALARIES	OTHER	SUBTOTAL (col . 1 + col . 2)	Hospice I RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		1,347,300	1,347,300	0	1,347,300	25.00
26.00	PHYSICIAN SERVICES	23,814	741	24,555	0	24,555	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	173,070	9,156	182,226	0	182,226	28.00
29.00	LPN/LVN	19,230	0	19,230	0	19,230	29.00
30.00	PHYSICAL THERAPY	18	0	18	0	18	30.00
31.00	OCCUPATIONAL THERAPY	8	0	8	0	8	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	4	0	4	0	4	32.00
33.00	MEDICAL SOCIAL SERVICES	21,032	719	21,751	0	21,751	33.00
34.00	SPIRITUAL COUNSELING	13,493	695	14,188	0	14,188	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 & HOME MAKER SERVICES	18,002	2,737	20,739	0	20,739	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	1,558	23,522	25,080	0	25,080	38.00
39.00	PATIENT TRANSPORTATION	0	2,022	2,022	0	2,022	39.00
40.00	IMAGING SERVICES	0	321	321	0	321	40.00
41.00	LABS & DIAGNOSTICS	0	123	123	0	123	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	367	367	0	367	46.00
100.00	TOTAL *	270,229	1,387,703	1,657,932	0	1,657,932	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, 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	1,347,300	25.00
26.00	PHYSICIAN SERVICES	0	24,555	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	182,226	28.00
29.00	LPN/LVN	0	19,230	29.00
30.00	PHYSICAL THERAPY	0	18	30.00
31.00	OCCUPATIONAL THERAPY	0	8	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	4	32.00
33.00	MEDICAL SOCIAL SERVICES	0	21,751	33.00
34.00	SPIRITUAL COUNSELING	0	14,188	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	20,739	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	25,080	38.00
39.00	PATIENT TRANSPORTATION	0	2,022	39.00
40.00	IMAGING SERVICES	0	321	40.00
41.00	LABS & DIAGNOSTICS	0	123	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	367	46.00
100.00	TOTAL *	0	1,657,932	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

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

Provider CCN: 15-0021

Period: From 01/01/2023

Worksheet 0-5

Hospice CCN: 15-1552

To 12/31/2023

Date/Time Prepared: 8/1/2024 8:19 am

Descriptions	Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
	1.00	2.00	3.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00 CAP REL COSTS-BLDG & FIXT	0	0	0	1.00
2.00 CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT	2,514,670	1,998,326	4,512,996	3.00
4.00 ADMINISTRATIVE & GENERAL	103,852	5,198,746	5,302,598	4.00
5.00 PLANT OPERATION & MAINTENANCE	0	0	0	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	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	80,104	0	80,104	13.00
14.00 PHARMACY	406,939	0	406,939	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
<b>LEVEL OF CARE</b>				
50.00 HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00 HOSPICE ROUTINE HOME CARE	8,135,494	0	8,135,494	51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	33,616	0	33,616	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	1,657,932	0	1,657,932	53.00
<b>NONREIMBURSABLE COST CENTERS</b>				
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	0	0	0	70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	99.00
100.00 TOTAL	12,932,607	7,197,072	20,129,679	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0021

Period: From 01/01/2023

Worksheet 0-6

Hospice CCN: 15-1552

To 12/31/2023

Part I  
Date/Time Prepared:  
8/1/2024 8:19 am

Descriptions	Hospice I				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
<b>GENERAL SERVICE COST CENTERS</b>						
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	4,512,996	0	0	4,512,996	3.00
4.00	ADMINISTRATIVE & GENERAL	5,302,598	0	0	4,512,996	9,815,594
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0
7.00	HOUSEKEEPING	0	0	0	0	0
8.00	DIETARY	0	0	0	0	0
9.00	NURSING ADMINISTRATION	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0
11.00	MEDICAL RECORDS	0	0	0	0	0
12.00	STAFF TRANSPORTATION	0	0	0	0	0
13.00	VOLUNTEER SERVICE COORDINATION	80,104	0	0	0	80,104
14.00	PHARMACY	406,939	0	0	0	406,939
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0
16.00	OTHER GENERAL SERVICE	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0
51.00	HOSPICE ROUTINE HOME CARE	8,135,494			0	8,135,494
52.00	HOSPICE INPATIENT RESPIRE CARE	33,616	0	0	0	33,616
53.00	HOSPICE GENERAL INPATIENT CARE	1,657,932	0	0	0	1,657,932
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0
61.00	VOLUNTEER PROGRAM	0	0	0	0	0
62.00	FUNDRAISING	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0
66.00	RESIDENTIAL CARE	0	0	0	0	0
67.00	ADVERTISING	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0
69.00	THRIFT STORE	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD	0			0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	20,129,679	0	0	4,512,996	20,129,679

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0021

Period: From 01/01/2023

Worksheet 0-6

Hospice CCN: 15-1552

To 12/31/2023

Part I  
Date/Time Prepared:  
8/1/2024 8:19 am

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
3.00						3.00
4.00	9,815,594					4.00
5.00	0	0				5.00
6.00	0	0	0			6.00
7.00	0	0		0		7.00
8.00	0	0		0	0	8.00
9.00	0	0		0		9.00
10.00	0	0		0		10.00
11.00	0	0		0		11.00
12.00	0	0		0		12.00
13.00	76,232	0		0		13.00
14.00	387,271	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
<b>LEVEL OF CARE</b>						
50.00	0					50.00
51.00	7,742,298					51.00
52.00	31,991	0	0	0	0	52.00
53.00	1,577,802	0	0	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	0	0		0		60.00
61.00	0	0		0		61.00
62.00	0	0		0		62.00
63.00	0	0		0		63.00
64.00	0	0		0		64.00
65.00	0	0		0		65.00
66.00	0	0	0	0	0	66.00
67.00	0	0		0		67.00
68.00	0	0		0		68.00
69.00	0	0		0		69.00
70.00						70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	9,815,594	0	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0021

Period: From 01/01/2023

Worksheet 0-6

Hospice CCN: 15-1552

To 12/31/2023

Part I  
Date/Time Prepared:  
8/1/2024 8:19 am

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	0					9.00
10.00	0	0				10.00
11.00	0		0			11.00
12.00	0			0		12.00
13.00	0			0	156,336	13.00
14.00	0			0	0	14.00
15.00	0			0	0	15.00
16.00	0			0	156,336	16.00
17.00						17.00
<b>LEVEL OF CARE</b>						
50.00	0	0	0	0	0	50.00
51.00	0	0	0	0	0	51.00
52.00	0	0	0	0	0	52.00
53.00	0	0	0	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	0			0	0	60.00
61.00	0			0	0	61.00
62.00	0			0	0	62.00
63.00	0			0	0	63.00
64.00	0			0	0	64.00
65.00	0			0	0	65.00
66.00	0			0	0	66.00
67.00	0			0	0	67.00
68.00	0			0	0	68.00
69.00	0			0	0	69.00
70.00						70.00
71.00	0			0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	0	0	0	0	156,336	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0021

Period: From 01/01/2023

Worksheet 0-6

Hospice CCN: 15-1552

To 12/31/2023

Part I  
Date/Time Prepared:  
8/1/2024 8:19 am

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	794,210					14.00
15.00	0	0				15.00
16.00	794,210		950,546			16.00
17.00				0		17.00
<b>LEVEL OF CARE</b>						
50.00	0	0	0		0	50.00
51.00	0	0	950,546		16,828,338	51.00
52.00	0	0	0	0	65,607	52.00
53.00	0	0	0	0	3,235,734	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	0		0		0	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	794,210	0	950,546	0	20,129,679	100.00



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

Provider CCN: 15-0021

Hospice CCN: 15-1552

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

Worksheet 0-6  
Part II  
Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIX	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	7,422,481			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	7,422,481	-9,815,594	10,314,085	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	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	80,104	13.00
14.00	PHARMACY	0	0	0	0	406,939	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	0	17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			0	0	8,135,494	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	33,616	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	1,657,932	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)			4,512,996		9,815,594	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.608017		0.951669	101.00

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

Provider CCN: 15-0021

Period: From 01/01/2023

Worksheet 0-6

Hospice CCN: 15-1552

To 12/31/2023

Part II  
Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Descriptions		Hospice I					
		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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	19,888					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	19,888		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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. 0-6, Part I)						100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000	0.000000	0.000000	101.00

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

Provider CCN: 15-0021

Period: From 01/01/2023

Worksheet 0-6

Hospice CCN: 15-1552

To 12/31/2023

Part II  
Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Descriptions		Hospice I					
		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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	0					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	304		13.00
14.00	PHARMACY			0	0	6,962,525	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	304	6,962,525	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0	0	0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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			0	0	0	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. 0-6, Part I)	0	0	0	156,336	794,210	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000	514.263158	0.114069	101.00

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

Provider CCN: 15-0021

Hospice CCN: 15-1552

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

Worksheet 0-6  
Part II  
Date/Time Prepared:  
8/1/2024 8:19 am

Cost Center Descriptions		Hospice I			
		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	
		15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>					
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		304		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0	17.00
<b>LEVEL OF CARE</b>					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0		50.00
51.00	HOSPICE ROUTINE HOME CARE	0	304		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>					
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		0		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. 0-6, Part I)	0	950,546	0	100.00
101.00	UNIT COST MULTIPLIER	0.000000	3,126.796053	0.000000	101.00

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

Provider CCN: 15-0021

Period: From 01/01/2023

Worksheet 0-7

Hospice CCN: 15-1552

To 12/31/2023

Date/Time Prepared: 8/1/2024 8:19 am

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 Line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS		0	1.00	2.00	3.00	4.00	
1.00	PHYSICAL THERAPY	66.00	0.142965	0	0	0	1.00
1.01	TRANSITIONAL THERAPY	66.01	0.000000	0	0	0	1.01
1.02	PV REHAB OUTREACH	66.02	0.000000	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	67.00	0.340925	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.403787	0	0	0	3.00
3.01	NEURO REHAB	68.01	0.314922	0	0	0	3.01
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.223065	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.104543	0	0	0	6.00
6.01	ANATOMICAL PATHOLOGY	60.01	0.157526	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.090297	0	0	0	7.00
7.01	COST OF SOLUTIONS	71.01	0.159905	0	0	0	7.01
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.097769	0	0	0	9.00
10.97	CARDIAC REHABILITATION	76.97	0.000000	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.205920	0	0	0	10.98
10.99	LITHOTRIPSY	76.99	0.000000	0	0	0	10.99
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP	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
1.01	TRANSITIONAL THERAPY	0	0	0	0	0	1.01
1.02	PV REHAB OUTREACH	0	0	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
3.01	NEURO REHAB	0	0	0	0	0	3.01
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
6.01	ANATOMICAL PATHOLOGY	0	0	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
7.01	COST OF 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
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
10.99	LITHOTRIPSY	0	0	0	0	0	10.99
11.00	Totals (sum of lines 1-11)						11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0021

Period: From 01/01/2023

Worksheet 0-8

Hospice CCN: 15-1552

To 12/31/2023

Date/Time Prepared: 8/1/2024 8:19 am

		Hospice I		
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL
		1.00	2.00	3.00
<b>HOSPICE CONTINUOUS HOME CARE</b>				
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0
3.00	Total average cost per diem (line 1 divided by line 2)			0.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0	0
5.00	Program cost (line 3 times line 4)	0	0	0
<b>HOSPICE ROUTINE HOME CARE</b>				
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			16,828,338
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			79,493
8.00	Total average cost per diem (line 6 divided by line 7)			211.70
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	69,636	3,657	73,293
10.00	Program cost (line 8 times line 9)	14,741,941	774,187	15,516,128
<b>HOSPICE INPATIENT RESPITE CARE</b>				
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			65,607
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			310
13.00	Total average cost per diem (line 11 divided by line 12)			211.64
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	272	14	286
15.00	Program cost (line 13 times line 14)	57,566	2,963	60,529
<b>HOSPICE GENERAL INPATIENT CARE</b>				
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			3,235,734
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			2,543
18.00	Total average cost per diem (line 16 divided by line 17)			1,272.41
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	2,228	117	2,345
20.00	Program cost (line 18 times line 19)	2,834,929	148,872	2,983,801
<b>TOTAL HOSPICE CARE</b>				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			20,129,679
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			82,346
23.00	Average cost per diem (line 21 divided by line 22)			244.45

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0021	Period: From 01/01/2023 To 12/31/2023	Worksheet L Parts I-III Date/Time Prepared: 8/1/2024 8:19 am
		Title XVIII	Hospital	PPS
			Urban Post 10/1	Rural Pre 10/1
			1.00	1.01
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		7,021,443	0
1.01	Model 4 BPCI Capital DRG other than outlier		0	0
2.00	Capital DRG outlier payments		294,950	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)		565.31	3.00
4.00	Number of interns & residents (see instructions)		39.72	4.00
5.00	Indirect medical education percentage (see instructions)		2.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01) (see instructions)		140,429	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)		7,456,822	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)			0
2.00	Program inpatient ancillary capital cost (see instructions)			0
3.00	Total inpatient program capital cost (line 1 plus line 2)			0
4.00	Capital cost payment factor (see instructions)			0
5.00	Total inpatient program capital cost (line 3 x line 4)			0
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)			0
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)			0
3.00	Net program inpatient capital costs (line 1 minus line 2)			0
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)			0
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)			0
8.00	Capital minimum payment level (line 5 plus line 7)			0
9.00	Current year capital payments (from Part I, line 12, as applicable)			0
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)			0
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)			0
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)			0
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)			0
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)			0
15.00	Current year allowable operating and capital payment (see instructions)			0
16.00	Current year operating and capital costs (see instructions)			0
17.00	Current year exception offset amount (see instructions)			0