

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: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet S Parts I-III Date/Time Prepared: 11/29/2023 12:09 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 11/29/2023	Time: 12:09 pm
	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	6. Date Received:	10. NPR Date:
	(1) As Submitted	7. Contractor No.	11. Contractor's Vendor Code: 4
	(2) Settled without Audit	8. <input type="checkbox"/> Initial Report for this Provider CCN	12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.
	(3) Settled with Audit	9. <input type="checkbox"/> Final Report for this Provider CCN	
	(4) Reopened		
	(5) Amended		

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 ASCENSION ST. VINCENT EVANSVILLE (15-0100) for the cost reporting period beginning 07/01/2022 and ending 06/30/2023 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	<i>Zach Zirkelbach</i>		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	Zach Zirkelbach			2
3	Signatory Title	VP OF FINANCE			3
4	Date	11/29/2023 12:09:47 PM			4

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	1,708,713	83,922	0	1.00
2.00	SUBPROVIDER - IPF	0	10,711	0	0	2.00
3.00	SUBPROVIDER - IRF	0	-53,052	-5	0	3.00
5.00	SWING BED - SNF	0	0	0	0	5.00
6.00	SWING BED - NF	0			0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0	0	7.00
8.00	NURSING FACILITY	0			0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	9.00
10.00	RURAL HEALTH CLINIC I	0			0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0			0	11.00
12.00	CMHC I	0			0	12.00
200.00	TOTAL	0	1,666,372	83,917	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: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 11/29/2023 12:09 pm
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1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00			
1.00	Street: 3700 WASHINGTON AVE	PO Box:	Zip Code: 47750		County: VANDERBURGH				1.00
2.00	City: EVANSVILLE	State: IN							2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ASCENSION ST. VINCENT EVANSVILLE	150100	21780	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	ASCENSION SVE - STRESS CTR	15S100	21780	4	07/01/1987	N	P	O	4.00
5.00	Subprovider - IRF	ASCENSION SVE - REHAB UNIT	15T100	21780	5	07/01/1999	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2022	06/30/2023		20.00	
21.00	Type of Control (see instructions)					1			21.00	
						1.00	2.00	3.00		

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100			Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part I Date/Time Prepared: 11/29/2023 12:09 pm		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,501	484	1,293	1,714	11,203	71	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	17	60	44	126	426		25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete wkst. L, Pt. III and wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you 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
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 11/29/2023 12:09 pm
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		V	XVIII	XIX			
		1.00	2.00	3.00			
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete wkst. D-2, Pt. I.	N			59.00		
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00		
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.01		
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
						1.00	
		ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
		Teaching Hospitals that Claim Residents in Nonprovider Settings					
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				N	63.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet S-2
Part I
Date/Time Prepared:
11/29/2023 12:09 pm

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00		
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
		1.00	2.00	3.00	4.00	5.00	
66.00	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	7.07	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	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.00	0.69	0.000000	67.00
67.01		INTERNAL MEDICINE	1400	0.00	12.63	0.000000	67.01

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100		Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part I Date/Time Prepared: 11/29/2023 12:09 pm	
		V	XIX				
		1.00	2.00				
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	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.	N	Y			98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y			98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y			98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y			98.06	
Rural Providers							
105.00	Does this hospital qualify as a CAH?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and worksheet E-2, lines 200 through 215, as applicable.			N		110.00	
				1.00			
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			
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.			N		112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.			N		0115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N		116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			Y		117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			2		118.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 11/29/2023 12:09 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	3,995,965	0	0
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	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	5.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.			123.00
Certified Transplant Center Information				
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N	125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	15H046
		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: ASCENSION ST. VINCENT	Contractor's Name: WPS	Contractor's Number: 08001	141.00
142.00	Street: 250 WEST 96TH SREET, STE 215	PO Box:		142.00
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46260	143.00
			1.00	
144.00	Are provider based physicians' costs included in worksheet A?		Y	144.00
		1.00	2.00	
145.00	If costs for renal services are claimed on wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N	146.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100		Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part I Date/Time Prepared: 11/29/2023 12:09 pm		
1.00								
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
		Part A	Part B	Title v	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N		155.00	
156.00	Subprovider - IPF	N	N	N	N		156.00	
157.00	Subprovider - IRF	N	N	N	N		157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF	N	N	N	N		159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N		160.00	
161.00	CMHC		N	N	N		161.00	
1.00								
Multicampus								
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	
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)						N	168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00
		Beginning		Ending				
		1.00		2.00				
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
		1.00		2.00				
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0
171.00								

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part II Date/Time Prepared: 11/29/2023 12:09 pm
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	Y/N	Date	
	1.00	2.00	

PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.
COMPLETED BY ALL HOSPITALS

Provider Organization and Operation

1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
------	--	---	--	--	------

	Y/N	Date	V/I	
	1.00	2.00	3.00	

2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
------	---	---	--	--	------

3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
------	--	---	--	--	------

	Y/N	Type	Date	
	1.00	2.00	3.00	

Financial Data and Reports

4.00	Column 1: were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
------	--	---	---	--	------

5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
------	--	---	--	--	------

	Y/N	Legal Oper.	
	1.00	2.00	

Approved Educational Activities

6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N			6.00
------	---	---	--	--	------

7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
------	--	---	--	--	------

8.00	were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
------	---	---	--	--	------

9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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
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	Y/N	
	1.00	

Bad Debts

12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y			12.00
-------	--	---	--	--	-------

13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N			13.00
-------	---	---	--	--	-------

14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.	N			14.00
-------	--	---	--	--	-------

Bed Complement

15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y			15.00
-------	---	---	--	--	-------

	Part A		Part B	
	Y/N	Date	Y/N	Date
	1.00	2.00	3.00	4.00

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)	Y	10/06/2023	Y	10/06/2023	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)	N		N		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
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	Y/N	Date	Y/N	Date
	1.00	2.00	3.00	4.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part II Date/Time Prepared: 11/29/2023 12:09 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		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		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JILL	HILL		41.00
42.00	Enter the employer/company name of the cost report preparer.	ASCENSION ST. VINCENT HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-583-3519	JILL.HILL1@ASCENSION.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet S-2
Part II
Date/Time Prepared:
11/29/2023 12:09 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2023 12:09 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P		
	Line No.				Visits / Trips	Title V	
	1.00	2.00	3.00	4.00	5.00		
PART I - STATISTICAL DATA							
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	233	85,045	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)		233	85,045	0.00	0	7.00	
8.00 INTENSIVE CARE UNIT	31.00	81	29,565	0.00	0	8.00	
8.02 NICU	31.02	24	8,760	0.00	0	8.02	
9.00 CORONARY CARE UNIT	32.00	8	2,920	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)		346	126,290	0.00	0	14.00	
15.00 CAH visits					0	15.00	
15.10 REH hours and visits						15.10	
16.00 SUBPROVIDER - IPF	40.00	14	5,110		0	16.00	
17.00 SUBPROVIDER - IRF	41.00	24	8,760		0	17.00	
18.00 SUBPROVIDER						18.00	
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00	
20.00 NURSING FACILITY	45.00	0	0		0	20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY	101.00				0	22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPICE						24.00	
24.10 HOSPICE (non-distinct part)	30.00					24.10	
25.00 CMHC - CMHC	99.00				0	25.00	
26.00 RURAL HEALTH CLINIC	88.00				0	26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25	
27.00 Total (sum of lines 14-26)		384				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: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2023 12:09 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	11,156	870	37,944		1.00
2.00	HMO and other (see instructions)	12,681	13,279			2.00
3.00	HMO IPF Subprovider	407	1,351			3.00
4.00	HMO IRF Subprovider	945	656			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	11,156	870	37,944		7.00
8.00	INTENSIVE CARE UNIT	4,476	204	9,623		8.00
8.02	NICU	0	302	4,567		8.02
9.00	CORONARY CARE UNIT	377	15	1,942		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		1,525	2,304		13.00
14.00	Total (see instructions)	16,009	2,916	56,380	39.69	1,428.04
15.00	CAH visits	0	0	0		15.00
15.10	REH hours and visits					15.10
16.00	SUBPROVIDER - IPF	276	189	3,125	0.00	14.57
17.00	SUBPROVIDER - IRF	2,669	17	5,242	0.00	26.45
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00
20.00	NURSING FACILITY		0	0	0.00	0.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
24.10	HOSPICE (non-distinct part)			299		24.10
25.00	CMHC - CMHC	0	0	0	0.00	0.00
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				39.69	1,469.06
28.00	Observation Bed Days		0	7,312		28.00
29.00	Ambulance Trips	0				29.00
30.00	Employee discount days (see instruction)			922		30.00
31.00	Employee discount days - IRF			165		31.00
32.00	Labor & delivery days (see instructions)	0	71	1,535		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

Component	Full Time	Discharges			Total All Patients		
	Equivalents	Title V	Title XVIII	Title XIX			
	Nonpaid workers	11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,546	233	13,723	1.00
2.00	HMO and other (see instructions)			2,211	2,707		2.00
3.00	HMO IPF Subprovider				118		3.00
4.00	HMO IRF Subprovider				44		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
8.02	NICU						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	3,546	233	13,723	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF	0.00	0	30	16	464	16.00
17.00	SUBPROVIDER - IRF	0.00	0	209	2	400	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC	0.00					25.00
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	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: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet S-3
Part II
Date/Time Prepared:
11/29/2023 12:09 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col.3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	116,684,288	-4,112,090	112,572,198	2,970,332.00	37.90
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		578,694	0	578,694	3,774.00	153.34
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		1,069,570	0	1,069,570	18,256.00	58.59
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	2,311,635	0	2,311,635	45,087.00	51.27
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		141,274	0	141,274	5,216.00	27.08
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		11,500,060	-3,045,141	8,454,919	325,306.00	25.99
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,197,059	0	3,197,059	32,500.00	98.37
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		359,972	0	359,972	1,714.00	210.02
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		38,246,551	0	38,246,551	716,994.00	53.34
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	wage-related costs (core) (see instructions)		27,922,350	0	27,922,350		
18.00	wage-related costs (other) (see instructions)						
19.00	Excluded areas		3,514,883	0	3,514,883		
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		92,822	0	92,822		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		241,054	0	241,054		
24.00	wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		555,669	0	555,669		
25.50	Home office wage-related (core)		11,724,945	0	11,724,945		
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: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet S-3
Part II
Date/Time Prepared:
11/29/2023 12:09 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col.3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	2,299,237	0	2,299,237	0.00	0.00	26.00
27.00	Administrative & General	6,657,877	-329,468	6,328,409	177,908.00	35.57	27.00
28.00	Administrative & General under contract (see inst.)	3,259,836	0	3,259,836	19,356.00	168.41	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	754,027	0	754,027	43,028.00	17.52	31.00
32.00	Housekeeping	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)	4,425,447	0	4,425,447	170,825.00	25.91	33.00
34.00	Dietary	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)	4,271,582	0	4,271,582	156,892.00	27.23	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	4,884,609	-110,608	4,774,001	150,853.00	31.65	38.00
39.00	Central Services and Supply	1,480,980	0	1,480,980	64,504.00	22.96	39.00
40.00	Pharmacy	6,367,125	-193,730	6,173,395	136,397.00	45.26	40.00
41.00	Medical Records & Medical Records Library	637,594	0	637,594	16,995.00	37.52	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet S-3
Part III
Date/Time Prepared:
11/29/2023 12:09 pm

	Worksheet A Line Number	Amount Reported	ReClassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	125,118,674	-4,112,090	121,006,584	3,248,846.00	37.25	1.00
2.00	Excluded area salaries (see instructions)	11,500,060	-3,045,141	8,454,919	325,306.00	25.99	2.00
3.00	Subtotal salaries (line 1 minus line 2)	113,618,614	-1,066,949	112,551,665	2,923,540.00	38.50	3.00
4.00	Subtotal other wages & related costs (see inst.)	41,803,582	0	41,803,582	751,208.00	55.65	4.00
5.00	Subtotal wage-related costs (see inst.)	39,740,117	0	39,740,117	0.00	35.31	5.00
6.00	Total (sum of lines 3 thru 5)	195,162,313	-1,066,949	194,095,364	3,674,748.00	52.82	6.00
7.00	Total overhead cost (see instructions)	35,038,314	-633,806	34,404,508	936,758.00	36.73	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet S-3 Part IV Date/Time Prepared: 11/29/2023 12:09 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	5,677,386	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	-4,251	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	34,264	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	704,622	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	11,292,915	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	4,943,511	9.00
10.00	Dental, Hearing and Vision Plan	372,469	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	98,423	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)	809,449	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	2,098	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	8,320,315	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	6,395	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	69,183	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	32,326,779	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet S-3
Part V
Date/Time Prepared:
11/29/2023 12:09 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	3,197,059	32,326,779	1.00
2.00	Hospital	3,197,059	27,922,351	2.00
3.00	SUBPROVIDER - IPF	0	331,579	3.00
4.00	SUBPROVIDER - IRF	0	598,918	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY	0	0	8.00
9.00	NURSING FACILITY	0	0	9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	other	0	3,473,931	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet S-10 Date/Time Prepared: 11/29/2023 12:09 pm
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.199194	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		52,403,305	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	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		399,766,485	6.00
7.00	Medicaid cost (line 1 times line 6)		79,631,085	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		27,227,780	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		27,227,780	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	26,665,786	2,680,136	29,345,922
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,311,665	2,680,136	7,991,801
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	5,311,665	2,680,136	7,991,801
			1.00	
24.00	Does the amount on line 20 column 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
26.00	Total bad debt expense for the entire hospital complex (see instructions)		18,685,418	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		463,619	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		713,260	27.01
28.00	Non-Medicare bad debt expense (see instructions)		17,972,158	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,829,587	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		11,821,388	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		39,049,168	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet A

Date/Time Prepared:
11/29/2023 12:09 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		19,599,224		19,599,224	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		13,883,475		13,883,475	2.00
3.00	00300	OTHER CAP REL COSTS		0		0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,299,237	32,707,408		35,006,645	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,657,877	153,653,159	-505,849	159,805,187	5.00
7.00	00700	OPERATION OF PLANT	0	13,529,951		13,529,951	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	754,027	1,090,912		1,844,939	8.00
9.00	00900	HOUSEKEEPING	0	5,552,569		5,552,569	9.00
10.00	01000	DIETARY	0	6,752,211	-4,351,967	2,400,244	10.00
11.00	01100	CAFETERIA	0	0	4,351,967	4,351,967	11.00
13.00	01300	NURSING ADMINISTRATION	4,884,609	1,135,137	6,019,746	-110,608	5,909,138
14.00	01400	CENTRAL SERVICES & SUPPLY	1,480,980	1,772,235	3,253,215	0	3,253,215
15.00	01500	PHARMACY	6,367,125	42,546,356	48,913,481	-193,730	48,719,751
16.00	01600	MEDICAL RECORDS & LIBRARY	637,594	95,246	732,840	0	732,840
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,311,635	3,303,707	5,615,342	0	5,615,342
23.00	02300	PARAMED ED PRGM-(SPECIFY)	96,166	12,808	108,974	0	108,974
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,556,501	5,316,047	21,872,548	-956,922	20,915,626
31.00	03100	INTENSIVE CARE UNIT	10,648,496	2,150,336	12,798,832	0	12,798,832
31.02	03102	NICU	2,895,433	269,781	3,165,214	0	3,165,214
32.00	03200	CORONARY CARE UNIT	1,472,021	281,266	1,753,287	0	1,753,287
40.00	04000	SUBPROVIDER - IPF	1,185,517	883,290	2,068,807	0	2,068,807
41.00	04100	SUBPROVIDER - IRF	2,141,353	149,360	2,290,713	0	2,290,713
43.00	04300	NURSERY	0	0	0	956,922	956,922
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,055,209	38,784,180	48,839,389	0	48,839,389
51.00	05100	RECOVERY ROOM	1,741,522	311,001	2,052,523	0	2,052,523
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,658,457	367,529	3,025,986	0	3,025,986
53.00	05300	ANESTHESIOLOGY	140,565	6,188,371	6,328,936	0	6,328,936
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,195,619	3,777,807	8,973,426	-198,806	8,774,620
54.01	05401	ONCOLOGY (OHA)	2,667,242	2,264,553	4,931,795	0	4,931,795
54.02	05402	ULTRASOUND	526,453	59,540	585,993	0	585,993
54.03	05403	NUCLEAR MEDICINE	606,218	1,418,391	2,024,609	0	2,024,609
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	1,132,531	272,708	1,405,239	0	1,405,239
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	467,972	215,419	683,391	0	683,391
59.00	05900	CARDIAC CATHETERIZATION	1,270,130	2,359,539	3,629,669	0	3,629,669
60.00	06000	LABORATORY	1,885,731	15,479,493	17,365,224	-99,311	17,265,913
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,866,373	1,866,373	0	1,866,373
64.00	06400	INTRAVENOUS THERAPY	1,701,948	265,242	1,967,190	0	1,967,190
65.00	06500	RESPIRATORY THERAPY	3,590,857	697,826	4,288,683	-135,026	4,153,657
66.00	06600	PHYSICAL THERAPY	970,738	5,161,684	6,132,422	0	6,132,422
67.00	06700	OCCUPATIONAL THERAPY	302,564	1,432,395	1,734,959	0	1,734,959
68.00	06800	SPEECH PATHOLOGY	139,076	514,190	653,266	0	653,266
69.00	06900	ELECTROCARDIOLOGY	989,290	610,539	1,599,829	0	1,599,829
69.02	06902	CARDIAC REHAB	539,017	112,564	651,581	0	651,581
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	470,585	2,497,882	2,968,467	0	2,968,467
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,449,843	6,449,843	0	6,449,843
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	33,983,722	33,983,722	0	33,983,722
73.00	07300	DRUGS CHARGED TO PATIENTS	0	21,422,409	21,422,409	0	21,422,409
74.00	07400	RENAL DIALYSIS	924,371	316,271	1,240,642	0	1,240,642
76.00	03951	ECT	121,522	17,590	139,112	0	139,112
76.01	03950	MOBILE OUTREACH CLINIC	405,193	38,169	443,362	0	443,362
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	801,210	519,123	1,320,333	0	1,320,333
90.01	09001	COVID-19 VACCINE CLINIC	176	0	176	0	176
90.02	09002	PEDS CLINIC	0	0	0	0	0
90.04	09004	BARITRICS	0	0	0	0	0
91.00	09100	EMERGENCY	7,779,830	9,430,596	17,210,426	0	17,210,426
91.01	09101	DIAGNOSTIC TREATMENT CENTER	1,134,667	1,357,678	2,492,345	0	2,492,345
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	2,968,547	752,807	3,721,354	-120,971	3,600,383
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	39,504	39,504	0	39,504
98.00	09850	HOME OFFICE	2,924,220	3,593,703	6,517,923	1,364,301	7,882,224
99.00	09900	CMHC	0	0	0	0	0

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet A

Date/Time Prepared:
11/29/2023 12:09 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	114,500,031	467,263,119	581,763,150	0	581,763,150	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,183,998	2,264,573	3,448,571	0	3,448,571	192.00
192.01	19201 OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 APOTHECARY	893,878	8,945,027	9,838,905	0	9,838,905	194.01
194.02	07952 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953 CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954 MARKETING	84,313	2,669	86,982	0	86,982	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956 MOB	0	191,297	191,297	0	191,297	194.06
194.07	07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	0	-37,370	-37,370	0	-37,370	194.08
194.09	07959 CONV CARE	-50	0	-50	0	-50	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961 ST ELIZABETH	0	0	0	0	0	194.11
194.12	07962 RETAIL PHARMACY	0	0	0	0	0	194.12
194.13	07963 HEART HEALTHY HOOSIERS GRANT	22,118	1,701	23,819	0	23,819	194.13
194.14	07964 FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965 FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	0	0	0	0	0	194.17
200.00	TOTAL (SUM OF LINES 118 through 199)	116,684,288	478,631,016	595,315,304	0	595,315,304	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet A
Date/Time Prepared:
11/29/2023 12:09 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-812,540	18,786,684	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-524,686	13,358,789	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-542,726	34,463,919	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-21,927,517	137,877,670	5.00
7.00	00700	OPERATION OF PLANT	-914,421	12,615,530	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-318,396	1,526,543	8.00
9.00	00900	HOUSEKEEPING	-393,424	5,159,145	9.00
10.00	01000	DIETARY	0	2,400,244	10.00
11.00	01100	CAFETERIA	-1,724,824	2,627,143	11.00
13.00	01300	NURSING ADMINISTRATION	-320,762	5,588,376	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-3,253,215	0	14.00
15.00	01500	PHARMACY	-2,385	48,717,366	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-8,846	723,994	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-13,739	5,601,603	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	108,974	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,925,452	18,990,174	30.00
31.00	03100	INTENSIVE CARE UNIT	-5,368	12,793,464	31.00
31.02	03102	NICU	-97,313	3,067,901	31.02
32.00	03200	CORONARY CARE UNIT	-10,300	1,742,987	32.00
40.00	04000	SUBPROVIDER - IPF	-804,613	1,264,194	40.00
41.00	04100	SUBPROVIDER - IRF	-54,567	2,236,146	41.00
43.00	04300	NURSERY	0	956,922	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-890,803	47,948,586	50.00
51.00	05100	RECOVERY ROOM	0	2,052,523	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-99,881	2,926,105	52.00
53.00	05300	ANESTHESIOLOGY	-5,924,227	404,709	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-599,329	8,175,291	54.00
54.01	05401	ONCOLOGY (OHA)	-710,462	4,221,333	54.01
54.02	05402	ULTRASOUND	0	585,993	54.02
54.03	05403	NUCLEAR MEDICINE	0	2,024,609	54.03
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	-18,660	1,386,579	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	683,391	58.00
59.00	05900	CARDIAC CATHETERIZATION	-55,190	3,574,479	59.00
60.00	06000	LABORATORY	-251,386	17,014,527	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,866,373	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,967,190	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,153,657	65.00
66.00	06600	PHYSICAL THERAPY	-1,720	6,130,702	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,734,959	67.00
68.00	06800	SPEECH PATHOLOGY	0	653,266	68.00
69.00	06900	ELECTROCARDIOLOGY	-218,155	1,381,674	69.00
69.02	06902	CARDIAC REHAB	0	651,581	69.02
69.03	06903	DIABETIC EDUCATION	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	-2,374,363	594,104	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-46,113	6,403,730	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	33,983,722	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	21,422,409	73.00
74.00	07400	RENAL DIALYSIS	-353,811	886,831	74.00
76.00	03951	ECT	0	139,112	76.00
76.01	03950	MOBILE OUTREACH CLINIC	-288,013	155,349	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-111,680	1,208,653	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0	176	90.01
90.02	09002	PEDS CLINIC	0	0	90.02
90.04	09004	BARITRICS	0	0	90.04
91.00	09100	EMERGENCY	-6,691,056	10,519,370	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	-269,263	2,223,082	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-571,803	3,028,580	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	39,504	97.00
98.00	09850	HOME OFFICE	-7,882,224	0	98.00
99.00	09900	CMHC	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet A
Date/Time Prepared:
11/29/2023 12:09 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
SPECIAL PURPOSE COST CENTERS				
106.00	10600 HEART ACQUISITION	0	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-61,013,233	520,749,917	118.00
NONREIMBURSABLE COST CENTERS				
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	3,448,571	192.00
192.01	19201 OHA PHYSICIANS' PRIVATE OFFICES	0	0	192.01
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951 APOTHECARY	0	9,838,905	194.01
194.02	07952 OCCUPATIONAL MEDICINE	0	0	194.02
194.03	07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	194.03
194.04	07954 MARKETING	0	86,982	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.05
194.06	07956 MOB	0	191,297	194.06
194.07	07957 SENIOR PARTNERS	0	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	0	-37,370	194.08
194.09	07959 CONV CARE	0	-50	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	194.10
194.11	07961 ST ELIZABETH	0	0	194.11
194.12	07962 RETAIL PHARMACY	0	0	194.12
194.13	07963 HEART HEALTHY HOOSIERS GRANT	0	23,819	194.13
194.14	07964 FREE STANDING CATH LAB	0	0	194.14
194.15	07965 FAMILY PRACTICE	0	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	0	0	194.17
200.00	TOTAL (SUM OF LINES 118 through 199)	-61,013,233	534,302,071	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
B - Cafeteria						
1.00	CAFETERIA	11.00	0	4,351,967	1.00	
	TOTALS		0	4,351,967		
C - Nursery						
1.00	NURSERY	43.00	884,558	72,364	1.00	
			884,558	72,364		
D - Reclass Home Office Expense						
1.00	HOME OFFICE	98.00		176,381	1.00	
			0	176,381		
E - Reclass Home Office Salaries						
1.00	HOME OFFICE	98.00		1,187,920	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	
			0	1,187,920		
F - CONV CARE SALARIES						
1.00	CONV CARE	194.09	50	0	1.00	
	TOTALS		50	0		
L - Home Office Salaries						
1.00	HOME OFFICE	98.00		2,924,220	1.00	
			0	2,924,220		
500.00	Grand Total: Increases		884,608	8,712,852	500.00	

		Decreases					
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
B - Cafeteria							
1.00	DIETARY	10.00	0	4,351,967	0		1.00
	TOTALS		0	4,351,967			
C - Nursery							
1.00	ADULTS & PEDIATRICS	30.00	884,558	72,364			1.00
			884,558	72,364			
D - Recl Class Home Office Expense							
1.00	ADMINISTRATIVE & GENERAL	5.00		176,381			1.00
			0	176,381			
E - Recl Class Home Office Salaries							
1.00	ADMINISTRATIVE & GENERAL	5.00	329,468				1.00
2.00	NURSING ADMINISTRATION	13.00	110,608				2.00
3.00	PHARMACY	15.00	193,730				3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	198,806				4.00
5.00	LABORATORY	60.00	99,311				5.00
6.00	RESPIRATORY THERAPY	65.00	135,026				6.00
7.00	AMBULANCE SERVICES	95.00	120,971				7.00
			1,187,920	0			
F - CONV CARE SALARIES							
1.00	CONV CARE	194.09	0	50	0		1.00
	TOTALS		0	50			
L - Home Office Salaries							
1.00	HOME OFFICE	98.00	2,924,220				1.00
			2,924,220	0			
500.00	Grand Total: Decreases		4,996,698	4,600,762			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-7
Part I
Date/Time Prepared:
11/29/2023 12:09 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	7,736,792	0	0	0	1.00
2.00	Land Improvements	10,869,547	0	0	0	2.00
3.00	Buildings and Fixtures	177,339,015	6,255,046	0	6,255,046	3.00
4.00	Building Improvements	12,225,545	0	0	0	4.00
5.00	Fixed Equipment	71,071,156	15,327	0	15,327	5.00
6.00	Movable Equipment	203,949,041	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	483,191,096	6,270,373	0	6,270,373	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	483,191,096	6,270,373	0	6,270,373	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	7,736,792	0			1.00
2.00	Land Improvements	10,869,547	0			2.00
3.00	Buildings and Fixtures	183,594,061	0			3.00
4.00	Building Improvements	12,225,545	0			4.00
5.00	Fixed Equipment	71,086,483	0			5.00
6.00	Movable Equipment	187,590,795	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	473,103,223	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	473,103,223	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-7
Part II
Date/Time Prepared:
11/29/2023 12:09 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	8,750,115	9,186,259	0	0	1,662,850	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	12,534,948	1,348,527	0	0	0	2.00
3.00	Total (sum of lines 1-2)	21,285,063	10,534,786	0	0	1,662,850	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	19,599,224				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	13,883,475				2.00
3.00	Total (sum of lines 1-2)	0	33,482,699				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-7
Part III
Date/Time Prepared:
11/29/2023 12:09 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	285,512,428	0	285,512,428	0.603489	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	187,590,795	0	187,590,795	0.396511	0	2.00
3.00	Total (sum of lines 1-2)	473,103,223	0	473,103,223	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,937,575	9,186,259	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	12,010,262	1,348,527	2.00
3.00	Total (sum of lines 1-2)	0	0	0	19,947,837	10,534,786	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	1,662,850	0	18,786,684	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	13,358,789	2.00
3.00	Total (sum of lines 1-2)	0	0	1,662,850	0	32,145,473	3.00

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	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-4,585,403	CAP REL COSTS-BLDG & FIXT		1.00	11 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)	B	-290,692	ADMINISTRATIVE & GENERAL		5.00	0 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0			0.00	0 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0			0.00	0 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0			0.00	0 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0			0.00	0 7.00
8.00	Television and radio service (chapter 21)		0			0.00	0 8.00
9.00	Parking lot (chapter 21)		0			0.00	0 9.00
10.00	Provider-based physician adjustment	A-8-2	-20,775,875				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	11,838,239				0 12.00
13.00	Laundry and linen service		0			0.00	0 13.00
14.00	Cafeteria-employees and guests	B	-1,640,186	CAFETERIA		11.00	0 14.00
15.00	Rental of quarters to employee and others		0			0.00	0 15.00
16.00	Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00	Sale of drugs to other than patients	B	-2,385	PHARMACY		15.00	0 17.00
18.00	Sale of medical records and abstracts	B	-8,846	MEDICAL RECORDS & LIBRARY		16.00	0 18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00	Vending machines		0			0.00	0 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00	25.00
26.00	Depreciation - 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	*** Cost Center Deleted ***		19.00	28.00
29.00	Physicians' assistant		0			0.00	0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	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	Misc Income - A&G	B	-182,336	ADMINISTRATIVE & GENERAL		5.00	0 33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	
33.01 Misc Income - Plant Ops	B	-3,800	OPERATION OF PLANT	7.00		0 33.01
33.02 Misc Income - Laundry	B	-318,396	LAUNDRY & LINEN SERVICE	8.00		0 33.02
33.03 Misc Income - Nursing Administration	B	-3,610	NURSING ADMINISTRATION	13.00		0 33.03
33.04 Misc Income - I&R Services	B	-13,739	I&R SERVICES-SALARY & FRINGES APPRV	21.00		0 33.04
33.05 Misc Income - Adults & Peds	B	-5,922	ADULTS & PEDIATRICS	30.00		0 33.05
33.07 Misc Income - NICU	B	-97,313	NICU	31.02		0 33.07
33.08 Misc Income - Psych	B	-5,325	SUBPROVIDER - IPF	40.00		0 33.08
33.09 Misc Income - Rehab	B	-2,067	SUBPROVIDER - IRF	41.00		0 33.09
33.10 Misc Income - OR	B	11	OPERATING ROOM	50.00		0 33.10
33.11 Misc Income - Radiology	B	-26,570	RADIOLOGY-DIAGNOSTIC	54.00		0 33.11
33.12 Misc Income - Lab	B	-51,706	LABORATORY	60.00		0 33.12
33.13 Misc Income - Physical Therapy	B	-1,720	PHYSICAL THERAPY	66.00		0 33.13
33.14 Misc Income - Dialysis	B	-353,811	RENAL DIALYSIS	74.00		0 33.14
33.15 Misc Income - Mobile Clinic	B	-100,289	MOBILE OUTREACH CLINIC	76.01		0 33.15
33.16 Misc Income - Clinic	B	-6,391	CLINIC	90.00		0 33.16
33.17 Misc Income - ER	B	-27,527	EMERGENCY	91.00		0 33.17
33.19 Misc Income - Ambulance	B	-571,803	AMBULANCE SERVICES	95.00		0 33.19
33.21 Advertising	A	-129,398	ADMINISTRATIVE & GENERAL	5.00		0 33.21
33.23 Various N/A Expenses	A	-29,950	ADMINISTRATIVE & GENERAL	5.00		0 33.23
33.24 Provider Assessment	A	-28,559,354	ADMINISTRATIVE & GENERAL	5.00		0 33.24
33.26 Patient Phones	A	-2,536	ADMINISTRATIVE & GENERAL	5.00		0 33.26
33.28 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00		0 33.28
33.29 Lobbying	A	-6,475	ADMINISTRATIVE & GENERAL	5.00		0 33.29
33.30 Mid-Levels	A	-1,500	ADMINISTRATIVE & GENERAL	5.00		0 33.30
33.31 Mid-Levels	A	-13,492	NURSING ADMINISTRATION	13.00		0 33.31
33.32 Mid-Levels	A	-137,234	ADULTS & PEDIATRICS	30.00		0 33.32
33.33 Mid-Levels	A	-5,368	INTENSIVE CARE UNIT	31.00		0 33.33
33.34 Mid-Levels	A	-10,300	CORONARY CARE UNIT	32.00		0 33.34
33.35 Mid-Levels	A	-99,881	DELIVERY ROOM & LABOR ROOM	52.00		0 33.35
33.36 Mid-Levels	A	-105,289	CLINIC	90.00		0 33.36
33.37 Mid-Levels	A	-210,848	EMERGENCY	91.00		0 33.37
33.38 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00		0 33.38
33.39 PHYSICIAN GROUP LOSS	A	-2,007,305	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.39
33.40 PHYSICIAN GROUP LOSS	A	-11,891,854	ADMINISTRATIVE & GENERAL	5.00		0 33.40
33.41 PHYSICIAN GROUP LOSS	A	-564,987	ONCOLOGY (OHA)	54.01		0 33.41
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-61,013,233				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7.

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

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-8-1

Date/Time Prepared:
11/29/2023 12:09 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED					
HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	Home Office - Capital	8,621,819	0
2.00	5.00	ADMINISTRATIVE & GENERAL	Home Office - Interest - Cap	253,264	0
3.00	5.00	ADMINISTRATIVE & GENERAL	Home Office - Interest - A&G	2,094	0
3.01	5.00	ADMINISTRATIVE & GENERAL	Home Office - Other	89,623,913	73,537,780
3.02	16.00	MEDICAL RECORDS & LIBRARY	SVH Chargebacks	113,469	113,469
3.03	30.00	ADULTS & PEDIATRICS	SVH Chargebacks	43,680	43,680
3.04	0.00			0	0
3.05	0.00			0	0
3.06	192.00	PHYSICIANS' PRIVATE OFFICES	SVH Chargebacks	-177,162	-177,162
3.07	4.00	EMPLOYEE BENEFITS DEPARTMENT	Health Insurance	21,895,474	19,140,210
3.08	1.00	CAP REL COSTS-BLDG & FIXT	Interest Expense	4,585,403	0
3.09	5.00	ADMINISTRATIVE & GENERAL	Interest Expense	37,428	4,618,142
3.10	14.00	CENTRAL SERVICES & SUPPLY	TRG Admin Fees - Supplies	-3,253,215	0
3.11	13.00	NURSING ADMINISTRATION	TRG Admin Fees - Contract La	-303,660	0
3.12	5.00	ADMINISTRATIVE & GENERAL	TRG Admin Fees - Other	-495,326	0
3.13	1.00	CAP REL COSTS-BLDG & FIXT	HO	0	812,540
3.14	2.00	CAP REL COSTS-MVBLE EQUIP	HO	0	524,686
3.15	4.00	EMPLOYEE BENEFITS DEPARTMENT	HO	0	1,178,577
3.16	7.00	OPERATION OF PLANT	HO	0	910,621
3.17	9.00	HOUSEKEEPING	HO	0	393,424
3.18	11.00	CAFETERIA	HO	0	84,638
3.19	98.00	HOME OFFICE	HO	0	7,882,224
3.20	0.00			0	0
4.00	71.00	MEDICAL SUPPLIES CHARGED TO	TRG ADMIN FEES - SUPPLIES	-46,113	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.			120,901,068	109,062,829

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

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

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

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

6.00	B		0.00	Ascension St. Vincent Health	100.00	6.00
7.00	B		0.00	Ascension	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: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-8-1

Date/Time Prepared:
11/29/2023 12:09 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	8,621,819	0	1.00
2.00	253,264	0	2.00
3.00	2,094	0	3.00
3.01	16,086,133	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
3.06	0	0	3.06
3.07	2,755,264	0	3.07
3.08	4,585,403	11	3.08
3.09	-4,580,714	0	3.09
3.10	-3,253,215	0	3.10
3.11	-303,660	0	3.11
3.12	-495,326	0	3.12
3.13	-812,540	9	3.13
3.14	-524,686	9	3.14
3.15	-1,178,577	0	3.15
3.16	-910,621	0	3.16
3.17	-393,424	0	3.17
3.18	-84,638	0	3.18
3.19	-7,882,224	0	3.19
3.20	0	0	3.20
4.00	-46,113	0	4.00
5.00	11,838,239		5.00

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

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

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	Home Office	6.00
7.00	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: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-8-2

Date/Time Prepared:
11/29/2023 12:09 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	112,108	112,108	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	720,692	720,692	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	1,782,296	1,782,296	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	799,288	799,288	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	52,500	52,500	0	0	0	6.00
7.00	50.00	OPERATING ROOM	890,814	890,814	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	5,924,227	5,924,227	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	572,759	572,759	0	0	0	9.00
10.00	54.01	ONCOLOGY (OHA)	359,972	0	359,972	260,300	1,714	10.00
11.00	57.00	CT SCAN	18,660	18,660	0	0	0	11.00
12.00	59.00	CARDIAC CATHETERIZATION	55,190	55,190	0	0	0	12.00
13.00	60.00	LABORATORY	199,680	199,680	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	218,155	218,155	0	0	0	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	2,374,363	2,374,363	0	0	0	15.00
16.00	76.01	MOBILE OUTREACH CLINIC	187,724	187,724	0	0	0	16.00
18.00	91.00	EMERGENCY	6,452,681	6,452,681	0	0	0	18.00
19.00	91.01	DIAGNOSTIC TREATMENT CENTER	269,263	269,263	0	0	0	19.00
200.00			20,990,372	20,630,400	359,972		1,714	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	0	0	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	9.00
10.00	54.01	ONCOLOGY (OHA)	214,497	10,725	0	0	0	10.00
11.00	57.00	CT SCAN	0	0	0	0	0	11.00
12.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	12.00
13.00	60.00	LABORATORY	0	0	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	15.00
16.00	76.01	MOBILE OUTREACH CLINIC	0	0	0	0	0	16.00
18.00	91.00	EMERGENCY	0	0	0	0	0	18.00
19.00	91.01	DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	19.00
200.00			214,497	10,725	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	112,108	1.00	
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	720,692	2.00	
3.00	0.00		0	0	0	0	3.00	
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,782,296	4.00	
5.00	40.00	SUBPROVIDER - IPF	0	0	0	799,288	5.00	
6.00	41.00	SUBPROVIDER - IRF	0	0	0	52,500	6.00	
7.00	50.00	OPERATING ROOM	0	0	0	890,814	7.00	
8.00	53.00	ANESTHESIOLOGY	0	0	0	5,924,227	8.00	
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	572,759	9.00	
10.00	54.01	ONCOLOGY (OHA)	0	214,497	145,475	145,475	10.00	
11.00	57.00	CT SCAN	0	0	0	18,660	11.00	
12.00	59.00	CARDIAC CATHETERIZATION	0	0	0	55,190	12.00	
13.00	60.00	LABORATORY	0	0	0	199,680	13.00	
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	218,155	14.00	
15.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	2,374,363	15.00	
16.00	76.01	MOBILE OUTREACH CLINIC	0	0	0	187,724	16.00	
18.00	91.00	EMERGENCY	0	0	0	6,452,681	18.00	
19.00	91.01	DIAGNOSTIC TREATMENT CENTER	0	0	0	269,263	19.00	
200.00			0	214,497	145,475	20,775,875	200.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

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Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	18,786,684	18,786,684			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	13,358,789		13,358,789		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	34,463,919	13,898	0	34,477,817	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	137,877,670	1,472,370	706,783	1,978,634	5.00
7.00 00700	OPERATION OF PLANT	12,615,530	1,609,812	1,451,909	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,526,543	153,719	23,398	235,753	8.00
9.00 00900	HOUSEKEEPING	5,159,145	359,990	7,341	0	9.00
10.00 01000	DIETARY	2,400,244	497,503	85,555	0	10.00
11.00 01100	CAFETERIA	2,627,143	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	5,588,376	662,402	158,658	1,492,634	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	360,151	399,309	463,042	14.00
15.00 01500	PHARMACY	48,717,366	142,594	58,242	1,930,168	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	723,994	107,518	901	199,350	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	5,601,603	0	56,517	722,753	21.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	108,974	0	0	30,067	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	18,990,174	3,305,891	432,981	4,899,955	30.00
31.00 03100	INTENSIVE CARE UNIT	12,793,464	758,132	87,833	3,329,348	31.00
31.02 03102	NICU	3,067,901	227,055	48,159	905,283	31.02
32.00 03200	CORONARY CARE UNIT	1,742,987	100,953	20,803	460,241	32.00
40.00 04000	SUBPROVIDER - IPF	1,264,194	206,986	15,662	370,663	40.00
41.00 04100	SUBPROVIDER - IRF	2,236,146	631,654	9,572	669,513	41.00
43.00 04300	NURSERY	956,922	0	0	276,565	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	47,948,586	1,223,189	4,392,921	3,143,852	50.00
51.00 05100	RECOVERY ROOM	2,052,523	387,017	3,061	544,503	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,926,105	432,914	41,616	831,191	52.00
53.00 05300	ANESTHESIOLOGY	404,709	0	30,463	43,949	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,175,291	385,353	907,142	1,562,299	54.00
54.01 05401	ONCOLOGY (OHA)	4,221,333	623,301	974,913	833,937	54.01
54.02 05402	ULTRASOUND	585,993	33,448	74,404	164,600	54.02
54.03 05403	NUCLEAR MEDICINE	2,024,609	125,995	296,270	189,540	54.03
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	1,386,579	92,815	878,341	354,096	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	683,391	168,207	644,516	146,316	58.00
59.00 05900	CARDIAC CATHETERIZATION	3,574,479	229,434	487,581	397,118	59.00
60.00 06000	LABORATORY	17,014,527	297,618	40,994	558,540	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,866,373	11,090	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	1,967,190	194,501	634	532,129	64.00
65.00 06500	RESPIRATORY THERAPY	4,153,657	55,932	122,037	1,080,497	65.00
66.00 06600	PHYSICAL THERAPY	6,130,702	126,245	28,427	303,510	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,734,959	0	0	94,599	67.00
68.00 06800	SPEECH PATHOLOGY	653,266	0	9,529	43,483	68.00
69.00 06900	ELECTROCARDIOLOGY	1,381,674	164,791	196,519	309,310	69.00
69.02 06902	CARDIAC REHAB	651,581	137,371	3,095	168,529	69.02
69.03 06903	DIABETIC EDUCATION	0	0	0	0	69.03
70.00 07000	ELECTROENCEPHALOGRAPHY	594,104	128,159	15,092	147,133	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,403,730	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	33,983,722	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	21,422,409	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	886,831	5,241	44,596	289,013	74.00
76.00 03951	ECT	139,112	0	0	37,995	76.00
76.01 03950	MOBILE OUTREACH CLINIC	155,349	0	0	126,687	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	1,208,653	18,280	1,003	250,506	90.00
90.01 09001	COVID-19 VACCINE CLINIC	176	0	1,129	55	90.01
90.02 09002	PEDS CLINIC	0	0	0	0	90.02
90.04 09004	BIARIATRICS	0	0	0	0	90.04
91.00 09100	EMERGENCY	10,519,370	430,249	80,098	2,432,434	91.00
91.01 09101	DIAGNOSTIC TREATMENT CENTER	2,223,082	211,261	277,191	354,764	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	3,028,580	0	193,920	890,320	95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	39,504	0	0	0	97.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

Period:
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To 06/30/2023

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Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
98.00 09850 HOME OFFICE	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	520,749,917	16,093,039	13,309,115	33,794,874	517,323,655	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	3,448,571	608,491	18,453	370,188	4,445,703	192.00
192.01 19201 OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	329,922	0	0	329,922	194.00
194.01 07951 APOTHECARY	9,838,905	3,255	31,221	279,479	10,152,860	194.01
194.02 07952 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03 07953 CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04 07954 MARKETING	86,982	0	0	26,361	113,343	194.04
194.05 07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 07956 MOB	191,297	0	0	0	191,297	194.06
194.07 07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08 07958 ASCENSION PHYSICIAN RECRUITMENT	-37,370	16,295	0	0	-21,075	194.08
194.09 07959 CONV CARE	-50	0	0	0	-50	194.09
194.10 07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11 07961 ST ELIZABETH	0	19,622	0	0	19,622	194.11
194.12 07962 RETAIL PHARMACY	0	0	0	0	0	194.12
194.13 07963 HEART HEALTHY HOOSIERS GRANT	23,819	0	0	6,915	30,734	194.13
194.14 07964 FREE STANDING CATH LAB	0	18,531	0	0	18,531	194.14
194.15 07965 FAMILY PRACTICE	0	53,446	0	0	53,446	194.15
194.17 07967 FOUNDATION/UNUSED SPACE	0	1,644,083	0	0	1,644,083	194.17
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)	534,302,071	18,786,684	13,358,789	34,477,817	534,302,071	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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To 06/30/2023

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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500	142,035,457					5.00
7.00	00700	5,676,262	21,353,513				7.00
8.00	00800	702,203	156,974	2,798,590			8.00
9.00	00900	2,000,971	367,613	0	7,895,060		9.00
10.00	01000	1,080,164	513,226	0	194,535	4,771,227	10.00
11.00	01100	951,210	0	0	0	0	11.00
13.00	01300	2,861,102	676,430	0	256,396	0	13.00
14.00	01400	442,631	367,778	0	139,404	0	14.00
15.00	01500	18,410,669	145,613	0	55,194	0	15.00
16.00	01600	373,570	109,794	0	41,617	0	16.00
21.00	02100	2,310,323	0	0	0	0	21.00
23.00	02300	50,343	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	10,003,632	3,436,746	1,640,072	1,302,673	3,279,462	30.00
31.00	03100	6,143,885	774,187	415,939	293,450	638,786	31.00
31.02	03102	1,538,217	231,863	197,402	87,886	0	31.02
32.00	03200	841,807	103,091	83,940	39,076	60,036	32.00
40.00	04000	672,547	211,369	135,073	80,118	299,906	40.00
41.00	04100	1,284,221	645,031	226,577	244,495	356,680	41.00
43.00	04300	446,609	0	99,587	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	20,532,299	1,302,172	0	493,579	1,562	50.00
51.00	05100	1,081,541	611,258	0	231,693	1,814	51.00
52.00	05200	1,532,217	442,082	0	167,568	57,671	52.00
53.00	05300	173,475	0	0	0	0	53.00
54.00	05400	3,993,663	1,063,331	0	403,048	26,734	54.00
54.01	05401	2,409,027	636,501	0	241,261	0	54.01
54.02	05402	310,817	75,291	0	28,538	0	54.02
54.03	05403	954,566	603,477	0	228,744	0	54.03
56.00	05600	0	0	0	0	0	56.00
57.00	05700	981,873	188,702	0	71,526	0	57.00
58.00	05800	594,675	262,184	0	99,379	0	58.00
59.00	05900	1,697,606	234,293	0	88,807	0	59.00
60.00	06000	6,485,282	896,365	0	339,761	0	60.00
63.00	06300	679,773	11,325	0	4,293	0	63.00
64.00	06400	975,581	376,673	0	142,775	44,924	64.00
65.00	06500	1,959,567	57,116	0	21,650	0	65.00
66.00	06600	2,385,637	299,610	0	113,565	0	66.00
67.00	06700	662,428	0	0	0	0	67.00
68.00	06800	255,722	0	0	0	0	68.00
69.00	06900	743,074	309,510	0	117,318	0	69.00
69.02	06902	347,796	543,456	0	205,993	0	69.02
69.03	06903	0	0	0	0	0	69.03
70.00	07000	320,247	130,873	0	49,606	3,307	70.00
71.00	07100	2,318,599	0	0	0	0	71.00
72.00	07200	12,304,486	0	0	0	0	72.00
73.00	07300	7,756,412	0	0	0	0	73.00
74.00	07400	443,782	5,352	0	2,029	0	74.00
76.00	03951	64,125	0	0	0	0	76.00
76.01	03950	102,117	62,779	0	23,796	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	535,299	134,855	0	51,116	0	90.00
90.01	09001	492	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.04	09004	0	0	0	0	0	90.04
91.00	09100	4,874,241	439,360	0	166,537	230	91.00
91.01	09101	1,110,215	215,735	0	81,773	0	91.01
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	1,489,129	0	0	0	0	95.00
97.00	09700	14,303	129,357	0	49,032	0	97.00
98.00	09850	0	0	0	0	0	98.00
99.00	09900	0	0	0	0	0	99.00
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600	0	0	0	0	0	106.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	135,880,432	16,771,372	2,798,590	6,158,231	4,771,112	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,609,656	1,311,140	0	496,979	115	192.00
192.01	19201 OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	119,455	336,909	0	127,703	0	194.00
194.01	07951 APOTHECARY	3,676,046	55,929	0	21,200	0	194.01
194.02	07952 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953 CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954 MARKETING	41,038	0	0	0	0	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956 MOB	69,263	184,574	0	69,961	0	194.06
194.07	07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	0	16,640	0	6,307	0	194.08
194.09	07959 CONV CARE	0	0	0	0	0	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961 ST ELIZABETH	7,105	20,037	0	7,595	0	194.11
194.12	07962 RETAIL PHARMACY	0	0	0	0	0	194.12
194.13	07963 HEART HEALTHY HOOSIERS GRANT	11,128	0	0	0	0	194.13
194.14	07964 FREE STANDING CATH LAB	6,710	18,923	0	7,173	0	194.14
194.15	07965 FAMILY PRACTICE	19,351	152,134	0	57,665	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	595,273	2,485,855	0	942,246	0	194.17
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)	142,035,457	21,353,513	2,798,590	7,895,060	4,771,227	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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To 06/30/2023

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	3,578,353					11.00
13.00	01300	NURSING ADMINISTRATION	201,642	11,897,640				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	86,221	0	2,258,536			14.00
15.00	01500	PHARMACY	182,319	0	0	69,642,165		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22,717	0	0	0	1,579,461	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	60,267	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	4,678	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	526,056	2,417,828	0	0	34,242	30.00
31.00	03100	INTENSIVE CARE UNIT	360,011	1,699,275	0	0	24,139	31.00
31.02	03102	NICU	84,888	628,242	0	0	6,486	31.02
32.00	03200	CORONARY CARE UNIT	46,516	0	0	0	3,793	32.00
40.00	04000	SUBPROVIDER - IPF	40,504	0	0	0	4,365	40.00
41.00	04100	SUBPROVIDER - IRF	73,548	628,242	0	0	4,461	41.00
43.00	04300	NURSERY	29,692	0	0	0	1,790	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	356,284	2,201,264	0	0	379,502	50.00
51.00	05100	RECOVERY ROOM	50,365	473,598	0	0	12,142	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	79,606	628,242	0	0	20,880	52.00
53.00	05300	ANESTHESIOLOGY	8,362	0	0	0	38,936	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	180,050	0	0	0	58,381	54.00
54.01	05401	ONCOLOGY (OHA)	102,266	0	0	0	35,031	54.01
54.02	05402	ULTRASOUND	18,041	0	0	0	11,918	54.02
54.03	05403	NUCLEAR MEDICINE	16,878	0	0	0	18,174	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	33,396	0	0	0	42,877	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13,978	0	0	0	13,147	58.00
59.00	05900	CARDIAC CATHETERIZATION	35,465	200,554	0	0	106,174	59.00
60.00	06000	LABORATORY	106,010	0	0	0	110,552	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	8,162	63.00
64.00	06400	INTRAVENOUS THERAPY	53,546	306,872	0	0	2,799	64.00
65.00	06500	RESPIRATORY THERAPY	112,464	0	0	0	20,064	65.00
66.00	06600	PHYSICAL THERAPY	35,979	0	0	0	12,716	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,175	0	0	0	7,644	67.00
68.00	06800	SPEECH PATHOLOGY	4,656	0	0	0	2,449	68.00
69.00	06900	ELECTROCARDIOLOGY	38,923	0	0	0	44,614	69.00
69.02	06902	CARDIAC REHAB	17,791	0	0	0	1,108	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	18,441	0	711,847	0	4,947	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,546,689	0	98,532	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	83,005	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	69,642,165	237,942	73.00
74.00	07400	RENAL DIALYSIS	24,333	0	0	0	4,173	74.00
76.00	03951	ECT	4,356	0	0	0	1,682	76.00
76.01	03950	MOBILE OUTREACH CLINIC	12,698	0	0	0	282	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	33,659	0	0	0	5,452	90.00
90.01	09001	COVID-19 VACCINE CLINIC	12	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARITRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	237,550	1,256,485	0	0	92,041	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	33,609	321,370	0	0	19,715	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	149,724	628,242	0	0	5,144	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

Period:
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To 06/30/2023

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,508,676	11,390,214	2,258,536	69,642,165	1,579,461
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	41,946	507,426	0	0	0
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	APOTHECARY	24,334	0	0	0	0
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0
194.04	07954	MARKETING	2,675	0	0	0	0
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.06	07956	MOB	0	0	0	0	0
194.07	07957	SENIOR PARTNERS	0	0	0	0	0
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	0
194.09	07959	CONV CARE	0	0	0	0	0
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0
194.11	07961	ST ELIZABETH	0	0	0	0	0
194.12	07962	RETAIL PHARMACY	0	0	0	0	0
194.13	07963	HEART HEALTHY HOOSIERS GRANT	722	0	0	0	0
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	0
194.15	07965	FAMILY PRACTICE	0	0	0	0	0
194.17	07967	FOUNDATION/UNUSED SPACE	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	3,578,353	11,897,640	2,258,536	69,642,165	1,579,461

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-SALARY & FRINGES APPRV					
	21.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	8,751,463				21.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)		194,062			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	8,751,463	0	59,021,175	-8,751,463	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	27,318,449	0	31.00
31.02 03102	NICU	0	0	7,023,382	0	31.02
32.00 03200	CORONARY CARE UNIT	0	0	3,503,243	0	32.00
40.00 04000	SUBPROVIDER - IPF	0	0	3,301,387	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	7,010,140	0	41.00
43.00 04300	NURSERY	0	0	1,811,165	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	81,975,210	0	50.00
51.00 05100	RECOVERY ROOM	0	0	5,449,515	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	7,160,092	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	699,894	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	16,755,292	0	54.00
54.01 05401	ONCOLOGY (OHA)	0	0	10,077,570	0	54.01
54.02 05402	ULTRASOUND	0	0	1,303,050	0	54.02
54.03 05403	NUCLEAR MEDICINE	0	0	4,458,253	0	54.03
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	4,030,205	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	2,625,793	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	7,051,511	0	59.00
60.00 06000	LABORATORY	0	0	25,849,649	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	2,581,016	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	4,597,624	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	7,582,984	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	9,436,391	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	2,510,805	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	969,105	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	3,305,733	0	69.00
69.02 06902	CARDIAC REHAB	0	0	2,076,720	0	69.02
69.03 06903	DIABETIC EDUCATION	0	0	0	0	69.03
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	2,123,756	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	10,367,550	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	46,371,213	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	194,062	99,252,990	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	1,705,350	0	74.00
76.00 03951	ECT	0	0	247,270	0	76.00
76.01 03950	MOBILE OUTREACH CLINIC	0	0	483,708	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	2,238,823	0	90.00
90.01 09001	COVID-19 VACCINE CLINIC	0	0	1,864	0	90.01
90.02 09002	PEDS CLINIC	0	0	0	0	90.02
90.04 09004	BIARIATRICS	0	0	0	0	90.04
91.00 09100	EMERGENCY	0	0	20,528,595	0	91.00
91.01 09101	DIAGNOSTIC TREATMENT CENTER	0	0	4,848,715	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	6,385,059	0	95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	232,196	0	97.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-SALARY & FRINGES APPRV					
			21.00	23.00	24.00	25.00	26.00	
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,751,463	194,062	504,272,442	-8,751,463	495,520,979	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	8,412,965	0	8,412,965	192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	913,989	0	913,989	194.00
194.01	07951	APOTHECARY	0	0	13,930,369	0	13,930,369	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	0	0	157,056	0	157,056	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	MOB	0	0	515,095	0	515,095	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	1,872	0	1,872	194.08
194.09	07959	CONV CARE	0	0	-50	0	-50	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	54,359	0	54,359	194.11
194.12	07962	RETAIL PHARMACY	0	0	0	0	0	194.12
194.13	07963	HEART HEALTHY HOOSIERS GRANT	0	0	42,584	0	42,584	194.13
194.14	07964	FREE STANDING CATH LAB	0	0	51,337	0	51,337	194.14
194.15	07965	FAMILY PRACTICE	0	0	282,596	0	282,596	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	0	0	5,667,457	0	5,667,457	194.17
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	8,751,463	194,062	534,302,071	-8,751,463	525,550,608	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

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Part II
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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			
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	0	13,898	0	13,898	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	8,621,819	1,472,370	706,783	10,800,972	5.00
7.00 00700	OPERATION OF PLANT	0	1,609,812	1,451,909	3,061,721	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	153,719	23,398	177,117	8.00
9.00 00900	HOUSEKEEPING	0	359,990	7,341	367,331	9.00
10.00 01000	DIETARY	0	497,503	85,555	583,058	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	662,402	158,658	821,060	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	360,151	399,309	759,460	14.00
15.00 01500	PHARMACY	0	142,594	58,242	200,836	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	107,518	901	108,419	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	56,517	56,517	21.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	3,305,891	432,981	3,738,872	30.00
31.00 03100	INTENSIVE CARE UNIT	0	758,132	87,833	845,965	31.00
31.02 03102	NICU	0	227,055	48,159	275,214	31.02
32.00 03200	CORONARY CARE UNIT	0	100,953	20,803	121,756	32.00
40.00 04000	SUBPROVIDER - IPF	0	206,986	15,662	222,648	40.00
41.00 04100	SUBPROVIDER - IRF	0	631,654	9,572	641,226	41.00
43.00 04300	NURSERY	0	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,223,189	4,392,921	5,616,110	50.00
51.00 05100	RECOVERY ROOM	0	387,017	3,061	390,078	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	432,914	41,616	474,530	52.00
53.00 05300	ANESTHESIOLOGY	0	0	30,463	30,463	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	385,353	907,142	1,292,495	54.00
54.01 05401	ONCOLOGY (OHA)	0	623,301	974,913	1,598,214	54.01
54.02 05402	ULTRASOUND	0	33,448	74,404	107,852	54.02
54.03 05403	NUCLEAR MEDICINE	0	125,995	296,270	422,265	54.03
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	92,815	878,341	971,156	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	168,207	644,516	812,723	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	229,434	487,581	717,015	59.00
60.00 06000	LABORATORY	0	297,618	40,994	338,612	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	11,090	0	11,090	63.00
64.00 06400	INTRAVENOUS THERAPY	0	194,501	634	195,135	64.00
65.00 06500	RESPIRATORY THERAPY	0	55,932	122,037	177,969	65.00
66.00 06600	PHYSICAL THERAPY	0	126,245	28,427	154,672	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	9,529	9,529	68.00
69.00 06900	ELECTROCARDIOLOGY	0	164,791	196,519	361,310	69.00
69.02 06902	CARDIAC REHAB	0	137,371	3,095	140,466	69.02
69.03 06903	DIABETIC EDUCATION	0	0	0	0	69.03
70.00 07000	ELECTROENCEPHALOGRAPHY	0	128,159	15,092	143,251	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	5,241	44,596	49,837	74.00
76.00 03951	ECT	0	0	0	0	76.00
76.01 03950	MOBILE OUTREACH CLINIC	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	18,280	1,003	19,283	90.00
90.01 09001	COVID-19 VACCINE CLINIC	0	0	1,129	1,129	90.01
90.02 09002	PEDS CLINIC	0	0	0	0	90.02
90.04 09004	BARIATRICS	0	0	0	0	90.04
91.00 09100	EMERGENCY	0	430,249	80,098	510,347	91.00
91.01 09101	DIAGNOSTIC TREATMENT CENTER	0	211,261	277,191	488,452	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	193,920	193,920	95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00 09850	HOME OFFICE	0	0	0	0	98.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

Period:
From 07/01/2022
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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	2.00			
99.00 09900 CMHC	0	0	0	0	0	99.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	8,621,819	16,093,039	13,309,115	38,023,973	13,622 118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	608,491	18,453	626,944	149	192.00
192.01 19201 OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	329,922	0	329,922	0	194.00
194.01 07951 APOTHECARY	0	3,255	31,221	34,476	113	194.01
194.02 07952 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03 07953 CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04 07954 MARKETING	0	0	0	0	11	194.04
194.05 07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 07956 MOB	0	0	0	0	0	194.06
194.07 07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08 07958 ASCENSION PHYSICIAN RECRUITMENT	0	16,295	0	16,295	0	194.08
194.09 07959 CONV CARE	0	0	0	0	0	194.09
194.10 07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11 07961 ST ELIZABETH	0	19,622	0	19,622	0	194.11
194.12 07962 RETAIL PHARMACY	0	0	0	0	0	194.12
194.13 07963 HEART HEALTHY HOOSIERS GRANT	0	0	0	0	3	194.13
194.14 07964 FREE STANDING CATH LAB	0	18,531	0	18,531	0	194.14
194.15 07965 FAMILY PRACTICE	0	53,446	0	53,446	0	194.15
194.17 07967 FOUNDATION/UNUSED SPACE	0	1,644,083	0	1,644,083	0	194.17
200.00	Cross Foot Adjustments			0		200.00
201.00	Negative Cost Centers			0		201.00
202.00	TOTAL (sum lines 118 through 201)	8,621,819	18,786,684	13,358,789	40,767,292	13,898 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part II
Date/Time Prepared:
11/29/2023 12:09 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,801,769					5.00
7.00	00700	OPERATION OF PLANT	431,673	3,493,394				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	53,402	25,681	256,295			8.00
9.00	00900	HOUSEKEEPING	152,172	60,141		0	579,644	9.00
10.00	01000	DIETARY	82,145	83,963		0	14,282	763,448
11.00	01100	CAFETERIA	72,338	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	217,583	110,663	0	0	18,240	0
14.00	01400	CENTRAL SERVICES & SUPPLY	33,662	60,168	0	0	10,235	0
15.00	01500	PHARMACY	1,400,110	23,822	0	0	4,052	0
16.00	01600	MEDICAL RECORDS & LIBRARY	28,410	17,962	0	0	3,055	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	175,697	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	3,828	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	760,765	562,242	150,198	95,643	524,750	30.00
31.00	03100	INTENSIVE CARE UNIT	467,235	126,655	38,092	21,545	102,213	31.00
31.02	03102	NICU	116,980	37,932	18,078	6,452	0	0
32.00	03200	CORONARY CARE UNIT	64,018	16,865	7,687	2,869	9,606	32.00
40.00	04000	SUBPROVIDER - IPF	51,146	34,580	12,370	5,882	47,988	40.00
41.00	04100	SUBPROVIDER - IRF	97,663	105,526	20,750	17,950	57,073	41.00
43.00	04300	NURSERY	33,964	0	9,120	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,561,599	213,033	0	36,238	250	50.00
51.00	05100	RECOVERY ROOM	82,250	100,001	0	17,011	290	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	116,523	72,324	0	12,303	9,228	52.00
53.00	05300	ANESTHESIOLOGY	13,193	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	303,713	173,959	0	29,591	4,278	54.00
54.01	05401	ONCOLOGY (OHA)	183,204	104,130	0	17,713	0	54.01
54.02	05402	ULTRASOUND	23,637	12,317	0	2,095	0	54.02
54.03	05403	NUCLEAR MEDICINE	72,594	98,728	0	16,794	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	74,670	30,871	0	5,251	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	45,224	42,893	0	7,296	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	129,101	38,330	0	6,520	0	59.00
60.00	06000	LABORATORY	493,198	146,644	0	24,945	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	51,696	1,853	0	315	0	63.00
64.00	06400	INTRAVENOUS THERAPY	74,192	61,623	0	10,482	7,188	64.00
65.00	06500	RESPIRATORY THERAPY	149,023	9,344	0	1,589	0	65.00
66.00	06600	PHYSICAL THERAPY	181,425	49,016	0	8,338	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	50,377	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	19,447	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	56,510	50,635	0	8,613	0	69.00
69.02	06902	CARDIAC REHAB	26,449	88,908	0	15,124	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	24,354	21,411	0	3,642	529	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	176,327	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	935,742	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	589,866	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	33,749	876	0	149	0	74.00
76.00	03951	ECT	4,877	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	7,766	10,270	0	1,747	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	40,709	22,062	0	3,753	0	90.00
90.01	09001	COVID-19 VACCINE CLINIC	37	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIIATRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	370,680	71,879	0	12,227	37	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	84,431	35,294	0	6,004	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	113,246	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	1,088	21,163	0	3,600	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part II
Date/Time Prepared:
11/29/2023 12:09 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	10,333,688	2,743,764	256,295	452,129	763,430	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	0	0	0 191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	122,412	214,500	0	36,487	18	192.00
192.01	19201 OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.01
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	9,084	55,118	0	9,376	0	0 194.00
194.01	07951 APOTHECARY	279,559	9,150	0	1,556	0	0 194.01
194.02	07952 OCCUPATIONAL MEDICINE	0	0	0	0	0	0 194.02
194.03	07953 CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	0 194.03
194.04	07954 MARKETING	3,121	0	0	0	0	0 194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.05
194.06	07956 MOB	5,267	30,196	0	5,136	0	0 194.06
194.07	07957 SENIOR PARTNERS	0	0	0	0	0	0 194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	0	2,722	0	463	0	0 194.08
194.09	07959 CONV CARE	0	0	0	0	0	0 194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	0 194.10
194.11	07961 ST ELIZABETH	540	3,278	0	558	0	0 194.11
194.12	07962 RETAIL PHARMACY	0	0	0	0	0	0 194.12
194.13	07963 HEART HEALTHY HOOSIERS GRANT	846	0	0	0	0	0 194.13
194.14	07964 FREE STANDING CATH LAB	510	3,096	0	527	0	0 194.14
194.15	07965 FAMILY PRACTICE	1,472	24,889	0	4,234	0	0 194.15
194.17	07967 FOUNDATION/UNUSED SPACE	45,270	406,681	0	69,178	0	0 194.17
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)	10,801,769	3,493,394	256,295	579,644	763,448	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part II
Date/Time Prepared:
11/29/2023 12:09 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	72,338					11.00
13.00	01300	NURSING ADMINISTRATION	4,076	1,172,808				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,743	0	865,455			14.00
15.00	01500	PHARMACY	3,686	0	0	1,633,284		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	459	0	0	0	158,385	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,218	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	95	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,636	238,336	0	0	3,451	30.00
31.00	03100	INTENSIVE CARE UNIT	7,278	167,506	0	0	2,433	31.00
31.02	03102	NICU	1,716	61,929	0	0	654	31.02
32.00	03200	CORONARY CARE UNIT	940	0	0	0	382	32.00
40.00	04000	SUBPROVIDER - IPF	819	0	0	0	440	40.00
41.00	04100	SUBPROVIDER - IRF	1,487	61,929	0	0	450	41.00
43.00	04300	NURSERY	600	0	0	0	180	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,202	216,989	0	0	37,443	50.00
51.00	05100	RECOVERY ROOM	1,018	46,685	0	0	1,224	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,609	61,929	0	0	2,104	52.00
53.00	05300	ANESTHESIOLOGY	169	0	0	0	3,924	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,640	0	0	0	5,884	54.00
54.01	05401	ONCOLOGY (OHA)	2,067	0	0	0	3,531	54.01
54.02	05402	ULTRASOUND	365	0	0	0	1,201	54.02
54.03	05403	NUCLEAR MEDICINE	341	0	0	0	1,832	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	675	0	0	0	4,321	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	283	0	0	0	1,325	58.00
59.00	05900	CARDIAC CATHETERIZATION	717	19,770	0	0	10,701	59.00
60.00	06000	LABORATORY	2,143	0	0	0	11,142	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	823	63.00
64.00	06400	INTRAVENOUS THERAPY	1,082	30,250	0	0	282	64.00
65.00	06500	RESPIRATORY THERAPY	2,273	0	0	0	2,022	65.00
66.00	06600	PHYSICAL THERAPY	727	0	0	0	1,282	66.00
67.00	06700	OCCUPATIONAL THERAPY	226	0	0	0	770	67.00
68.00	06800	SPEECH PATHOLOGY	94	0	0	0	247	68.00
69.00	06900	ELECTROCARDIOLOGY	787	0	0	0	4,497	69.00
69.02	06902	CARDIAC REHAB	360	0	0	0	112	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	373	0	272,775	0	499	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	592,680	0	9,931	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	8,366	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,633,284	23,982	73.00
74.00	07400	RENAL DIALYSIS	492	0	0	0	421	74.00
76.00	03951	ECT	88	0	0	0	170	76.00
76.01	03950	MOBILE OUTREACH CLINIC	257	0	0	0	28	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	680	0	0	0	549	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	4,802	123,858	0	0	9,277	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	679	31,679	0	0	1,987	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,027	61,929	0	0	518	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part II
Date/Time Prepared:
11/29/2023 12:09 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	70,929	1,122,789	865,455	1,633,284	158,385
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	848	50,019	0	0	0
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	APOTHECARY	492	0	0	0	0
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0
194.04	07954	MARKETING	54	0	0	0	0
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.06	07956	MOB	0	0	0	0	0
194.07	07957	SENIOR PARTNERS	0	0	0	0	0
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	0
194.09	07959	CONV CARE	0	0	0	0	0
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0
194.11	07961	ST ELIZABETH	0	0	0	0	0
194.12	07962	RETAIL PHARMACY	0	0	0	0	0
194.13	07963	HEART HEALTHY HOOSIERS GRANT	15	0	0	0	0
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	0
194.15	07965	FAMILY PRACTICE	0	0	0	0	0
194.17	07967	FOUNDATION/UNUSED SPACE	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	72,338	1,172,808	865,455	1,633,284	158,385

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part II Date/Time Prepared: 11/29/2023 12:09 pm
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Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
	SERVICES-SALARY & FRINGES APPRV				
	21.00	23.00	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	233,723			21.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)		3,935		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS		6,086,873	0	6,086,873 30.00
31.00 03100	INTENSIVE CARE UNIT		1,780,264	0	1,780,264 31.00
31.02 03102	NICU		519,320	0	519,320 31.02
32.00 03200	CORONARY CARE UNIT		224,308	0	224,308 32.00
40.00 04000	SUBPROVIDER - IPF		376,022	0	376,022 40.00
41.00 04100	SUBPROVIDER - IRF		1,004,324	0	1,004,324 41.00
43.00 04300	NURSERY		43,975	0	43,975 43.00
44.00 04400	SKILLED NURSING FACILITY		0	0	0 44.00
45.00 04500	NURSING FACILITY		0	0	0 45.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM		7,690,131	0	7,690,131 50.00
51.00 05100	RECOVERY ROOM		638,776	0	638,776 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM		750,885	0	750,885 52.00
53.00 05300	ANESTHESIOLOGY		47,767	0	47,767 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC		1,814,190	0	1,814,190 54.00
54.01 05401	ONCOLOGY (OHA)		1,909,195	0	1,909,195 54.01
54.02 05402	ULTRASOUND		147,533	0	147,533 54.02
54.03 05403	NUCLEAR MEDICINE		612,630	0	612,630 54.03
56.00 05600	RADIOISOTOPE		0	0	0 56.00
57.00 05700	CT SCAN		1,087,087	0	1,087,087 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)		909,803	0	909,803 58.00
59.00 05900	CARDIAC CATHETERIZATION		922,314	0	922,314 59.00
60.00 06000	LABORATORY		1,016,909	0	1,016,909 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.		65,777	0	65,777 63.00
64.00 06400	INTRAVENOUS THERAPY		380,448	0	380,448 64.00
65.00 06500	RESPIRATORY THERAPY		342,655	0	342,655 65.00
66.00 06600	PHYSICAL THERAPY		395,582	0	395,582 66.00
67.00 06700	OCCUPATIONAL THERAPY		51,411	0	51,411 67.00
68.00 06800	SPEECH PATHOLOGY		29,335	0	29,335 68.00
69.00 06900	ELECTROCARDIOLOGY		482,477	0	482,477 69.00
69.02 06902	CARDIAC REHAB		271,487	0	271,487 69.02
69.03 06903	DIABETIC EDUCATION		0	0	0 69.03
70.00 07000	ELECTROENCEPHALOGRAPHY		466,893	0	466,893 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT		778,938	0	778,938 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS		944,108	0	944,108 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS		2,247,132	0	2,247,132 73.00
74.00 07400	RENAL DIALYSIS		85,640	0	85,640 74.00
76.00 03951	ECT		5,150	0	5,150 76.00
76.01 03950	MOBILE OUTREACH CLINIC		20,119	0	20,119 76.01
OUTPATIENT SERVICE COST CENTERS					
88.00 08800	RURAL HEALTH CLINIC		0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0 89.00
90.00 09000	CLINIC		87,137	0	87,137 90.00
90.01 09001	COVID-19 VACCINE CLINIC		1,166	0	1,166 90.01
90.02 09002	PEDS CLINIC		0	0	0 90.02
90.04 09004	BIATRICS		0	0	0 90.04
91.00 09100	EMERGENCY		1,104,087	0	1,104,087 91.00
91.01 09101	DIAGNOSTIC TREATMENT CENTER		648,669	0	648,669 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500	AMBULANCE SERVICES		372,999	0	372,999 95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD		25,851	0	25,851 97.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part II
Date/Time Prepared:
11/29/2023 12:09 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-SALARY & FRINGES APPRV					
			21.00	23.00	24.00	25.00	26.00	
98.00	09850	HOME OFFICE			0	0	0	98.00
99.00	09900	CMHC			0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY			0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION			0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	36,389,367	0	36,389,367	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH			0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			1,051,377	0	1,051,377	192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES			0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS			403,500	0	403,500	194.00
194.01	07951	APOTHECARY			325,346	0	325,346	194.01
194.02	07952	OCCUPATIONAL MEDICINE			0	0	0	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT			0	0	0	194.03
194.04	07954	MARKETING			3,186	0	3,186	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS			0	0	0	194.05
194.06	07956	MOB			40,599	0	40,599	194.06
194.07	07957	SENIOR PARTNERS			0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT			19,480	0	19,480	194.08
194.09	07959	CONV CARE			0	0	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER			0	0	0	194.10
194.11	07961	ST ELIZABETH			23,998	0	23,998	194.11
194.12	07962	RETAIL PHARMACY			0	0	0	194.12
194.13	07963	HEART HEALTHY HOOSIERS GRANT			864	0	864	194.13
194.14	07964	FREE STANDING CATH LAB			22,664	0	22,664	194.14
194.15	07965	FAMILY PRACTICE			84,041	0	84,041	194.15
194.17	07967	FOUNDATION/UNUSED SPACE			2,165,212	0	2,165,212	194.17
200.00		Cross Foot Adjustments	233,723	3,935	237,658	0	237,658	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	233,723	3,935	40,767,292	0	40,767,292	202.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet B-1 Date/Time Prepared: 11/29/2023 12:09 pm
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (HOSPITAL SQUARE FEE)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,050,310				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		14,138,597			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	777	0	110,272,961		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	82,316	748,041	6,328,409	-142,035,457	5.00
7.00 00700	OPERATION OF PLANT	90,000	1,536,664	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	8,594	24,764	754,027	0	8.00
9.00 00900	HOUSEKEEPING	20,126	7,769	0	0	9.00
10.00 01000	DIETARY	27,814	90,549	0	0	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	37,033	167,920	4,774,001	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	20,135	422,619	1,480,980	0	14.00
15.00 01500	PHARMACY	7,972	61,642	6,173,395	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,011	954	637,594	0	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	59,816	2,311,635	0	21.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	96,166	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	184,823	458,256	15,671,943	0	30.00
31.00 03100	INTENSIVE CARE UNIT	42,385	92,960	10,648,496	0	31.00
31.02 03102	NICU	12,694	50,970	2,895,433	0	31.02
32.00 03200	CORONARY CARE UNIT	5,644	22,017	1,472,021	0	32.00
40.00 04000	SUBPROVIDER - IPF	11,572	16,576	1,185,517	0	40.00
41.00 04100	SUBPROVIDER - IRF	35,314	10,131	2,141,353	0	41.00
43.00 04300	NURSERY	0	0	884,558	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	68,385	4,649,351	10,055,209	0	50.00
51.00 05100	RECOVERY ROOM	21,637	3,240	1,741,522	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	24,203	44,045	2,658,457	0	52.00
53.00 05300	ANESTHESIOLOGY	0	32,241	140,565	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	21,544	960,096	4,996,813	0	54.00
54.01 05401	ONCOLOGY (OHA)	34,847	1,031,823	2,667,242	0	54.01
54.02 05402	ULTRASOUND	1,870	78,747	526,453	0	54.02
54.03 05403	NUCLEAR MEDICINE	7,044	313,565	606,218	0	54.03
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	5,189	929,614	1,132,531	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	9,404	682,139	467,972	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	12,827	516,043	1,270,130	0	59.00
60.00 06000	LABORATORY	16,639	43,387	1,786,420	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	620	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	10,874	671	1,701,948	0	64.00
65.00 06500	RESPIRATORY THERAPY	3,127	129,161	3,455,831	0	65.00
66.00 06600	PHYSICAL THERAPY	7,058	30,086	970,738	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	302,564	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	10,085	139,076	0	68.00
69.00 06900	ELECTROCARDIOLOGY	9,213	207,991	989,290	0	69.00
69.02 06902	CARDIAC REHAB	7,680	3,276	539,017	0	69.02
69.03 06903	DIABETIC EDUCATION	0	0	0	0	69.03
70.00 07000	ELECTROENCEPHALOGRAPHY	7,165	15,973	470,585	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	293	47,199	924,371	0	74.00
76.00 03951	ECT	0	0	121,522	0	76.00
76.01 03950	MOBILE OUTREACH CLINIC	0	0	405,193	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	1,022	1,062	801,210	0	90.00
90.01 09001	COVID-19 VACCINE CLINIC	0	1,195	176	0	90.01
90.02 09002	PEDS CLINIC	0	0	0	0	90.02
90.04 09004	BARIIATRICS	0	0	0	0	90.04
91.00 09100	EMERGENCY	24,054	84,774	7,779,830	0	91.00
91.01 09101	DIAGNOSTIC TREATMENT CENTER	11,811	293,372	1,134,667	0	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	205,240	2,847,576	0	95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1

Date/Time Prepared:
11/29/2023 12:09 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (HOSPITAL SQUARE FEE)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	899,716	14,086,024	108,088,654	-142,035,457	375,288,198	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	34,019	19,530	1,183,998	0	4,445,703	192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	18,445	0	0	0	329,922	194.00
194.01	07951	APOTHECARY	182	33,043	893,878	0	10,152,860	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	0	0	84,313	0	113,343	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	MOB	0	0	0	0	191,297	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	911	0	0	21,075	0	194.08
194.09	07959	CONV CARE	0	0	0	50	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	1,097	0	0	0	19,622	194.11
194.12	07962	RETAIL PHARMACY	0	0	0	0	0	194.12
194.13	07963	HEART HEALTHY HOOSIERS GRANT	0	0	22,118	0	30,734	194.13
194.14	07964	FREE STANDING CATH LAB	1,036	0	0	0	18,531	194.14
194.15	07965	FAMILY PRACTICE	2,988	0	0	0	53,446	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	91,916	0	0	0	1,644,083	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	18,786,684	13,358,789	34,477,817		142,035,457	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.886799	0.944845	0.312659		0.362070	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			13,898		10,801,769	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000126		0.027535	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: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1

Date/Time Prepared:
11/29/2023 12:09 pm

Cost Center Description		OPERATION OF PLANT (TOTAL SQUA RE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (TOTAL SQUA RE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	1,169,057				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,594	64,747			8.00
9.00	00900	HOUSEKEEPING	20,126	0	1,140,337		9.00
10.00	01000	DIETARY	28,098	0	28,098	207,741	10.00
11.00	01100	CAFETERIA	0	0	0	2,677,054	11.00
13.00	01300	NURSING ADMINISTRATION	37,033	0	37,033	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,135	0	20,135	0	14.00
15.00	01500	PHARMACY	7,972	0	7,972	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,011	0	6,011	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	188,154	37,944	188,154	142,789	30.00
31.00	03100	INTENSIVE CARE UNIT	42,385	9,623	42,385	27,813	31.00
31.02	03102	NICU	12,694	4,567	12,694	0	31.02
32.00	03200	CORONARY CARE UNIT	5,644	1,942	5,644	2,614	32.00
40.00	04000	SUBPROVIDER - IPF	11,572	3,125	11,572	13,058	40.00
41.00	04100	SUBPROVIDER - IRF	35,314	5,242	35,314	15,530	41.00
43.00	04300	NURSERY	0	2,304	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	71,291	0	71,291	68	50.00
51.00	05100	RECOVERY ROOM	33,465	0	33,465	79	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,203	0	24,203	2,511	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	58,215	0	58,215	1,164	54.00
54.01	05401	ONCOLOGY (OHA)	34,847	0	34,847	0	54.01
54.02	05402	ULTRASOUND	4,122	0	4,122	0	54.02
54.03	05403	NUCLEAR MEDICINE	33,039	0	33,039	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	10,331	0	10,331	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,354	0	14,354	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,827	0	12,827	0	59.00
60.00	06000	LABORATORY	49,074	0	49,074	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	620	0	620	0	63.00
64.00	06400	INTRAVENOUS THERAPY	20,622	0	20,622	1,956	64.00
65.00	06500	RESPIRATORY THERAPY	3,127	0	3,127	0	65.00
66.00	06600	PHYSICAL THERAPY	16,403	0	16,403	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	16,945	0	16,945	0	69.00
69.02	06902	CARDIAC REHAB	29,753	0	29,753	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	7,165	0	7,165	144	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	293	0	293	0	74.00
76.00	03951	ECT	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	3,437	0	3,437	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	7,383	0	7,383	0	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	90.02
90.04	09004	BIARIATRICS	0	0	0	0	90.04
91.00	09100	EMERGENCY	24,054	0	24,054	10	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	11,811	0	11,811	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	112,012	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	7,082	0	7,082	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1

Date/Time Prepared:
11/29/2023 12:09 pm

Cost Center Description		OPERATION OF PLANT (TOTAL SQUA RE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (TOTAL SQUA RE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	918,195	64,747	889,475	2,624,927	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	71,782	0	71,782	5	192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	18,445	0	18,445	0	194.00
194.01	07951	APOTHECARY	3,062	0	3,062	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	194.03
194.04	07954	MARKETING	0	0	0	2,001	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.05
194.06	07956	MOB	10,105	0	10,105	0	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	911	0	911	0	194.08
194.09	07959	CONV CARE	0	0	0	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	1,097	0	1,097	0	194.11
194.12	07962	RETAIL PHARMACY	0	0	0	0	194.12
194.13	07963	HEART HEALTHY HOOSIERS GRANT	0	0	0	540	194.13
194.14	07964	FREE STANDING CATH LAB	1,036	0	1,036	0	194.14
194.15	07965	FAMILY PRACTICE	8,329	0	8,329	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	136,095	0	136,095	0	194.17
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)	21,353,513	2,798,590	7,895,060	4,771,227	3,578,353
203.00		Unit cost multiplier (Wkst. B, Part I)	18.265588	43.223470	6.923445	22.967190	1.336676
204.00		Cost to be allocated (per Wkst. B, Part II)	3,493,394	256,295	579,644	763,448	72,338
205.00		Unit cost multiplier (Wkst. B, Part II)	2.988215	3.958407	0.508309	3.674999	0.027021
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1

Date/Time Prepared:
11/29/2023 12:09 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	(DIRECT NRSNG HRS)	(COSTED REQUIS.)					
	13.00	14.00	15.00	16.00	21.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00 00500 ADMINISTRATIVE & GENERAL							5.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
13.00 01300 NURSING ADMINISTRATION	39,391						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	9,418,310					14.00
15.00 01500 PHARMACY	0	0	1,000				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	2,487,634,580			16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		100	21.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	8,005	0	0	53,924,830	100		30.00
31.00 03100 INTENSIVE CARE UNIT	5,626	0	0	38,014,168	0		31.00
31.02 03102 NICU	2,080	0	0	10,214,898	0		31.02
32.00 03200 CORONARY CARE UNIT	0	0	0	5,973,895	0		32.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	6,874,302	0		40.00
41.00 04100 SUBPROVIDER - IRF	2,080	0	0	7,025,129	0		41.00
43.00 04300 NURSERY	0	0	0	2,818,146	0		43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0		44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	7,288	0	0	597,934,641	0		50.00
51.00 05100 RECOVERY ROOM	1,568	0	0	19,120,709	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,080	0	0	32,882,218	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	61,315,951	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	91,937,928	0		54.00
54.01 05401 ONCOLOGY (OHA)	0	0	0	55,167,435	0		54.01
54.02 05402 ULTRASOUND	0	0	0	18,768,419	0		54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	28,619,799	0		54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0		56.00
57.00 05700 CT SCAN	0	0	0	67,523,340	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,704,382	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	664	0	0	167,202,442	0		59.00
60.00 06000 LABORATORY	0	0	0	174,098,322	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,853,312	0		63.00
64.00 06400 INTRAVENOUS THERAPY	1,016	0	0	4,407,617	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	31,596,896	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	20,024,887	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	12,038,400	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	3,856,586	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	70,258,719	0		69.00
69.02 06902 CARDIAC REHAB	0	0	0	1,745,194	0		69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0		69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,968,467	0	7,790,712	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,449,843	0	155,167,836	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	130,716,242	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	1,000	374,712,520	0		73.00
74.00 07400 RENAL DIALYSIS	0	0	0	6,570,997	0		74.00
76.00 03951 ECT	0	0	0	2,649,007	0		76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	444,553	0		76.01
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
90.00 09000 CLINIC	0	0	0	8,585,914	0		90.00
90.01 09001 COVID-19 VACCINE CLINIC	0	0	0	0	0		90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0		90.02
90.04 09004 BARIATRICS	0	0	0	0	0		90.04
91.00 09100 EMERGENCY	4,160	0	0	144,946,337	0		91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	1,064	0	0	31,047,421	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART							92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	2,080	0	0	8,100,476	0		95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0		97.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1

Date/Time Prepared:
11/29/2023 12:09 pm

Cost Center Description			NURSING	CENTRAL	PHARMACY	MEDICAL	INTERNS &	
			ADMINISTRATION	SERVICES &	(COSTED	RECORDS &	RESIDENTS	
			(DIRECT NRSING	SUPPLY	REQUIS.)	LIBRARY	SERVICES-SALAR	
			HRS)	(COSTED		(GROSS CHAR	Y & FRINGES	
			13.00	REQUIS.)		GES)	APPRV	
					15.00		(ASSIGNED	
						16.00	TIME)	
			0		0	0	21.00	
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	37,711	9,418,310	1,000	2,487,634,580	100	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,680	0	0	0	0	192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	APOTHECARY	0	0	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	0	0	0	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	MOB	0	0	0	0	0	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	0	194.08
194.09	07959	CONV CARE	0	0	0	0	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	0	0	0	194.11
194.12	07962	RETAIL PHARMACY	0	0	0	0	0	194.12
194.13	07963	HEART HEALTHY HOOSIERS GRANT	0	0	0	0	0	194.13
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	0	0	0	0	0	194.17
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)	11,897,640	2,258,536	69,642,165	1,579,461	8,751,463	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	302.039552	0.239803	69,642.165000	0.000635	87,514.630000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,172,808	865,455	1,633,284	158,385	233,723	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	29.773502	0.091891	1,633.284000	0.000064	2,337.230000	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: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1
Date/Time Prepared:
11/29/2023 12:09 pm

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
		100	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
31.02	03102	NICU	31.02
32.00	03200	CORONARY CARE UNIT	32.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	ONCOLOGY (OHA)	54.01
54.02	05402	ULTRASOUND	54.02
54.03	05403	NUCLEAR MEDICINE	54.03
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.02	06902	CARDIAC REHAB	69.02
69.03	06903	DIABETIC EDUCATION	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03951	ECT	76.00
76.01	03950	MOBILE OUTREACH CLINIC	76.01
76.01	03950	MOBILE OUTREACH CLINIC	76.01
		100	
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	COVID-19 VACCINE CLINIC	90.01
90.02	09002	PEDS CLINIC	90.02
90.04	09004	BARIATRICS	90.04
91.00	09100	EMERGENCY	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	97.00
98.00	09850	HOME OFFICE	98.00
99.00	09900	CMHC	99.00
101.00	10100	HOME HEALTH AGENCY	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1
Date/Time Prepared:
11/29/2023 12:09 pm

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
SPECIAL PURPOSE COST CENTERS			
106.00	10600 HEART ACQUISITION	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	100	118.00
NONREIMBURSABLE COST CENTERS			
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 OHA PHYSICIANS' PRIVATE OFFICES	0	192.01
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951 APOTHECARY	0	194.01
194.02	07952 OCCUPATIONAL MEDICINE	0	194.02
194.03	07953 CANCER CNETER/PHYSICIAN RECRUITMENT	0	194.03
194.04	07954 MARKETING	0	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	194.05
194.06	07956 MOB	0	194.06
194.07	07957 SENIOR PARTNERS	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	0	194.08
194.09	07959 CONV CARE	0	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	194.10
194.11	07961 ST ELIZABETH	0	194.11
194.12	07962 RETAIL PHARMACY	0	194.12
194.13	07963 HEART HEALTHY HOOSIERS GRANT	0	194.13
194.14	07964 FREE STANDING CATH LAB	0	194.14
194.15	07965 FAMILY PRACTICE	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	0	194.17
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)	194,062	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	1,940.620000	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	3,935	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	39.350000	205.00
206.00	NAHE adjustment amount to be allocated (per wkst. B-2)	0	206.00
207.00	NAHE unit cost multiplier (wkst. D, Parts III and IV)	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet C
Part I
Date/Time Prepared:
11/29/2023 12:09 pm

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	50,269,712		50,269,712	0	50,269,712	30.00
31.00	03100	INTENSIVE CARE UNIT	27,318,449		27,318,449	0	27,318,449	31.00
31.02	03102	NICU	7,023,382		7,023,382	0	7,023,382	31.02
32.00	03200	CORONARY CARE UNIT	3,503,243		3,503,243	0	3,503,243	32.00
40.00	04000	SUBPROVIDER - IPF	3,301,387		3,301,387	0	3,301,387	40.00
41.00	04100	SUBPROVIDER - IRF	7,010,140		7,010,140	0	7,010,140	41.00
43.00	04300	NURSERY	1,811,165		1,811,165	0	1,811,165	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	81,975,210		81,975,210	0	81,975,210	50.00
51.00	05100	RECOVERY ROOM	5,449,515		5,449,515	0	5,449,515	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,160,092		7,160,092	0	7,160,092	52.00
53.00	05300	ANESTHESIOLOGY	699,894		699,894	0	699,894	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,755,292		16,755,292	0	16,755,292	54.00
54.01	05401	ONCOLOGY (OHA)	10,077,570		10,077,570	145,475	10,223,045	54.01
54.02	05402	ULTRASOUND	1,303,050		1,303,050	0	1,303,050	54.02
54.03	05403	NUCLEAR MEDICINE	4,458,253		4,458,253	0	4,458,253	54.03
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	4,030,205		4,030,205	0	4,030,205	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,625,793		2,625,793	0	2,625,793	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,051,511		7,051,511	0	7,051,511	59.00
60.00	06000	LABORATORY	25,849,649		25,849,649	0	25,849,649	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,581,016		2,581,016	0	2,581,016	63.00
64.00	06400	INTRAVENOUS THERAPY	4,597,624		4,597,624	0	4,597,624	64.00
65.00	06500	RESPIRATORY THERAPY	7,582,984	0	7,582,984	0	7,582,984	65.00
66.00	06600	PHYSICAL THERAPY	9,436,391	0	9,436,391	0	9,436,391	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,510,805	0	2,510,805	0	2,510,805	67.00
68.00	06800	SPEECH PATHOLOGY	969,105	0	969,105	0	969,105	68.00
69.00	06900	ELECTROCARDIOLOGY	3,305,733		3,305,733	0	3,305,733	69.00
69.02	06902	CARDIAC REHAB	2,076,720		2,076,720	0	2,076,720	69.02
69.03	06903	DIABETIC EDUCATION	0		0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	2,123,756		2,123,756	0	2,123,756	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,367,550		10,367,550	0	10,367,550	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	46,371,213		46,371,213	0	46,371,213	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	99,252,990		99,252,990	0	99,252,990	73.00
74.00	07400	RENAL DIALYSIS	1,705,350		1,705,350	0	1,705,350	74.00
76.00	03951	ECT	247,270		247,270	0	247,270	76.00
76.01	03950	MOBILE OUTREACH CLINIC	483,708		483,708	0	483,708	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	2,238,823		2,238,823	0	2,238,823	90.00
90.01	09001	COVID-19 VACCINE CLINIC	1,864		1,864	0	1,864	90.01
90.02	09002	PEDS CLINIC	0		0	0	0	90.02
90.04	09004	BIARIATRICS	0		0	0	0	90.04
91.00	09100	EMERGENCY	20,528,595		20,528,595	0	20,528,595	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	4,848,715		4,848,715	0	4,848,715	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,122,096		8,122,096	0	8,122,096	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,385,059		6,385,059	0	6,385,059	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	232,196		232,196	0	232,196	97.00
98.00	09850	HOME OFFICE	0		0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
200.00		Subtotal (see instructions)	503,643,075	0	503,643,075	145,475	503,788,550	200.00
201.00		Less Observation Beds	8,122,096		8,122,096		8,122,096	201.00
202.00		Total (see instructions)	495,520,979	0	495,520,979	145,475	495,666,454	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet C
Part I
Date/Time Prepared:
11/29/2023 12:09 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	43,822,239		43,822,239		30.00
31.00	03100	INTENSIVE CARE UNIT	38,014,168		38,014,168		31.00
31.02	03102	NICU	10,214,898		10,214,898		31.02
32.00	03200	CORONARY CARE UNIT	5,973,895		5,973,895		32.00
40.00	04000	SUBPROVIDER - IPF	6,874,302		6,874,302		40.00
41.00	04100	SUBPROVIDER - IRF	7,025,129		7,025,129		41.00
43.00	04300	NURSERY	2,818,146		2,818,146		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	152,091,115	445,843,526	597,934,641	0.137097	50.00
51.00	05100	RECOVERY ROOM	7,760,947	11,359,762	19,120,709	0.285006	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,378,856	503,362	32,882,218	0.217750	52.00
53.00	05300	ANESTHESIOLOGY	20,686,447	40,629,504	61,315,951	0.011415	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,008,705	71,929,223	91,937,928	0.182246	54.00
54.01	05401	ONCOLOGY (OHA)	284,547	54,882,888	55,167,435	0.182672	54.01
54.02	05402	ULTRASOUND	5,843,980	12,924,439	18,768,419	0.069428	54.02
54.03	05403	NUCLEAR MEDICINE	4,389,773	24,230,026	28,619,799	0.155775	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	23,279,291	44,244,049	67,523,340	0.059686	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,803,150	15,901,232	20,704,382	0.126823	58.00
59.00	05900	CARDIAC CATHETERIZATION	68,218,825	98,983,617	167,202,442	0.042173	59.00
60.00	06000	LABORATORY	60,034,141	114,064,181	174,098,322	0.148477	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,184,391	2,668,921	12,853,312	0.200806	63.00
64.00	06400	INTRAVENOUS THERAPY	1,405,314	3,002,303	4,407,617	1.043109	64.00
65.00	06500	RESPIRATORY THERAPY	25,605,153	5,991,743	31,596,896	0.239991	65.00
66.00	06600	PHYSICAL THERAPY	11,326,750	8,698,137	20,024,887	0.471233	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,503,202	535,198	12,038,400	0.208566	67.00
68.00	06800	SPEECH PATHOLOGY	3,625,974	230,612	3,856,586	0.251286	68.00
69.00	06900	ELECTROCARDIOLOGY	25,520,968	44,737,751	70,258,719	0.047051	69.00
69.02	06902	CARDIAC REHAB	2,870	1,742,324	1,745,194	1.189965	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0.000000	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	1,878,249	5,912,463	7,790,712	0.272601	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	70,681,144	84,486,692	155,167,836	0.066815	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	51,118,983	79,597,259	130,716,242	0.354747	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	74,652,034	300,060,486	374,712,520	0.264878	73.00
74.00	07400	RENAL DIALYSIS	5,655,909	915,088	6,570,997	0.259527	74.00
76.00	03951	ECT	376,865	2,272,142	2,649,007	0.093344	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	444,553	444,553	1.088077	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	52,422	8,533,492	8,585,914	0.260755	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0	0	0	0.000000	90.01
90.02	09002	PEDS CLINIC	0	0	0	0.000000	90.02
90.04	09004	BIATRICS	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	42,255,528	102,690,809	144,946,337	0.141629	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	7,131,238	23,916,183	31,047,421	0.156171	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,213,697	6,888,894	10,102,591	0.803962	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	8,100,476	8,100,476	0.788233	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	09850	HOME OFFICE	0	0	0	0.000000	98.00
99.00	09900	CMHC	0	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0		106.00
200.00		Subtotal (see instructions)	860,713,245	1,626,921,335	2,487,634,580		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	860,713,245	1,626,921,335	2,487,634,580		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/29/2023 12:09 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
31.02	03102	NICU		31.02
32.00	03200	CORONARY CARE UNIT		32.00
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
45.00	04500	NURSING FACILITY		45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.137097	50.00
51.00	05100	RECOVERY ROOM	0.285006	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.217750	52.00
53.00	05300	ANESTHESIOLOGY	0.011415	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.182246	54.00
54.01	05401	ONCOLOGY (OHA)	0.185309	54.01
54.02	05402	ULTRASOUND	0.069428	54.02
54.03	05403	NUCLEAR MEDICINE	0.155775	54.03
56.00	05600	RADIOISOTOPE	0.000000	56.00
57.00	05700	CT SCAN	0.059686	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.126823	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.042173	59.00
60.00	06000	LABORATORY	0.148477	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.200806	63.00
64.00	06400	INTRAVENOUS THERAPY	1.043109	64.00
65.00	06500	RESPIRATORY THERAPY	0.239991	65.00
66.00	06600	PHYSICAL THERAPY	0.471233	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.208566	67.00
68.00	06800	SPEECH PATHOLOGY	0.251286	68.00
69.00	06900	ELECTROCARDIOLOGY	0.047051	69.00
69.02	06902	CARDIAC REHAB	1.189965	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.272601	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.066815	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.354747	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.264878	73.00
74.00	07400	RENAL DIALYSIS	0.259527	74.00
76.00	03951	ECT	0.093344	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.088077	76.01
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		89.00
90.00	09000	CLINIC	0.260755	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0.000000	90.01
90.02	09002	PEDS CLINIC	0.000000	90.02
90.04	09004	BARIATRICS	0.000000	90.04
91.00	09100	EMERGENCY	0.141629	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.156171	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.803962	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0.788233	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	97.00
98.00	09850	HOME OFFICE	0.000000	98.00
99.00	09900	CMHC		99.00
101.00	10100	HOME HEALTH AGENCY		101.00
SPECIAL PURPOSE COST CENTERS				
106.00	10600	HEART ACQUISITION		106.00
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: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet C
Part I
Date/Time Prepared:
11/29/2023 12:09 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		50,269,712	0	50,269,712	30.00
31.00	03100 INTENSIVE CARE UNIT		27,318,449	0	27,318,449	31.00
31.02	03102 NICU		7,023,382	0	7,023,382	31.02
32.00	03200 CORONARY CARE UNIT		3,503,243	0	3,503,243	32.00
40.00	04000 SUBPROVIDER - IPF		3,301,387	0	3,301,387	40.00
41.00	04100 SUBPROVIDER - IRF		7,010,140	0	7,010,140	41.00
43.00	04300 NURSERY		1,811,165	0	1,811,165	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
45.00	04500 NURSING FACILITY		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		81,975,210	0	81,975,210	50.00
51.00	05100 RECOVERY ROOM		5,449,515	0	5,449,515	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		7,160,092	0	7,160,092	52.00
53.00	05300 ANESTHESIOLOGY		699,894	0	699,894	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		16,755,292	0	16,755,292	54.00
54.01	05401 ONCOLOGY (OHA)		10,077,570	145,475	10,223,045	54.01
54.02	05402 ULTRASOUND		1,303,050	0	1,303,050	54.02
54.03	05403 NUCLEAR MEDICINE		4,458,253	0	4,458,253	54.03
56.00	05600 RADIOISOTOPE		0	0	0	56.00
57.00	05700 CT SCAN		4,030,205	0	4,030,205	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,625,793	0	2,625,793	58.00
59.00	05900 CARDIAC CATHETERIZATION		7,051,511	0	7,051,511	59.00
60.00	06000 LABORATORY		25,849,649	0	25,849,649	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		2,581,016	0	2,581,016	63.00
64.00	06400 INTRAVENOUS THERAPY		4,597,624	0	4,597,624	64.00
65.00	06500 RESPIRATORY THERAPY	0	7,582,984	0	7,582,984	65.00
66.00	06600 PHYSICAL THERAPY	0	9,436,391	0	9,436,391	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,510,805	0	2,510,805	67.00
68.00	06800 SPEECH PATHOLOGY	0	969,105	0	969,105	68.00
69.00	06900 ELECTROCARDIOLOGY		3,305,733	0	3,305,733	69.00
69.02	06902 CARDIAC REHAB		2,076,720	0	2,076,720	69.02
69.03	06903 DIABETIC EDUCATION		0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY		2,123,756	0	2,123,756	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		10,367,550	0	10,367,550	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		46,371,213	0	46,371,213	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		99,252,990	0	99,252,990	73.00
74.00	07400 RENAL DIALYSIS		1,705,350	0	1,705,350	74.00
76.00	03951 ECT		247,270	0	247,270	76.00
76.01	03950 MOBILE OUTREACH CLINIC		483,708	0	483,708	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		2,238,823	0	2,238,823	90.00
90.01	09001 COVID-19 VACCINE CLINIC		1,864	0	1,864	90.01
90.02	09002 PEDI CLINIC		0	0	0	90.02
90.04	09004 BARIATRICS		0	0	0	90.04
91.00	09100 EMERGENCY		20,528,595	0	20,528,595	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER		4,848,715	0	4,848,715	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		8,122,096	0	8,122,096	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		6,385,059	0	6,385,059	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		232,196	0	232,196	97.00
98.00	09850 HOME OFFICE		0	0	0	98.00
99.00	09900 CMHC		0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
106.00	10600 HEART ACQUISITION		0	0	0	106.00
200.00	Subtotal (see instructions)		503,643,075	0	503,643,075	200.00
201.00	Less Observation Beds		8,122,096		8,122,096	201.00
202.00	Total (see instructions)		495,520,979	0	495,520,979	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet C
Part I
Date/Time Prepared:
11/29/2023 12:09 pm

			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
9.00	10.00							
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	43,822,239		43,822,239			30.00
31.00	03100	INTENSIVE CARE UNIT	38,014,168		38,014,168			31.00
31.02	03102	NICU	10,214,898		10,214,898			31.02
32.00	03200	CORONARY CARE UNIT	5,973,895		5,973,895			32.00
40.00	04000	SUBPROVIDER - IPF	6,874,302		6,874,302			40.00
41.00	04100	SUBPROVIDER - IRF	7,025,129		7,025,129			41.00
43.00	04300	NURSERY	2,818,146		2,818,146			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	152,091,115	445,843,526	597,934,641	0.137097	0.000000	50.00
51.00	05100	RECOVERY ROOM	7,760,947	11,359,762	19,120,709	0.285006	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,378,856	503,362	32,882,218	0.217750	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	20,686,447	40,629,504	61,315,951	0.011415	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,008,705	71,929,223	91,937,928	0.182246	0.000000	54.00
54.01	05401	ONCOLOGY (OHA)	284,547	54,882,888	55,167,435	0.182672	0.000000	54.01
54.02	05402	ULTRASOUND	5,843,980	12,924,439	18,768,419	0.069428	0.000000	54.02
54.03	05403	NUCLEAR MEDICINE	4,389,773	24,230,026	28,619,799	0.155775	0.000000	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	23,279,291	44,244,049	67,523,340	0.059686	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,803,150	15,901,232	20,704,382	0.126823	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	68,218,825	98,983,617	167,202,442	0.042173	0.000000	59.00
60.00	06000	LABORATORY	60,034,141	114,064,181	174,098,322	0.148477	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,184,391	2,668,921	12,853,312	0.200806	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	1,405,314	3,002,303	4,407,617	1.043109	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	25,605,153	5,991,743	31,596,896	0.239991	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	11,326,750	8,698,137	20,024,887	0.471233	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,503,202	535,198	12,038,400	0.208566	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	3,625,974	230,612	3,856,586	0.251286	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	25,520,968	44,737,751	70,258,719	0.047051	0.000000	69.00
69.02	06902	CARDIAC REHAB	2,870	1,742,324	1,745,194	1.189965	0.000000	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0.000000	0.000000	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	1,878,249	5,912,463	7,790,712	0.272601	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	70,681,144	84,486,692	155,167,836	0.066815	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	51,118,983	79,597,259	130,716,242	0.354747	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	74,652,034	300,060,486	374,712,520	0.264878	0.000000	73.00
74.00	07400	RENAL DIALYSIS	5,655,909	915,088	6,570,997	0.259527	0.000000	74.00
76.00	03951	ECT	376,865	2,272,142	2,649,007	0.093344	0.000000	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	444,553	444,553	1.088077	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	52,422	8,533,492	8,585,914	0.260755	0.000000	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0	0	0	0.000000	0.000000	90.01
90.02	09002	PEDS CLINIC	0	0	0	0.000000	0.000000	90.02
90.04	09004	BIATRICS	0	0	0	0.000000	0.000000	90.04
91.00	09100	EMERGENCY	42,255,528	102,690,809	144,946,337	0.141629	0.000000	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	7,131,238	23,916,183	31,047,421	0.156171	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,213,697	6,888,894	10,102,591	0.803962	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	8,100,476	8,100,476	0.788233	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	HOME OFFICE	0	0	0	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0	0	0.000000	0.000000	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	0.000000	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0.000000	0.000000	106.00
200.00		Subtotal (see instructions)	860,713,245	1,626,921,335	2,487,634,580			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	860,713,245	1,626,921,335	2,487,634,580			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/29/2023 12:09 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.02	03102 NICU			31.02
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 ONCOLOGY (OHA)	0.000000		54.01
54.02	05402 ULTRASOUND	0.000000		54.02
54.03	05403 NUCLEAR MEDICINE	0.000000		54.03
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.02	06902 CARDIAC REHAB	0.000000		69.02
69.03	06903 DIABETIC EDUCATION	0.000000		69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03951 ECT	0.000000		76.00
76.01	03950 MOBILE OUTREACH CLINIC	0.000000		76.01
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 COVID-19 VACCINE CLINIC	0.000000		90.01
90.02	09002 PEDS CLINIC	0.000000		90.02
90.04	09004 BARIATRICS	0.000000		90.04
91.00	09100 EMERGENCY	0.000000		91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.000000		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850 HOME OFFICE	0.000000		98.00
99.00	09900 CMHC			99.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
106.00	10600 HEART ACQUISITION	0.000000		106.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part I Date/Time Prepared: 11/29/2023 12:09 pm
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Cost Center Description	Title XVIII			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	6,086,873	0	6,086,873	45,256	134.50	30.00
31.00	INTENSIVE CARE UNIT	1,780,264		1,780,264	9,623	185.00	31.00
31.02	NICU	519,320		519,320	4,567	113.71	31.02
32.00	CORONARY CARE UNIT	224,308		224,308	1,942	115.50	32.00
40.00	SUBPROVIDER - IPF	376,022	0	376,022	3,125	120.33	40.00
41.00	SUBPROVIDER - IRF	1,004,324	0	1,004,324	5,242	191.59	41.00
43.00	NURSERY	43,975		43,975	2,304	19.09	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	10,035,086		10,035,086	72,059		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)
		6.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	11,156	1,500,482				30.00
31.00	INTENSIVE CARE UNIT	4,476	828,060				31.00
31.02	NICU	0	0				31.02
32.00	CORONARY CARE UNIT	377	43,544				32.00
40.00	SUBPROVIDER - IPF	276	33,211				40.00
41.00	SUBPROVIDER - IRF	2,669	511,354				41.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30 through 199)	18,954	2,916,651				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet D
Part II
Date/Time Prepared:
11/29/2023 12:09 pm

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,690,131	597,934,641	0.012861	80,707,477	1,037,979	50.00
51.00	05100	RECOVERY ROOM	638,776	19,120,709	0.033408	3,313,812	110,708	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	750,885	32,882,218	0.022836	38,290	874	52.00
53.00	05300	ANESTHESIOLOGY	47,767	61,315,951	0.000779	9,095,691	7,086	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,814,190	91,937,928	0.019733	3,689,404	72,803	54.00
54.01	05401	ONCOLOGY (OHA)	1,909,195	55,167,435	0.034607	193,380	6,692	54.01
54.02	05402	ULTRASOUND	147,533	18,768,419	0.007861	1,804,128	14,182	54.02
54.03	05403	NUCLEAR MEDICINE	612,630	28,619,799	0.021406	1,531,072	32,774	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	1,087,087	67,523,340	0.016099	7,235,797	116,489	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	909,803	20,704,382	0.043943	1,322,347	58,108	58.00
59.00	05900	CARDIAC CATHETERIZATION	922,314	167,202,442	0.005516	8,494,247	46,854	59.00
60.00	06000	LABORATORY	1,016,909	174,098,322	0.005841	18,267,243	106,699	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	65,777	12,853,312	0.005118	2,561,913	13,112	63.00
64.00	06400	INTRAVENOUS THERAPY	380,448	4,407,617	0.086316	3,959	342	64.00
65.00	06500	RESPIRATORY THERAPY	342,655	31,596,896	0.010845	6,144,881	66,641	65.00
66.00	06600	PHYSICAL THERAPY	395,582	20,024,887	0.019755	2,628,763	51,931	66.00
67.00	06700	OCCUPATIONAL THERAPY	51,411	12,038,400	0.004271	2,341,941	10,002	67.00
68.00	06800	SPEECH PATHOLOGY	29,335	3,856,586	0.007606	659,112	5,013	68.00
69.00	06900	ELECTROCARDIOLOGY	482,477	70,258,719	0.006867	8,873,552	60,935	69.00
69.02	06902	CARDIAC REHAB	271,487	1,745,194	0.155563	1,019	159	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0.000000	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	466,893	7,790,712	0.059929	567,763	34,025	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	778,938	155,167,836	0.005020	24,638,939	123,687	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	944,108	130,716,242	0.007223	25,648,956	185,262	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,247,132	374,712,520	0.005997	22,195,632	133,107	73.00
74.00	07400	RENAL DIALYSIS	85,640	6,570,997	0.013033	1,352,380	17,626	74.00
76.00	03951	ECT	5,150	2,649,007	0.001944	13,960	27	76.00
76.01	03950	MOBILE OUTREACH CLINIC	20,119	444,553	0.045257	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	87,137	8,585,914	0.010149	4,784	49	90.00
90.01	09001	COVID-19 VACCINE CLINIC	1,166	0	0.000000	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	09004	BIATRICS	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	1,104,087	144,946,337	0.007617	11,564,393	88,086	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	648,669	31,047,421	0.020893	1,859,970	38,860	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	983,456	10,102,591	0.097347	1,745,455	169,915	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	25,851	0	0.000000	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	26,964,738	2,364,791,327		248,500,260	2,610,027	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part III Date/Time Prepared: 11/29/2023 12:09 pm
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
31.02	03102	NICU	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	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	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	
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	45,256	0.00	11,156	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	9,623	0.00	4,476	31.00	
31.02	03102	NICU	0	0	4,567	0.00	0	31.02	
32.00	03200	CORONARY CARE UNIT	0	0	1,942	0.00	377	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	3,125	0.00	276	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	5,242	0.00	2,669	41.00	
43.00	04300	NURSERY	0	0	2,304	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0.00	0	45.00	
200.00		Total (lines 30 through 199)	0	0	72,059	0.00	18,954	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
31.02	03102	NICU	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
45.00	04500	NURSING FACILITY	0						45.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/29/2023 12:09 pm
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Cost Center Description	Title XVIII			Hospital		Allied Health Adjustments	Allied Health Adjustments	PPS
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ONCOLOGY (OHA)	0	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	06902	CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	194,062	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	ECT	0	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	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
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	194,062	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/29/2023 12:09 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	597,934,641	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	19,120,709	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	32,882,218	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	61,315,951	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	91,937,928	0.000000	54.00
54.01 05401 ONCOLOGY (OHA)	0	0	0	55,167,435	0.000000	54.01
54.02 05402 ULTRASOUND	0	0	0	18,768,419	0.000000	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	28,619,799	0.000000	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	67,523,340	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,704,382	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	167,202,442	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	174,098,322	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,853,312	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	4,407,617	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	31,596,896	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	20,024,887	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	12,038,400	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	3,856,586	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	70,258,719	0.000000	69.00
69.02 06902 CARDIAC REHAB	0	0	0	1,745,194	0.000000	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0.000000	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	7,790,712	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	155,167,836	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	130,716,242	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	194,062	194,062	374,712,520	0.000518	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	6,570,997	0.000000	74.00
76.00 03951 ECT	0	0	0	2,649,007	0.000000	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	444,553	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	8,585,914	0.000000	90.00
90.01 09001 COVID-19 VACCINE CLINIC	0	0	0	0	0.000000	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0.000000	90.02
90.04 09004 BARIATRICS	0	0	0	0	0.000000	90.04
91.00 09100 EMERGENCY	0	0	0	144,946,337	0.000000	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	31,047,421	0.000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,102,591	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0.000000	98.00
200.00 Total (lines 50 through 199)	0	194,062	194,062	2,364,791,327		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/29/2023 12:09 pm
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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	80,707,477	0	113,194,120	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	3,313,812	0	8,022,146	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	38,290	0	44,020	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	9,095,691	0	15,313,480	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	3,689,404	0	5,180,929	0	54.00
54.01	05401 ONCOLOGY (OHA)	0.000000	193,380	0	3,213,547	0	54.01
54.02	05402 ULTRASOUND	0.000000	1,804,128	0	2,542,264	0	54.02
54.03	05403 NUCLEAR MEDICINE	0.000000	1,531,072	0	8,271,678	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	7,235,797	0	14,703,828	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,322,347	0	3,983,647	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	8,494,247	0	17,601,853	0	59.00
60.00	06000 LABORATORY	0.000000	18,267,243	0	9,917,134	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	2,561,913	0	753,572	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	3,959	0	735,107	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	6,144,881	0	1,221,162	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	2,628,763	0	167,915	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	2,341,941	0	128,686	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	659,112	0	17,131	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	8,873,552	0	12,560,758	0	69.00
69.02	06902 CARDIAC REHAB	0.000000	1,019	0	697,885	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	567,763	0	1,246,705	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	24,638,939	0	19,390,152	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	25,648,956	0	28,690,686	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000518	22,195,632	11,497	24,955,362	12,927	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,352,380	0	152,429	0	74.00
76.00	03951 ECT	0.000000	13,960	0	297,058	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0.000000	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	4,784	0	92,413	0	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	11,564,393	0	11,551,082	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.000000	1,859,970	0	7,061,850	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,745,455	0	5,144,773	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		248,500,260	11,497	316,853,372	12,927	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Prepared: 11/29/2023 12:09 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.137097	113,194,120	0	0	15,518,574	50.00	
51.00 05100 RECOVERY ROOM	0.285006	8,022,146	0	0	2,286,360	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.217750	44,020	0	0	9,585	52.00	
53.00 05300 ANESTHESIOLOGY	0.011415	15,313,480	0	0	174,803	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.182246	5,180,929	0	0	944,204	54.00	
54.01 05401 ONCOLOGY (OHA)	0.182672	3,213,547	0	0	587,025	54.01	
54.02 05402 ULTRASOUND	0.069428	2,542,264	0	0	176,504	54.02	
54.03 05403 NUCLEAR MEDICINE	0.155775	8,271,678	0	0	1,288,521	54.03	
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00	
57.00 05700 CT SCAN	0.059686	14,703,828	0	0	877,613	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.126823	3,983,647	0	0	505,218	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.042173	17,601,853	0	0	742,323	59.00	
60.00 06000 LABORATORY	0.148477	9,917,134	1,250	0	1,472,466	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.200806	753,572	0	0	151,322	63.00	
64.00 06400 INTRAVENOUS THERAPY	1.043109	735,107	0	0	766,797	64.00	
65.00 06500 RESPIRATORY THERAPY	0.239991	1,221,162	0	0	293,068	65.00	
66.00 06600 PHYSICAL THERAPY	0.471233	167,915	0	0	79,127	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.208566	128,686	0	0	26,840	67.00	
68.00 06800 SPEECH PATHOLOGY	0.251286	17,131	0	0	4,305	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.047051	12,560,758	0	0	590,996	69.00	
69.02 06902 CARDIAC REHAB	1.189965	697,885	0	0	830,459	69.02	
69.03 06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.272601	1,246,705	0	0	339,853	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.066815	19,390,152	0	0	1,295,553	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.354747	28,690,686	0	0	10,177,935	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.264878	24,955,362	0	85,426	6,610,126	73.00	
74.00 07400 RENAL DIALYSIS	0.259527	152,429	0	0	39,559	74.00	
76.00 03951 ECT	0.093344	297,058	0	0	27,729	76.00	
76.01 03950 MOBILE OUTREACH CLINIC	1.088077	0	0	0	0	76.01	
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC						88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00	
90.00 09000 CLINIC	0.260755	92,413	0	582	24,097	90.00	
90.01 09001 COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.01	
90.02 09002 PEDS CLINIC	0.000000	0	0	0	0	90.02	
90.04 09004 BARIATRICS	0.000000	0	0	0	0	90.04	
91.00 09100 EMERGENCY	0.141629	11,551,082	0	0	1,635,968	91.00	
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0.156171	7,061,850	0	0	1,102,856	91.01	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.803962	5,144,773	0	0	4,136,202	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0.788233		0			95.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00	
98.00 09850 HOME OFFICE	0.000000	0	0	0	0	98.00	
200.00		Subtotal (see instructions)	316,853,372	1,250	86,008	52,715,988	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00		Net Charges (line 200 - line 201)	316,853,372	1,250	86,008	52,715,988	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Prepared: 11/29/2023 12:09 pm
		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		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 ONCOLOGY (OHA)	0	0		54.01
54.02 05402 ULTRASOUND	0	0		54.02
54.03 05403 NUCLEAR MEDICINE	0	0		54.03
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	186	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.02 06902 CARDIAC REHAB	0	0		69.02
69.03 06903 DIABETIC EDUCATION	0	0		69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	22,627		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03951 ECT	0	0		76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0		76.01
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00 09000 CLINIC	0	152		90.00
90.01 09001 COVID-19 VACCINE CLINIC	0	0		90.01
90.02 09002 PEDS CLINIC	0	0		90.02
90.04 09004 BARIATRICS	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 09850 HOME OFFICE	0	0		98.00
200.00 Subtotal (see instructions)	186	22,779		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	186	22,779		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0100 Component CCN: 15-S100		Period: From 07/01/2022 To 06/30/2023		Worksheet D Part II Date/Time Prepared: 11/29/2023 12:09 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,690,131	597,934,641	0.012861	0	0	50.00
51.00	05100	RECOVERY ROOM	638,776	19,120,709	0.033408	20,856	697	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	750,885	32,882,218	0.022836	0	0	52.00
53.00	05300	ANESTHESIOLOGY	47,767	61,315,951	0.000779	83,850	65	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,814,190	91,937,928	0.019733	5,175	102	54.00
54.01	05401	ONCOLOGY (OHA)	1,909,195	55,167,435	0.034607	0	0	54.01
54.02	05402	ULTRASOUND	147,533	18,768,419	0.007861	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	612,630	28,619,799	0.021406	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	1,087,087	67,523,340	0.016099	20,250	326	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	909,803	20,704,382	0.043943	9,400	413	58.00
59.00	05900	CARDIAC CATHETERIZATION	922,314	167,202,442	0.005516	0	0	59.00
60.00	06000	LABORATORY	1,016,909	174,098,322	0.005841	94,470	552	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	65,777	12,853,312	0.005118	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	380,448	4,407,617	0.086316	1,550	134	64.00
65.00	06500	RESPIRATORY THERAPY	342,655	31,596,896	0.010845	700	8	65.00
66.00	06600	PHYSICAL THERAPY	395,582	20,024,887	0.019755	1,385	27	66.00
67.00	06700	OCCUPATIONAL THERAPY	51,411	12,038,400	0.004271	2,795	12	67.00
68.00	06800	SPEECH PATHOLOGY	29,335	3,856,586	0.007606	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	482,477	70,258,719	0.006867	5,004	34	69.00
69.02	06902	CARDIAC REHAB	271,487	1,745,194	0.155563	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0.000000	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	466,893	7,790,712	0.059929	144	9	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	778,938	155,167,836	0.005020	363	2	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	944,108	130,716,242	0.007223	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,247,132	374,712,520	0.005997	86,302	518	73.00
74.00	07400	RENAL DIALYSIS	85,640	6,570,997	0.013033	0	0	74.00
76.00	03951	ECT	5,150	2,649,007	0.001944	61,424	119	76.00
76.01	03950	MOBILE OUTREACH CLINIC	20,119	444,553	0.045257	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	87,137	8,585,914	0.010149	0	0	90.00
90.01	09001	COVID-19 VACCINE CLINIC	1,166	0	0.000000	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	09004	BARIATRICS	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	1,104,087	144,946,337	0.007617	92,252	703	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	648,669	31,047,421	0.020893	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	10,102,591	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	25,851	0	0.000000	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	25,981,282	2,364,791,327		485,920	3,721	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN:15-S100	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/29/2023 12:09 pm
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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	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 ONCOLOGY (OHA)	0	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	194,062	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951 ECT	0	0	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	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
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0	0	0	98.00
200.00	Total (lines 50 through 199)	0	0	0	0	194,062	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN:15-S100	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/29/2023 12:09 pm
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	597,934,641	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	19,120,709	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	32,882,218	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	61,315,951	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	91,937,928	0.000000	54.00
54.01	05401 ONCOLOGY (OHA)	0	0	0	55,167,435	0.000000	54.01
54.02	05402 ULTRASOUND	0	0	0	18,768,419	0.000000	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	28,619,799	0.000000	54.03
56.00	05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	67,523,340	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,704,382	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	167,202,442	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	174,098,322	0.000000	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,853,312	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	4,407,617	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	31,596,896	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	20,024,887	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	12,038,400	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	3,856,586	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	70,258,719	0.000000	69.00
69.02	06902 CARDIAC REHAB	0	0	0	1,745,194	0.000000	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0.000000	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	7,790,712	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	155,167,836	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	130,716,242	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	194,062	194,062	374,712,520	0.000518	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	6,570,997	0.000000	74.00
76.00	03951 ECT	0	0	0	2,649,007	0.000000	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	444,553	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000 CLINIC	0	0	0	8,585,914	0.000000	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0	0	0	0	0.000000	90.01
90.02	09002 PEDS CLINIC	0	0	0	0	0.000000	90.02
90.04	09004 BARIATRICS	0	0	0	0	0.000000	90.04
91.00	09100 EMERGENCY	0	0	0	144,946,337	0.000000	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	31,047,421	0.000000	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,102,591	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00	09850 HOME OFFICE	0	0	0	0	0.000000	98.00
200.00	Total (lines 50 through 199)	0	194,062	194,062	2,364,791,327		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0100 Component CCN: 15-S100		Period: From 07/01/2022 To 06/30/2023		Worksheet D Part IV Date/Time Prepared: 11/29/2023 12:09 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	20,856	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	83,850	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	5,175	0	0	0	54.00
54.01	05401	ONCOLOGY (OHA)	0.000000	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0.000000	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0.000000	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	20,250	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	9,400	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	94,470	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	1,550	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	700	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,385	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	2,795	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	5,004	0	0	0	69.00
69.02	06902	CARDIAC REHAB	0.000000	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	144	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	363	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000518	86,302	45	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03951	ECT	0.000000	61,424	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0.000000	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	232	0	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004	BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.000000	92,252	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		485,920	45	232	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0100 Component CCN:15-S100		Period: From 07/01/2022 To 06/30/2023		Worksheet D Part V Date/Time Prepared: 11/29/2023 12:09 pm		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.137097	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.285006	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.217750	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.011415	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.182246	0	0	0	0	54.00
54.01	05401	ONCOLOGY (OHA)	0.182672	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0.069428	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0.155775	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.059686	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.126823	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.042173	0	0	0	0	59.00
60.00	06000	LABORATORY	0.148477	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.200806	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1.043109	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.239991	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.471233	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.208566	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.251286	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.047051	0	0	0	0	69.00
69.02	06902	CARDIAC REHAB	1.189965	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.272601	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.066815	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.354747	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.264878	0	0	162	0	73.00
74.00	07400	RENAL DIALYSIS	0.259527	0	0	0	0	74.00
76.00	03951	ECT	0.093344	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.088077	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.260755	232	0	0	60	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004	BARITRICS	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.141629	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.156171	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.803962	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.788233		0			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		232	0	162	60	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		232	0	162	60	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0100 Component CCN:15-S100	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Prepared: 11/29/2023 12:09 pm
Title XVIII		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		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 ONCOLOGY (OHA)	0	0		54.01
54.02 05402 ULTRASOUND	0	0		54.02
54.03 05403 NUCLEAR MEDICINE	0	0		54.03
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.02 06902 CARDIAC REHAB	0	0		69.02
69.03 06903 DIABETIC EDUCATION	0	0		69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	43		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03951 ECT	0	0		76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0		76.01
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 COVID-19 VACCINE CLINIC	0	0		90.01
90.02 09002 PEDS CLINIC	0	0		90.02
90.04 09004 BARIATRICS	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 09850 HOME OFFICE	0	0		98.00
200.00 Subtotal (see instructions)	0	43		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	43		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 15-0100 Component CCN:15-T100	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part II Date/Time Prepared: 11/29/2023 12:09 pm
				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	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	7,690,131	597,934,641	0.012861	529,717	6,813	50.00
51.00 05100 RECOVERY ROOM	638,776	19,120,709	0.033408	45,023	1,504	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	750,885	32,882,218	0.022836	0	0	52.00
53.00 05300 ANESTHESIOLOGY	47,767	61,315,951	0.000779	69,130	54	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,814,190	91,937,928	0.019733	61,115	1,206	54.00
54.01 05401 ONCOLOGY (OHA)	1,909,195	55,167,435	0.034607	0	0	54.01
54.02 05402 ULTRASOUND	147,533	18,768,419	0.007861	9,134	72	54.02
54.03 05403 NUCLEAR MEDICINE	612,630	28,619,799	0.021406	0	0	54.03
56.00 05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00 05700 CT SCAN	1,087,087	67,523,340	0.016099	87,924	1,415	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	909,803	20,704,382	0.043943	16,150	710	58.00
59.00 05900 CARDIAC CATHETERIZATION	922,314	167,202,442	0.005516	0	0	59.00
60.00 06000 LABORATORY	1,016,909	174,098,322	0.005841	730,243	4,265	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	65,777	12,853,312	0.005118	12,202	62	63.00
64.00 06400 INTRAVENOUS THERAPY	380,448	4,407,617	0.086316	9,403	812	64.00
65.00 06500 RESPIRATORY THERAPY	342,655	31,596,896	0.010845	79,550	863	65.00
66.00 06600 PHYSICAL THERAPY	395,582	20,024,887	0.019755	1,994,686	39,405	66.00
67.00 06700 OCCUPATIONAL THERAPY	51,411	12,038,400	0.004271	2,152,776	9,195	67.00
68.00 06800 SPEECH PATHOLOGY	29,335	3,856,586	0.007606	686,873	5,224	68.00
69.00 06900 ELECTROCARDIOLOGY	482,477	70,258,719	0.006867	12,517	86	69.00
69.02 06902 CARDIAC REHAB	271,487	1,745,194	0.155563	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0.000000	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	466,893	7,790,712	0.059929	1,054	63	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	778,938	155,167,836	0.005020	146,844	737	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	944,108	130,716,242	0.007223	179,936	1,300	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,247,132	374,712,520	0.005997	641,285	3,846	73.00
74.00 07400 RENAL DIALYSIS	85,640	6,570,997	0.013033	94,170	1,227	74.00
76.00 03951 ECT	5,150	2,649,007	0.001944	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	20,119	444,553	0.045257	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00 09000 CLINIC	87,137	8,585,914	0.010149	0	0	90.00
90.01 09001 COVID-19 VACCINE CLINIC	1,166	0	0.000000	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04 09004 BARIATRICS	0	0	0.000000	0	0	90.04
91.00 09100 EMERGENCY	1,104,087	144,946,337	0.007617	84,976	647	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	648,669	31,047,421	0.020893	12,625	264	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	10,102,591	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	25,851	0	0.000000	0	0	97.00
98.00 09850 HOME OFFICE	0	0	0.000000	0	0	98.00
200.00 Total (lines 50 through 199)	25,981,282	2,364,791,327		7,657,333	79,770	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN:15-T100	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/29/2023 12:09 pm
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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	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 ONCOLOGY (OHA)	0	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	194,062	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951 ECT	0	0	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	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
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0	0	0	98.00
200.00	Total (lines 50 through 199)	0	0	0	0	194,062	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN:15-T100	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/29/2023 12:09 pm
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	597,934,641	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	19,120,709	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	32,882,218	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	61,315,951	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	91,937,928	0.000000	54.00
54.01	05401 ONCOLOGY (OHA)	0	0	0	55,167,435	0.000000	54.01
54.02	05402 ULTRASOUND	0	0	0	18,768,419	0.000000	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	28,619,799	0.000000	54.03
56.00	05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	67,523,340	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,704,382	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	167,202,442	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	174,098,322	0.000000	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,853,312	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	4,407,617	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	31,596,896	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	20,024,887	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	12,038,400	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	3,856,586	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	70,258,719	0.000000	69.00
69.02	06902 CARDIAC REHAB	0	0	0	1,745,194	0.000000	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0.000000	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	7,790,712	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	155,167,836	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	130,716,242	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	194,062	194,062	374,712,520	0.000518	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	6,570,997	0.000000	74.00
76.00	03951 ECT	0	0	0	2,649,007	0.000000	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	444,553	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000 CLINIC	0	0	0	8,585,914	0.000000	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0	0	0	0	0.000000	90.01
90.02	09002 PEDS CLINIC	0	0	0	0	0.000000	90.02
90.04	09004 BARIATRICS	0	0	0	0	0.000000	90.04
91.00	09100 EMERGENCY	0	0	0	144,946,337	0.000000	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	31,047,421	0.000000	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,102,591	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00	09850 HOME OFFICE	0	0	0	0	0.000000	98.00
200.00	Total (lines 50 through 199)	0	194,062	194,062	2,364,791,327		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0100 Component CCN:15-T100		Period: From 07/01/2022 To 06/30/2023		Worksheet D Part IV Date/Time Prepared: 11/29/2023 12:09 pm	
			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	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	529,717	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	45,023	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	69,130	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	61,115	0	1,275	0	54.00
54.01	05401	ONCOLOGY (OHA)	0.000000	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0.000000	9,134	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0.000000	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	87,924	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	16,150	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	730,243	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	12,202	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	9,403	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	79,550	0	2,774	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,994,686	0	180	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	2,152,776	0	180	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	686,873	0	180	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	12,517	0	0	0	69.00
69.02	06902	CARDIAC REHAB	0.000000	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,054	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	146,844	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	179,936	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000518	641,285	332	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	94,170	0	0	0	74.00
76.00	03951	ECT	0.000000	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0.000000	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	1,392	0	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004	BIATRICS	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.000000	84,976	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.000000	12,625	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		7,657,333	332	5,981	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0100 Component CCN:15-T100	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Prepared: 11/29/2023 12:09 pm			
			Title XVIII	Subprovider - IRF	PPS		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.137097	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.285006	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.217750	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.011415	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.182246	1,275	0	0	232 54.00
54.01	05401	ONCOLOGY (OHA)	0.182672	0	0	0	0 54.01
54.02	05402	ULTRASOUND	0.069428	0	0	0	0 54.02
54.03	05403	NUCLEAR MEDICINE	0.155775	0	0	0	0 54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0 56.00
57.00	05700	CT SCAN	0.059686	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.126823	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.042173	0	0	0	0 59.00
60.00	06000	LABORATORY	0.148477	0	0	0	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.200806	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	1.043109	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.239991	2,774	0	0	666 65.00
66.00	06600	PHYSICAL THERAPY	0.471233	180	0	0	85 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.208566	180	0	0	38 67.00
68.00	06800	SPEECH PATHOLOGY	0.251286	180	0	0	45 68.00
69.00	06900	ELECTROCARDIOLOGY	0.047051	0	0	0	0 69.00
69.02	06902	CARDIAC REHAB	1.189965	0	0	0	0 69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	0	0	0 69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.272601	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.066815	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.354747	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.264878	0	0	1,188	0 73.00
74.00	07400	RENAL DIALYSIS	0.259527	0	0	0	0 74.00
76.00	03951	ECT	0.093344	0	0	0	0 76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.088077	0	0	0	0 76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00	09000	CLINIC	0.260755	1,392	0	0	363 90.00
90.01	09001	COVID-19 VACCINE CLINIC	0.000000	0	0	0	0 90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	0	0 90.02
90.04	09004	BARIATRICS	0.000000	0	0	0	0 90.04
91.00	09100	EMERGENCY	0.141629	0	0	0	0 91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.156171	0	0	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.803962	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0.788233		0		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0 97.00
98.00	09850	HOME OFFICE	0.000000	0	0	0	0 98.00
200.00		Subtotal (see instructions)		5,981	0	1,188	1,429 200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00		Net Charges (line 200 - line 201)		5,981	0	1,188	1,429 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0100 Component CCN:15-T100	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Prepared: 11/29/2023 12:09 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401 ONCOLOGY (OHA)	0	0	54.01
54.02 05402 ULTRASOUND	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	54.03
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
69.02 06902 CARDIAC REHAB	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	315	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03951 ECT	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	76.01
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC			88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 COVID-19 VACCINE CLINIC	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	90.02
90.04 09004 BARIATRICS	0	0	90.04
91.00 09100 EMERGENCY	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0		95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 09850 HOME OFFICE	0	0	98.00
200.00 Subtotal (see instructions)	0	315	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	315	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part III Date/Time Prepared: 11/29/2023 12:09 pm
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
31.02	03102	NICU	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	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	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	
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	45,256	0.00	870	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	9,623	0.00	204	31.00	
31.02	03102	NICU	0	0	4,567	0.00	302	31.02	
32.00	03200	CORONARY CARE UNIT	0	0	1,942	0.00	15	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	3,125	0.00	189	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	5,242	0.00	17	41.00	
43.00	04300	NURSERY	0	0	2,304	0.00	1,525	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0.00	0	45.00	
200.00		Total (lines 30 through 199)	0	0	72,059	0.00	3,122	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
31.02	03102	NICU	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
45.00	04500	NURSING FACILITY	0						45.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet D
Part IV
Date/Time Prepared:
11/29/2023 12:09 pm

Cost Center Description		Title XIX			Hospital		Allied Health Cost
		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	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	ONCOLOGY (OHA)	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.02	06902	CARDIAC REHAB	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	194,062	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03951	ECT	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	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
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	194,062	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet D
Part IV
Date/Time Prepared:
11/29/2023 12:09 pm

Cost Center Description		Title XIX			Hospital	Cost		
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	597,934,641	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	19,120,709	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	32,882,218	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	61,315,951	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	91,937,928	0.000000	54.00
54.01	05401	ONCOLOGY (OHA)	0	0	0	55,167,435	0.000000	54.01
54.02	05402	ULTRASOUND	0	0	0	18,768,419	0.000000	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	28,619,799	0.000000	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	67,523,340	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,704,382	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	167,202,442	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	174,098,322	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,853,312	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	4,407,617	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	31,596,896	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	20,024,887	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,038,400	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,856,586	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	70,258,719	0.000000	69.00
69.02	06902	CARDIAC REHAB	0	0	0	1,745,194	0.000000	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0.000000	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,790,712	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	155,167,836	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	130,716,242	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	194,062	194,062	374,712,520	0.000518	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	6,570,997	0.000000	74.00
76.00	03951	ECT	0	0	0	2,649,007	0.000000	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0	444,553	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	8,585,914	0.000000	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0	0	0	0	0.000000	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0.000000	90.02
90.04	09004	BARIATRICS	0	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	0	0	0	144,946,337	0.000000	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	31,047,421	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,102,591	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	194,062	194,062	2,364,791,327		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet D
Part IV
Date/Time Prepared:
11/29/2023 12:09 pm

Cost Center Description		Title XIX			Hospital		Cost
		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	7,319,258	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	1,558,205	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	995,518	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	962,902	0	0	0	54.00
54.01	05401 ONCOLOGY (OHA)	0.000000	13,694	0	0	0	54.01
54.02	05402 ULTRASOUND	0.000000	281,237	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0.000000	211,254	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	1,120,296	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	231,148	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	3,282,974	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	2,889,093	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	490,115	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	67,630	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,232,227	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	545,090	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	553,582	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	174,497	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,228,175	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0.000000	138	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	90,389	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,401,471	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,460,058	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000518	3,592,567	1,861	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	272,186	0	0	0	74.00
76.00	03951 ECT	0.000000	18,136	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0.000000	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	2,523	0	0	0	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	2,033,512	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.000000	343,185	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	154,656	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		35,525,716	1,861	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Prepared: 11/29/2023 12:09 pm
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			Title XIX		Hospital	Cost		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges		Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost				
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.137097	0	5,990,456	0	0	50.00
51.00	05100	RECOVERY ROOM	0.285006	0	152,632	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.217750	0	6,763	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.011415	0	545,907	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.182246	0	966,457	0	0	54.00
54.01	05401	ONCOLOGY (OHA)	0.182672	0	737,419	0	0	54.01
54.02	05402	ULTRASOUND	0.069428	0	173,656	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0.155775	0	325,560	0	0	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.059686	0	594,473	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.126823	0	213,653	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.042173	0	1,329,967	0	0	59.00
60.00	06000	LABORATORY	0.148477	0	1,532,592	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.200806	0	35,860	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1.043109	0	40,340	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.239991	0	80,506	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.471233	0	116,870	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.208566	0	7,191	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.251286	0	3,099	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.047051	0	601,107	0	0	69.00
69.02	06902	CARDIAC REHAB	1.189965	0	23,410	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.272601	0	79,441	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.066815	0	1,135,183	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.354747	0	1,069,487	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.264878	0	4,031,681	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.259527	0	12,295	0	0	74.00
76.00	03951	ECT	0.093344	0	30,529	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.088077	0	5,973	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.260755	0	114,658	0	0	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004	BIARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.141629	0	1,379,777	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.156171	0	321,343	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.803962	0	92,561	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.788233	0	108,840	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		0	21,859,686	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	21,859,686	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet D
Part V
Date/Time Prepared:
11/29/2023 12:09 pm

		Title XIX		Hospital	Cost
Cost Center Description		Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	821,274	0	50.00
51.00	05100	RECOVERY ROOM	43,501	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,473	0	52.00
53.00	05300	ANESTHESIOLOGY	6,232	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	176,133	0	54.00
54.01	05401	ONCOLOGY (OHA)	134,706	0	54.01
54.02	05402	ULTRASOUND	12,057	0	54.02
54.03	05403	NUCLEAR MEDICINE	50,714	0	54.03
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	35,482	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	27,096	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	56,089	0	59.00
60.00	06000	LABORATORY	227,555	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,201	0	63.00
64.00	06400	INTRAVENOUS THERAPY	42,079	0	64.00
65.00	06500	RESPIRATORY THERAPY	19,321	0	65.00
66.00	06600	PHYSICAL THERAPY	55,073	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,500	0	67.00
68.00	06800	SPEECH PATHOLOGY	779	0	68.00
69.00	06900	ELECTROCARDIOLOGY	28,283	0	69.00
69.02	06902	CARDIAC REHAB	27,857	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	21,656	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	75,847	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	379,397	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,067,904	0	73.00
74.00	07400	RENAL DIALYSIS	3,191	0	74.00
76.00	03951	ECT	2,850	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	6,499	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	29,898	0	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	90.02
90.04	09004	BARIATRICS	0	0	90.04
91.00	09100	EMERGENCY	195,416	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	50,184	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	74,416	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	85,791		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	HOME OFFICE	0	0	98.00
200.00		Subtotal (see instructions)	3,767,454	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	3,767,454	0	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN:15-S100	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/29/2023 12:09 pm
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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	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 ONCOLOGY (OHA)	0	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	194,062	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951 ECT	0	0	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	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
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0	0	0	98.00
200.00	Total (lines 50 through 199)	0	0	0	0	194,062	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0100 Component CCN:15-S100		Period: From 07/01/2022 To 06/30/2023		Worksheet D Part IV Date/Time Prepared: 11/29/2023 12:09 pm		
		Title XIX		Subprovider - IPF		Cost		
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	597,934,641	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	19,120,709	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	32,882,218	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	61,315,951	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	91,937,928	0.000000	54.00
54.01	05401	ONCOLOGY (OHA)	0	0	0	55,167,435	0.000000	54.01
54.02	05402	ULTRASOUND	0	0	0	18,768,419	0.000000	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	28,619,799	0.000000	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	67,523,340	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,704,382	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	167,202,442	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	174,098,322	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,853,312	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	4,407,617	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	31,596,896	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	20,024,887	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,038,400	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,856,586	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	70,258,719	0.000000	69.00
69.02	06902	CARDIAC REHAB	0	0	0	1,745,194	0.000000	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0.000000	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,790,712	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	155,167,836	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	130,716,242	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	194,062	194,062	374,712,520	0.000518	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	6,570,997	0.000000	74.00
76.00	03951	ECT	0	0	0	2,649,007	0.000000	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0	444,553	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	8,585,914	0.000000	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0	0	0	0	0.000000	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0.000000	90.02
90.04	09004	BARIATRICS	0	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	0	0	0	144,946,337	0.000000	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	31,047,421	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,102,591	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	194,062	194,062	2,364,791,327		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN:15-S100	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/29/2023 12:09 pm
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	31,474	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,943	0	0	54.00
54.01	05401	ONCOLOGY (OHA)	0.000000	0	0	0	54.01
54.02	05402	ULTRASOUND	0.000000	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0.000000	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	7,601	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	3,528	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	35,461	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	582	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	263	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	520	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,049	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,878	0	0	69.00
69.02	06902	CARDIAC REHAB	0.000000	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	54	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	136	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000518	32,395	17	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
76.00	03951	ECT	0.000000	23,057	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0.000000	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0.000000	0	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	0	90.02
90.04	09004	BIATRICS	0.000000	0	0	0	90.04
91.00	09100	EMERGENCY	0.000000	34,628	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.000000	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	0	98.00
200.00		Total (lines 50 through 199)		174,569	17	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN:15-T100	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/29/2023 12:09 pm
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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	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 ONCOLOGY (OHA)	0	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	194,062	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951 ECT	0	0	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	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
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0	0	0	98.00
200.00	Total (lines 50 through 199)	0	0	0	0	194,062	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0100 Component CCN:15-T100	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/29/2023 12:09 pm			
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	597,934,641	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	19,120,709	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	32,882,218	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	61,315,951	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	91,937,928	0.000000	54.00
54.01	05401 ONCOLOGY (OHA)	0	0	0	55,167,435	0.000000	54.01
54.02	05402 ULTRASOUND	0	0	0	18,768,419	0.000000	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	28,619,799	0.000000	54.03
56.00	05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	67,523,340	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,704,382	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	167,202,442	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	174,098,322	0.000000	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,853,312	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	4,407,617	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	31,596,896	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	20,024,887	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	12,038,400	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	3,856,586	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	70,258,719	0.000000	69.00
69.02	06902 CARDIAC REHAB	0	0	0	1,745,194	0.000000	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0.000000	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	7,790,712	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	155,167,836	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	130,716,242	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	194,062	194,062	374,712,520	0.000518	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	6,570,997	0.000000	74.00
76.00	03951 ECT	0	0	0	2,649,007	0.000000	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	444,553	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000 CLINIC	0	0	0	8,585,914	0.000000	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0	0	0	0	0.000000	90.01
90.02	09002 PEDS CLINIC	0	0	0	0	0.000000	90.02
90.04	09004 BARIATRICS	0	0	0	0	0.000000	90.04
91.00	09100 EMERGENCY	0	0	0	144,946,337	0.000000	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	31,047,421	0.000000	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,102,591	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00	09850 HOME OFFICE	0	0	0	0	0.000000	98.00
200.00	Total (lines 50 through 199)	0	194,062	194,062	2,364,791,327		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0100 Component CCN:15-T100		Period: From 07/01/2022 To 06/30/2023		Worksheet D Part IV Date/Time Prepared: 11/29/2023 12:09 pm	
			Title XIX		Subprovider - IRF		Cost	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	10,525	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,374	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,214	0	0	0	54.00
54.01	05401	ONCOLOGY (OHA)	0.000000	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0.000000	181	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0.000000	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	1,747	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	321	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	14,509	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	242	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	187	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,581	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	39,633	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	42,774	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	13,648	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	249	0	0	0	69.00
69.02	06902	CARDIAC REHAB	0.000000	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	21	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,918	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,575	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000518	12,742	7	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	1,871	0	0	0	74.00
76.00	03951	ECT	0.000000	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0.000000	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004	BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.000000	1,688	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		151,000	7	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/29/2023 12:09 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		45,256	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		45,256	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)		37,944	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		11,156	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		50,269,712	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)		50,269,712	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		50,269,712	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,110.79	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,391,973	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)		12,391,973	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/29/2023 12:09 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	PPS 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	27,318,449	9,623	2,838.87	4,476	12,706,782	43.00
43.02	NICU	7,023,382	4,567	1,537.85	0	0	43.02
44.00	CORONARY CARE UNIT	3,503,243	1,942	1,803.94	377	680,085	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)					41,632,455	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)					67,411,295	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)					2,372,086	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,621,524	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,993,610	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					62,417,685	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)					7,312	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,110.79	88.00

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COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/29/2023 12:09 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
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	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,122,096	89.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,086,873	50,269,712	0.121084	8,122,096	983,456	90.00
91.00	Nursing Program cost	0	50,269,712	0.000000	8,122,096	0	91.00
92.00	Allied health cost	0	50,269,712	0.000000	8,122,096	0	92.00
93.00	All other Medical Education	0	50,269,712	0.000000	8,122,096	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/29/2023 12:09 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		1.00	
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,125	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,125	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)	3,125	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)	276	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	3,301,387	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)	3,301,387	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,301,387	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,056.44	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	291,577	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)	291,577	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN:15-S100		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/29/2023 12:09 pm	
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	0	0	0.00	0	0	43.00
43.02	NICU	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
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					69,251	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)					360,828	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)					33,211	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,766	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					36,977	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					323,851	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN:15-S100		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/29/2023 12:09 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description						1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	376,022	3,301,387	0.113898	0	0	90.00
91.00	Nursing Program cost	0	3,301,387	0.000000	0	0	91.00
92.00	Allied health cost	0	3,301,387	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,301,387	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/29/2023 12:09 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		1.00	
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,242	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,242	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)	5,242	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)	2,669	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	7,010,140	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)	7,010,140	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	7,010,140	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,337.30	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	3,569,254	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)	3,569,254	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0100 Component CCN:15-T100	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/29/2023 12:09 pm	
				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
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.02	NICU	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
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					2,089,473	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)					5,658,727	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)					511,354	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					80,102	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					591,456	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,067,271	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00

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COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN:15-T100		Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/29/2023 12:09 pm	
		Title XVIII		Subprovider - IRF	PPS	
Cost Center Description					1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00	88.00
89.00	observation bed cost (line 87 x line 88) (see instructions)				0	89.00
	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,004,324	7,010,140	0.143267	0	90.00
91.00	Nursing Program cost	0	7,010,140	0.000000	0	91.00
92.00	Allied health cost	0	7,010,140	0.000000	0	92.00
93.00	All other Medical Education	0	7,010,140	0.000000	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/29/2023 12:09 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		45,256	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		45,256	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)		37,944	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)		870	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)		2,304	15.00
16.00	Nursery days (title V or XIX only)		1,525	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		50,269,712	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)		50,269,712	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		50,269,712	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,110.79	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		966,387	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)		966,387	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/29/2023 12:09 pm		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	1,811,165	2,304	786.10	1,525	1,198,803	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	27,318,449	9,623	2,838.87	204	579,129	43.00
43.02	NICU	7,023,382	4,567	1,537.85	302	464,431	43.02
44.00	CORONARY CARE UNIT	3,503,243	1,942	1,803.94	15	27,059	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							
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,802,066	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)					9,037,875	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					7,312	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,110.79	88.00

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COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/29/2023 12:09 pm	
Cost Center Description		Title XIX		Hospital		Cost	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						1.00	89.00
						8,122,096	
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	6,086,873	50,269,712	0.121084	8,122,096	983,456	90.00
91.00	Nursing Program cost	0	50,269,712	0.000000	8,122,096	0	91.00
92.00	Allied health cost	0	50,269,712	0.000000	8,122,096	0	92.00
93.00	All other Medical Education	0	50,269,712	0.000000	8,122,096	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN:15-S100	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/29/2023 12:09 pm
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,125 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,125 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)			3,125 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)			189 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)			2,304 15.00
16.00	Nursery days (title V or XIX only)			1,525 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			3,301,387 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)			3,301,387 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			3,301,387 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,056.44 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			199,667 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)			199,667 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1	
		Component CCN:15-S100				Date/Time Prepared: 11/29/2023 12:09 pm	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.02	NICU	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
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)				23,762		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)				223,429		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge				0.00		55.00
55.01	Permanent adjustment amount per discharge				0.00		55.01
55.02	Adjustment amount per discharge (contractor use only)				0.00		55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)				0.00		59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)				0.00		60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN:15-S100		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/29/2023 12:09 pm	
Cost Center Description		Title XIX		Subprovider - IPF		Cost	
Cost Center Description						1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	376,022	3,301,387	0.113898	0	0	90.00
91.00	Nursing Program cost	0	3,301,387	0.000000	0	0	91.00
92.00	Allied health cost	0	3,301,387	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,301,387	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN:15-T100	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/29/2023 12:09 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			5,242 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			5,242 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)			5,242 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)			17 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)			2,304 15.00
16.00	Nursery days (title V or XIX only)			1,525 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			7,010,140 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)			7,010,140 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			7,010,140 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,337.30 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			22,734 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			22,734 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN:15-T100		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/29/2023 12:09 pm	
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	0	0	0.00	0	0	43.00
43.02	NICU	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
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					41,223	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)					63,957	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN:15-T100	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/29/2023 12:09 pm
		Title XIX	Subprovider - IRF	Cost

Cost Center Description						1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,004,324	7,010,140	0.143267	0	0	90.00
91.00	Nursing Program cost	0	7,010,140	0.000000	0	0	91.00
92.00	Allied health cost	0	7,010,140	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,010,140	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3 Date/Time Prepared: 11/29/2023 12:09 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		14,040,340	30.00
31.00	03100	INTENSIVE CARE UNIT		11,982,455	31.00
31.02	03102	NICU		0	31.02
32.00	03200	CORONARY CARE UNIT		1,750,287	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.137097	80,707,477	50.00
51.00	05100	RECOVERY ROOM	0.285006	3,313,812	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.217750	38,290	52.00
53.00	05300	ANESTHESIOLOGY	0.011415	9,095,691	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.182246	3,689,404	54.00
54.01	05401	ONCOLOGY (OHA)	0.185309	193,380	54.01
54.02	05402	ULTRASOUND	0.069428	1,804,128	54.02
54.03	05403	NUCLEAR MEDICINE	0.155775	1,531,072	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.059686	7,235,797	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.126823	1,322,347	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.042173	8,494,247	59.00
60.00	06000	LABORATORY	0.148477	18,267,243	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.200806	2,561,913	63.00
64.00	06400	INTRAVENOUS THERAPY	1.043109	3,959	64.00
65.00	06500	RESPIRATORY THERAPY	0.239991	6,144,881	65.00
66.00	06600	PHYSICAL THERAPY	0.471233	2,628,763	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.208566	2,341,941	67.00
68.00	06800	SPEECH PATHOLOGY	0.251286	659,112	68.00
69.00	06900	ELECTROCARDIOLOGY	0.047051	8,873,552	69.00
69.02	06902	CARDIAC REHAB	1.189965	1,019	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.272601	567,763	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.066815	24,638,939	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.354747	25,648,956	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.264878	22,195,632	73.00
74.00	07400	RENAL DIALYSIS	0.259527	1,352,380	74.00
76.00	03951	ECT	0.093344	13,960	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.088077	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.260755	4,784	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0.000000	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	90.02
90.04	09004	BARITRICS	0.000000	0	90.04
91.00	09100	EMERGENCY	0.141629	11,564,393	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.156171	1,859,970	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.803962	1,745,455	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		248,500,260	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)		248,500,260	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100 Component CCN:15-S100	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3 Date/Time Prepared: 11/29/2023 12:09 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.02	03102	NICU			31.02
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF	603,168		40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.137097	0	50.00
51.00	05100	RECOVERY ROOM	0.285006	20,856	5,944 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.217750	0	52.00
53.00	05300	ANESTHESIOLOGY	0.011415	83,850	957 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.182246	5,175	943 54.00
54.01	05401	ONCOLOGY (OHA)	0.185309	0	54.01
54.02	05402	ULTRASOUND	0.069428	0	54.02
54.03	05403	NUCLEAR MEDICINE	0.155775	0	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.059686	20,250	1,209 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.126823	9,400	1,192 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.042173	0	59.00
60.00	06000	LABORATORY	0.148477	94,470	14,027 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.200806	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1.043109	1,550	1,617 64.00
65.00	06500	RESPIRATORY THERAPY	0.239991	700	168 65.00
66.00	06600	PHYSICAL THERAPY	0.471233	1,385	653 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.208566	2,795	583 67.00
68.00	06800	SPEECH PATHOLOGY	0.251286	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.047051	5,004	235 69.00
69.02	06902	CARDIAC REHAB	1.189965	0	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.272601	144	39 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.066815	363	24 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.354747	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.264878	86,302	22,860 73.00
74.00	07400	RENAL DIALYSIS	0.259527	0	74.00
76.00	03951	ECT	0.093344	61,424	5,734 76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.088077	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.260755	0	0 90.00
90.01	09001	COVID-19 VACCINE CLINIC	0.000000	0	0 90.01
90.02	09002	PEDS CLINIC	0.000000	0	0 90.02
90.04	09004	BARIATRICS	0.000000	0	0 90.04
91.00	09100	EMERGENCY	0.141629	92,252	13,066 91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.156171	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.803962	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	09850	HOME OFFICE	0.000000	0	0 98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		485,920	69,251 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		485,920	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100 Component CCN:15-T100	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3 Date/Time Prepared: 11/29/2023 12:09 pm		
		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		
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS			30.00	
31.00	03100	INTENSIVE CARE UNIT			31.00	
31.02	03102	NICU			31.02	
32.00	03200	CORONARY CARE UNIT			32.00	
40.00	04000	SUBPROVIDER - IPF			40.00	
41.00	04100	SUBPROVIDER - IRF	3,513,605		41.00	
43.00	04300	NURSERY			43.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.137097	529,717	72,623	50.00
51.00	05100	RECOVERY ROOM	0.285006	45,023	12,832	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.217750	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.011415	69,130	789	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.182246	61,115	11,138	54.00
54.01	05401	ONCOLOGY (OHA)	0.185309	0	0	54.01
54.02	05402	ULTRASOUND	0.069428	9,134	634	54.02
54.03	05403	NUCLEAR MEDICINE	0.155775	0	0	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.059686	87,924	5,248	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.126823	16,150	2,048	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.042173	0	0	59.00
60.00	06000	LABORATORY	0.148477	730,243	108,424	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.200806	12,202	2,450	63.00
64.00	06400	INTRAVENOUS THERAPY	1.043109	9,403	9,808	64.00
65.00	06500	RESPIRATORY THERAPY	0.239991	79,550	19,091	65.00
66.00	06600	PHYSICAL THERAPY	0.471233	1,994,686	939,962	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.208566	2,152,776	448,996	67.00
68.00	06800	SPEECH PATHOLOGY	0.251286	686,873	172,602	68.00
69.00	06900	ELECTROCARDIOLOGY	0.047051	12,517	589	69.00
69.02	06902	CARDIAC REHAB	1.189965	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.272601	1,054	287	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.066815	146,844	9,811	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.354747	179,936	63,832	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.264878	641,285	169,862	73.00
74.00	07400	RENAL DIALYSIS	0.259527	94,170	24,440	74.00
76.00	03951	ECT	0.093344	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.088077	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.260755	0	0	90.00
90.01	09001	COVID-19 VACCINE CLINIC	0.000000	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	90.02
90.04	09004	BARIATRICS	0.000000	0	0	90.04
91.00	09100	EMERGENCY	0.141629	84,976	12,035	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.156171	12,625	1,972	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.803962	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		7,657,333	2,089,473	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)		7,657,333		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3 Date/Time Prepared: 11/29/2023 12:09 pm
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	Cost
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		766,075		30.00
31.00	03100 INTENSIVE CARE UNIT		2,202,889		31.00
31.02	03102 NICU		491,583		31.02
32.00	03200 CORONARY CARE UNIT		287,489		32.00
40.00	04000 SUBPROVIDER - IPF		330,820		40.00
41.00	04100 SUBPROVIDER - IRF		338,078		41.00
43.00	04300 NURSERY		1,478,454		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.137097	7,319,258	1,003,448	50.00
51.00	05100 RECOVERY ROOM	0.285006	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.217750	1,558,205	339,299	52.00
53.00	05300 ANESTHESIOLOGY	0.011415	995,518	11,364	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.182246	962,902	175,485	54.00
54.01	05401 ONCOLOGY (OHA)	0.182672	13,694	2,502	54.01
54.02	05402 ULTRASOUND	0.069428	281,237	19,526	54.02
54.03	05403 NUCLEAR MEDICINE	0.155775	211,254	32,908	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.059686	1,120,296	66,866	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.126823	231,148	29,315	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.042173	3,282,974	138,453	59.00
60.00	06000 LABORATORY	0.148477	2,889,093	428,964	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.200806	490,115	98,418	63.00
64.00	06400 INTRAVENOUS THERAPY	1.043109	67,630	70,545	64.00
65.00	06500 RESPIRATORY THERAPY	0.239991	1,232,227	295,723	65.00
66.00	06600 PHYSICAL THERAPY	0.471233	545,090	256,864	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.208566	553,582	115,458	67.00
68.00	06800 SPEECH PATHOLOGY	0.251286	174,497	43,849	68.00
69.00	06900 ELECTROCARDIOLOGY	0.047051	1,228,175	57,787	69.00
69.02	06902 CARDIAC REHAB	1.189965	138	164	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.272601	90,389	24,640	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.066815	3,401,471	227,269	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.354747	2,460,058	872,698	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.264878	3,592,567	951,592	73.00
74.00	07400 RENAL DIALYSIS	0.259527	272,186	70,640	74.00
76.00	03951 ECT	0.093344	18,136	1,693	76.00
76.01	03950 MOBILE OUTREACH CLINIC	1.088077	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.260755	2,523	658	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0.000000	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.141629	2,033,512	288,004	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.156171	343,185	53,596	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.803962	154,656	124,338	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		35,525,716	5,802,066	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)		35,525,716		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100 Component CCN:15-S100	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3 Date/Time Prepared: 11/29/2023 12:09 pm
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.02	03102 NICU			31.02
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF		234,238	40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.137097	0	50.00
51.00	05100 RECOVERY ROOM	0.285006	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.217750	0	52.00
53.00	05300 ANESTHESIOLOGY	0.011415	31,474	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.182246	1,943	54.00
54.01	05401 ONCOLOGY (OHA)	0.182672	0	54.01
54.02	05402 ULTRASOUND	0.069428	0	54.02
54.03	05403 NUCLEAR MEDICINE	0.155775	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	56.00
57.00	05700 CT SCAN	0.059686	7,601	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.126823	3,528	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.042173	0	59.00
60.00	06000 LABORATORY	0.148477	35,461	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.200806	0	63.00
64.00	06400 INTRAVENOUS THERAPY	1.043109	582	64.00
65.00	06500 RESPIRATORY THERAPY	0.239991	263	65.00
66.00	06600 PHYSICAL THERAPY	0.471233	520	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.208566	1,049	67.00
68.00	06800 SPEECH PATHOLOGY	0.251286	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.047051	1,878	69.00
69.02	06902 CARDIAC REHAB	1.189965	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.272601	54	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.066815	136	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.354747	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.264878	32,395	73.00
74.00	07400 RENAL DIALYSIS	0.259527	0	74.00
76.00	03951 ECT	0.093344	23,057	76.00
76.01	03950 MOBILE OUTREACH CLINIC	1.088077	0	76.01
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000 CLINIC	0.260755	0	90.00
90.01	09001 COVID-19 VACCINE CLINIC	0.000000	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	90.02
90.04	09004 BARIATRICS	0.000000	0	90.04
91.00	09100 EMERGENCY	0.141629	34,628	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.156171	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.803962	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		174,569	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)		174,569	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100 Component CCN:15-T100	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3 Date/Time Prepared: 11/29/2023 12:09 pm
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.02	03102 NICU			31.02
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF		70,958	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.137097	10,525	1,443 50.00
51.00	05100 RECOVERY ROOM	0.285006	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.217750	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.011415	1,374	16 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.182246	1,214	221 54.00
54.01	05401 ONCOLOGY (OHA)	0.182672	0	0 54.01
54.02	05402 ULTRASOUND	0.069428	181	13 54.02
54.03	05403 NUCLEAR MEDICINE	0.155775	0	0 54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700 CT SCAN	0.059686	1,747	104 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.126823	321	41 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.042173	0	0 59.00
60.00	06000 LABORATORY	0.148477	14,509	2,154 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.200806	242	49 63.00
64.00	06400 INTRAVENOUS THERAPY	1.043109	187	195 64.00
65.00	06500 RESPIRATORY THERAPY	0.239991	1,581	379 65.00
66.00	06600 PHYSICAL THERAPY	0.471233	39,633	18,676 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.208566	42,774	8,921 67.00
68.00	06800 SPEECH PATHOLOGY	0.251286	13,648	3,430 68.00
69.00	06900 ELECTROCARDIOLOGY	0.047051	249	12 69.00
69.02	06902 CARDIAC REHAB	1.189965	0	0 69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0 69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.272601	21	6 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.066815	2,918	195 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.354747	3,575	1,268 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.264878	12,742	3,375 73.00
74.00	07400 RENAL DIALYSIS	0.259527	1,871	486 74.00
76.00	03951 ECT	0.093344	0	0 76.00
76.01	03950 MOBILE OUTREACH CLINIC	1.088077	0	0 76.01
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000 CLINIC	0.260755	0	0 90.00
90.01	09001 COVID-19 VACCINE CLINIC	0.000000	0	0 90.01
90.02	09002 PEDS CLINIC	0.000000	0	0 90.02
90.04	09004 BARIATRICS	0.000000	0	0 90.04
91.00	09100 EMERGENCY	0.141629	1,688	239 91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.156171	0	0 91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.803962	0	0 92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	09850 HOME OFFICE	0.000000	0	0 98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		151,000	41,223 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net charges (line 200 minus line 201)		151,000	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 11/29/2023 12:09 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		11,483,195	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		32,637,581	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)		502,043	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		1,384,946	2.04
3.00	Managed Care Simulated Payments		28,625,212	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		325.15	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		16.42	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)		5.20	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.		6.56	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)		4.66	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		33.69	10.00
11.00	FTE count for residents in dental and podiatric programs.		6.00	11.00
12.00	Current year allowable FTE (see instructions)		10.66	12.00
13.00	Total allowable FTE count for the prior year.		10.66	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.		10.66	14.00
15.00	Sum of lines 12 through 14 divided by 3.		10.66	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		10.66	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.032785	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.033544	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.032785	21.00
22.00	IME payment adjustment (see instructions)		783,320	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		508,212	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		29.03	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)		783,320	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		508,212	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.46	30.00
31.00	Percentage of Medicaid patient days (see instructions)		27.65	31.00
32.00	Sum of lines 30 and 31		32.11	32.00
33.00	Allowable disproportionate share percentage (see instructions)		15.71	33.00
34.00	Disproportionate share adjustment (see instructions)		1,732,844	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 11/29/2023 12:09 pm	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
Uncompensated Care Payment Adjustment					
35.00	Total uncompensated care amount (see instructions)	7,192,008,710	6,874,403,459	35.00	
35.01	Factor 3 (see instructions)	0.000625477	0.000608189	35.01	
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	4,498,438	4,180,939	35.02	
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	1,133,854	3,127,112	35.03	
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	4,260,966		36.00	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)	0		40.00	
		Before 1/1	On/After 1/1		
		1.00	1.01		
41.00	Total ESRD Medicare discharges (see instructions)	0	0	41.00	
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0	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	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)	52,784,895		47.00	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions))	0		48.00	
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)		53,293,107	49.00	
50.00	Payment for inpatient program capital (from wkst. L, Pt. I and Pt. II, as applicable)		3,790,989	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).		647,576	52.00	
53.00	Nursing and Allied Health Managed Care payment		24,896	53.00	
54.00	Special add-on payments for new technologies		146,601	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).		11,497	57.00	
58.00	Ancillary service other pass through costs from wkst. D, Pt. IV, col. 11 line 200)		24,896	58.00	
59.00	Total (sum of amounts on lines 49 through 58)		57,914,666	59.00	
60.00	Primary payer payments		14,039	60.00	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		57,900,627	61.00	
62.00	Deductibles billed to program beneficiaries		4,203,708	62.00	
63.00	Coinsurance billed to program beneficiaries		52,012	63.00	
64.00	Allowable bad debts (see instructions)		227,117	64.00	
65.00	Adjusted reimbursable bad debts (see instructions)		147,626	65.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		112,004	66.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		53,792,533	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		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)		0	70.93	
70.94	HRR adjustment amount (see instructions)		-218,390	70.94	
70.95	Recovery of accelerated depreciation		0	70.95	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 11/29/2023 12:09 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3	0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		53,574,143	71.00
71.01	Sequestration adjustment (see instructions)		1,071,483	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		50,793,947	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)		1,708,713	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		1,756,094	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	11,483,195	0	11,483,195		11,483,195	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	32,637,581	0		32,637,581	32,637,581	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	502,043	0	502,043		502,043	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,384,946	0		1,384,946	1,384,946	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	28,625,212	0	7,855,047	20,770,165	28,625,212	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.032785	0.032785	0.032785	0.032785		5.00
6.00	IME payment adjustment (see instructions)	22.00	783,320	0	203,873	579,447	783,320	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	508,212	0	139,459	368,753	508,212	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	783,320	0	203,873	579,447	783,320	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	508,212	0	139,459	368,753	508,212	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1571	0.1571	0.1571	0.1571		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,732,844	0	451,003	1,281,841	1,732,844	11.00
11.01	Uncompensated care payments	36.00	4,260,966	0	788,412	2,055,705	2,844,117	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	52,784,895	0	13,428,526	39,356,369	52,784,895	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	53,293,107	0	13,567,985	39,725,122	53,293,107	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,790,989	0	1,003,235	2,787,754	3,790,989	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2023 12:09 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	146,601	0	81,045	65,556	146,601	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	14,652,265	42,578,432	57,230,697	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	3,316,330	0	872,227	2,444,103	3,316,330	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	186,802	0	55,298	131,504	186,802	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0196	0.0196	0.0196	0.0196		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	65,000	0	17,096	47,904	65,000	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0672	0.0672	0.0672	0.0672		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	222,857	0	58,614	164,243	222,857	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,790,989	0	1,003,235	2,787,754	3,790,989	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

		Title XVIII			Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)		
		0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00						1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	11,483,195	11,483,195			11,483,195	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	32,637,581		32,637,581		32,637,581	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0			0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0		0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0		0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	502,043	502,043			502,043	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,384,946		1,384,946		1,384,946	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0		0	3.00
4.00	Managed care simulated payments	3.00	28,625,212	7,855,047	20,770,165		28,625,212	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.032785	0.032785	0.032785			5.00
6.00	IME payment adjustment (see instructions)	22.00	783,320	203,873	579,447		783,320	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	508,212	139,459	368,753		508,212	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000			7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0		0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0		0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	783,320	203,873	579,447		783,320	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	508,212	139,459	368,753		508,212	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1571	0.1571	0.1571			10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,732,844	451,003	1,281,841		1,732,844	11.00
11.01	Uncompensated care payments	36.00	4,260,966	1,211,396	3,507,000		4,718,396	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0		0	12.00
13.00	Subtotal (see instructions)	47.00	52,784,895	13,851,510	38,933,385		52,784,895	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0		0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	53,293,107	13,990,969	39,302,138		53,293,107	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,790,989	1,003,235	2,787,754		3,790,989	16.00
17.00	Special add-on payments for new technologies	54.00	146,601	81,045	65,556		146,601	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0		0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0		0	18.00
19.00	SUBTOTAL			15,075,249	42,155,448		57,230,697	19.00

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	3,316,330	872,227	2,444,103	3,316,330	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	186,802	55,298	131,504	186,802	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0196	0.0196	0.0196		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	65,000	17,096	47,904	65,000	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0672	0.0672	0.0672		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	222,857	58,614	164,243	222,857	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	3,790,989	1,003,235	2,787,754	3,790,989	26.00	
		Wkst. E, Pt. A, line	(Amt. from wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	0	0	0	0	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-218,390	-25,442	-192,948	-218,390	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0		32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 11/29/2023 12:09 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		22,965	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		52,703,061	2.00
3.00	OPPS or REH payments		41,733,297	3.00
4.00	Outlier payment (see instructions)		645,909	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 from Wkst. D, Pt. IV, col. 13, line 200		12,927	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		22,965	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		87,258	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)		87,258	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		87,258	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		64,293	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)		22,965	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)		42,392,133	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		7,014,453	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)		35,400,645	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		465,181	28.00
28.50	REH facility payment amount		0	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)		35,865,826	30.00
31.00	Primary payer payments		2,253	31.00
32.00	Subtotal (line 30 minus line 31)		35,863,573	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		466,377	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		303,145	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		372,912	36.00
37.00	Subtotal (see instructions)		36,166,718	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS		-25	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)		3,300	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		36,166,693	40.00
40.01	Sequestration adjustment (see instructions)		723,334	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		35,359,437	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		83,922	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		411,746	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time value of Money		0.00	92.00
93.00	Time value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 11/29/2023 12:09 pm
		Title XVIII	Hospital PPS
			1.00
200.00	MEDICARE PART B ANCILLARY COSTS Part B Combined Billed Days		0 200.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN:15-S100	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 11/29/2023 12:09 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		43	1.00
2.00	Medical and other services reimbursed under OPPI (see instructions)		60	2.00
3.00	OPPI or REH payments		79	3.00
4.00	Outlier payment (see instructions)		0	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 from wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		43	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		162	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)		162	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		162	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		119	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)		43	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)		79	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	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)		122	27.00
28.00	Direct graduate medical education payments (from wkst. E-4, line 50)		0	28.00
28.50	REH facility payment amount			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)		122	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		122	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		122	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)		122	40.00
40.01	Sequestration adjustment (see instructions)		2	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		120	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)		0	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
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN:15-S100	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 11/29/2023 12:09 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
94.00	Total (sum of lines 91 and 93)			0 94.00
				1.00
MEDICARE PART B ANCILLARY COSTS				
200.00	Part B Combined Billed Days			200.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN:15-T100	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 11/29/2023 12:09 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		315	1.00
2.00	Medical and other services reimbursed under OPPI (see instructions)		1,429	2.00
3.00	OPPI or REH payments		846	3.00
4.00	Outlier payment (see instructions)		0	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 from wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		315	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,188	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)		1,188	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,188	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		873	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)		315	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)		846	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		75	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)		1,086	27.00
28.00	Direct graduate medical education payments (from wkst. E-4, line 50)		0	28.00
28.50	REH facility payment amount			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)		1,086	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,086	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,086	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)		1,086	40.00
40.01	Sequestration adjustment (see instructions)		22	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		1,069	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)		-5	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
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN:15-T100	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 11/29/2023 12:09 pm
		Title XVIII	Subprovider - IRF	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			200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet E-1
Part I
Date/Time Prepared:
11/29/2023 12:09 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		50,555,747		35,359,437	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	02/15/2023	238,200		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)		238,200		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)		50,793,947		35,359,437	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		1,708,713		83,922	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		52,502,660		35,443,359	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: 15-0100 Component CCN:15-S100	Period: From 07/01/2022 To 06/30/2023	Worksheet E-1 Part I Date/Time Prepared: 11/29/2023 12:09 pm		
		Title XVIII	Subprovider - IPF	PPS		
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		229,405		120	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or wkst. E-3, line and column as appropriate)		229,405		120	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		10,711		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		240,116		120	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: 15-0100 Component CCN: 15-T100		Period: From 07/01/2022 To 06/30/2023		Worksheet E-1 Part I Date/Time Prepared: 11/29/2023 12:09 pm	
		Title XVIII		Subprovider - IRF		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						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		4,906,893		1,069		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)		4,906,893		1,069		4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0		5.01
5.02			0		0		5.02
5.03			0		0		5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0		5.50
5.51			0		0		5.51
5.52			0		0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		0		6.01
6.02	SETTLEMENT TO PROGRAM		53,052		5		6.02
7.00	Total Medicare program liability (see instructions)		4,853,841		1,064		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: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet E-1 Part II Date/Time Prepared: 11/29/2023 12:09 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2022 To 06/30/2023	Worksheet E-3 Part II Date/Time Prepared: 11/29/2023 12:09 pm
		Title XVIII	Subprovider - IPF	PPS

		1.00	
PART II - MEDICARE PART A SERVICES - IPF PPS			
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	263,881	1.00
2.00	Net IPF PPS Outlier Payments	0	2.00
3.00	Net IPF PPS ECT Payments	15,180	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)	8.561644	9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9}))\}$ 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)	279,061	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)		14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00
16.00	Subtotal (see instructions)	279,061	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	279,061	18.00
19.00	Deductibles	41,072	19.00
20.00	Subtotal (line 18 minus line 19)	237,989	20.00
21.00	Coinsurance	3,890	21.00
22.00	Subtotal (line 20 minus line 21)	234,099	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	16,726	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	10,872	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	15,318	25.00
26.00	Subtotal (sum of lines 22 and 24)	244,971	26.00
27.00	Direct graduate medical education payments (see instructions)	0	27.00
28.00	Other pass through costs (see instructions)	45	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)	245,016	31.00
31.01	Sequestration adjustment (see instructions)	4,900	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	31.02
32.00	Interim payments	229,405	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)	10,711	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00
TO BE COMPLETED BY CONTRACTOR			
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING ON OR BEFORE MAY 11, 2023 (THE END OF THE COVID-19 PHE)			
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.	0.000000	99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)	0.000000	99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2022 To 06/30/2023	Worksheet E-3 Part III Date/Time Prepared: 11/29/2023 12:09 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,623,850 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0177 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			199,288 3.00
4.00	Outlier Payments			226,056 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)			14.361644 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)			5,049,194 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)			5,049,194 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			5,049,194 19.00
20.00	Deductibles			73,968 20.00
21.00	Subtotal (line 19 minus line 20)			4,975,226 21.00
22.00	Coinsurance			24,635 22.00
23.00	Subtotal (line 21 minus line 22)			4,950,591 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			3,040 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			1,976 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,556 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,952,567 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)			332 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)			4,952,899 32.00
32.01	Sequestration adjustment (see instructions)			99,058 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			4,906,893 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)			-53,052 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			83,692 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			226,056 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING ON OR BEFORE MAY 11, 2023 (THE END OF THE COVID-19 PHE)				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2023 12:09 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		9,037,875		1.00
2.00	Medical and other services			3,767,454	2.00
3.00	Organ acquisition (certified transplant programs only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		9,037,875	3,767,454	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		9,037,875	3,767,454	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		5,895,389		8.00
9.00	Ancillary service charges		35,525,716	21,859,686	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		41,421,105	21,859,686	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		41,421,105	21,859,686	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		32,383,230	18,092,232	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		9,037,875	3,767,454	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		9,037,875	3,767,454	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		9,037,875	3,767,454	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinsurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		9,037,875	3,767,454	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		9,037,875	3,767,454	38.00
39.00	Direct graduate medical education payments (from wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		9,037,875	3,767,454	40.00
41.00	Interim payments		9,037,875	3,767,454	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN:15-S100	Period: From 07/01/2022 To 06/30/2023	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2023 12:09 pm	
		Title XIX	Subprovider - IPF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		223,429		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant programs only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		223,429	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		223,429	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		234,238		8.00
9.00	Ancillary service charges		174,569	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		408,807	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		408,807	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		185,378	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		223,429	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		223,429	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		223,429	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinsurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		223,429	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		223,429	0	38.00
39.00	Direct graduate medical education payments (from wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		223,429	0	40.00
41.00	Interim payments		223,429	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN:15-T100	Period: From 07/01/2022 To 06/30/2023	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2023 12:09 pm	
		Title XIX	Subprovider - IRF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		63,957		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant programs only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		63,957	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		63,957	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		70,958		8.00
9.00	Ancillary service charges		151,000	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		221,958	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		221,958	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		158,001	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		63,957	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		63,957	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		63,957		31.00
32.00	Deductibles		0	0	32.00
33.00	Coinsurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		63,957	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		63,957	0	38.00
39.00	Direct graduate medical education payments (from wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		63,957	0	40.00
41.00	Interim payments		63,957	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet E-4 Date/Time Prepared: 11/29/2023 12:09 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			18.00	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)			7.29	3.01
3.02	Adjustment (increase or decrease) to the hospital's rural track FTE limitation(s) for rural track programs with a rural track Medicare GME affiliation agreement in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)			0.00	3.02
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
4.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)			0.00	4.21
5.00	FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus lines 2.26 through 2.49, minus lines 3 and 3.01, plus or minus line 3.02, plus or minus line 4, plus lines 4.01 through 4.27)			10.71	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			34.09	6.00
7.00	Enter the lesser of line 5 or line 6			10.71	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.	32.31	1.07	33.38	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.	10.37	0.34	10.71	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		6.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		6.00		10.01
11.00	Total weighted FTE count	10.37	6.34		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	10.15	6.56		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	10.23	6.48		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	10.25	6.46		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	10.25	6.46		17.00
18.00	Per resident amount	133,715.97	126,617.24		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	1,370,589	817,947	2,188,536	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			23.38	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,188,536	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet E-4 Date/Time Prepared: 11/29/2023 12:09 pm
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		Title XVIII		Hospital	PPS	
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total	
		1.00	2.00	2.01	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD						
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	18,954	7,255	6,778		26.00
27.00	Total Inpatient Days (see instructions)	63,978	63,978	63,978		27.00
28.00	Ratio of inpatient days to total inpatient days	0.296258	0.113398	0.105943		28.00
29.00	Program direct GME amount	648,371	248,176	231,860	1,128,407	29.00
29.01	Percent reduction for MA DGME		3.26	3.26		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		8,091	7,559	15,650	30.00
31.00	Net Program direct GME amount				1,112,757	31.00
					1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)						
32.00	Renal dialysis direct medical education costs (from wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				0	32.00
33.00	Renal dialysis and home dialysis total charges (wkst. C, Pt. I, col. 8, sum of lines 74 and 94)				6,570,997	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)				0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY						
Part A Reasonable Cost						
37.00	Reasonable cost (see instructions)				73,430,850	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)				14,039	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)				73,416,811	41.00
Part B Reasonable Cost						
42.00	Reasonable cost (see instructions)				52,740,800	42.00
43.00	Primary payer payments (see instructions)				2,253	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)				52,738,547	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)				126,155,358	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)				0.581956	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)				0.418044	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B						
48.00	Total program GME payment (line 31)				1,112,757	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)				647,576	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)				465,181	50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet E-5 Date/Time Prepared: 11/29/2023 12:09 pm
Title XVIII			PPS	
			1.00	
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2		0	2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)		0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)		0	4.00
5.00	The rate used to calculate the time value of money (see instructions)		0.00	5.00
6.00	Time value of money for operating expenses (see instructions)		0	6.00
7.00	Time value of money for capital related expenses (see instructions)		0	7.00

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

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet G

Date/Time Prepared:
11/29/2023 12:09 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-22,063	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	223,925,994	0	0	0	4.00
5.00	Other receivable	20,997,013	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-131,360,640	0	0	0	6.00
7.00	Inventory	14,502,556	0	0	0	7.00
8.00	Prepaid expenses	288,583	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	1,348,613	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	129,680,056	0	0	0	11.00
FIXED ASSETS						
12.00	Land	7,736,792	0	0	0	12.00
13.00	Land improvements	10,869,547	0	0	0	13.00
14.00	Accumulated depreciation	-8,328,981	0	0	0	14.00
15.00	Buildings	183,594,061	0	0	0	15.00
16.00	Accumulated depreciation	-182,821,878	0	0	0	16.00
17.00	Leasehold improvements	12,225,545	0	0	0	17.00
18.00	Accumulated depreciation	-10,428,641	0	0	0	18.00
19.00	Fixed equipment	71,086,483	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	3,241,458	0	0	0	21.00
22.00	Accumulated depreciation	-2,975,473	0	0	0	22.00
23.00	Major movable equipment	184,349,336	0	0	0	23.00
24.00	Accumulated depreciation	-140,444,196	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)	128,104,053	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	97,054,753	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	97,054,753	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	354,838,862	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	19,132,220	0	0	0	37.00
38.00	Salaries, wages, and fees payable	14,196,996	0	0	0	38.00
39.00	Payroll taxes payable	140,833	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,947,941	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	73,977,464	0	0	0	43.00
44.00	Other current liabilities	12,007,477	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	121,402,931	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	116,301,315	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	64,096,648	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	180,397,963	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	301,800,894	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	53,037,968				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)	53,037,968	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	354,838,862	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet G-1

Date/Time Prepared:
11/29/2023 12:09 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		47,539,453		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		92,147,442			2.00
3.00	Total (sum of line 1 and line 2)		139,686,895		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00	Contributions/Donations/Grant Revenue	308,421		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00	Rounding	0		0		9.00
10.00	Total additions (sum of line 4-9)		308,421		0	10.00
11.00	Subtotal (line 3 plus line 10)		139,995,316		0	11.00
12.00	Transfer to/from affiliates	86,957,347		0		12.00
13.00	ROUNDING	1		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)		86,957,348		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		53,037,968		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00	Contributions/Donations/Grant Revenue		0			6.00
7.00			0			7.00
8.00			0			8.00
9.00	Rounding		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	Transfer to/from affiliates		0			12.00
13.00	ROUNDING		0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0100

Period:
From 07/01/2022
To 06/30/2023

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/29/2023 12:09 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	61,280,506		61,280,506	1.00
2.00	SUBPROVIDER - IPF	6,874,302		6,874,302	2.00
3.00	SUBPROVIDER - IRF	7,053,114		7,053,114	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	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	75,207,922		75,207,922	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	42,949,869		42,949,869	11.00
11.02	NICU	11,115,431		11,115,431	11.02
12.00	CORONARY CARE UNIT	6,620,361		6,620,361	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)	60,685,661		60,685,661	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	135,893,583		135,893,583	17.00
18.00	Ancillary services	684,878,423	1,477,205,475	2,162,083,898	18.00
19.00	Outpatient services	49,381,675	136,380,057	185,761,732	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES	0	8,100,476	8,100,476	23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	Other Patient Service Revenue	-560,646	3,426,143	2,865,497	27.00
27.01	Other Patient Service Revenue - Private Physician Offices	271,639	4,294,149	4,565,788	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	869,864,674	1,629,406,300	2,499,270,974	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		595,315,304		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		595,315,304		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet G-3 Date/Time Prepared: 11/29/2023 12:09 pm
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		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	2,499,270,974	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,827,506,325	2.00
3.00	Net patient revenues (line 1 minus line 2)	671,764,649	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	595,315,304	4.00
5.00	Net income from service to patients (line 3 minus line 4)	76,449,345	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,031	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	318,396	13.00
14.00	Revenue from meals sold to employees and guests	1,600,288	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	9,714,551	17.00
18.00	Revenue from sale of medical records and abstracts	451	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	4,796	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	543	21.00
22.00	Rental of hospital space	349,869	22.00
23.00	Governmental appropriations	0	23.00
24.00	Other Operating Income	2,531,463	24.00
24.05	Grant Income	1,444,213	24.05
24.50	COVID-19 PHE Funding	373,746	24.50
25.00	Total other income (sum of lines 6-24)	16,339,347	25.00
26.00	Total (line 5 plus line 25)	92,788,692	26.00
27.00	Non-oper expense	641,250	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	641,250	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	92,147,442	29.00

		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0100	Period: From 07/01/2022 To 06/30/2023	Worksheet L Parts I-III Date/Time Prepared: 11/29/2023 12:09 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,316,330	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		186,802	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)		154.88	3.00
4.00	Number of interns & residents (see instructions)		10.66	4.00
5.00	Indirect medical education percentage (see instructions)		1.96	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		65,000	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (worksheet E, part A line 30) (see instructions)		4.46	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		27.65	8.00
9.00	Sum of lines 7 and 8		32.11	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.72	10.00
11.00	Disproportionate share adjustment (see instructions)		222,857	11.00
12.00	Total prospective capital payments (see instructions)		3,790,989	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00