

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: 15-0162	Period: From 01/01/2024 To 12/31/2024	Worksheet S Parts I-III Date/Time Prepared: 3/18/2025 2:06 pm
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☒ Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.		Date: 3/18/2025 Time: 2:06 pm
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCISCAN HEALTH INDIANAPOLIS (15-0162) for the cost reporting period beginning 01/01/2024 and ending 12/31/2024 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	Amy Herron	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	Amy Herron		2
3	Signatory Title	CFO		3
4	Date	(Dated when report is electronica		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	-722,074	124,522	0	-12,165	1.00
2.00	SUBPROVIDER - IPF	0	0	0		0	2.00
3.00	SUBPROVIDER - IRF	0	3,184	-25		0	3.00
5.00	SWING BED - SNF	0	0	0		0	5.00
6.00	SWING BED - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	TOTAL	0	-718,890	124,497	0	-12,165	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: 15-0162		Period: From 01/01/2024 To 12/31/2024		Worksheet S-2 Part I Date/Time Prepared: 3/18/2025 2:06 pm	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 8111 S. EMERSON AVENUE			PO Box:				1.00		
2.00	City: INDIANAPOLIS			State: IN		Zip Code: 46237		County: MARION		
		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		FRANCISCAN HEALTH INDIANAPOLIS	150162	26900	1	05/01/2006	N	P	P
4.00	Subprovider - IPF									
5.00	Subprovider - IRF		REHAB UNIT	15T162	26900	5	01/01/2005	N	P	P
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice		HOSPICE	151523	26900		01/01/2014			
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2024	12/31/2024		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 redesignation from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015 or FY2025? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00

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MCRIF32 - 23.2.179.3

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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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)		23.01	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1	60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.03	1	60.03
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1	60.04
		Y/N	IME	Direct GME	
		1.00	2.00	3.00	
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)	Y		0.81	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count
		1.00	2.00	3.00	4.00
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00
61.20	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

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			1.00			
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)		0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)		0.00	62.01		
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)		Y	63.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	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)	FAMILY MEDICINE GENERAL	1350	9.00	13.91	0.392842 65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000 66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE GENERAL 1350	12.28	13.76	0.471582	67.00
					1.00	
Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)						
68.00	For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?					68.00
					1.00	2.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			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
					1.00	
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N		87.00
				Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
				1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.			N		0

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		Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge	
		1.00	2.00	3.00	
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.	0.00		0	89.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
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
107.01	If this facility is a REH (line 3, column 4, is "12"), is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no. (see instructions)				107.01
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					109.00

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			1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N		110.00
			1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
			1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
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		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	45,900	1,681,950
			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	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.03	122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.	Y	Y	123.00
124.00	Did the hospital incur cost, either directly or through a contract with an outside supplier, to establish and maintain access to no less than a 6-month buffer stock of one or more essential medicines according to 42 CFR 412.113(g)? Enter "Y" for yes or "N" for no.			124.00
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 15-0162		Period: From 01/01/2024 To 12/31/2024		Worksheet S-2 Part I Date/Time Prepared: 3/18/2025 2:06 pm					
			1.00		2.00							
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		158014	140.00			
1.00			2.00			3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.												
141.00	Name: SISTERS OF ST. FRANCIS HEALTH SERVIC		Contractor's Name: WISCONSIN PHYSICIANS SERVICES		Contractor's Number: 08101				141.00			
142.00	Street: 1515 W DRAGOON TRL		PO Box: 1290						142.00			
143.00	City: MISHAWAKA		State: IN		Zip Code: 46544				143.00			
1.00												
144.00	Are provider based physicians' costs included in Worksheet A?					Y			144.00			
1.00												
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					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			
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		N	161.00		
1.00												
Multicampus												
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N			165.00			
			Name		County		State		Zip Code	CBSA	FTE/Campus	
			0		1.00		2.00		3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)										0.00	166.00
1.00												
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act												
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y			167.00			
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00			
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01			
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99			169.00			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0162	Period: From 01/01/2024 To 12/31/2024	Worksheet S-2 Part I Date/Time Prepared: 3/18/2025 2:06 pm
			Beginning 1.00	Ending 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	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0162		Period: From 01/01/2024 To 12/31/2024		Worksheet S-2 Part II Date/Time Prepared: 3/18/2025 2:06 pm	
				Y/N	Date		
				1.00	2.00		
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date	V/I			
		1.00	2.00	3.00			
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type	Date			
		1.00	2.00	3.00			
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	05/31/2025			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
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		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, in columns 2 and 4, from the PS&R used to prepare this cost report, enter the "Paid Claims Verified Current As Of" date, if present, or the paid-through date.(see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, in columns 2 and 4, enter the "Paid Claims Verified Current As Of" date, if present, or the paid-through date. (see instructions)	Y	02/26/2025	Y	02/26/2025		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0162

Period:
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3/18/2025 2:06 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.				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.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		Y		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.	NEIL	GRAFF		41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCISCAN ALLIANCE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	2625106359	NEIL.GRAFF@FRANCISCANALLIANCE.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

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		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT DIRECTOR		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: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet S-3
Part I
Date/Time Prepared:
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	Component	Worksheet A Line No.	No. of Beds	Bed Days Available	CAH/REH Hours	3/18/2025 2:06 pm	
						I/P Days / O/P Visits / Trips	
						Title V	
		1.00	2.00	3.00	4.00	5.00	
	PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	257	94,062	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)		257	94,062	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	30	10,980	0.00	0	8.00
8.01	NEONATAL INTENSIVE CARE UNIT	31.01	38	12,137	0.00	0	8.01
9.00	CORONARY CARE UNIT	32.00	46	16,836	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	31	11,346	0.00	0	11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		402	145,361	0.00	0	14.00
15.00	CAH visits					0	15.00
15.10	REH hours and visits				0.00	0	15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	41.00	22	8,052		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	0	0			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		424				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)		15	5,490			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						34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

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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)	21,868	699	69,542		1.00
2.00	HMO and other (see instructions)	36,245	21,529			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	1,748	644			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)	21,868	699	69,542		7.00
8.00	INTENSIVE CARE UNIT	2,935	100	9,907		8.00
8.01	NEONATAL INTENSIVE CARE UNIT	0	63	6,246		8.01
9.00	CORONARY CARE UNIT	2,584	137	13,579		9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT	496	82	8,119		11.00
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		33	3,238		13.00
14.00	Total (see instructions)	27,883	1,114	110,631	26.04	14.00
15.00	CAH visits	0	0	0		15.00
15.10	REH hours and visits	0	0	0		15.10
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF	3,558	0	7,151	0.00	17.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE	0	0	0	0.00	24.00
24.10	HOSPICE (non-distinct part)			0		24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	26.25
27.00	Total (sum of lines 14-26)				26.04	27.00
28.00	Observation Bed Days		1,677	9,715		28.00
29.00	Ambulance Trips	40				29.00
30.00	Employee discount days (see instruction)			0		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	411	411		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					34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0162

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Part I
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Component	Full Time Equivalents	Discharges			Total All Patients		
	Nonpaid Workers	Title V	Title XVIII	Title XIX			
	11.00	12.00	13.00	14.00			15.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,340	238	20,340	1.00
2.00	HMO and other (see instructions)			6,050	4,196		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				51		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
8.01	NEONATAL INTENSIVE CARE UNIT						8.01
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	5,340	238	20,340	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	310	0	601	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet S-3
Part II
Date/Time Prepared:
3/18/2025 2:06 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on 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	221,783,358	0	221,783,358	5,236,137.00	42.36	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		1,770,011	0	1,770,011	13,844.00	127.85	4.01
5.00	Physician and Non Physician-Part B		2,104,426	0	2,104,426	9,968.00	211.12	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	6,122,461	-3,706,624	2,415,837	71,919.00	33.59	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		20,870,585	78,066	20,948,651	481,938.00	43.47	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		20,075,815	0	20,075,815	236,696.00	84.82	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		249,405	0	249,405	1,408.00	177.13	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		57,989,999	0	57,989,999	1,322,104.00	43.86	14.01
14.02	Related organization salaries		19,611,150	0	19,611,150	448,874.00	43.69	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
15.01	Home office Physicians Part A - Administrative		0	0	0	0.00	0.00	15.01
15.02	Home office contract Physicians Part A - Administrative		0	0	0	0.00	0.00	15.02
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		49,718,748	0	49,718,748			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		5,248,439	0	5,248,439			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		299,711	0	299,711			22.01
23.00	Physician Part B		231,617	0	231,617			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		692,658	0	692,658			25.00
25.50	Home office wage-related (core)		14,892,945	0	14,892,945			25.50
25.51	Related organization wage-related (core)		5,009,662	0	5,009,662			25.51

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet S-3
Part II
Date/Time Prepared:
3/18/2025 2:06 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on 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	
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	279,536	0	279,536	6,673.00	41.89	26.00
27.00	Administrative & General	5.00	6,249,445	-629,296	5,620,149	104,214.00	53.93	27.00
28.00	Administrative & General under contract (see inst.)		4,139,522	0	4,139,522	31,206.00	132.65	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3,588,027	0	3,588,027	105,994.00	33.85	30.00
31.00	Laundry & Linen Service	8.00	261,476	0	261,476	12,192.00	21.45	31.00
32.00	Housekeeping	9.00	4,557,560	0	4,557,560	209,577.00	21.75	32.00
33.00	Housekeeping under contract (see instructions)		952,435	0	952,435	30,769.00	30.95	33.00
34.00	Dietary	10.00	3,474,014	-2,125,385	1,348,629	55,725.00	24.20	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	790,219	2,125,385	2,915,604	132,548.00	22.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	4,327,611	0	4,327,611	101,506.00	42.63	38.00
39.00	Central Services and Supply	14.00	976,899	0	976,899	36,252.00	26.95	39.00
40.00	Pharmacy	15.00	7,288,314	4,642	7,292,956	148,539.00	49.10	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet S-3
Part III
Date/Time Prepared:
3/18/2025 2:06 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)	216,878,417	3,706,624	220,585,041	5,202,381.00	42.40	1.00
2.00	Excluded area salaries (see instructions)	20,870,585	78,066	20,948,651	481,938.00	43.47	2.00
3.00	Subtotal salaries (line 1 minus line 2)	196,007,832	3,628,558	199,636,390	4,720,443.00	42.29	3.00
4.00	Subtotal other wages & related costs (see inst.)	97,926,369	0	97,926,369	2,009,082.00	48.74	4.00
5.00	Subtotal wage-related costs (see inst.)	69,621,355	0	69,621,355	0.00	34.87	5.00
6.00	Total (sum of lines 3 thru 5)	363,555,556	3,628,558	367,184,114	6,729,525.00	54.56	6.00
7.00	Total overhead cost (see instructions)	36,885,058	-624,654	36,260,404	975,195.00	37.18	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0162	Period: From 01/01/2024 To 12/31/2024	Worksheet S-3 Part IV Date/Time Prepared: 3/18/2025 2:06 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		6,181,971	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)		6,278,835	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		16,259,465	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		8,032,922	9.00
10.00	Dental, Hearing and Vision Plan		845,813	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		82,614	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)		913,116	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,870,820	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		15,778,311	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		37,307	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		56,281,174	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: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet S-3
Part V
Date/Time Prepared:
3/18/2025 2:06 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	20,075,815	56,281,174	1.00
2.00	Hospital	20,075,815	56,281,174	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA	Provider CCN: 15-0162	Period: From 01/01/2024 To 12/31/2024	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 3/18/2025 2:06 pm
	Hospice CCN: 15-1523		

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
	PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	19,527	609	1,990	22,126	11.00
12.00	Hospice Inpatient Respite Care	539	0	21	560	12.00
13.00	Hospice General Inpatient Care	4	0	2	6	13.00
14.00	Total Hospice Days	20,070	609	2,013	22,692	14.00
	PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0162	Period: From 01/01/2024 To 12/31/2024	Worksheet S-10 Parts I & II Date/Time Prepared: 3/18/2025 2:06 pm
				1.00
PART I - HOSPITAL AND HOSPITAL COMPLEX DATA				
Uncompensated and Indigent Care Cost-to-Charge Ratio				
1.00	Cost to charge ratio (see instructions)		0.172988	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		7,888,618	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		46,728,011	6.00
7.00	Medicaid cost (line 1 times line 6)		8,083,385	7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)		194,767	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		194,767	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated care cost (see instructions for each line)				
20.00	Charity care charges and uninsured discounts (see instructions)	44,232,088	7,315,719	51,547,807
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	7,651,620	7,315,719	14,967,339
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (see instructions)	7,651,620	7,315,719	14,967,339
				1.00
24.00	Does the amount on line 20 col. 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
25.01	Charges for insured patients' liability (see instructions)		0	25.01
26.00	Bad debt amount (see instructions)		18,060,407	26.00
27.00	Medicare reimbursable bad debts (see instructions)		425,232	27.00
27.01	Medicare allowable bad debts (see instructions)		654,203	27.01
28.00	Non-Medicare bad debt amount (see instructions)		17,406,204	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		3,240,035	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		18,207,374	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		18,402,141	31.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0162	Period: From 01/01/2024 To 12/31/2024	Worksheet S-10 Parts I & II Date/Time Prepared: 3/18/2025 2:06 pm
				1.00
PART II - HOSPITAL DATA				
Uncompensated and Indigent Care Cost-to-Charge Ratio				
1.00	Cost to charge ratio (see instructions)		0.169392	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid			2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			5.00
6.00	Medicaid charges			6.00
7.00	Medicaid cost (line 1 times line 6)			7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)			8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP			9.00
10.00	Stand-alone CHIP charges			10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)			12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			14.00
15.00	State or local indigent care program cost (line 1 times line 14)			15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)			16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care			17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated care cost (see instructions for each line)				
20.00	Charity care charges and uninsured discounts (see instructions)	44,139,488	7,303,106	51,442,594
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	7,476,876	7,303,106	14,779,982
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (see instructions)	7,476,876	7,303,106	14,779,982
				1.00
24.00	Does the amount on line 20 col. 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0		25.00
25.01	Charges for insured patients' liability (see instructions)	0		25.01
26.00	Bad debt amount (see instructions)	18,060,407		26.00
27.00	Medicare reimbursable bad debts (see instructions)	425,232		27.00
27.01	Medicare allowable bad debts (see instructions)	654,203		27.01
28.00	Non-Medicare bad debt amount (see instructions)	17,406,204		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)	3,177,443		29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)	17,957,425		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	17,957,425		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024

Worksheet A

Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (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		0	0	28,815,026	28,815,026	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	9,577,296	9,577,296	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	279,536	371,340	650,876	-200,145	450,731	4.00
5.01	00570	ADMITTING	0	2	2	0	2	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.02
5.03	00590	OTHER ADMIN & GENERAL	6,249,445	71,602,304	77,851,749	-3,982,347	73,869,402	5.03
7.00	00700	OPERATION OF PLANT	3,588,027	13,077,319	16,665,346	-3,657,509	13,007,837	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	261,476	1,597,762	1,859,238	-3,619	1,855,619	8.00
9.00	00900	HOUSEKEEPING	4,557,560	4,350,648	8,908,208	-69,185	8,839,023	9.00
10.00	01000	DIETARY	3,474,014	2,584,011	6,058,025	-3,541,037	2,516,988	10.00
11.00	01100	CAFETERIA	790,219	1,636,671	2,426,890	3,039,059	5,465,949	11.00
13.00	01300	NURSING ADMINISTRATION	4,327,611	387,735	4,715,346	-116,916	4,598,430	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	976,899	4,023,912	5,000,811	-1,540,484	3,460,327	14.00
15.00	01500	PHARMACY	7,288,314	41,841,149	49,129,463	-41,568,048	7,561,415	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,122,461	1,163,837	7,286,298	-4,720,759	2,565,539	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	1,952,909	1,952,909	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	0	0	0	0	0	23.00
23.01	02302	PHARMACY PRGM	258,763	31,474	290,237	-4,642	285,595	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	745,375	57,078	802,453	-418,466	383,987	23.02
23.03	02303	PARAMEDIC PRGM	0	0	0	407,669	407,669	23.03
23.04	02305	SURGICAL TECH PROGRAM	114,107	33,952	148,059	80,625	228,684	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	38,168,704	14,925,489	53,094,193	-4,664,157	48,430,036	30.00
31.00	03100	INTENSIVE CARE UNIT	9,233,333	2,360,756	11,594,089	-1,991,557	9,602,532	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	4,334,821	2,244,733	6,579,554	-458,440	6,121,114	31.01
32.00	03200	CORONARY CARE UNIT	11,969,354	1,974,003	13,943,357	-1,449,066	12,494,291	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	7,832,012	994,828	8,826,840	-810,605	8,016,235	34.00
41.00	04100	SUBPROVIDER - IRF	4,515,646	848,635	5,364,281	-152,193	5,212,088	41.00
43.00	04300	NURSERY	0	0	0	1,639,034	1,639,034	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,479,364	51,734,381	68,213,745	-40,808,206	27,405,539	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,947,852	929,099	4,876,951	-649,530	4,227,421	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,056,344	16,375,846	26,432,190	-8,969,536	17,462,654	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,843,419	14,827,926	16,671,345	-443,444	16,227,901	55.00
56.00	05600	RADIOISOTOPE	237,153	674,352	911,505	-649,173	262,332	56.00
59.00	05900	CARDIAC CATHETERIZATION	3,386,870	23,322,102	26,708,972	-22,927,706	3,781,266	59.00
60.00	06000	LABORATORY	611,293	29,396,390	30,007,683	-4,568,812	25,438,871	60.00
64.00	06400	INTRAVENOUS THERAPY	4,534,918	53,732,760	58,267,678	-52,955,046	5,312,632	64.00
65.00	06500	RESPIRATORY THERAPY	8,616,780	3,425,160	12,041,940	-2,897,079	9,144,861	65.00
66.00	06600	PHYSICAL THERAPY	5,937,712	1,258,570	7,196,282	-1,129,875	6,066,407	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,841,024	244,655	3,085,679	-140,327	2,945,352	67.00
68.00	06800	SPEECH PATHOLOGY	1,285,771	417,787	1,703,558	-301,665	1,401,893	68.00
69.00	06900	ELECTROCARDIOLOGY	1,196,572	816,215	2,012,787	-527,779	1,485,008	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,731,818	1,935,345	3,667,163	-509,226	3,157,937	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	54,955,931	54,955,931	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	31,116,208	31,116,208	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	93,929,633	93,929,633	73.00
74.00	07400	RENAL DIALYSIS	0	1,732,802	1,732,802	-82,428	1,650,374	74.00
76.97	07697	CARDIAC REHABILITATION	584,153	150,199	734,352	-130,079	604,273	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	1,423,566	1,423,566	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	13,152,490	13,152,490	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,144,698	1,050,183	6,194,881	1,249,209	7,444,090	90.00
90.01	09001	IBMT JOINT VENTURE	1,623,897	5,961,645	7,585,542	-1,385,730	6,199,812	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	852,170	12,148,398	13,000,568	-12,071,320	929,248	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	527,045	237,479	764,524	-232,215	532,309	90.03
90.04	09004	RHEUMATOLOGY CLINIC	206,234	129,063	335,297	-117,718	217,579	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	9,350,234	3,897,869	13,248,103	-3,189,356	10,058,747	90.05
90.06	09006	DIABETES EDUCATION CLINIC	50,211	2,820	53,031	-1	53,030	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	5,171	0	5,171	0	5,171	90.07
91.00	09100	EMERGENCY	10,408,284	3,073,484	13,481,768	-1,492,009	11,989,759	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	309,851	89,982	399,833	-55,405	344,428	95.00
101.00	10100	HOME HEALTH AGENCY	3,900	0	3,900	-3,900	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
116.00	11600	HOSPICE	6,427,626	1,649,527	8,077,153	-602,693	7,474,460	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	213,288,041	395,321,677	608,609,718	15,149,222	623,758,940	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024

Worksheet A

Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	416,791	621,322	1,038,113	-16,233	1,021,880	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,656,284	344,127	6,000,411	-120,307	5,880,104	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	20,485	9	20,494	0	20,494	194.00
194.01	07952	HOME INFUSION PHARMACY	0	0	0	0	0	194.01
194.02	07950	RETAIL PHARMACY	54,183	633,873	688,056	-26,551	661,505	194.02
194.04	07954	OTHER NRCC	2,347,574	62,924,208	65,271,782	-14,986,131	50,285,651	194.04
194.05	07956	FOUNDATION	0	263	263	0	263	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	221,783,358	459,845,479	681,628,837	0	681,628,837	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024

Worksheet A

Date/Time Prepared:
3/18/2025 2:06 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	10,411,452	39,226,478	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	6,025,569	15,602,865	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	58,697,553	59,148,284	4.00
5.01	00570	ADMITTING	0	2	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	5.02
5.03	00590	OTHER ADMIN & GENERAL	76,493,467	150,362,869	5.03
7.00	00700	OPERATION OF PLANT	8,051,265	21,059,102	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-4,931	1,850,688	8.00
9.00	00900	HOUSEKEEPING	0	8,839,023	9.00
10.00	01000	DIETARY	-32,429	2,484,559	10.00
11.00	01100	CAFETERIA	-3,076,527	2,389,422	11.00
13.00	01300	NURSING ADMINISTRATION	380,952	4,979,382	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-193,289	3,267,038	14.00
15.00	01500	PHARMACY	1,394,492	8,955,907	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,825,663	3,825,663	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-31,033	2,534,506	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-878,340	1,074,569	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	0	0	23.00
23.01	02302	PHARMACY PRGM	0	285,595	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	-344,661	39,326	23.02
23.03	02303	PARAMEDIC PRGM	-103,402	304,267	23.03
23.04	02305	SURGICAL TECH PROGRAM	-7,000	221,684	23.04
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-4,907	48,425,129	30.00
31.00	03100	INTENSIVE CARE UNIT	-27,900	9,574,632	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	-404,495	5,716,619	31.01
32.00	03200	CORONARY CARE UNIT	0	12,494,291	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	8,016,235	34.00
41.00	04100	SUBPROVIDER - IRF	0	5,212,088	41.00
43.00	04300	NURSERY	0	1,639,034	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-7,575,081	19,830,458	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-146	4,227,275	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-313,150	17,149,504	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-4,029,458	12,198,443	55.00
56.00	05600	RADIOISOTOPE	0	262,332	56.00
59.00	05900	CARDIAC CATHETERIZATION	-293,246	3,488,020	59.00
60.00	06000	LABORATORY	-13,550	25,425,321	60.00
64.00	06400	INTRAVENOUS THERAPY	-955,658	4,356,974	64.00
65.00	06500	RESPIRATORY THERAPY	-23,560	9,121,301	65.00
66.00	06600	PHYSICAL THERAPY	-6,616	6,059,791	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,945,352	67.00
68.00	06800	SPEECH PATHOLOGY	-10,179	1,391,714	68.00
69.00	06900	ELECTROCARDIOLOGY	-225,202	1,259,806	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-165,483	2,992,454	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-2,394,480	52,561,451	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	-1,301,419	29,814,789	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	93,929,633	73.00
74.00	07400	RENAL DIALYSIS	0	1,650,374	74.00
76.97	07697	CARDIAC REHABILITATION	0	604,273	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	1,423,566	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	13,152,490	78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-792,902	6,651,188	90.00
90.01	09001	IBMT JOINT VENTURE	-46,085	6,153,727	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0	929,248	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	0	532,309	90.03
90.04	09004	RHEUMATOLOGY CLINIC	0	217,579	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	-777,564	9,281,183	90.05
90.06	09006	DIABETES EDUCATION CLINIC	0	53,030	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	0	5,171	90.07
91.00	09100	EMERGENCY	-85,194	11,904,565	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-1,181	343,247	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-17,568	7,456,892	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	141,143,777	764,902,717	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,021,880	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-1,859,753	4,020,351	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0162	Period: From 01/01/2024 To 12/31/2024	Worksheet A Date/Time Prepared: 3/18/2025 2:06 pm
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.00	07955	MARKETING & COMMUNITY RELATIONS	9,427	29,921	194.00
194.01	07952	HOME INFUSION PHARMACY	0	0	194.01
194.02	07950	RETAIL PHARMACY	0	661,505	194.02
194.04	07954	OTHER NRCC	-337,565	49,948,086	194.04
194.05	07956	FOUNDATION	14,476	14,739	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	138,970,362	820,599,199	200.00

RECLASSIFICATIONS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet A-6
Date/Time Prepared:
3/18/2025 2:06 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - MEDICAL SUPPLIES					
1.00	NURSING ADMINISTRATION	13.00	0	185	1.00	
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	54,955,931	2.00	
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	31,116,208	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
41.00		0.00	0	0	41.00	
	0		0	86,072,324		
	B - DRUG					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,852	1.00	
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	107,082,123	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	

RECLASSIFICATIONS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024

Worksheet A-6

Date/Time Prepared:
3/18/2025 2:06 pm

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
29.00	0.00	0	0		29.00
0		0	107,087,975		
C - EQUIPMENT LEASE					
1.00	1.00	0	8,296,698		1.00
2.00	2.00	0	511,510		2.00
3.00	14.00	0	259		3.00
4.00	68.00	0	22,347		4.00
5.00	91.00	0	119		5.00
6.00	0.00	0	0		6.00
7.00	0.00	0	0		7.00
8.00	0.00	0	0		8.00
9.00	0.00	0	0		9.00
10.00	0.00	0	0		10.00
11.00	0.00	0	0		11.00
12.00	0.00	0	0		12.00
13.00	0.00	0	0		13.00
14.00	0.00	0	0		14.00
15.00	0.00	0	0		15.00
16.00	0.00	0	0		16.00
17.00	0.00	0	0		17.00
18.00	0.00	0	0		18.00
19.00	0.00	0	0		19.00
20.00	0.00	0	0		20.00
21.00	0.00	0	0		21.00
22.00	0.00	0	0		22.00
23.00	0.00	0	0		23.00
24.00	0.00	0	0		24.00
25.00	0.00	0	0		25.00
26.00	0.00	0	0		26.00
0		0	8,830,933		
D - DEPRECIATION					
1.00	1.00	0	20,518,328		1.00
2.00	2.00	0	9,065,786		2.00
3.00	0.00	0	0		3.00
4.00	0.00	0	0		4.00
5.00	0.00	0	0		5.00
6.00	0.00	0	0		6.00
7.00	0.00	0	0		7.00
8.00	0.00	0	0		8.00
9.00	0.00	0	0		9.00
10.00	0.00	0	0		10.00
11.00	0.00	0	0		11.00
12.00	0.00	0	0		12.00
13.00	0.00	0	0		13.00
14.00	0.00	0	0		14.00
15.00	0.00	0	0		15.00
16.00	0.00	0	0		16.00
17.00	0.00	0	0		17.00
18.00	0.00	0	0		18.00
19.00	0.00	0	0		19.00
20.00	0.00	0	0		20.00
21.00	0.00	0	0		21.00
22.00	0.00	0	0		22.00
23.00	0.00	0	0		23.00
24.00	0.00	0	0		24.00
25.00	0.00	0	0		25.00
26.00	0.00	0	0		26.00
27.00	0.00	0	0		27.00
28.00	0.00	0	0		28.00
29.00	0.00	0	0		29.00
30.00	0.00	0	0		30.00
31.00	0.00	0	0		31.00
32.00	0.00	0	0		32.00
33.00	0.00	0	0		33.00
34.00	0.00	0	0		34.00
35.00	0.00	0	0		35.00
36.00	0.00	0	0		36.00
37.00	0.00	0	0		37.00
38.00	0.00	0	0		38.00
39.00	0.00	0	0		39.00
40.00	0.00	0	0		40.00
41.00	0.00	0	0		41.00
42.00	0.00	0	0		42.00
43.00	0.00	0	0		43.00

RECLASSIFICATIONS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet A-6
Date/Time Prepared:
3/18/2025 2:06 pm

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
0		0	29,584,114		
E - CAFETERIA					
1.00	CAFETERIA	11.00	2,125,385	1,105,354	1.00
0			2,125,385	1,105,354	
G - INTERNS AND RESIDENT					
1.00	I&R SERVICES-OTHER PRGM	22.00	1,841,376	111,533	1.00
2.00	COSTS APPRV CLINIC	90.00	1,865,248	297,514	2.00
0			3,706,624	409,047	
H - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	144,035	1.00
2.00	OTHER ADMIN & GENERAL	5.03	0	133	2.00
3.00	SUBPROVIDER - IRF	41.00	0	57	3.00
4.00	CV DIAGNOSTIC SERVICES	90.05	0	2,164	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
0			0	146,389	
I - PHARMACY RECLASS					
1.00	PHARMACY	15.00	4,642	0	1.00
	TOTALS		4,642	0	
J - EMS & PARAMEDIC RECLASS					
1.00	PARAMEDIC PRGM	23.03	396,619	11,050	1.00
0			396,619	11,050	
K - HOME HEALTH RECLASS					
1.00	OTHER NRCC	194.04	3,900	0	1.00
0			3,900	0	
L - NURSERY					
1.00	ADULTS & PEDIATRICS	30.00	0	4,383	1.00
2.00	NURSERY	43.00	1,592,299	46,735	2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	205,131	6,021	3.00
0			1,797,430	57,139	
M - SURGICAL TECHNOLOGY					
1.00	SURGICAL TECH PROGRAM	23.04	82,708	0	1.00
2.00		0.00	0	0	2.00
	TOTALS		82,708	0	

RECLASSIFICATIONS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024

Worksheet A-6

Date/Time Prepared:
3/18/2025 2:06 pm

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
N - ALLOGENEIC STEM CELL TRANSPLANT					
1.00 ALLOGENEIC HSCT ACQUISITION	77.00	0	1,423,566		1.00
2.00	0.00	0	0		2.00
0		0	1,423,566		
O - T-CELL IMMUNOTHERAPY					
1.00 CAR T-CELL IMMUNOTHERAPY	78.00	0	13,152,490		1.00
0		0	13,152,490		
P - WORKING WELL					
1.00	0.00	0	0		1.00
0		0	0		
500.00 Grand Total: Increases		8,117,308	247,880,381		500.00

RECLASSIFICATIONS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet A-6
Date/Time Prepared:
3/18/2025 2:06 pm

Decreases					Wkst. A-7 Ref.		
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
	A - MEDICAL SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,803	0	1.00	
2.00	OTHER ADMIN & GENERAL	5.03	0	75,249	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	1,129	0	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	163	0	4.00	
5.00	HOUSEKEEPING	9.00	0	2,051	0	5.00	
6.00	DIETARY	10.00	0	236,422	0	6.00	
7.00	CAFETERIA	11.00	0	161,449	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,306,248	0	8.00	
9.00	PHARMACY	15.00	0	807,336	0	9.00	
10.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	31,171	0	10.00	
11.00	EMERGENCY MEDICAL SERVICES	23.02	0	8,405	0	11.00	
12.00	SURGICAL TECH PROGRAM	23.04	0	2,083	0	12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	2,912,405	0	13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	1,411,233	0	14.00	
15.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	321,702	0	15.00	
16.00	CORONARY CARE UNIT	32.00	0	1,115,097	0	16.00	
17.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	473,075	0	17.00	
18.00	SUBPROVIDER - IRF	41.00	0	125,386	0	18.00	
19.00	OPERATING ROOM	50.00	0	37,931,504	0	19.00	
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	745,577	0	20.00	
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,233,304	0	21.00	
22.00	RADIOLOGY-THERAPEUTIC	55.00	0	12,126	0	22.00	
23.00	RADIOISOTOPE	56.00	0	80,050	0	23.00	
24.00	CARDIAC CATHETERIZATION	59.00	0	22,256,037	0	24.00	
25.00	LABORATORY	60.00	0	3,924,204	0	25.00	
26.00	INTRAVENOUS THERAPY	64.00	0	958,779	0	26.00	
27.00	RESPIRATORY THERAPY	65.00	0	2,127,046	0	27.00	
28.00	PHYSICAL THERAPY	66.00	0	60,227	0	28.00	
29.00	OCCUPATIONAL THERAPY	67.00	0	38,238	0	29.00	
30.00	SPEECH PATHOLOGY	68.00	0	18,021	0	30.00	
31.00	ELECTROCARDIOLOGY	69.00	0	448,546	0	31.00	
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	104,322	0	32.00	
33.00	RENAL DIALYSIS	74.00	0	62,628	0	33.00	
34.00	CARDIAC REHABILITATION	76.97	0	6,979	0	34.00	
35.00	CLINIC	90.00	0	310,376	0	35.00	
36.00	IBMT JOINT VENTURE	90.01	0	82,970	0	36.00	
37.00	MOORESVILLE INFUSION CLINIC	90.02	0	100,189	0	37.00	
38.00	ENDOCRINOLOGY CLINIC	90.03	0	35,465	0	38.00	
39.00	RHEUMATOLOGY CLINIC	90.04	0	493	0	39.00	
40.00	CV DIAGNOSTIC SERVICES	90.05	0	310,102	0	40.00	
41.00	EMERGENCY	91.00	0	1,229,734	0	41.00	
			0	86,072,324			
	B - DRUG						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	16,389	0	1.00	
2.00	OTHER ADMIN & GENERAL	5.03	0	1,715	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	165	0	3.00	
4.00	PHARMACY	15.00	0	40,457,415	0	4.00	
5.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	330,009	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	105,462	0	6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	364,757	0	7.00	
8.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	3,154	0	8.00	
9.00	CORONARY CARE UNIT	32.00	0	194,539	0	9.00	
10.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	141,119	0	10.00	
11.00	SUBPROVIDER - IRF	41.00	0	466	0	11.00	
12.00	OPERATING ROOM	50.00	0	199,493	0	12.00	
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,693	0	13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	605,861	0	14.00	
15.00	RADIOISOTOPE	56.00	0	533,987	0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00	0	28,909	0	16.00	
17.00	LABORATORY	60.00	0	36,095	0	17.00	
18.00	INTRAVENOUS THERAPY	64.00	0	51,665,495	0	18.00	
19.00	RESPIRATORY THERAPY	65.00	0	253,841	0	19.00	
20.00	PHYSICAL THERAPY	66.00	0	646	0	20.00	
21.00	ELECTROCARDIOLOGY	69.00	0	183	0	21.00	
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	42	0	22.00	
23.00	RENAL DIALYSIS	74.00	0	10,108	0	23.00	
24.00	CLINIC	90.00	0	1,921	0	24.00	
25.00	IBMT JOINT VENTURE	90.01	0	3,847	0	25.00	
26.00	MOORESVILLE INFUSION CLINIC	90.02	0	11,810,894	0	26.00	
27.00	RHEUMATOLOGY CLINIC	90.04	0	41,896	0	27.00	
28.00	CV DIAGNOSTIC SERVICES	90.05	0	191,993	0	28.00	

RECLASSIFICATIONS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet A-6
Date/Time Prepared:
3/18/2025 2:06 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
29.00	EMERGENCY	91.00	0	84,881	0		29.00
	0		0	107,087,975			
	C - EQUIPMENT LEASE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	305,005	10		1.00
2.00	OTHER ADMIN & GENERAL	5.03	0	74,341	10		2.00
3.00	OPERATION OF PLANT	7.00	0	2,396,148	0		3.00
4.00	DIETARY	10.00	0	12,216	0		4.00
5.00	PHARMACY	15.00	0	194,476	0		5.00
6.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	2,340	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	12,255	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	4,856	0		8.00
9.00	CORONARY CARE UNIT	32.00	0	988	0		9.00
10.00	SUBPROVIDER - IRF	41.00	0	2,496	0		10.00
11.00	OPERATING ROOM	50.00	0	14,504	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	144,442	0		12.00
13.00	LABORATORY	60.00	0	19,774	0		13.00
14.00	INTRAVENOUS THERAPY	64.00	0	8,779	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	238,906	0		15.00
16.00	PHYSICAL THERAPY	66.00	0	1,016,048	0		16.00
17.00	OCCUPATIONAL THERAPY	67.00	0	97,859	0		17.00
18.00	ELECTROENCEPHALOGRAPHY	70.00	0	159,875	0		18.00
19.00	CARDIAC REHABILITATION	76.97	0	115,374	0		19.00
20.00	CLINIC	90.00	0	189,346	0		20.00
21.00	MOORESVILLE INFUSION CLINIC	90.02	0	160,235	0		21.00
22.00	ENDOCRINOLOGY CLINIC	90.03	0	196,746	0		22.00
23.00	RHEUMATOLOGY CLINIC	90.04	0	75,328	0		23.00
24.00	CV DIAGNOSTIC SERVICES	90.05	0	2,584,815	0		24.00
25.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	104,324	0		25.00
26.00	OTHER NRCC	194.04	0	699,457	0		26.00
	0		0	8,830,933			
	D - DEPRECIATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	17,983	9		1.00
2.00	OTHER ADMIN & GENERAL	5.03	0	3,144,740	9		2.00
3.00	OPERATION OF PLANT	7.00	0	1,260,060	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	3,455	0		4.00
5.00	HOUSEKEEPING	9.00	0	67,123	0		5.00
6.00	DIETARY	10.00	0	61,652	0		6.00
7.00	CAFETERIA	11.00	0	30,229	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	101,189	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	240,344	0		9.00
10.00	PHARMACY	15.00	0	112,037	0		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	230,906	0		11.00
12.00	EMERGENCY MEDICAL SERVICES	23.02	0	2,391	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	456,676	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	190,725	0		14.00
15.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	133,573	0		15.00
16.00	CORONARY CARE UNIT	32.00	0	137,435	0		16.00
17.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	173,413	0		17.00
18.00	SUBPROVIDER - IRF	41.00	0	23,902	0		18.00
19.00	OPERATING ROOM	50.00	0	2,583,216	0		19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	96,558	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,978,194	0		21.00
22.00	RADIOLOGY-THERAPEUTIC	55.00	0	431,313	0		22.00
23.00	RADIOISOTOPE	56.00	0	35,135	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	640,469	0		24.00
25.00	LABORATORY	60.00	0	449,126	0		25.00
26.00	INTRAVENOUS THERAPY	64.00	0	321,982	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	277,271	0		27.00
28.00	PHYSICAL THERAPY	66.00	0	44,242	0		28.00
29.00	OCCUPATIONAL THERAPY	67.00	0	4,224	0		29.00
30.00	SPEECH PATHOLOGY	68.00	0	305,987	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	79,046	0		31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	244,984	0		32.00
33.00	RENAL DIALYSIS	74.00	0	9,692	0		33.00
34.00	CARDIAC REHABILITATION	76.97	0	7,725	0		34.00
35.00	CLINIC	90.00	0	411,898	0		35.00
36.00	IBMT JOINT VENTURE	90.01	0	12,249	0		36.00
37.00	CV DIAGNOSTIC SERVICES	90.05	0	104,610	0		37.00
38.00	EMERGENCY	91.00	0	177,501	0		38.00
39.00	AMBULANCE SERVICES	95.00	0	55,403	0		39.00
40.00	HOSPICE	116.00	0	602,680	0		40.00

RECLASSIFICATIONS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet A-6
Date/Time Prepared:
3/18/2025 2:06 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
41.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	16,232	0		41.00
42.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	15,978	0		42.00
43.00	OTHER NRCC	194.04	0	14,290,566	0		43.00
	0		0	29,584,114			
E - CAFETERIA							
1.00	DIETARY	10.00	2,125,385	1,105,354	0		1.00
	0		2,125,385	1,105,354			
G - INTERNS AND RESIDENT							
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	3,706,624	409,047	0		1.00
2.00		0.00	0	0	0		2.00
	0		3,706,624	409,047			
H - EMPLOYEE BENEFITS							
1.00	OPERATION OF PLANT	7.00	0	7	0		1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	0	1	0		2.00
3.00	HOUSEKEEPING	9.00	0	11	0		3.00
4.00	DIETARY	10.00	0	8	0		4.00
5.00	CAFETERIA	11.00	0	2	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	15,912	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	3	0		7.00
8.00	PHARMACY	15.00	0	1,426	0		8.00
9.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	10,662	0		9.00
10.00	EMERGENCY MEDICAL SERVICES	23.02	0	1	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	4,353	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	19,986	0		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	11	0		13.00
14.00	CORONARY CARE UNIT	32.00	0	1,007	0		14.00
15.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	22,998	0		15.00
16.00	OPERATING ROOM	50.00	0	6,036	0		16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	15,854	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,735	0		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	5	0		19.00
20.00	RADIOISOTOPE	56.00	0	1	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	2,291	0		21.00
22.00	LABORATORY	60.00	0	2	0		22.00
23.00	INTRAVENOUS THERAPY	64.00	0	11	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	15	0		24.00
25.00	PHYSICAL THERAPY	66.00	0	8,712	0		25.00
26.00	OCCUPATIONAL THERAPY	67.00	0	6	0		26.00
27.00	SPEECH PATHOLOGY	68.00	0	4	0		27.00
28.00	ELECTROCARDIOLOGY	69.00	0	4	0		28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	3	0		29.00
30.00	CARDIAC REHABILITATION	76.97	0	1	0		30.00
31.00	CLINIC	90.00	0	12	0		31.00
32.00	IBMT JOINT VENTURE	90.01	0	2,709	0		32.00
33.00	MOORESVILLE INFUSION CLINIC	90.02	0	2	0		33.00
34.00	ENDOCRINOLOGY CLINIC	90.03	0	4	0		34.00
35.00	RHEUMATOLOGY CLINIC	90.04	0	1	0		35.00
36.00	DIABETES EDUCATION CLINIC	90.06	0	1	0		36.00
37.00	EMERGENCY	91.00	0	12	0		37.00
38.00	AMBULANCE SERVICES	95.00	0	2	0		38.00
39.00	HOSPICE	116.00	0	13	0		39.00
40.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1	0		40.00
41.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	5	0		41.00
42.00	RETAIL PHARMACY	194.02	0	26,551	0		42.00
43.00	OTHER NRCC	194.04	0	8	0		43.00
	0		0	146,389			
I - PHARMACY RECLASS							
1.00	PHARMACY PRGM	23.01	4,642	0	0		1.00
	TOTALS		4,642	0			
J - EMS & PARAMEDIC RECLASS							
1.00	EMERGENCY MEDICAL SERVICES	23.02	396,619	11,050	0		1.00
	0		396,619	11,050			
K - HOME HEALTH RECLASS							
1.00	HOME HEALTH AGENCY	101.00	3,900	0	0		1.00
	0		3,900	0			
L - NURSERY							
1.00	OTHER ADMIN & GENERAL	5.03	629,296	57,139	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	1,168,134	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		1,797,430	57,139			

RECLASSIFICATIONS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024

Worksheet A-6

Date/Time Prepared:
3/18/2025 2:06 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
M - SURGICAL TECHNOLOGY						
1.00	ADULTS & PEDIATRICS	30.00	9,255	0	0	1.00
2.00	OPERATING ROOM	50.00	73,453	0	0	2.00
	TOTALS		82,708	0		
N - ALLOGENEIC STEM CELL TRANSPLANT						
1.00	LABORATORY	60.00	0	139,611	0	1.00
2.00	IBMT JOINT VENTURE	90.01	0	1,283,955	0	2.00
	0		0	1,423,566		
O - T-CELL IMMUNOTHERAPY						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,152,490	0	1.00
	0		0	13,152,490		
P - WORKING WELL						
1.00		0.00	0	0	0	1.00
	0		0	0		
500.00	Grand Total: Decreases		8,117,308	247,880,381		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet A-7
Part I
Date/Time Prepared:
3/18/2025 2:06 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,660,206	0	0	0	0	1.00	
2.00	Land Improvements	35,352,307	178,217	0	178,217	0	2.00	
3.00	Buildings and Fixtures	260,258,033	12,452,772	0	12,452,772	0	3.00	
4.00	Building Improvements	19,391,705	1,315,886	0	1,315,886	0	4.00	
5.00	Fixed Equipment	284,711,884	498,397	0	498,397	0	5.00	
6.00	Movable Equipment	198,125,893	937,794	0	937,794	8,488,685	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	806,500,028	15,383,066	0	15,383,066	8,488,685	8.00	
9.00	Reconciling Items	8,582,507	9,288,268	0	9,288,268	0	9.00	
10.00	Total (line 8 minus line 9)	797,917,521	6,094,798	0	6,094,798	8,488,685	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,660,206	0				1.00	
2.00	Land Improvements	35,530,524	0				2.00	
3.00	Buildings and Fixtures	272,710,805	0				3.00	
4.00	Building Improvements	20,707,591	0				4.00	
5.00	Fixed Equipment	285,210,281	0				5.00	
6.00	Movable Equipment	190,575,002	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	813,394,409	0				8.00	
9.00	Reconciling Items	17,870,775	0				9.00	
10.00	Total (line 8 minus line 9)	795,523,634	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS	Provider CCN: 15-0162	Period: From 01/01/2024 To 12/31/2024	Worksheet A-7 Part II Date/Time Prepared: 3/18/2025 2:06 pm
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet A-7
Part III
Date/Time Prepared:
3/18/2025 2:06 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	622,819,409	0	622,819,409	0.771138	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	190,575,002	5,732,131	184,842,871	0.228862	0	2.00
3.00	Total (sum of lines 1-2)	813,394,411	5,732,131	807,662,280	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	20,891,992	8,296,698	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	15,091,355	511,510	2.00
3.00	Total (sum of lines 1-2)	0	0	0	35,983,347	8,808,208	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	10,037,788	0	0	0	39,226,478	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	15,602,865	2.00
3.00	Total (sum of lines 1-2)	10,037,788	0	0	0	54,829,343	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024

Worksheet A-8

Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00				3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-30,500	OTHER ADMIN & GENERAL	5.03	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-14,792,342			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	228,763,926			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-3,144,671	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-58,111	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	CONTRACT REVENUE	B	-1,183,434	OTHER ADMIN & GENERAL	5.03	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024

Worksheet A-8

Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
33.01	CONTRACT REVENUE	B	-4,931	LAUNDRY & LINEN SERVICE		8.00		0 33.01
33.02	CONTRACT REVENUE	B	-6,202	PHARMACY		15.00		0 33.02
33.03	CONTRACT REVENUE	B	-17,000	I&R SERVICES-SALARY & FRINGES APPRV		21.00		0 33.03
33.04	CONTRACT REVENUE	B	-15,000	EMERGENCY MEDICAL SERVICES		23.02		0 33.04
33.05	CONTRACT REVENUE	B	14,031	OPERATING ROOM		50.00		0 33.05
33.06	CONTRACT REVENUE	B	-319,260	RADIOLOGY-DIAGNOSTIC		54.00		0 33.06
33.07	CONTRACT REVENUE	B	-2,713,233	RADIOLOGY-THERAPEUTIC		55.00		0 33.07
33.08	CONTRACT REVENUE	B	-6,616	PHYSICAL THERAPY		66.00		0 33.08
33.09	CONTRACT REVENUE	B	-10,179	SPEECH PATHOLOGY		68.00		0 33.09
33.10	CONTRACT REVENUE	B	-60,256	CV DIAGNOSTIC SERVICES		90.05		0 33.10
33.11	DEFERRED LEASE REVENUE - CONTRA	B	-19,861	OTHER ADMIN & GENERAL		5.03		0 33.11
33.12	DISCOUNTS EARNED/REBATES	B	-193,174	CENTRAL SERVICES & SUPPLY		14.00		0 33.12
33.13	DISCOUNTS EARNED/REBATES	B	-2,394,480	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00		0 33.13
33.14	DISCOUNTS EARNED/REBATES	B	-1,301,419	IMPL. DEV. CHARGED TO PATIENTS		72.00		0 33.14
33.15	DISCOUNTS EARNED/REBATES	B	-13	RADIOLOGY-DIAGNOSTIC		54.00		0 33.15
33.16	DISCOUNTS EARNED/REBATES	B	-71,250	CARDIAC CATHETERIZATION		59.00		0 33.16
33.17	DISCOUNTS EARNED/REBATES	B	-954,148	INTRAVENOUS THERAPY		64.00		0 33.17
33.18	340B	B	-98,476	PHARMACY		15.00		0 33.18
33.19	MISC INCOME	B	-221,557	EMPLOYEE BENEFITS DEPARTMENT		4.00		0 33.19
33.20	MISC INCOME	B	-518,949	OTHER ADMIN & GENERAL		5.03		0 33.20
33.21	MISC INCOME	B	-28,092	OPERATION OF PLANT		7.00		0 33.21
33.22	MISC INCOME	B	-32,253	DIETARY		10.00		0 33.22
33.23	MISC INCOME	B	126,255	CAFETERIA		11.00		0 33.23
33.24	MISC INCOME	B	-115	CENTRAL SERVICES & SUPPLY		14.00		0 33.24
33.25	MISC INCOME	B	-15,825	PHARMACY		15.00		0 33.25
33.26	MISC INCOME	B	-10,660	I&R SERVICES-SALARY & FRINGES APPRV		21.00		0 33.26
33.27	MISC INCOME	B	-329,661	EMERGENCY MEDICAL SERVICES		23.02		0 33.27
33.28	MISC INCOME	B	-103,402	PARAMEDIC PRGM		23.03		0 33.28
33.29	MISC INCOME	B	-7,000	SURGICAL TECH PROGRAM		23.04		0 33.29
33.30	MISC INCOME	B	-2	ADULTS & PEDIATRICS		30.00		0 33.30
33.31	MISC INCOME	B	-146	DELIVERY ROOM & LABOR ROOM		52.00		0 33.31
33.32	MISC INCOME	B	-10	RADIOLOGY-DIAGNOSTIC		54.00		0 33.32
33.33	MISC INCOME	B	-10	INTRAVENOUS THERAPY		64.00		0 33.33
33.34	MISC INCOME	B	-9,482	ELECTROCARDIOLOGY		69.00		0 33.34
33.35	MISC INCOME	B	-265,179	CLINIC		90.00		0 33.35
33.36	MISC INCOME	B	-32,202	IBMT JOINT VENTURE		90.01		0 33.36
33.37	MISC INCOME	B	-3,759	CV DIAGNOSTIC SERVICES		90.05		0 33.37
33.38	MISC INCOME	B	-19	EMERGENCY		91.00		0 33.38
33.39	MISC INCOME	B	-10,568	HOSPICE		116.00		0 33.39
33.40	RENTAL INCOME	B	-853,120	OTHER ADMIN & GENERAL		5.03		0 33.40
33.41	RENTAL INCOME	B	-41,400	OPERATION OF PLANT		7.00		0 33.41
33.42	RENTAL INCOME	B	-5,376	RADIOLOGY-DIAGNOSTIC		54.00		0 33.42
33.43	RENTAL INCOME	B	-1,316,225	RADIOLOGY-THERAPEUTIC		55.00		0 33.43
33.44	RENTAL INCOME	B	-164,796	ELECTROENCEPHALOGRAPHY		70.00		0 33.44
33.45	RENTAL INCOME	B	-93,639	CLINIC		90.00		0 33.45
33.46	RENTAL INCOME	B	-105,289	CV DIAGNOSTIC SERVICES		90.05		0 33.46
34.00	ADVERTISING	A	-1,147	EMPLOYEE BENEFITS DEPARTMENT		4.00		0 34.00
34.01	ADVERTISING	A	-15,962	OTHER ADMIN & GENERAL		5.03		0 34.01
34.02	ADVERTISING	A	-59,074	OPERATION OF PLANT		7.00		0 34.02
34.03	ADVERTISING	A	-176	DIETARY		10.00		0 34.03
34.04	ADVERTISING	A	-85	NURSING ADMINISTRATION		13.00		0 34.04
34.05	ADVERTISING	A	-36	PHARMACY		15.00		0 34.05
34.06	ADVERTISING	A	-3,373	I&R SERVICES-SALARY & FRINGES APPRV		21.00		0 34.06
34.07	ADVERTISING	A	255	NEONATAL INTENSIVE CARE UNIT		31.01		0 34.07
34.08	ADVERTISING	A	-1,500	INTRAVENOUS THERAPY		64.00		0 34.08
34.09	ADVERTISING	A	-8,092	CV DIAGNOSTIC SERVICES		90.05		0 34.09
34.10	ADVERTISING	A	-1,181	AMBULANCE SERVICES		95.00		0 34.10
34.11	ADVERTISING	A	-7,000	HOSPICE		116.00		0 34.11
35.00	PROVIDER TAX	A	-56,060,479	OTHER ADMIN & GENERAL		5.03		0 35.00
36.00	LOBBYING FEES	A	-20,514	OTHER ADMIN & GENERAL		5.03		0 36.00
37.00	DONATIONS EXPENSE	A	-2,000	OTHER ADMIN & GENERAL		5.03		0 37.00
38.00	NRCC PHYSICIANS	A	-1,859,753	PHYSICIANS' PRIVATE OFFICES		192.00		0 38.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024

Worksheet A-8

Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
38.01	NRCC PHYSICIANS	A	9,427	MARKETING & COMMUNITY RELATIONS	194.00	0	38.01
38.02	NRCC PHYSICIANS	A	-337,565	OTHER NRCC	194.04	0	38.02
39.00	PENSION	A	-2,303	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		138,970,362				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: 15-0162

Period:
From 01/01/2024
To 12/31/2024

Worksheet A-8-1

Date/Time Prepared:
3/18/2025 2:06 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	SHARED SERVICES	58,962,754	0	1.00
2.00	5.03	OTHER ADMIN & GENERAL	SHARED SERVICES	22,661,268	0	2.00
3.00	7.00	OPERATION OF PLANT	SHARED SERVICES	8,179,831	0	3.00
3.01	13.00	NURSING ADMINISTRATION	SHARED SERVICES	381,037	0	3.01
3.02	16.00	MEDICAL RECORDS & LIBRARY	SHARED SERVICES	133,258	0	3.02
3.03	54.00	RADIOLOGY-DIAGNOSTIC	SHARED SERVICES	1,507,754	0	3.03
3.04	194.05	FOUNDATION	SHARED SERVICES	14,476	0	3.04
4.00	1.00	CAP REL COSTS-BLDG & FIXT	FRANCISCAN HOME OFFICE	373,664	0	4.00
4.01	1.00	CAP REL COSTS-BLDG & FIXT	FRANCISCAN HOME OFFICE	10,037,788	0	4.01
4.02	2.00	CAP REL COSTS-MVBLE EQUIP	FRANCISCAN HOME OFFICE	6,025,569	0	4.02
4.03	5.03	OTHER ADMIN & GENERAL	FRANCISCAN HOME OFFICE	115,263,050	0	4.03
4.04	15.00	PHARMACY	FRANCISCAN HOME OFFICE	1,531,072	0	4.04
4.05	16.00	MEDICAL RECORDS & LIBRARY	FRANCISCAN HOME OFFICE	3,692,405	0	4.05
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			228,763,926	0	5.00

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

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

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

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

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

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

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024

Worksheet A-8-1

Date/Time Prepared:
3/18/2025 2:06 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	58,962,754	0		1.00
2.00	22,661,268	0		2.00
3.00	8,179,831	0		3.00
3.01	381,037	0		3.01
3.02	133,258	0		3.02
3.03	1,507,754	0		3.03
3.04	14,476	0		3.04
4.00	373,664	9		4.00
4.01	10,037,788	11		4.01
4.02	6,025,569	9		4.02
4.03	115,263,050	0		4.03
4.04	1,531,072	0		4.04
4.05	3,692,405	0		4.05
5.00	228,763,926			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			6.00
7.00	SHARED LAB		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: 15-0162

Period:
From 01/01/2024
To 12/31/2024

Worksheet A-8-2

Date/Time Prepared:
3/18/2025 2:06 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	40,194	40,194	0	211,500	0	1.00
2.00	5.03	OTHER ADMIN & GENERAL	2,726,032	2,726,032	0	211,500	0	2.00
3.00	15.00	PHARMACY	16,041	16,041	0	211,500	0	3.00
4.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	2,069,723	0	2,069,723	179,000	13,844	4.00
5.00	23.02	EMERGENCY MEDICAL SERVICES	0	0	0	211,500	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	4,905	4,905	0	211,500	0	6.00
7.00	31.00	INTENSIVE CARE UNIT	27,900	27,900	0	211,500	0	7.00
8.00	31.01	NEONATAL INTENSIVE CARE UNIT	404,750	404,750	0	211,500	0	8.00
9.00	50.00	OPERATING ROOM	7,589,112	7,589,112	0	211,500	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	1,496,245	1,496,245	0	271,900	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	221,996	221,996	0	211,500	0	11.00
12.00	60.00	LABORATORY	13,550	13,550	0	211,500	0	12.00
13.00	65.00	RESPIRATORY THERAPY	23,560	23,560	0	211,500	0	13.00
14.00	67.00	OCCUPATIONAL THERAPY	0	0	0	211,500	0	14.00
15.00	69.00	ELECTROCARDIOLOGY	215,720	215,720	0	211,500	0	15.00
16.00	70.00	ELECTROENCEPHALOGRAPHY	687	687	0	211,500	0	16.00
17.00	90.00	CLINIC	434,084	434,084	0	211,500	0	17.00
18.00	90.01	IBMT JOINT VENTURE	13,883	13,883	0	211,500	0	18.00
19.00	90.05	CV DIAGNOSTIC SERVICES	600,168	600,168	0	211,500	0	19.00
20.00	91.00	EMERGENCY	85,175	85,175	0	211,500	0	20.00
21.00	95.00	AMBULANCE SERVICES	0	0	0	211,500	0	21.00
200.00			15,983,725	13,914,002	2,069,723		13,844	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024

Worksheet A-8-2

Date/Time Prepared:
3/18/2025 2:06 pm

	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	5.03	OTHER ADMIN & GENERAL	0	0	0	0	0	2.00
3.00	15.00	PHARMACY	0	0	0	0	0	3.00
4.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	1,191,383	59,569	0	0	0	4.00
5.00	23.02	EMERGENCY MEDICAL SERVICES	0	0	0	0	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	6.00
7.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	7.00
8.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	8.00
9.00	50.00	OPERATING ROOM	0	0	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	11.00
12.00	60.00	LABORATORY	0	0	0	0	0	12.00
13.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	13.00
14.00	67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	14.00
15.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	15.00
16.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	16.00
17.00	90.00	CLINIC	0	0	0	0	0	17.00
18.00	90.01	IBMT JOINT VENTURE	0	0	0	0	0	18.00
19.00	90.05	CV DIAGNOSTIC SERVICES	0	0	0	0	0	19.00
20.00	91.00	EMERGENCY	0	0	0	0	0	20.00
21.00	95.00	AMBULANCE SERVICES	0	0	0	0	0	21.00
200.00			1,191,383	59,569	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024

Worksheet A-8-2

Date/Time Prepared:
3/18/2025 2:06 pm

	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	40,194		1.00
2.00	5.03	OTHER ADMIN & GENERAL	0	0	0	2,726,032		2.00
3.00	15.00	PHARMACY	0	0	0	16,041		3.00
4.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,191,383	878,340	878,340		4.00
5.00	23.02	EMERGENCY MEDICAL SERVICES	0	0	0	0		5.00
6.00	30.00	ADULTS & PEDIATRICS	0	0	0	4,905		6.00
7.00	31.00	INTENSIVE CARE UNIT	0	0	0	27,900		7.00
8.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	404,750		8.00
9.00	50.00	OPERATING ROOM	0	0	0	7,589,112		9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,496,245		10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	0	0	221,996		11.00
12.00	60.00	LABORATORY	0	0	0	13,550		12.00
13.00	65.00	RESPIRATORY THERAPY	0	0	0	23,560		13.00
14.00	67.00	OCCUPATIONAL THERAPY	0	0	0	0		14.00
15.00	69.00	ELECTROCARDIOLOGY	0	0	0	215,720		15.00
16.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	687		16.00
17.00	90.00	CLINIC	0	0	0	434,084		17.00
18.00	90.01	IBMT JOINT VENTURE	0	0	0	13,883		18.00
19.00	90.05	CV DIAGNOSTIC SERVICES	0	0	0	600,168		19.00
20.00	91.00	EMERGENCY	0	0	0	85,175		20.00
21.00	95.00	AMBULANCE SERVICES	0	0	0	0		21.00
200.00			0	1,191,383	878,340	14,792,342		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet B
Part I
Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	39,226,478	39,226,478			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	15,602,865	15,602,865			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	59,148,284	0	59,148,284		4.00
5.01	00570	ADMITTING	2	96,074	38,215	0	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	39,861	15,855	0	5.02
5.03	00590	OTHER ADMIN & GENERAL	150,362,869	169,909	67,584	1,500,754	5.03
7.00	00700	OPERATION OF PLANT	21,059,102	4,799,391	1,909,023	958,114	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,850,688	330,455	131,443	69,822	8.00
9.00	00900	HOUSEKEEPING	8,839,023	266,147	105,863	1,217,010	9.00
10.00	01000	DIETARY	2,484,559	366,677	145,851	360,126	10.00
11.00	01100	CAFETERIA	2,389,422	630,535	250,804	778,557	11.00
13.00	01300	NURSING ADMINISTRATION	4,979,382	0	0	1,155,606	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,267,038	1,148,070	456,660	260,862	14.00
15.00	01500	PHARMACY	8,955,907	499,138	198,539	1,947,445	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,825,663	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,534,506	37,898	15,075	645,103	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,074,569	0	0	491,704	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	0	0	0	0	23.00
23.01	02302	PHARMACY PRGM	285,595	0	0	67,858	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	39,326	0	0	93,129	23.02
23.03	02303	PARAMEDIC PRGM	304,267	0	0	105,910	23.03
23.04	02305	SURGICAL TECH PROGRAM	221,684	0	0	52,556	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	48,425,129	7,328,192	2,914,888	9,877,727	30.00
31.00	03100	INTENSIVE CARE UNIT	9,574,632	853,346	339,430	2,465,586	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	5,716,619	666,593	265,147	1,157,532	31.01
32.00	03200	CORONARY CARE UNIT	12,494,291	1,983,427	788,935	3,196,189	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	8,016,235	1,001,996	398,557	2,091,390	34.00
41.00	04100	SUBPROVIDER - IRF	5,212,088	696,724	277,131	1,205,817	41.00
43.00	04300	NURSERY	1,639,034	88,756	35,304	425,193	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,830,458	4,307,122	1,713,216	4,380,887	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,227,275	1,121,700	446,172	1,108,975	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,149,504	2,455,051	976,530	2,685,356	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,198,443	159,197	63,323	492,250	55.00
56.00	05600	RADIOISOTOPE	262,332	46,320	18,424	63,327	56.00
59.00	05900	CARDIAC CATHETERIZATION	3,488,020	972,928	386,995	904,399	59.00
60.00	06000	LABORATORY	25,425,321	1,333,637	530,472	163,234	60.00
64.00	06400	INTRAVENOUS THERAPY	4,356,974	534,174	212,475	1,210,964	64.00
65.00	06500	RESPIRATORY THERAPY	9,121,301	169,827	67,551	2,300,947	65.00
66.00	06600	PHYSICAL THERAPY	6,059,791	467,617	186,001	1,585,553	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,945,352	0	0	758,641	67.00
68.00	06800	SPEECH PATHOLOGY	1,391,714	79,190	31,499	343,341	68.00
69.00	06900	ELECTROCARDIOLOGY	1,259,806	706,127	280,872	319,522	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,992,454	0	0	462,449	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	52,561,451	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,814,789	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	93,929,633	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,650,374	128,822	51,241	0	74.00
76.97	07697	CARDIAC REHABILITATION	604,273	0	0	155,987	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	1,423,566	73,507	29,238	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	13,152,490	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	6,651,188	642,841	255,699	1,871,873	90.00
90.01	09001	IBMT JOINT VENTURE	6,153,727	72,281	28,751	433,631	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	929,248	141,454	56,265	227,556	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	532,309	224,692	89,374	140,737	90.03
90.04	09004	RHEUMATOLOGY CLINIC	217,579	76,819	30,556	55,071	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	9,281,183	0	0	2,496,802	90.05
90.06	09006	DIABETES EDUCATION CLINIC	53,030	224,692	89,374	13,408	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	5,171	55,110	21,921	1,381	90.07
91.00	09100	EMERGENCY	11,904,565	1,943,812	773,178	2,779,334	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	343,247	0	0	82,740	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet B
Part I
Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
116.00	11600	HOSPICE	7,456,892	0	0	1,716,375	4	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	764,902,717	36,940,109	14,693,431	56,878,730	134,291	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,021,880	147,914	58,835	111,296	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,020,351	353,472	140,598	1,510,403	0	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	29,921	0	0	5,470	0	194.00
194.01	07952	HOME INFUSION PHARMACY	0	0	0	0	0	194.01
194.02	07950	RETAIL PHARMACY	661,505	5,397	2,147	14,469	0	194.02
194.04	07954	OTHER NRCC	49,948,086	1,779,586	707,854	627,916	0	194.04
194.05	07956	FOUNDATION	14,739	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	820,599,199	39,226,478	15,602,865	59,148,284	134,291	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet B
Part I
Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description			Subtotal	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMIN & GENERAL	OPERATION OF PLANT	
			5A.01	5.02	5A.02	5.03	7.00	
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
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	55,716	55,716				5.02
5.03	00590	OTHER ADMIN & GENERAL	152,101,116	10,258	152,111,374	152,111,374		5.03
7.00	00700	OPERATION OF PLANT	28,725,630	1,953	28,727,583	6,536,818	35,264,401	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,382,408	162	2,382,570	542,142	341,527	8.00
9.00	00900	HOUSEKEEPING	10,428,043	709	10,428,752	2,373,010	275,063	9.00
10.00	01000	DIETARY	3,357,213	228	3,357,441	763,969	378,962	10.00
11.00	01100	CAFETERIA	4,049,318	275	4,049,593	921,465	651,660	11.00
13.00	01300	NURSING ADMINISTRATION	6,134,988	417	6,135,405	1,396,081	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,132,630	349	5,132,979	1,167,984	1,186,533	14.00
15.00	01500	PHARMACY	11,601,029	789	11,601,818	2,639,936	515,860	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,825,663	260	3,825,923	870,570	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,232,582	220	3,232,802	735,608	39,168	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,566,273	107	1,566,380	356,422	0	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	0	0	0	0	0	23.00
23.01	02302	PHARMACY PRGM	353,453	24	353,477	80,432	0	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	132,455	9	132,464	30,142	0	23.02
23.03	02303	PARAMEDIC PRGM	410,177	28	410,205	93,340	0	23.03
23.04	02305	SURGICAL TECH PROGRAM	274,240	19	274,259	62,406	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	68,564,381	4,662	68,569,043	15,602,543	7,573,713	30.00
31.00	03100	INTENSIVE CARE UNIT	13,236,901	900	13,237,801	3,012,195	881,935	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	7,808,564	531	7,809,095	1,776,921	688,926	31.01
32.00	03200	CORONARY CARE UNIT	18,465,051	1,256	18,466,307	4,201,916	2,049,878	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	11,508,924	783	11,509,707	2,618,976	1,035,565	34.00
41.00	04100	SUBPROVIDER - IRF	7,393,495	503	7,393,998	1,682,467	720,066	41.00
43.00	04300	NURSERY	2,188,797	149	2,188,946	498,084	91,730	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,245,779	2,057	30,247,836	6,882,744	4,451,422	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,907,761	470	6,908,231	1,571,933	1,159,280	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,275,736	1,583	23,277,319	5,296,638	2,537,302	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,913,629	878	12,914,507	2,938,631	164,531	55.00
56.00	05600	RADIOISOTOPE	390,620	27	390,647	88,890	47,872	56.00
59.00	05900	CARDIAC CATHETERIZATION	5,757,997	392	5,758,389	1,310,293	1,005,524	59.00
60.00	06000	LABORATORY	27,464,951	1,868	27,466,819	6,249,937	1,378,317	60.00
64.00	06400	INTRAVENOUS THERAPY	6,315,110	429	6,315,539	1,437,069	552,070	64.00
65.00	06500	RESPIRATORY THERAPY	11,663,557	793	11,664,350	2,654,165	175,517	65.00
66.00	06600	PHYSICAL THERAPY	8,300,853	564	8,301,417	1,888,946	483,284	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,705,529	252	3,705,781	843,232	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,846,247	126	1,846,373	420,133	81,843	68.00
69.00	06900	ELECTROCARDIOLOGY	2,569,056	175	2,569,231	584,616	729,784	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,455,701	235	3,455,936	786,381	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	52,574,101	3,575	52,577,676	11,963,787	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,821,462	2,028	29,823,490	6,786,186	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	93,942,646	6,388	93,949,034	21,377,941	0	73.00
74.00	07400	RENAL DIALYSIS	1,831,129	125	1,831,254	416,693	133,137	74.00
76.97	07697	CARDIAC REHABILITATION	760,273	52	760,325	173,008	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	1,526,311	104	1,526,415	347,328	75,970	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	13,156,170	895	13,157,065	2,993,824	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,421,669	641	9,422,310	2,144,000	664,378	90.00
90.01	09001	IBMT JOINT VENTURE	6,689,141	455	6,689,596	1,522,184	74,702	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	1,354,552	92	1,354,644	308,242	146,193	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	987,113	67	987,180	224,628	232,219	90.03
90.04	09004	RHEUMATOLOGY CLINIC	380,025	26	380,051	86,479	79,392	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	11,778,020	801	11,778,821	2,680,212	0	90.05
90.06	09006	DIABETES EDUCATION CLINIC	380,504	26	380,530	86,588	232,219	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	83,583	6	83,589	19,020	56,956	90.07
91.00	09100	EMERGENCY	17,409,830	1,184	17,411,014	3,961,789	2,008,935	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	425,987	29	426,016	96,938	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	9,173,271	624	9,173,895	2,087,474	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	759,437,360	51,558	759,433,202	138,193,356	32,901,433	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,339,925	91	1,340,016	304,914	152,869	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Subtotal	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMIN & GENERAL	OPERATION OF PLANT	
			5A.01	5.02	5A.02	5.03	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,024,824	410	6,025,234	1,371,012	365,315	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	35,391	2	35,393	8,054	0	194.00
194.01	07952	HOME INFUSION PHARMACY	0	0	0	0	0	194.01
194.02	07950	RETAIL PHARMACY	683,518	46	683,564	155,542	5,577	194.02
194.04	07954	OTHER NRCC	53,063,442	3,608	53,067,050	12,075,142	1,839,207	194.04
194.05	07956	FOUNDATION	14,739	1	14,740	3,354	0	194.05
200.00		Cross Foot Adjustments	0		0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	820,599,199	55,716	820,599,199	152,111,374	35,264,401	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0162

Period:
From 01/01/2024
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
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
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	OTHER ADMIN & GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,266,239					8.00
9.00	00900	HOUSEKEEPING	0	13,076,825				9.00
10.00	01000	DIETARY	0	143,028	4,643,400			10.00
11.00	01100	CAFETERIA	0	245,950	0	5,868,668		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	129,487	7,660,973	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,863	447,823	0	46,245	0	14.00
15.00	01500	PHARMACY	0	194,697	0	189,485	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	14,783	0	91,744	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	20,314	0	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	0	0	0	0	0	23.00
23.01	02302	PHARMACY PRGM	0	0	0	9,812	0	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	0	0	0	13,458	0	23.02
23.03	02303	PARAMEDIC PRGM	0	0	0	15,305	0	23.03
23.04	02305	SURGICAL TECH PROGRAM	0	0	0	5,887	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,334,860	2,858,480	2,741,602	1,134,137	4,523,266	30.00
31.00	03100	INTENSIVE CARE UNIT	166,914	332,861	390,570	257,649	644,388	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	22,096	260,015	246,240	125,344	406,263	31.01
32.00	03200	CORONARY CARE UNIT	204,552	773,668	535,334	328,372	883,228	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	137,232	390,844	320,081	207,731	528,090	34.00
41.00	04100	SUBPROVIDER - IRF	111,433	271,768	281,919	134,463	465,127	41.00
43.00	04300	NURSERY	0	34,621	127,654	37,665	210,611	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	223,198	1,680,062	0	435,664	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	147,361	437,537	0	116,551	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	159,983	957,632	0	262,653	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	62,098	0	45,017	0	55.00
56.00	05600	RADIOISOTOPE	7,976	18,068	0	5,871	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	52,982	379,506	0	70,484	0	59.00
60.00	06000	LABORATORY	1,421	520,206	0	17,673	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	208,363	0	117,046	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,049	66,244	0	243,585	0	65.00
66.00	06600	PHYSICAL THERAPY	27,313	182,402	0	171,529	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	83,248	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,526	30,889	0	35,369	0	68.00
69.00	06900	ELECTROCARDIOLOGY	17,557	275,436	0	41,321	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,613	0	0	57,829	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	0	73.00
74.00	07400	RENAL DIALYSIS	16,115	50,249	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	21,019	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	5,130	28,673	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	18,902	250,750	0	232,842	0	90.00
90.01	09001	IBMT JOINT VENTURE	8,442	28,194	0	44,777	0	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0	55,177	0	22,852	0	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	0	87,645	0	23,162	0	90.03
90.04	09004	RHEUMATOLOGY CLINIC	0	29,964	0	9,407	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	365,737	0	90.05
90.06	09006	DIABETES EDUCATION CLINIC	0	87,645	0	1,796	0	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	0	21,497	0	270	0	90.07
91.00	09100	EMERGENCY	534,843	758,215	0	271,123	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	174,777	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,228,361	12,184,990	4,643,400	5,618,700	7,660,973	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	57,696	0	23,768	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,443	137,878	0	146,557	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0	0	1,174	0	194.00
194.01	07952	HOME INFUSION PHARMACY	0	0	0	0	0	194.01
194.02	07950	RETAIL PHARMACY	0	2,105	0	13	0	194.02
194.04	07954	OTHER NRCC	28,435	694,156	0	78,456	0	194.04
194.05	07956	FOUNDATION	0	0	0	0	0	194.05
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)	3,266,239	13,076,825	4,643,400	5,868,668	7,660,973	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
						APPRV	APPRV	
			14.00	15.00	16.00	21.00	22.00	
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
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	OTHER ADMIN & GENERAL						5.03
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	7,996,427					14.00
15.00	01500	PHARMACY	8,157	15,149,953				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	4,696,493			16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,246	0	0	4,116,351		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		1,943,116	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	0	0	0			23.00
23.01	02302	PHARMACY PRGM	13	0	0			23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	138	0	0			23.02
23.03	02303	PARAMEDIC PRGM	0	0	0			23.03
23.04	02305	SURGICAL TECH PROGRAM	83	0	0			23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,878	0	315,406	1,741,533	822,088	30.00
31.00	03100	INTENSIVE CARE UNIT	3,181	0	60,745	158,321	74,735	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,902	0	41,565	0	0	31.01
32.00	03200	CORONARY CARE UNIT	4,973	0	34,351	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,866	0	11,603	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	1,853	0	26,980	0	0	41.00
43.00	04300	NURSERY	0	0	7,928	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	48,602	0	416,058	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,197	0	56,801	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,232	0	449,090	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,426	0	162,204	0	0	55.00
56.00	05600	RADIOISOTOPE	91	0	10,922	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	7,851	0	192,677	0	0	59.00
60.00	06000	LABORATORY	1,062	0	352,878	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	8,789	0	78,078	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,823	0	72,276	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,399	0	68,148	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	272	0	34,045	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	967	0	15,265	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,763	0	62,723	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	927	0	36,318	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,029,611	0	318,153	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,733,629	0	151,823	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,030,822	1,000,552	0	0	73.00
74.00	07400	RENAL DIALYSIS	186	0	11,549	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	719	0	6,107	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	460	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	91,830	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,267	0	20,549	158,321	74,735	90.00
90.01	09001	IBMT JOINT VENTURE	665	0	21,762	0	0	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	846	0	12,678	0	0	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	178	0	3,641	0	0	90.03
90.04	09004	RHEUMATOLOGY CLINIC	151	0	636	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	5,688	0	106,704	0	0	90.05
90.06	09006	DIABETES EDUCATION CLINIC	0	0	0	0	0	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	0	0	88	0	0	90.07
91.00	09100	EMERGENCY	5,605	0	422,785	158,321	74,735	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,772	0	506	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	16,603	33,138	20,609			116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,954,611	15,063,960	4,696,493	2,216,496	1,046,293	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet B
Part I
Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
						14.00	15.00	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,682	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,146	782	0	0	0	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0	0	0	0	194.00
194.01	07952	HOME INFUSION PHARMACY	0	0	0	0	0	194.01
194.02	07950	RETAIL PHARMACY	188	84,384	0	0	0	194.02
194.04	07954	OTHER NRCC	34,777	827	0	1,899,855	896,823	194.04
194.05	07956	FOUNDATION	23	0	0	0	0	194.05
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,996,427	15,149,953	4,696,493	4,116,351	1,943,116	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet B
Part I
Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description			MEDICAL LABORATORY SCIENTIST PRGM 23.00	PHARMACY PRGM 23.01	EMERGENCY MEDICAL SERVICES 23.02	PARAMEDIC PRGM 23.03	SURGICAL TECH PROGRAM 23.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	OTHER ADMIN & GENERAL						5.03
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
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	0					23.00
23.01	02302	PHARMACY PRGM		443,734				23.01
23.02	02301	EMERGENCY MEDICAL SERVICES			176,202			23.02
23.03	02303	PARAMEDIC PRGM				518,850		23.03
23.04	02305	SURGICAL TECH PROGRAM					342,635	23.04
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
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	342,635	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
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
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	443,734	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	0	0	0	0	0	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0	0	0	0	0	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004	RHEUMATOLOGY CLINIC	0	0	0	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	0	0	90.05
90.06	09006	DIABETES EDUCATION CLINIC	0	0	0	0	0	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	176,202	518,850	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	443,734	176,202	518,850	342,635	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet B
Part I
Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description			MEDICAL LABORATORY SCIENTIST PRGM 23.00	PHARMACY PRGM 23.01	EMERGENCY MEDICAL SERVICES 23.02	PARAMEDIC PRGM 23.03	SURGICAL TECH PROGRAM 23.04	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0	0	0	0	194.00
194.01	07952	HOME INFUSION PHARMACY	0	0	0	0	0	194.01
194.02	07950	RETAIL PHARMACY	0	0	0	0	0	194.02
194.04	07954	OTHER NRCC	0	0	0	0	0	194.04
194.05	07956	FOUNDATION	0	0	0	0	0	194.05
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)	0	443,734	176,202	518,850	342,635	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet B
Part I
Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			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
5.01	00570	ADMITTING				5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.02
5.03	00590	OTHER ADMIN & GENERAL				5.03
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
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM				23.00
23.01	02302	PHARMACY PRGM				23.01
23.02	02301	EMERGENCY MEDICAL SERVICES				23.02
23.03	02303	PARAMEDIC PRGM				23.03
23.04	02305	SURGICAL TECH PROGRAM				23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	107,241,549	-2,563,621	104,677,928	30.00
31.00	03100	INTENSIVE CARE UNIT	19,221,295	-233,056	18,988,239	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	11,379,367	0	11,379,367	31.01
32.00	03200	CORONARY CARE UNIT	27,482,579	0	27,482,579	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	16,761,695	0	16,761,695	34.00
41.00	04100	SUBPROVIDER - IRF	11,090,074	0	11,090,074	41.00
43.00	04300	NURSERY	3,197,239	0	3,197,239	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	44,728,221	0	44,728,221	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,402,891	0	10,402,891	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,963,849	0	32,963,849	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,288,414	0	16,288,414	55.00
56.00	05600	RADIOISOTOPE	570,337	0	570,337	56.00
59.00	05900	CARDIAC CATHETERIZATION	8,777,706	0	8,777,706	59.00
60.00	06000	LABORATORY	35,988,313	0	35,988,313	60.00
64.00	06400	INTRAVENOUS THERAPY	8,716,954	0	8,716,954	64.00
65.00	06500	RESPIRATORY THERAPY	14,880,009	0	14,880,009	65.00
66.00	06600	PHYSICAL THERAPY	11,125,438	0	11,125,438	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,666,578	0	4,666,578	67.00
68.00	06800	SPEECH PATHOLOGY	2,433,365	0	2,433,365	68.00
69.00	06900	ELECTROCARDIOLOGY	4,284,431	0	4,284,431	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,349,004	0	4,349,004	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	69,889,227	0	69,889,227	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,495,128	0	39,495,128	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	131,802,083	0	131,802,083	73.00
74.00	07400	RENAL DIALYSIS	2,459,183	0	2,459,183	74.00
76.97	07697	CARDIAC REHABILITATION	961,178	0	961,178	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	1,983,976	0	1,983,976	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	16,242,719	0	16,242,719	78.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	12,988,054	-233,056	12,754,998	90.00
90.01	09001	IBMT JOINT VENTURE	8,390,322	0	8,390,322	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	1,900,632	0	1,900,632	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	1,558,653	0	1,558,653	90.03
90.04	09004	RHEUMATOLOGY CLINIC	586,080	0	586,080	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	14,937,162	0	14,937,162	90.05
90.06	09006	DIABETES EDUCATION CLINIC	788,778	0	788,778	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	181,420	0	181,420	90.07
91.00	09100	EMERGENCY	26,302,417	-233,056	26,069,361	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	525,232	0	525,232	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	11,506,496	0	11,506,496	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	739,048,048	-3,262,789	735,785,259	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet B
Part I
Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,883,945	0	1,883,945		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,058,367	0	8,058,367		192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	44,621	0	44,621		194.00
194.01	07952	HOME INFUSION PHARMACY	0	0	0		194.01
194.02	07950	RETAIL PHARMACY	931,373	0	931,373		194.02
194.04	07954	OTHER NRCC	70,614,728	-2,796,678	67,818,050		194.04
194.05	07956	FOUNDATION	18,117	0	18,117		194.05
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	820,599,199	-6,059,467	814,539,732		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet B
Part II
Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
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	0	0	0	4.00
5.01	00570	ADMITTING	0	96,074	38,215	134,289	0 5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	39,861	15,855	55,716	0 5.02
5.03	00590	OTHER ADMIN & GENERAL	0	169,909	67,584	237,493	0 5.03
7.00	00700	OPERATION OF PLANT	0	4,799,391	1,909,023	6,708,414	0 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	330,455	131,443	461,898	0 8.00
9.00	00900	HOUSEKEEPING	0	266,147	105,863	372,010	0 9.00
10.00	01000	DIETARY	0	366,677	145,851	512,528	0 10.00
11.00	01100	CAFETERIA	0	630,535	250,804	881,339	0 11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,148,070	456,660	1,604,730	0 14.00
15.00	01500	PHARMACY	0	499,138	198,539	697,677	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0 16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	37,898	15,075	52,973	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	0	0	0	0	0 23.00
23.01	02302	PHARMACY PRGM	0	0	0	0	0 23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	0	0	0	0	0 23.02
23.03	02303	PARAMEDIC PRGM	0	0	0	0	0 23.03
23.04	02305	SURGICAL TECH PROGRAM	0	0	0	0	0 23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	7,328,192	2,914,888	10,243,080	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	853,346	339,430	1,192,776	0 31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	666,593	265,147	931,740	0 31.01
32.00	03200	CORONARY CARE UNIT	0	1,983,427	788,935	2,772,362	0 32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	1,001,996	398,557	1,400,553	0 34.00
41.00	04100	SUBPROVIDER - IRF	0	696,724	277,131	973,855	0 41.00
43.00	04300	NURSERY	0	88,756	35,304	124,060	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	4,307,122	1,713,216	6,020,338	0 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,121,700	446,172	1,567,872	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,455,051	976,530	3,431,581	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	159,197	63,323	222,520	0 55.00
56.00	05600	RADIOISOTOPE	0	46,320	18,424	64,744	0 56.00
59.00	05900	CARDIAC CATHETERIZATION	0	972,928	386,995	1,359,923	0 59.00
60.00	06000	LABORATORY	0	1,333,637	530,472	1,864,109	0 60.00
64.00	06400	INTRAVENOUS THERAPY	0	534,174	212,475	746,649	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	169,827	67,551	237,378	0 65.00
66.00	06600	PHYSICAL THERAPY	0	467,617	186,001	653,618	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	79,190	31,499	110,689	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	706,127	280,872	986,999	0 69.00
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	0 73.00
74.00	07400	RENAL DIALYSIS	0	128,822	51,241	180,063	0 74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	73,507	29,238	102,745	0 77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0 78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	642,841	255,699	898,540	0 90.00
90.01	09001	IBMT JOINT VENTURE	0	72,281	28,751	101,032	0 90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0	141,454	56,265	197,719	0 90.02
90.03	09003	ENDOCRINOLOGY CLINIC	0	224,692	89,374	314,066	0 90.03
90.04	09004	RHEUMATOLOGY CLINIC	0	76,819	30,556	107,375	0 90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	0	0 90.05
90.06	09006	DIABETES EDUCATION CLINIC	0	224,692	89,374	314,066	0 90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	0	55,110	21,921	77,031	0 90.07
91.00	09100	EMERGENCY	0	1,943,812	773,178	2,716,990	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	0 116.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0162

Period:
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
				1.00	2.00	2A	4.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	36,940,109	14,693,431	51,633,540	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	147,914	58,835	206,749	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	353,472	140,598	494,070	0	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0	0	0	0	194.00
194.01	07952	HOME INFUSION PHARMACY	0	0	0	0	0	194.01
194.02	07950	RETAIL PHARMACY	0	5,397	2,147	7,544	0	194.02
194.04	07954	OTHER NRCC	0	1,779,586	707,854	2,487,440	0	194.04
194.05	07956	FOUNDATION	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	39,226,478	15,602,865	54,829,343	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0162

Period:
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To 12/31/2024Worksheet B
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Cost Center Description			ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.01	5.02	5.03	7.00	8.00	
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
5.01	00570	ADMITTING	134,289					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	55,716				5.02
5.03	00590	OTHER ADMIN & GENERAL	0	10,258	247,751			5.03
7.00	00700	OPERATION OF PLANT	0	1,953	10,658	6,721,025		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	162	884	65,091	528,035	8.00
9.00	00900	HOUSEKEEPING	0	709	3,869	52,424	0	9.00
10.00	01000	DIETARY	0	228	1,246	72,226	0	10.00
11.00	01100	CAFETERIA	0	275	1,502	124,199	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	417	2,276	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	349	1,904	226,141	2,403	14.00
15.00	01500	PHARMACY	0	789	4,304	98,318	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	260	1,419	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	220	1,199	7,465	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	107	581	0	0	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	0	0	0	0	0	23.00
23.01	02302	PHARMACY PRGM	0	24	131	0	0	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	0	9	49	0	0	23.02
23.03	02303	PARAMEDIC PRGM	0	28	152	0	0	23.03
23.04	02305	SURGICAL TECH PROGRAM	0	19	102	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,443	4,662	25,439	1,443,470	215,800	30.00
31.00	03100	INTENSIVE CARE UNIT	3,907	900	4,911	168,088	26,984	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,673	531	2,897	131,302	3,572	31.01
32.00	03200	CORONARY CARE UNIT	2,209	1,256	6,851	390,685	33,069	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	746	783	4,270	197,368	22,185	34.00
41.00	04100	SUBPROVIDER - IRF	1,735	503	2,743	137,237	18,015	41.00
43.00	04300	NURSERY	510	149	812	17,483	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,096	2,057	11,222	848,394	36,083	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,639	470	2,563	220,947	23,823	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,295	1,583	8,636	483,583	25,864	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	416	878	4,791	31,358	0	55.00
56.00	05600	RADIOISOTOPE	217	27	145	9,124	1,289	56.00
59.00	05900	CARDIAC CATHETERIZATION	5,655	392	2,136	191,642	8,565	59.00
60.00	06000	LABORATORY	12,287	1,868	10,190	262,693	230	60.00
64.00	06400	INTRAVENOUS THERAPY	523	429	2,343	105,219	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,931	793	4,327	33,452	170	65.00
66.00	06600	PHYSICAL THERAPY	1,891	564	3,080	92,109	4,416	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,536	252	1,375	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	503	126	685	15,598	408	68.00
69.00	06900	ELECTROCARDIOLOGY	2,729	175	953	139,089	2,838	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	798	235	1,282	0	1,877	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,650	3,575	19,506	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,673	2,028	11,065	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,013	6,388	34,602	0	0	73.00
74.00	07400	RENAL DIALYSIS	692	125	679	25,375	2,605	74.00
76.97	07697	CARDIAC REHABILITATION	13	52	282	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	104	566	14,479	829	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	3,680	895	4,881	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	68	641	3,496	126,623	3,056	90.00
90.01	09001	IBMT JOINT VENTURE	751	455	2,482	14,237	1,365	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	29	92	503	27,863	0	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	1	67	366	44,259	0	90.03
90.04	09004	RHEUMATOLOGY CLINIC	0	26	141	15,131	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	35	801	4,370	0	0	90.05
90.06	09006	DIABETES EDUCATION CLINIC	0	26	141	44,259	0	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	0	6	31	10,855	0	90.07
91.00	09100	EMERGENCY	8,941	1,184	6,459	382,882	86,465	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	29	158	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4	624	3,404	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	134,289	51,558	225,059	6,270,668	521,911	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	91	497	29,135	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.01	5.02	5.03	7.00	8.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	410	2,235	69,625	1,527	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	2	13	0	0	194.00
194.01	07952	HOME INFUSION PHARMACY	0	0	0	0	0	194.01
194.02	07950	RETAIL PHARMACY	0	46	254	1,063	0	194.02
194.04	07954	OTHER NRCC	0	3,608	19,688	350,534	4,597	194.04
194.05	07956	FOUNDATION	0	1	5	0	0	194.05
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)	134,289	55,716	247,751	6,721,025	528,035	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0162

Period:
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	OTHER ADMIN & GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	429,012					9.00
10.00	01000	DIETARY	4,692	590,920				10.00
11.00	01100	CAFETERIA	8,069	0	1,015,384			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	22,404	25,097		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,692	0	8,001	0	1,858,220	14.00
15.00	01500	PHARMACY	6,387	0	32,784	0	1,896	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	485	0	15,873	0	522	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	3,515	0	0	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	0	0	0	0	0	23.00
23.01	02302	PHARMACY PRGM	0	0	1,698	0	3	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	0	0	2,329	0	32	23.02
23.03	02303	PARAMEDIC PRGM	0	0	2,648	0	0	23.03
23.04	02305	SURGICAL TECH PROGRAM	0	0	1,019	0	19	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	93,782	348,896	196,222	14,818	5,781	30.00
31.00	03100	INTENSIVE CARE UNIT	10,920	49,704	44,578	2,111	739	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	8,530	31,337	21,687	1,331	674	31.01
32.00	03200	CORONARY CARE UNIT	25,382	68,127	56,814	2,893	1,156	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	12,822	40,734	35,941	1,730	434	34.00
41.00	04100	SUBPROVIDER - IRF	8,916	35,877	23,265	1,524	431	41.00
43.00	04300	NURSERY	1,136	16,245	6,517	690	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	55,118	0	75,378	0	11,294	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,354	0	20,165	0	1,208	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,417	0	45,444	0	5,399	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,037	0	7,789	0	331	55.00
56.00	05600	RADIOISOTOPE	593	0	1,016	0	21	56.00
59.00	05900	CARDIAC CATHETERIZATION	12,450	0	12,195	0	1,824	59.00
60.00	06000	LABORATORY	17,066	0	3,058	0	247	60.00
64.00	06400	INTRAVENOUS THERAPY	6,836	0	20,251	0	2,042	64.00
65.00	06500	RESPIRATORY THERAPY	2,173	0	42,145	0	656	65.00
66.00	06600	PHYSICAL THERAPY	5,984	0	29,678	0	557	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	14,403	0	63	67.00
68.00	06800	SPEECH PATHOLOGY	1,013	0	6,119	0	225	68.00
69.00	06900	ELECTROCARDIOLOGY	9,036	0	7,149	0	875	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	10,006	0	215	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,168,779	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	635,252	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,649	0	0	0	43	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	3,637	0	167	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	941	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	8,226	0	40,286	0	294	90.00
90.01	09001	IBMT JOINT VENTURE	925	0	7,747	0	155	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	1,810	0	3,954	0	197	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	2,875	0	4,007	0	41	90.03
90.04	09004	RHEUMATOLOGY CLINIC	983	0	1,628	0	35	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	63,279	0	1,322	90.05
90.06	09006	DIABETES EDUCATION CLINIC	2,875	0	311	0	0	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	705	0	47	0	0	90.07
91.00	09100	EMERGENCY	24,875	0	46,909	0	1,303	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	412	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	30,240	0	3,858	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	399,754	590,920	972,136	25,097	1,848,502	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,893	0	4,112	0	1,088	190.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,523	0	25,357	0	499	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0	203	0	0	194.00
194.01	07952	HOME INFUSION PHARMACY	0	0	0	0	0	194.01
194.02	07950	RETAIL PHARMACY	69	0	2	0	44	194.02
194.04	07954	OTHER NRCC	22,773	0	13,574	0	8,082	194.04
194.05	07956	FOUNDATION	0	0	0	0	5	194.05
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)	429,012	590,920	1,015,384	25,097	1,858,220	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		MEDICAL LABORATORY SCIENTIST PRGM	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
					21.00	22.00		
GENERAL SERVICE COST CENTERS			15.00	16.00	21.00	22.00	23.00	
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	OTHER ADMIN & GENERAL						5.03
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	842,155					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,679				16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	78,737			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		4,203		22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	0	0			0	23.00
23.01	02302	PHARMACY PRGM	0	0				23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	0	0				23.02
23.03	02303	PARAMEDIC PRGM	0	0				23.03
23.04	02305	SURGICAL TECH PROGRAM	0	0				23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0				31.01
32.00	03200	CORONARY CARE UNIT	0	0				32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
41.00	04100	SUBPROVIDER - IRF	0	0				41.00
43.00	04300	NURSERY	0	0				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0				50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0				52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0				54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0				55.00
56.00	05600	RADIOISOTOPE	0	0				56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0				59.00
60.00	06000	LABORATORY	0	0				60.00
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
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	835,533	1,679				73.00
74.00	07400	RENAL DIALYSIS	0	0				74.00
76.97	07697	CARDIAC REHABILITATION	0	0				76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0				77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0				78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0				90.00
90.01	09001	IBMT JOINT VENTURE	0	0				90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0	0				90.02
90.03	09003	ENDOCRINOLOGY CLINIC	0	0				90.03
90.04	09004	RHEUMATOLOGY CLINIC	0	0				90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0	0				90.05
90.06	09006	DIABETES EDUCATION CLINIC	0	0				90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	0	0				90.07
91.00	09100	EMERGENCY	0	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0				95.00
101.00	10100	HOME HEALTH AGENCY	0	0				101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,842	0				116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	837,375	1,679	0	0	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet B
Part II
Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		MEDICAL LABORATORY SCIENTIST PRGM	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
					21.00	22.00		
		NONREIMBURSABLE COST CENTERS	15.00	16.00			23.00	
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	43	0				192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0				194.00
194.01	07952	HOME INFUSION PHARMACY	0	0				194.01
194.02	07950	RETAIL PHARMACY	4,691	0				194.02
194.04	07954	OTHER NRCC	46	0				194.04
194.05	07956	FOUNDATION	0	0				194.05
200.00		Cross Foot Adjustments			78,737	4,203	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	842,155	1,679	78,737	4,203	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet B
Part II
Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description			PHARMACY PRGM	EMERGENCY MEDICAL SERVICES	PARAMEDIC PRGM	SURGICAL TECH PROGRAM	Subtotal	
			23.01	23.02	23.03	23.04	24.00	
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
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	OTHER ADMIN & GENERAL						5.03
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
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM						23.00
23.01	02302	PHARMACY PRGM	1,856					23.01
23.02	02301	EMERGENCY MEDICAL SERVICES		2,419				23.02
23.03	02303	PARAMEDIC PRGM			2,828			23.03
23.04	02305	SURGICAL TECH PROGRAM				1,159		23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					12,610,393	30.00
31.00	03100	INTENSIVE CARE UNIT					1,505,618	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT					1,136,274	31.01
32.00	03200	CORONARY CARE UNIT					3,360,804	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT					1,717,566	34.00
41.00	04100	SUBPROVIDER - IRF					1,204,101	41.00
43.00	04300	NURSERY					167,602	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					7,073,980	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					1,855,041	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					4,042,802	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					270,120	55.00
56.00	05600	RADIOISOTOPE					77,176	56.00
59.00	05900	CARDIAC CATHETERIZATION					1,594,782	59.00
60.00	06000	LABORATORY					2,171,748	60.00
64.00	06400	INTRAVENOUS THERAPY					884,292	64.00
65.00	06500	RESPIRATORY THERAPY					325,025	65.00
66.00	06600	PHYSICAL THERAPY					791,897	66.00
67.00	06700	OCCUPATIONAL THERAPY					17,629	67.00
68.00	06800	SPEECH PATHOLOGY					135,366	68.00
69.00	06900	ELECTROCARDIOLOGY					1,149,843	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					14,413	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					1,204,510	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					655,018	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					891,215	73.00
74.00	07400	RENAL DIALYSIS					211,231	74.00
76.97	07697	CARDIAC REHABILITATION					4,151	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION					119,664	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY					9,456	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC					1,081,230	90.00
90.01	09001	IBMT JOINT VENTURE					129,149	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC					232,167	90.02
90.03	09003	ENDOCRINOLOGY CLINIC					365,682	90.03
90.04	09004	RHEUMATOLOGY CLINIC					125,319	90.04
90.05	09005	CV DIAGNOSTIC SERVICES					69,807	90.05
90.06	09006	DIABETES EDUCATION CLINIC					361,678	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC					88,675	90.07
91.00	09100	EMERGENCY					3,276,008	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES					599	95.00
101.00	10100	HOME HEALTH AGENCY					0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE					39,972	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	50,972,003	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					243,565	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet B
Part II
Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description			PHARMACY PRGM	EMERGENCY MEDICAL SERVICES	PARAMEDIC PRGM	SURGICAL TECH PROGRAM	Subtotal	
			23.01	23.02	23.03	23.04	24.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES					598,289	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS					218	194.00
194.01	07952	HOME INFUSION PHARMACY					0	194.01
194.02	07950	RETAIL PHARMACY					13,713	194.02
194.04	07954	OTHER NRCC					2,910,342	194.04
194.05	07956	FOUNDATION					11	194.05
200.00		Cross Foot Adjustments	1,856	2,419	2,828	1,159	91,202	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,856	2,419	2,828	1,159	54,829,343	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet B
Part II
Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		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
5.01	00570	ADMITTING			5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.02
5.03	00590	OTHER ADMIN & GENERAL			5.03
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
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM			23.00
23.01	02302	PHARMACY PRGM			23.01
23.02	02301	EMERGENCY MEDICAL SERVICES			23.02
23.03	02303	PARAMEDIC PRGM			23.03
23.04	02305	SURGICAL TECH PROGRAM			23.04
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	12,610,393	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,505,618	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	1,136,274	31.01
32.00	03200	CORONARY CARE UNIT	0	3,360,804	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	1,717,566	34.00
41.00	04100	SUBPROVIDER - IRF	0	1,204,101	41.00
43.00	04300	NURSERY	0	167,602	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	7,073,980	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,855,041	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,042,802	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	270,120	55.00
56.00	05600	RADIOISOTOPE	0	77,176	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,594,782	59.00
60.00	06000	LABORATORY	0	2,171,748	60.00
64.00	06400	INTRAVENOUS THERAPY	0	884,292	64.00
65.00	06500	RESPIRATORY THERAPY	0	325,025	65.00
66.00	06600	PHYSICAL THERAPY	0	791,897	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	17,629	67.00
68.00	06800	SPEECH PATHOLOGY	0	135,366	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,149,843	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	14,413	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,204,510	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	655,018	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	891,215	73.00
74.00	07400	RENAL DIALYSIS	0	211,231	74.00
76.97	07697	CARDIAC REHABILITATION	0	4,151	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	119,664	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	9,456	78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	1,081,230	90.00
90.01	09001	IBMT JOINT VENTURE	0	129,149	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0	232,167	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	0	365,682	90.03
90.04	09004	RHEUMATOLOGY CLINIC	0	125,319	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0	69,807	90.05
90.06	09006	DIABETES EDUCATION CLINIC	0	361,678	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	0	88,675	90.07
91.00	09100	EMERGENCY	0	3,276,008	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	599	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	0	39,972	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	50,972,003	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet B
Part II
Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	243,565	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	598,289	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	218	194.00
194.01	07952	HOME INFUSION PHARMACY	0	0	194.01
194.02	07950	RETAIL PHARMACY	0	13,713	194.02
194.04	07954	OTHER NRCC	0	2,910,342	194.04
194.05	07956	FOUNDATION	0	11	194.05
200.00		Cross Foot Adjustments	0	91,202	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	54,829,343	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024

Worksheet B-1

Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (INPATIENT CHARGES)	Reconciliation	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	959,487					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		959,487				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	221,503,822			4.00
5.01	00570	ADMITTING	2,350	2,350		1,891,264,303		5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	975	975	0	0	-55,716	5.02
5.03	00590	OTHER ADMIN & GENERAL	4,156	4,156	5,620,149	0	0	5.03
7.00	00700	OPERATION OF PLANT	117,394	117,394	3,588,027	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,083	8,083	261,476	0	0	8.00
9.00	00900	HOUSEKEEPING	6,510	6,510	4,557,560	0	0	9.00
10.00	01000	DIETARY	8,969	8,969	1,348,629	0	0	10.00
11.00	01100	CAFETERIA	15,423	15,423	2,915,604	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	4,327,611	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,082	28,082	976,899	0	0	14.00
15.00	01500	PHARMACY	12,209	12,209	7,292,956	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	927	927	2,415,837	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,841,376	0	0	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	0	0	0	0	0	23.00
23.01	02302	PHARMACY PRGM	0	0	254,121	0	0	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	0	0	348,756	0	0	23.02
23.03	02303	PARAMEDIC PRGM	0	0	396,619	0	0	23.03
23.04	02305	SURGICAL TECH PROGRAM	0	0	196,815	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	179,249	179,249	36,991,315	259,645,323	0	30.00
31.00	03100	INTENSIVE CARE UNIT	20,873	20,873	9,233,333	55,022,441	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	16,305	16,305	4,334,821	37,649,581	0	31.01
32.00	03200	CORONARY CARE UNIT	48,515	48,515	11,969,354	31,114,682	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	24,509	24,509	7,832,012	10,509,864	0	34.00
41.00	04100	SUBPROVIDER - IRF	17,042	17,042	4,515,646	24,438,551	0	41.00
43.00	04300	NURSERY	2,171	2,171	1,592,299	7,180,992	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	105,353	105,353	16,405,911	198,531,737	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,437	27,437	4,152,983	51,248,198	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,051	60,051	10,056,344	130,913,136	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,894	3,894	1,843,419	5,860,187	0	55.00
56.00	05600	RADIOISOTOPE	1,133	1,133	237,153	3,059,694	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	23,798	23,798	3,386,870	79,654,095	0	59.00
60.00	06000	LABORATORY	32,621	32,621	611,293	173,063,323	0	60.00
64.00	06400	INTRAVENOUS THERAPY	13,066	13,066	4,534,918	7,359,507	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,154	4,154	8,616,780	55,361,162	0	65.00
66.00	06600	PHYSICAL THERAPY	11,438	11,438	5,937,712	26,640,227	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,841,024	21,638,324	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,937	1,937	1,285,771	7,079,781	0	68.00
69.00	06900	ELECTROCARDIOLOGY	17,272	17,272	1,196,572	38,434,637	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,731,818	11,237,059	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	178,166,323	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	93,992,451	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	183,286,373	0	73.00
74.00	07400	RENAL DIALYSIS	3,151	3,151	0	9,748,862	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	584,153	186,068	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	1,798	1,798	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	51,834,952	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	15,724	15,724	7,009,946	952,264	0	90.00
90.01	09001	IBMT JOINT VENTURE	1,768	1,768	1,623,897	10,576,018	0	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	3,460	3,460	852,170	402,089	0	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	5,496	5,496	527,045	8,150	0	90.03
90.04	09004	RHEUMATOLOGY CLINIC	1,879	1,879	206,234	1,125	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	9,350,234	489,202	0	90.05
90.06	09006	DIABETES EDUCATION CLINIC	5,496	5,496	50,211	0	0	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	1,348	1,348	5,171	0	0	90.07
91.00	09100	EMERGENCY	47,546	47,546	10,408,284	125,925,942	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	309,851	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024

Worksheet B-1

Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (INPATIENT CHARGES)	Reconciliation	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5.01	5A.02	
116.00	11600	HOSPICE	0	0	6,427,626	51,983	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	903,562	903,562	213,004,605	1,891,264,303	-55,716	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,618	3,618	416,791	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,646	8,646	5,656,284	0	0	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0	20,485	0	0	194.00
194.01	07952	HOME INFUSION PHARMACY	0	0	0	0	0	194.01
194.02	07950	RETAIL PHARMACY	132	132	54,183	0	0	194.02
194.04	07954	OTHER NRCC	43,529	43,529	2,351,474	0	0	194.04
194.05	07956	FOUNDATION	0	0	0	0	0	194.05
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)	39,226,478	15,602,865	59,148,284	134,291		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	40.882761	16.261674	0.267031	0.000071		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0	134,289		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000	0.000071		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: 15-0162

Period:
From 01/01/2024
To 12/31/2024

Worksheet B-1

Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (ACCUM. COST)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.02	5A.03	5.03	7.00	8.00	
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
5.01	00570	ADMITTING					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	820,543,483				5.02
5.03	00590	OTHER ADMIN & GENERAL	152,101,116	-152,111,374	668,487,825		5.03
7.00	00700	OPERATION OF PLANT	28,725,630	0	28,727,583	834,612	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,382,408	0	2,382,570	8,083	8.00
9.00	00900	HOUSEKEEPING	10,428,043	0	10,428,752	6,510	9.00
10.00	01000	DIETARY	3,357,213	0	3,357,441	8,969	10.00
11.00	01100	CAFETERIA	4,049,318	0	4,049,593	15,423	11.00
13.00	01300	NURSING ADMINISTRATION	6,134,988	0	6,135,405	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,132,630	0	5,132,979	28,082	14.00
15.00	01500	PHARMACY	11,601,029	0	11,601,818	12,209	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,825,663	0	3,825,923	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,232,582	0	3,232,802	927	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,566,273	0	1,566,380	0	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	0	0	0	0	23.00
23.01	02302	PHARMACY PRGM	353,453	0	353,477	0	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	132,455	0	132,464	0	23.02
23.03	02303	PARAMEDIC PRGM	410,177	0	410,205	0	23.03
23.04	02305	SURGICAL TECH PROGRAM	274,240	0	274,259	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	68,564,381	0	68,569,043	179,249	30.00
31.00	03100	INTENSIVE CARE UNIT	13,236,901	0	13,237,801	20,873	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	7,808,564	0	7,809,095	16,305	31.01
32.00	03200	CORONARY CARE UNIT	18,465,051	0	18,466,307	48,515	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	11,508,924	0	11,509,707	24,509	34.00
41.00	04100	SUBPROVIDER - IRF	7,393,495	0	7,393,998	17,042	41.00
43.00	04300	NURSERY	2,188,797	0	2,188,946	2,171	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	30,245,779	0	30,247,836	105,353	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,907,761	0	6,908,231	27,437	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,275,736	0	23,277,319	60,051	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,913,629	0	12,914,507	3,894	55.00
56.00	05600	RADIOISOTOPE	390,620	0	390,647	1,133	56.00
59.00	05900	CARDIAC CATHETERIZATION	5,757,997	0	5,758,389	23,798	59.00
60.00	06000	LABORATORY	27,464,951	0	27,466,819	32,621	60.00
64.00	06400	INTRAVENOUS THERAPY	6,315,110	0	6,315,539	13,066	64.00
65.00	06500	RESPIRATORY THERAPY	11,663,557	0	11,664,350	4,154	65.00
66.00	06600	PHYSICAL THERAPY	8,300,853	0	8,301,417	11,438	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,705,529	0	3,705,781	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,846,247	0	1,846,373	1,937	68.00
69.00	06900	ELECTROCARDIOLOGY	2,569,056	0	2,569,231	17,272	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,455,701	0	3,455,936	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	52,574,101	0	52,577,676	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,821,462	0	29,823,490	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	93,942,646	0	93,949,034	0	73.00
74.00	07400	RENAL DIALYSIS	1,831,129	0	1,831,254	3,151	74.00
76.97	07697	CARDIAC REHABILITATION	760,273	0	760,325	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	1,526,311	0	1,526,415	1,798	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	13,156,170	0	13,157,065	0	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	9,421,669	0	9,422,310	15,724	90.00
90.01	09001	IBMT JOINT VENTURE	6,689,141	0	6,689,596	1,768	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	1,354,552	0	1,354,644	3,460	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	987,113	0	987,180	5,496	90.03
90.04	09004	RHEUMATOLOGY CLINIC	380,025	0	380,051	1,879	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	11,778,020	0	11,778,821	0	90.05
90.06	09006	DIABETES EDUCATION CLINIC	380,504	0	380,530	5,496	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	83,583	0	83,589	1,348	90.07
91.00	09100	EMERGENCY	17,409,830	0	17,411,014	47,546	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	425,987	0	426,016	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	9,173,271	0	9,173,895	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	759,381,644	-152,111,374	607,321,828	778,687	2,837,786

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024

Worksheet B-1

Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (ACCUM. COST)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.02	5A.03	5.03	7.00	8.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,339,925	0	1,340,016	3,618	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,024,824	0	6,025,234	8,646	8,301
194.00	07955	MARKETING & COMMUNITY RELATIONS	35,391	0	35,393	0	0
194.01	07952	HOME INFUSION PHARMACY	0	0	0	0	0
194.02	07950	RETAIL PHARMACY	683,518	0	683,564	132	0
194.04	07954	OTHER NRCC	53,063,442	0	53,067,050	43,529	24,995
194.05	07956	FOUNDATION	14,739	0	14,740	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	55,716		152,111,374	35,264,401	3,266,239
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000068		0.227545	42.252449	1.137633
204.00		Cost to be allocated (per Wkst. B, Part II)	55,716		247,751	6,721,025	528,035
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000068		0.000371	8.052874	0.183915
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: 15-0162

Period:
From 01/01/2024
To 12/31/2024

Worksheet B-1

Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (TOTAL PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			9.00	10.00	11.00	13.00	14.00	
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
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	OTHER ADMIN & GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	820,019					9.00
10.00	01000	DIETARY	8,969	117,782				10.00
11.00	01100	CAFETERIA	15,423	0	4,600,498			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	101,506	117,782		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,082	0	36,252	0	91,188,580	14.00
15.00	01500	PHARMACY	12,209	0	148,539	0	93,021	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	927	0	71,919	0	25,612	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	15,924	0	0	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	0	0	0	0	0	23.00
23.01	02302	PHARMACY PRGM	0	0	7,692	0	144	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	0	0	10,550	0	1,573	23.02
23.03	02303	PARAMEDIC PRGM	0	0	11,998	0	0	23.03
23.04	02305	SURGICAL TECH PROGRAM	0	0	4,615	0	941	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	179,249	69,542	889,059	69,542	283,698	30.00
31.00	03100	INTENSIVE CARE UNIT	20,873	9,907	201,973	9,907	36,271	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	16,305	6,246	98,258	6,246	33,097	31.01
32.00	03200	CORONARY CARE UNIT	48,515	13,579	257,414	13,579	56,707	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	24,509	8,119	162,842	8,119	21,274	34.00
41.00	04100	SUBPROVIDER - IRF	17,042	7,151	105,407	7,151	21,131	41.00
43.00	04300	NURSERY	2,171	3,238	29,526	3,238	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	105,353	0	341,521	0	554,246	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,437	0	91,365	0	59,269	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,051	0	205,896	0	264,925	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,894	0	35,289	0	16,263	55.00
56.00	05600	RADIOISOTOPE	1,133	0	4,602	0	1,036	56.00
59.00	05900	CARDIAC CATHETERIZATION	23,798	0	55,253	0	89,532	59.00
60.00	06000	LABORATORY	32,621	0	13,854	0	12,109	60.00
64.00	06400	INTRAVENOUS THERAPY	13,066	0	91,753	0	100,227	64.00
65.00	06500	RESPIRATORY THERAPY	4,154	0	190,948	0	32,191	65.00
66.00	06600	PHYSICAL THERAPY	11,438	0	134,463	0	27,352	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	65,259	0	3,105	67.00
68.00	06800	SPEECH PATHOLOGY	1,937	0	27,726	0	11,028	68.00
69.00	06900	ELECTROCARDIOLOGY	17,272	0	32,392	0	42,916	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	45,333	0	10,566	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	57,355,984	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	31,173,429	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,151	0	0	0	2,123	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	16,477	0	8,203	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	1,798	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	15,724	0	182,527	0	14,446	90.00
90.01	09001	IBMT JOINT VENTURE	1,768	0	35,101	0	7,583	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	3,460	0	17,914	0	9,652	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	5,496	0	18,157	0	2,025	90.03
90.04	09004	RHEUMATOLOGY CLINIC	1,879	0	7,374	0	1,727	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	286,704	0	64,869	90.05
90.06	09006	DIABETES EDUCATION CLINIC	5,496	0	1,408	0	0	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	1,348	0	212	0	0	90.07
91.00	09100	EMERGENCY	47,546	0	212,536	0	63,917	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	20,209	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	137,009	0	189,331	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	764,094	117,782	4,404,547	117,782	90,711,732	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024

Worksheet B-1

Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATI ENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (TOTAL PATI ENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			9.00	10.00	11.00	13.00	14.00	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,618	0	18,632	0	53,392	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,646	0	114,887	0	24,468	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0	920	0	0	194.00
194.01	07952	HOME INFUSION PHARMACY	0	0	0	0	0	194.01
194.02	07950	RETAIL PHARMACY	132	0	10	0	2,144	194.02
194.04	07954	OTHER NRCC	43,529	0	61,502	0	396,581	194.04
194.05	07956	FOUNDATION	0	0	0	0	263	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	13,076,825	4,643,400	5,868,668	7,660,973	7,996,427	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.946978	39.423681	1.275659	65.043665	0.087691	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	429,012	590,920	1,015,384	25,097	1,858,220	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.523173	5.017065	0.220712	0.213080	0.020378	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: 15-0162

Period:
From 01/01/2024
To 12/31/2024

Worksheet B-1

Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	INTERNS & RESIDENTS		MEDICAL LABORATORY SCIENTIST PRGM (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			15.00	16.00	21.00	22.00	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
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	OTHER ADMIN & GENERAL						5.03
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	107,930,838					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,253,383,409				16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	26			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		26		22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	0	0			100	23.00
23.01	02302	PHARMACY PRGM	0	0				23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	0	0				23.02
23.03	02303	PARAMEDIC PRGM	0	0				23.03
23.04	02305	SURGICAL TECH PROGRAM	0	0				23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	285,694,141	11	11	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	55,022,441	1	1	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	37,649,581	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	31,114,682	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	10,509,864	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	24,438,551	0	0	0	41.00
43.00	04300	NURSERY	0	7,180,992	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	376,863,877	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	51,450,271	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	406,784,006	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	146,923,688	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	9,892,896	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	174,526,123	0	0	0	59.00
60.00	06000	LABORATORY	0	319,636,135	0	0	100	60.00
64.00	06400	INTRAVENOUS THERAPY	0	70,722,409	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65,467,089	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	61,728,277	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	30,838,084	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	13,826,795	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	56,814,168	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	32,896,369	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	288,182,298	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	137,520,726	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	107,082,123	905,612,817	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	10,460,873	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	5,531,805	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	416,615	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	83,178,984	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	18,613,150	1	1	0	90.00
90.01	09001	IBMT JOINT VENTURE	0	19,712,023	0	0	0	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0	11,483,883	0	0	0	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	0	3,297,970	0	0	0	90.03
90.04	09004	RHEUMATOLOGY CLINIC	0	576,100	0	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0	96,652,576	0	0	0	90.05
90.06	09006	DIABETES EDUCATION CLINIC	0	102	0	0	0	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	0	79,600	0	0	0	90.07
91.00	09100	EMERGENCY	0	382,957,701	1	1	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	458,018	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024

Worksheet B-1

Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	INTERNS & RESIDENTS		MEDICAL LABORATORY SCIENTIST PRGM (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			15.00	16.00	21.00	22.00	23.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	236,084	18,667,729			0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	107,318,207	4,253,383,409	14	14	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,571	0	0	0	0	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0	0	0	0	194.00
194.01	07952	HOME INFUSION PHARMACY	0	0	0	0	0	194.01
194.02	07950	RETAIL PHARMACY	601,166	0	0	0	0	194.02
194.04	07954	OTHER NRCC	5,894	0	12	12	0	194.04
194.05	07956	FOUNDATION	0	0	0	0	0	194.05
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)	15,149,953	4,696,493	4,116,351	1,943,116	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.140367	0.001104	158,321.192308	74,735.230769	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	842,155	1,679	78,737	4,203	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.007803	0.000000	3,028.346154	161.653846	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024

Worksheet B-1

Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description			PHARMACY PRGM (ASSIGNED TIME)	EMERGENCY MEDICAL SERVICES (ASSIGNED TIME)	PARAMEDIC PRGM (ASSIGNED TIME)	SURGICAL TECH PROGRAM (ASSIGNED TIME)	
			23.01	23.02	23.03	23.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMITTING					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.02
5.03	00590	OTHER ADMIN & GENERAL					5.03
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
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM					23.00
23.01	02302	PHARMACY PRGM	100				23.01
23.02	02301	EMERGENCY MEDICAL SERVICES		100			23.02
23.03	02303	PARAMEDIC PRGM			100		23.03
23.04	02305	SURGICAL TECH PROGRAM				100	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	100	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
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
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	100	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	0	0	0	0	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0	0	0	0	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	0	0	0	0	90.03
90.04	09004	RHEUMATOLOGY CLINIC	0	0	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	0	90.05
90.06	09006	DIABETES EDUCATION CLINIC	0	0	0	0	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	100	100	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	100	100	100	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024

Worksheet B-1

Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description		PHARMACY PRGM (ASSIGNED TIME)	EMERGENCY MEDICAL SERVICES (ASSIGNED TIME)	PARAMEDIC PRGM (ASSIGNED TIME)	SURGICAL TECH PROGRAM (ASSIGNED TIME)		
		23.01	23.02	23.03	23.04		
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0	0	0	194.00
194.01	07952	HOME INFUSION PHARMACY	0	0	0	0	194.01
194.02	07950	RETAIL PHARMACY	0	0	0	0	194.02
194.04	07954	OTHER NRCC	0	0	0	0	194.04
194.05	07956	FOUNDATION	0	0	0	0	194.05
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)	443,734	176,202	518,850	342,635	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4,437.340000	1,762.020000	5,188.500000	3,426.350000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,856	2,419	2,828	1,159	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	18.560000	24.190000	28.280000	11.590000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet C
Part I
Date/Time Prepared:
3/18/2025 2:06 pm

			Title XVIII	Hospital	PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	104,677,928	104,677,928	0	104,677,928 30.00
31.00	03100	INTENSIVE CARE UNIT	18,988,239	18,988,239	0	18,988,239 31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	11,379,367	11,379,367	0	11,379,367 31.01
32.00	03200	CORONARY CARE UNIT	27,482,579	27,482,579	0	27,482,579 32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	16,761,695	16,761,695	0	16,761,695 34.00
41.00	04100	SUBPROVIDER - IRF	11,090,074	11,090,074	0	11,090,074 41.00
43.00	04300	NURSERY	3,197,239	3,197,239	0	3,197,239 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	44,728,221	44,728,221	0	44,728,221 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,402,891	10,402,891	0	10,402,891 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,963,849	32,963,849	0	32,963,849 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,288,414	16,288,414	0	16,288,414 55.00
56.00	05600	RADIOISOTOPE	570,337	570,337	0	570,337 56.00
59.00	05900	CARDIAC CATHETERIZATION	8,777,706	8,777,706	0	8,777,706 59.00
60.00	06000	LABORATORY	35,988,313	35,988,313	0	35,988,313 60.00
64.00	06400	INTRAVENOUS THERAPY	8,716,954	8,716,954	0	8,716,954 64.00
65.00	06500	RESPIRATORY THERAPY	14,880,009	14,880,009	0	14,880,009 65.00
66.00	06600	PHYSICAL THERAPY	11,125,438	11,125,438	0	11,125,438 66.00
67.00	06700	OCCUPATIONAL THERAPY	4,666,578	4,666,578	0	4,666,578 67.00
68.00	06800	SPEECH PATHOLOGY	2,433,365	2,433,365	0	2,433,365 68.00
69.00	06900	ELECTROCARDIOLOGY	4,284,431	4,284,431	0	4,284,431 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,349,004	4,349,004	0	4,349,004 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	69,889,227	69,889,227	0	69,889,227 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,495,128	39,495,128	0	39,495,128 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	131,802,083	131,802,083	0	131,802,083 73.00
74.00	07400	RENAL DIALYSIS	2,459,183	2,459,183	0	2,459,183 74.00
76.97	07697	CARDIAC REHABILITATION	961,178	961,178	0	961,178 76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	1,983,976	1,983,976	0	1,983,976 77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	16,242,719	16,242,719	0	16,242,719 78.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	12,754,998	12,754,998	0	12,754,998 90.00
90.01	09001	IBMT JOINT VENTURE	8,390,322	8,390,322	0	8,390,322 90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	1,900,632	1,900,632	0	1,900,632 90.02
90.03	09003	ENDOCRINOLOGY CLINIC	1,558,653	1,558,653	0	1,558,653 90.03
90.04	09004	RHEUMATOLOGY CLINIC	586,080	586,080	0	586,080 90.04
90.05	09005	CV DIAGNOSTIC SERVICES	14,937,162	14,937,162	0	14,937,162 90.05
90.06	09006	DIABETES EDUCATION CLINIC	788,778	788,778	0	788,778 90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	181,420	181,420	0	181,420 90.07
91.00	09100	EMERGENCY	26,069,361	26,069,361	0	26,069,361 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	12,830,989	12,830,989	0	12,830,989 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	525,232	525,232	0	525,232 95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
116.00	11600	HOSPICE	11,506,496	11,506,496		11,506,496 116.00
200.00		Subtotal (see instructions)	748,616,248	748,616,248	0	748,616,248 200.00
201.00		Less Observation Beds	12,830,989	12,830,989	0	12,830,989 201.00
202.00		Total (see instructions)	735,785,259	735,785,259	0	735,785,259 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet C
Part I
Date/Time Prepared:
3/18/2025 2:06 pm

			Title XVIII			Hospital	PPS		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	243,321,682		243,321,682			30.00	
31.00	03100	INTENSIVE CARE UNIT	55,022,441		55,022,441			31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	37,649,581		37,649,581			31.01	
32.00	03200	CORONARY CARE UNIT	31,114,682		31,114,682			32.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	10,509,864		10,509,864			34.00	
41.00	04100	SUBPROVIDER - IRF	24,438,551		24,438,551			41.00	
43.00	04300	NURSERY	7,180,992		7,180,992			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	198,531,737	178,332,140	376,863,877	0.118685	0.000000	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	51,248,198	202,073	51,450,271	0.202193	0.000000	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	130,913,136	275,870,870	406,784,006	0.081035	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	5,860,187	141,063,501	146,923,688	0.110863	0.000000	55.00	
56.00	05600	RADIOISOTOPE	3,059,694	6,833,202	9,892,896	0.057651	0.000000	56.00	
59.00	05900	CARDIAC CATHETERIZATION	79,654,095	94,872,028	174,526,123	0.050295	0.000000	59.00	
60.00	06000	LABORATORY	173,063,323	146,572,812	319,636,135	0.112592	0.000000	60.00	
64.00	06400	INTRAVENOUS THERAPY	7,359,507	63,362,902	70,722,409	0.123256	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	55,361,162	10,105,927	65,467,089	0.227290	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	26,640,227	35,088,050	61,728,277	0.180232	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	21,638,324	9,199,760	30,838,084	0.151325	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	7,079,781	6,747,014	13,826,795	0.175989	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	38,434,637	18,379,531	56,814,168	0.075411	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	11,237,059	21,659,310	32,896,369	0.132203	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	178,166,323	110,015,975	288,182,298	0.242517	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	93,992,451	43,528,275	137,520,726	0.287194	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	183,286,373	722,326,444	905,612,817	0.145539	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	9,748,862	712,011	10,460,873	0.235084	0.000000	74.00	
76.97	07697	CARDIAC REHABILITATION	186,068	5,345,737	5,531,805	0.173755	0.000000	76.97	
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	416,615	416,615	4.762133	0.000000	77.00	
78.00	07800	CAR T-CELL IMMUNOTHERAPY	51,834,952	31,344,032	83,178,984	0.195274	0.000000	78.00	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	952,264	17,660,886	18,613,150	0.685268	0.000000	90.00	
90.01	09001	IBMT JOINT VENTURE	10,576,018	9,136,005	19,712,023	0.425645	0.000000	90.01	
90.02	09002	MOORESVILLE INFUSION CLINIC	402,089	11,081,794	11,483,883	0.165504	0.000000	90.02	
90.03	09003	ENDOCRINOLOGY CLINIC	8,150	3,289,820	3,297,970	0.472610	0.000000	90.03	
90.04	09004	RHEUMATOLOGY CLINIC	1,125	574,975	576,100	1.017323	0.000000	90.04	
90.05	09005	CV DIAGNOSTIC SERVICES	489,202	96,163,374	96,652,576	0.154545	0.000000	90.05	
90.06	09006	DIABETES EDUCATION CLINIC	0	102	102	7,733.117647	0.000000	90.06	
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	0	79,600	79,600	2.279146	0.000000	90.07	
91.00	09100	EMERGENCY	125,925,942	257,031,759	382,957,701	0.068074	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	16,323,641	26,048,818	42,372,459	0.302814	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	458,018	458,018	1.146750	0.000000	95.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	51,983	18,615,746	18,667,729			116.00	
200.00		Subtotal (see instructions)	1,891,264,303	2,362,119,106	4,253,383,409			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	1,891,264,303	2,362,119,106	4,253,383,409			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 15-0162	Period: From 01/01/2024 To 12/31/2024	Worksheet C Part I Date/Time Prepared: 3/18/2025 2:06 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
31.01	02060	NEONATAL INTENSIVE CARE UNIT				31.01
32.00	03200	CORONARY CARE UNIT				32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.118685			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.202193			52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.081035			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.110863			55.00
56.00	05600	RADIOISOTOPE	0.057651			56.00
59.00	05900	CARDIAC CATHETERIZATION	0.050295			59.00
60.00	06000	LABORATORY	0.112592			60.00
64.00	06400	INTRAVENOUS THERAPY	0.123256			64.00
65.00	06500	RESPIRATORY THERAPY	0.227290			65.00
66.00	06600	PHYSICAL THERAPY	0.180232			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.151325			67.00
68.00	06800	SPEECH PATHOLOGY	0.175989			68.00
69.00	06900	ELECTROCARDIOLOGY	0.075411			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.132203			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.242517			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.287194			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.145539			73.00
74.00	07400	RENAL DIALYSIS	0.235084			74.00
76.97	07697	CARDIAC REHABILITATION	0.173755			76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	4.762133			77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.195274			78.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.685268			90.00
90.01	09001	IBMT JOINT VENTURE	0.425645			90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0.165504			90.02
90.03	09003	ENDOCRINOLOGY CLINIC	0.472610			90.03
90.04	09004	RHEUMATOLOGY CLINIC	1.017323			90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0.154545			90.05
90.06	09006	DIABETES EDUCATION CLINIC	7,733.117647			90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	2.279146			90.07
91.00	09100	EMERGENCY	0.068074			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.302814			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1.146750			95.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet C
Part I
Date/Time Prepared:
3/18/2025 2:06 pm

			Title XIX		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	104,677,928		104,677,928	0	104,677,928	30.00
31.00	03100	INTENSIVE CARE UNIT	18,988,239		18,988,239	0	18,988,239	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	11,379,367		11,379,367	0	11,379,367	31.01
32.00	03200	CORONARY CARE UNIT	27,482,579		27,482,579	0	27,482,579	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	16,761,695		16,761,695	0	16,761,695	34.00
41.00	04100	SUBPROVIDER - IRF	11,090,074		11,090,074	0	11,090,074	41.00
43.00	04300	NURSERY	3,197,239		3,197,239	0	3,197,239	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	44,728,221		44,728,221	0	44,728,221	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,402,891		10,402,891	0	10,402,891	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,963,849		32,963,849	0	32,963,849	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,288,414		16,288,414	0	16,288,414	55.00
56.00	05600	RADIOISOTOPE	570,337		570,337	0	570,337	56.00
59.00	05900	CARDIAC CATHETERIZATION	8,777,706		8,777,706	0	8,777,706	59.00
60.00	06000	LABORATORY	35,988,313		35,988,313	0	35,988,313	60.00
64.00	06400	INTRAVENOUS THERAPY	8,716,954		8,716,954	0	8,716,954	64.00
65.00	06500	RESPIRATORY THERAPY	14,880,009	0	14,880,009	0	14,880,009	65.00
66.00	06600	PHYSICAL THERAPY	11,125,438	0	11,125,438	0	11,125,438	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,666,578	0	4,666,578	0	4,666,578	67.00
68.00	06800	SPEECH PATHOLOGY	2,433,365	0	2,433,365	0	2,433,365	68.00
69.00	06900	ELECTROCARDIOLOGY	4,284,431		4,284,431	0	4,284,431	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,349,004		4,349,004	0	4,349,004	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	69,889,227		69,889,227	0	69,889,227	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,495,128		39,495,128	0	39,495,128	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	131,802,083		131,802,083	0	131,802,083	73.00
74.00	07400	RENAL DIALYSIS	2,459,183		2,459,183	0	2,459,183	74.00
76.97	07697	CARDIAC REHABILITATION	961,178		961,178	0	961,178	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	1,983,976		1,983,976	0	1,983,976	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	16,242,719		16,242,719	0	16,242,719	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	12,754,998		12,754,998	0	12,754,998	90.00
90.01	09001	IBMT JOINT VENTURE	8,390,322		8,390,322	0	8,390,322	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	1,900,632		1,900,632	0	1,900,632	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	1,558,653		1,558,653	0	1,558,653	90.03
90.04	09004	RHEUMATOLOGY CLINIC	586,080		586,080	0	586,080	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	14,937,162		14,937,162	0	14,937,162	90.05
90.06	09006	DIABETES EDUCATION CLINIC	788,778		788,778	0	788,778	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	181,420		181,420	0	181,420	90.07
91.00	09100	EMERGENCY	26,069,361		26,069,361	0	26,069,361	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	12,830,989		12,830,989	0	12,830,989	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	525,232		525,232	0	525,232	95.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	11,506,496		11,506,496		11,506,496	116.00
200.00		Subtotal (see instructions)	748,616,248	0	748,616,248	0	748,616,248	200.00
201.00		Less Observation Beds	12,830,989		12,830,989		12,830,989	201.00
202.00		Total (see instructions)	735,785,259	0	735,785,259	0	735,785,259	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet C
Part I
Date/Time Prepared:
3/18/2025 2:06 pm

			Title XIX			Hospital	PPS		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	243,321,682		243,321,682			30.00	
31.00	03100	INTENSIVE CARE UNIT	55,022,441		55,022,441			31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	37,649,581		37,649,581			31.01	
32.00	03200	CORONARY CARE UNIT	31,114,682		31,114,682			32.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	10,509,864		10,509,864			34.00	
41.00	04100	SUBPROVIDER - IRF	24,438,551		24,438,551			41.00	
43.00	04300	NURSERY	7,180,992		7,180,992			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	198,531,737	178,332,140	376,863,877	0.118685	0.000000	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	51,248,198	202,073	51,450,271	0.202193	0.000000	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	130,913,136	275,870,870	406,784,006	0.081035	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	5,860,187	141,063,501	146,923,688	0.110863	0.000000	55.00	
56.00	05600	RADIOISOTOPE	3,059,694	6,833,202	9,892,896	0.057651	0.000000	56.00	
59.00	05900	CARDIAC CATHETERIZATION	79,654,095	94,872,028	174,526,123	0.050295	0.000000	59.00	
60.00	06000	LABORATORY	173,063,323	146,572,812	319,636,135	0.112592	0.000000	60.00	
64.00	06400	INTRAVENOUS THERAPY	7,359,507	63,362,902	70,722,409	0.123256	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	55,361,162	10,105,927	65,467,089	0.227290	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	26,640,227	35,088,050	61,728,277	0.180232	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	21,638,324	9,199,760	30,838,084	0.151325	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	7,079,781	6,747,014	13,826,795	0.175989	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	38,434,637	18,379,531	56,814,168	0.075411	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	11,237,059	21,659,310	32,896,369	0.132203	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	178,166,323	110,015,975	288,182,298	0.242517	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	93,992,451	43,528,275	137,520,726	0.287194	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	183,286,373	722,326,444	905,612,817	0.145539	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	9,748,862	712,011	10,460,873	0.235084	0.000000	74.00	
76.97	07697	CARDIAC REHABILITATION	186,068	5,345,737	5,531,805	0.173755	0.000000	76.97	
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	416,615	416,615	4.762133	0.000000	77.00	
78.00	07800	CAR T-CELL IMMUNOTHERAPY	51,834,952	31,344,032	83,178,984	0.195274	0.000000	78.00	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	952,264	17,660,886	18,613,150	0.685268	0.000000	90.00	
90.01	09001	IBMT JOINT VENTURE	10,576,018	9,136,005	19,712,023	0.425645	0.000000	90.01	
90.02	09002	MOORESVILLE INFUSION CLINIC	402,089	11,081,794	11,483,883	0.165504	0.000000	90.02	
90.03	09003	ENDOCRINOLOGY CLINIC	8,150	3,289,820	3,297,970	0.472610	0.000000	90.03	
90.04	09004	RHEUMATOLOGY CLINIC	1,125	574,975	576,100	1.017323	0.000000	90.04	
90.05	09005	CV DIAGNOSTIC SERVICES	489,202	96,163,374	96,652,576	0.154545	0.000000	90.05	
90.06	09006	DIABETES EDUCATION CLINIC	0	102	102	7,733.117647	0.000000	90.06	
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	0	79,600	79,600	2.279146	0.000000	90.07	
91.00	09100	EMERGENCY	125,925,942	257,031,759	382,957,701	0.068074	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	16,323,641	26,048,818	42,372,459	0.302814	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	458,018	458,018	1.146750	0.000000	95.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	51,983	18,615,746	18,667,729			116.00	
200.00		Subtotal (see instructions)	1,891,264,303	2,362,119,106	4,253,383,409			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	1,891,264,303	2,362,119,106	4,253,383,409			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 15-0162	Period: From 01/01/2024 To 12/31/2024	Worksheet C Part I Date/Time Prepared: 3/18/2025 2:06 pm
				Title XIX	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio			
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT				31.01
32.00	03200	CORONARY CARE UNIT				32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.118685			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.202193			52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.081035			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.110863			55.00
56.00	05600	RADIOISOTOPE	0.057651			56.00
59.00	05900	CARDIAC CATHETERIZATION	0.050295			59.00
60.00	06000	LABORATORY	0.112592			60.00
64.00	06400	INTRAVENOUS THERAPY	0.123256			64.00
65.00	06500	RESPIRATORY THERAPY	0.227290			65.00
66.00	06600	PHYSICAL THERAPY	0.180232			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.151325			67.00
68.00	06800	SPEECH PATHOLOGY	0.175989			68.00
69.00	06900	ELECTROCARDIOLOGY	0.075411			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.132203			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.242517			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.287194			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.145539			73.00
74.00	07400	RENAL DIALYSIS	0.235084			74.00
76.97	07697	CARDIAC REHABILITATION	0.173755			76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	4.762133			77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.195274			78.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.685268			90.00
90.01	09001	IBMT JOINT VENTURE	0.425645			90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0.165504			90.02
90.03	09003	ENDOCRINOLOGY CLINIC	0.472610			90.03
90.04	09004	RHEUMATOLOGY CLINIC	1.017323			90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0.154545			90.05
90.06	09006	DIABETES EDUCATION CLINIC	7,733.117647			90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	2.279146			90.07
91.00	09100	EMERGENCY	0.068074			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.302814			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1.146750			95.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

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

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet C
Part II
Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description			Title XIX			Hospital	PPS
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	44,728,221	7,073,980	37,654,241	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,402,891	1,855,041	8,547,850	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,963,849	4,042,802	28,921,047	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	16,288,414	270,120	16,018,294	0	0
56.00	05600	RADIOISOTOPE	570,337	77,176	493,161	0	0
59.00	05900	CARDIAC CATHETERIZATION	8,777,706	1,594,782	7,182,924	0	0
60.00	06000	LABORATORY	35,988,313	2,171,748	33,816,565	0	0
64.00	06400	INTRAVENOUS THERAPY	8,716,954	884,292	7,832,662	0	0
65.00	06500	RESPIRATORY THERAPY	14,880,009	325,025	14,554,984	0	0
66.00	06600	PHYSICAL THERAPY	11,125,438	791,897	10,333,541	0	0
67.00	06700	OCCUPATIONAL THERAPY	4,666,578	17,629	4,648,949	0	0
68.00	06800	SPEECH PATHOLOGY	2,433,365	135,366	2,297,999	0	0
69.00	06900	ELECTROCARDIOLOGY	4,284,431	1,149,843	3,134,588	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	4,349,004	14,413	4,334,591	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	69,889,227	1,204,510	68,684,717	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,495,128	655,018	38,840,110	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	131,802,083	891,215	130,910,868	0	0
74.00	07400	RENAL DIALYSIS	2,459,183	211,231	2,247,952	0	0
76.97	07697	CARDIAC REHABILITATION	961,178	4,151	957,027	0	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	1,983,976	119,664	1,864,312	0	0
78.00	07800	CAR T-CELL IMMUNOTHERAPY	16,242,719	9,456	16,233,263	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	12,754,998	1,081,230	11,673,768	0	0
90.01	09001	IBMT JOINT VENTURE	8,390,322	129,149	8,261,173	0	0
90.02	09002	MOORESVILLE INFUSION CLINIC	1,900,632	232,167	1,668,465	0	0
90.03	09003	ENDOCRINOLOGY CLINIC	1,558,653	365,682	1,192,971	0	0
90.04	09004	RHEUMATOLOGY CLINIC	586,080	125,319	460,761	0	0
90.05	09005	CV DIAGNOSTIC SERVICES	14,937,162	69,807	14,867,355	0	0
90.06	09006	DIABETES EDUCATION CLINIC	788,778	361,678	427,100	0	0
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	181,420	88,675	92,745	0	0
91.00	09100	EMERGENCY	26,069,361	3,276,008	22,793,353	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	12,830,989	1,545,736	11,285,253	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	525,232	599	524,633	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	11,506,496	39,972	11,466,524	0	0
200.00		Subtotal (sum of lines 50 thru 199)	555,039,127	30,815,381	524,223,746	0	0
201.00		Less Observation Beds	12,830,989	1,545,736	11,285,253	0	0
202.00		Total (line 200 minus line 201)	542,208,138	29,269,645	512,938,493	0	0

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

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet C
Part II
Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description			Cost Net of Capital and Operating Cost Reduction	Title XIX		Hospital	PPS
				Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	44,728,221	376,863,877	0.118685		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,402,891	51,450,271	0.202193		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,963,849	406,784,006	0.081035		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,288,414	146,923,688	0.110863		55.00
56.00	05600	RADIOISOTOPE	570,337	9,892,896	0.057651		56.00
59.00	05900	CARDIAC CATHETERIZATION	8,777,706	174,526,123	0.050295		59.00
60.00	06000	LABORATORY	35,988,313	319,636,135	0.112592		60.00
64.00	06400	INTRAVENOUS THERAPY	8,716,954	70,722,409	0.123256		64.00
65.00	06500	RESPIRATORY THERAPY	14,880,009	65,467,089	0.227290		65.00
66.00	06600	PHYSICAL THERAPY	11,125,438	61,728,277	0.180232		66.00
67.00	06700	OCCUPATIONAL THERAPY	4,666,578	30,838,084	0.151325		67.00
68.00	06800	SPEECH PATHOLOGY	2,433,365	13,826,795	0.175989		68.00
69.00	06900	ELECTROCARDIOLOGY	4,284,431	56,814,168	0.075411		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,349,004	32,896,369	0.132203		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	69,889,227	288,182,298	0.242517		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,495,128	137,520,726	0.287194		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	131,802,083	905,612,817	0.145539		73.00
74.00	07400	RENAL DIALYSIS	2,459,183	10,460,873	0.235084		74.00
76.97	07697	CARDIAC REHABILITATION	961,178	5,531,805	0.173755		76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	1,983,976	416,615	4.762133		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	16,242,719	83,178,984	0.195274		78.00
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	12,754,998	18,613,150	0.685268		90.00
90.01	09001	IBMT JOINT VENTURE	8,390,322	19,712,023	0.425645		90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	1,900,632	11,483,883	0.165504		90.02
90.03	09003	ENDOCRINOLOGY CLINIC	1,558,653	3,297,970	0.472610		90.03
90.04	09004	RHEUMATOLOGY CLINIC	586,080	576,100	1.017323		90.04
90.05	09005	CV DIAGNOSTIC SERVICES	14,937,162	96,652,576	0.154545		90.05
90.06	09006	DIABETES EDUCATION CLINIC	788,778	102	7,733.117647		90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	181,420	79,600	2.279146		90.07
91.00	09100	EMERGENCY	26,069,361	382,957,701	0.068074		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	12,830,989	42,372,459	0.302814		92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	525,232	458,018	1.146750		95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0.000000		101.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	11,506,496	18,667,729	0.616384		116.00
200.00		Subtotal (sum of lines 50 thru 199)	555,039,127	3,844,145,616			200.00
201.00		Less Observation Beds	12,830,989	0			201.00
202.00		Total (line 200 minus line 201)	542,208,138	3,844,145,616			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet D
Part I
Date/Time Prepared:
3/18/2025 2:06 pm

			Title XVIII		Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	12,610,393	0	12,610,393	79,257	159.11	30.00	
31.00	INTENSIVE CARE UNIT	1,505,618		1,505,618	9,907	151.98	31.00	
31.01	NEONATAL INTENSIVE CARE UNIT	1,136,274		1,136,274	6,246	181.92	31.01	
32.00	CORONARY CARE UNIT	3,360,804		3,360,804	13,579	247.50	32.00	
34.00	SURGICAL INTENSIVE CARE UNIT	1,717,566		1,717,566	8,119	211.55	34.00	
41.00	SUBPROVIDER - IRF	1,204,101	0	1,204,101	7,151	168.38	41.00	
43.00	NURSERY	167,602		167,602	3,238	51.76	43.00	
200.00	Total (lines 30 through 199)	21,702,358		21,702,358	127,497		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	21,868	3,479,417					30.00
31.00	INTENSIVE CARE UNIT	2,935	446,061					31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0					31.01
32.00	CORONARY CARE UNIT	2,584	639,540					32.00
34.00	SURGICAL INTENSIVE CARE UNIT	496	104,929					34.00
41.00	SUBPROVIDER - IRF	3,558	599,096					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	31,441	5,269,043					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet D
Part II
Date/Time Prepared:
3/18/2025 2:06 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,073,980	376,863,877	0.018771	50,859,077	954,676	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,855,041	51,450,271	0.036055	26,635	960	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,042,802	406,784,006	0.009938	38,099,628	378,634	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	270,120	146,923,688	0.001839	1,747,040	3,213	55.00
56.00	05600	RADIOISOTOPE	77,176	9,892,896	0.007801	1,037,896	8,097	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,594,782	174,526,123	0.009138	20,926,650	191,228	59.00
60.00	06000	LABORATORY	2,171,748	319,636,135	0.006794	44,661,726	303,432	60.00
64.00	06400	INTRAVENOUS THERAPY	884,292	70,722,409	0.012504	1,369,971	17,130	64.00
65.00	06500	RESPIRATORY THERAPY	325,025	65,467,089	0.004965	13,846,959	68,750	65.00
66.00	06600	PHYSICAL THERAPY	791,897	61,728,277	0.012829	6,245,833	80,128	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,629	30,838,084	0.000572	4,922,296	2,816	67.00
68.00	06800	SPEECH PATHOLOGY	135,366	13,826,795	0.009790	1,172,379	11,478	68.00
69.00	06900	ELECTROCARDIOLOGY	1,149,843	56,814,168	0.020239	11,162,487	225,918	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,413	32,896,369	0.000438	2,544,169	1,114	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,204,510	288,182,298	0.004180	46,591,074	194,751	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	655,018	137,520,726	0.004763	31,471,257	149,898	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	891,215	905,612,817	0.000984	47,544,354	46,784	73.00
74.00	07400	RENAL DIALYSIS	211,231	10,460,873	0.020192	2,339,271	47,235	74.00
76.97	07697	CARDIAC REHABILITATION	4,151	5,531,805	0.000750	41,330	31	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	119,664	416,615	0.287229	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	9,456	83,178,984	0.000114	30,148,576	3,437	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,081,230	18,613,150	0.058090	147,674	8,578	90.00
90.01	09001	IBMT JOINT VENTURE	129,149	19,712,023	0.006552	897,467	5,880	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	232,167	11,483,883	0.020217	9,000	182	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	365,682	3,297,970	0.110881	699	78	90.03
90.04	09004	RHEUMATOLOGY CLINIC	125,319	576,100	0.217530	822	179	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	69,807	96,652,576	0.000722	170,425	123	90.05
90.06	09006	DIABETES EDUCATION CLINIC	361,678	102	3,545.862745	0	0	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	88,675	79,600	1.114008	0	0	90.07
91.00	09100	EMERGENCY	3,276,008	382,957,701	0.008554	36,688,673	313,835	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,545,736	42,372,459	0.036480	5,350,274	195,178	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	30,774,810	3,825,019,869		400,023,642	3,213,743	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 15-0162		Period: From 01/01/2024 To 12/31/2024		Worksheet D Part III Date/Time Prepared: 3/18/2025 2:06 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	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	79,257	0.00	21,868	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	9,907	0.00	2,935	0	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	6,246	0.00	0	0	31.01	
32.00	03200	CORONARY CARE UNIT		0	13,579	0.00	2,584	0	32.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	8,119	0.00	496	0	34.00	
41.00	04100	SUBPROVIDER - IRF	0	0	7,151	0.00	3,558	0	41.00	
43.00	04300	NURSERY		0	3,238	0.00	0	0	43.00	
200.00		Total (lines 30 through 199)		0	127,497		31,441	0	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
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0							31.01
32.00	03200	CORONARY CARE UNIT	0							32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0							34.00
41.00	04100	SUBPROVIDER - IRF	0							41.00
43.00	04300	NURSERY	0							43.00
200.00		Total (lines 30 through 199)	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet D
Part IV
Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	342,635	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
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
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	443,734	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	0	0	0	0	0	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0	0	0	0	0	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004	RHEUMATOLOGY CLINIC	0	0	0	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	0	0	90.05
90.06	09006	DIABETES EDUCATION CLINIC	0	0	0	0	0	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	695,052	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,481,421	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 15-0162		Period: From 01/01/2024 To 12/31/2024		Worksheet D Part IV Date/Time Prepared: 3/18/2025 2:06 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description					All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
					4.00	5.00	6.00	7.00	8.00		
	ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM		0		342,635	342,635	376,863,877	0.000909	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM		0		0	0	51,450,271	0.000000	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC		0		0	0	406,784,006	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC		0		0	0	146,923,688	0.000000	55.00	
56.00	05600	RADIOISOTOPE		0		0	0	9,892,896	0.000000	56.00	
59.00	05900	CARDIAC CATHETERIZATION		0		0	0	174,526,123	0.000000	59.00	
60.00	06000	LABORATORY		0		0	0	319,636,135	0.000000	60.00	
64.00	06400	INTRAVENOUS THERAPY		0		0	0	70,722,409	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY		0		0	0	65,467,089	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY		0		0	0	61,728,277	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY		0		0	0	30,838,084	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY		0		0	0	13,826,795	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY		0		0	0	56,814,168	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY		0		0	0	32,896,369	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0		0	0	288,182,298	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0		0	0	137,520,726	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS		0		443,734	443,734	905,612,817	0.000490	73.00	
74.00	07400	RENAL DIALYSIS		0		0	0	10,460,873	0.000000	74.00	
76.97	07697	CARDIAC REHABILITATION		0		0	0	5,531,805	0.000000	76.97	
77.00	07700	ALLOGENEIC HSCT ACQUISITION		0		0	0	416,615	0.000000	77.00	
78.00	07800	CAR T-CELL IMMUNOTHERAPY		0		0	0	83,178,984	0.000000	78.00	
	OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC		0		0	0	18,613,150	0.000000	90.00	
90.01	09001	IBMT JOINT VENTURE		0		0	0	19,712,023	0.000000	90.01	
90.02	09002	MOORESVILLE INFUSION CLINIC		0		0	0	11,483,883	0.000000	90.02	
90.03	09003	ENDOCRINOLOGY CLINIC		0		0	0	3,297,970	0.000000	90.03	
90.04	09004	RHEUMATOLOGY CLINIC		0		0	0	576,100	0.000000	90.04	
90.05	09005	CV DIAGNOSTIC SERVICES		0		0	0	96,652,576	0.000000	90.05	
90.06	09006	DIABETES EDUCATION CLINIC		0		0	0	102	0.000000	90.06	
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC		0		0	0	79,600	0.000000	90.07	
91.00	09100	EMERGENCY		0		695,052	695,052	382,957,701	0.001815	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		0	0	42,372,459	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS										
95.00	09500	AMBULANCE SERVICES								95.00	
200.00		Total (lines 50 through 199)		0		1,481,421	1,481,421	3,825,019,869		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet D
Part IV
Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000909	50,859,077	46,231	32,595,018	29,629	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	26,635	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	38,099,628	0	54,332,135	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	1,747,040	0	24,570,219	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	1,037,896	0	1,349,559	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	20,926,650	0	27,659,870	0	59.00
60.00	06000	LABORATORY	0.000000	44,661,726	0	11,938,311	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	1,369,971	0	13,123,900	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	13,846,959	0	2,260,296	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	6,245,833	0	96,613	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	4,922,296	0	35,295	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	1,172,379	0	37,321	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	11,162,487	0	4,739,416	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	2,544,169	0	3,340,733	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	46,591,074	0	23,770,182	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	31,471,257	0	12,408,567	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000490	47,544,354	23,297	203,744,948	99,835	73.00
74.00	07400	RENAL DIALYSIS	0.000000	2,339,271	0	53,356	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	41,330	0	1,853,525	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	30,148,576	0	15,574,151	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	147,674	0	4,222,951	0	90.00
90.01	09001	IBMT JOINT VENTURE	0.000000	897,467	0	1,486,538	0	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0.000000	9,000	0	2,813,960	0	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	0.000000	699	0	753,046	0	90.03
90.04	09004	RHEUMATOLOGY CLINIC	0.000000	822	0	366,624	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0.000000	170,425	0	28,520,529	0	90.05
90.06	09006	DIABETES EDUCATION CLINIC	0.000000	0	0	0	0	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	0.000000	0	0	70,540	0	90.07
91.00	09100	EMERGENCY	0.001815	36,688,673	66,590	30,060,628	54,560	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	5,350,274	0	3,213,641	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		400,023,642	136,118	504,991,872	184,024	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 15-0162		Period: From 01/01/2024 To 12/31/2024		Worksheet D Part V Date/Time Prepared: 3/18/2025 2:06 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		0.118685	32,595,018	0	0	3,868,540	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.202193	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.081035	54,332,135	0	0	4,402,805	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.110863	24,570,219	0	0	2,723,928	55.00
56.00	05600	RADIOISOTOPE		0.057651	1,349,559	0	0	77,803	56.00
59.00	05900	CARDIAC CATHETERIZATION		0.050295	27,659,870	0	0	1,391,153	59.00
60.00	06000	LABORATORY		0.112592	11,938,311	0	0	1,344,158	60.00
64.00	06400	INTRAVENOUS THERAPY		0.123256	13,123,900	0	0	1,617,599	64.00
65.00	06500	RESPIRATORY THERAPY		0.227290	2,260,296	0	0	513,743	65.00
66.00	06600	PHYSICAL THERAPY		0.180232	96,613	0	0	17,413	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.151325	35,295	0	0	5,341	67.00
68.00	06800	SPEECH PATHOLOGY		0.175989	37,321	0	0	6,568	68.00
69.00	06900	ELECTROCARDIOLOGY		0.075411	4,739,416	0	0	357,404	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.132203	3,340,733	0	0	441,655	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.242517	23,770,182	850	0	5,764,673	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.287194	12,408,567	0	0	3,563,666	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.145539	203,744,948	2,044	104,372	29,652,836	73.00
74.00	07400	RENAL DIALYSIS		0.235084	53,356	0	0	12,543	74.00
76.97	07697	CARDIAC REHABILITATION		0.173755	1,853,525	0	0	322,059	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION		4.762133	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY		0.195274	15,574,151	0	0	3,041,227	78.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.685268	4,222,951	0	0	2,893,853	90.00
90.01	09001	IBMT JOINT VENTURE		0.425645	1,486,538	0	0	632,737	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC		0.165504	2,813,960	0	0	465,722	90.02
90.03	09003	ENDOCRINOLOGY CLINIC		0.472610	753,046	0	0	355,897	90.03
90.04	09004	RHEUMATOLOGY CLINIC		1.017323	366,624	0	0	372,975	90.04
90.05	09005	CV DIAGNOSTIC SERVICES		0.154545	28,520,529	0	0	4,407,705	90.05
90.06	09006	DIABETES EDUCATION CLINIC	7,733.117647	0	0	0	0	0	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC		2.279146	70,540	0	0	160,771	90.07
91.00	09100	EMERGENCY		0.068074	30,060,628	0	0	2,046,347	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.302814	3,213,641	0	0	973,135	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		1.146750		0			95.00
200.00		Subtotal (see instructions)			504,991,872	2,894	104,372	71,434,256	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)			504,991,872	2,894	104,372	71,434,256	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet D
Part V
Date/Time Prepared:
3/18/2025 2:06 pm

			Title XVIII		Hospital	PPS
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	206	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	297	15,190		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0		78.00
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	IBMT JOINT VENTURE	0	0		90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0	0		90.02
90.03	09003	ENDOCRINOLOGY CLINIC	0	0		90.03
90.04	09004	RHEUMATOLOGY CLINIC	0	0		90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0	0		90.05
90.06	09006	DIABETES EDUCATION CLINIC	0	0		90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	0	0		90.07
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	503	15,190		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	503	15,190		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0162

Period:

Worksheet D

Component CCN: 15-T162

From 01/01/2024
To 12/31/2024Part II
Date/Time Prepared:
3/18/2025 2:06 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	7,073,980	376,863,877	0.018771	86,091	1,616	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,855,041	51,450,271	0.036055	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,042,802	406,784,006	0.009938	612,837	6,090	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	270,120	146,923,688	0.001839	0	0	55.00
56.00	05600	RADIOISOTOPE	77,176	9,892,896	0.007801	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,594,782	174,526,123	0.009138	0	0	59.00
60.00	06000	LABORATORY	2,171,748	319,636,135	0.006794	1,077,497	7,321	60.00
64.00	06400	INTRAVENOUS THERAPY	884,292	70,722,409	0.012504	2,201	28	64.00
65.00	06500	RESPIRATORY THERAPY	325,025	65,467,089	0.004965	619,245	3,075	65.00
66.00	06600	PHYSICAL THERAPY	791,897	61,728,277	0.012829	3,278,917	42,065	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,629	30,838,084	0.000572	2,951,580	1,688	67.00
68.00	06800	SPEECH PATHOLOGY	135,366	13,826,795	0.009790	937,220	9,175	68.00
69.00	06900	ELECTROCARDIOLOGY	1,149,843	56,814,168	0.020239	64,768	1,311	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,413	32,896,369	0.000438	29,061	13	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,204,510	288,182,298	0.004180	975,480	4,078	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	655,018	137,520,726	0.004763	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	891,215	905,612,817	0.000984	972,787	957	73.00
74.00	07400	RENAL DIALYSIS	211,231	10,460,873	0.020192	225,554	4,554	74.00
76.97	07697	CARDIAC REHABILITATION	4,151	5,531,805	0.000750	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	119,664	416,615	0.287229	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	9,456	83,178,984	0.000114	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,081,230	18,613,150	0.058090	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	129,149	19,712,023	0.006552	0	0	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	232,167	11,483,883	0.020217	0	0	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	365,682	3,297,970	0.110881	0	0	90.03
90.04	09004	RHEUMATOLOGY CLINIC	125,319	576,100	0.217530	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	69,807	96,652,576	0.000722	0	0	90.05
90.06	09006	DIABETES EDUCATION CLINIC	361,678	102	3,545.862745	0	0	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	88,675	79,600	1.114008	0	0	90.07
91.00	09100	EMERGENCY	3,276,008	382,957,701	0.008554	12,416	106	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	42,372,459	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	29,229,074	3,825,019,869		11,845,654	82,077	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0162 Component CCN: 15-T162		Period: From 01/01/2024 To 12/31/2024		Worksheet D Part IV Date/Time Prepared: 3/18/2025 2:06 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	342,635	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
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
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	443,734	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION		0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY		0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	IBMT JOINT VENTURE		0	0	0	0	0	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC		0	0	0	0	0	90.02
90.03	09003	ENDOCRINOLOGY CLINIC		0	0	0	0	0	90.03
90.04	09004	RHEUMATOLOGY CLINIC		0	0	0	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES		0	0	0	0	0	90.05
90.06	09006	DIABETES EDUCATION CLINIC		0	0	0	0	0	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC		0	0	0	0	0	90.07
91.00	09100	EMERGENCY		0	0	0	0	695,052	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		0		0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	0	1,481,421	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0162 Component CCN: 15-T162		Period: From 01/01/2024 To 12/31/2024		Worksheet D Part IV Date/Time Prepared: 3/18/2025 2:06 pm	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	342,635	342,635	376,863,877	0.000909	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	51,450,271	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	406,784,006	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	146,923,688	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	9,892,896	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	174,526,123	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	319,636,135	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	70,722,409	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	65,467,089	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	61,728,277	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	30,838,084	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	13,826,795	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	56,814,168	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	32,896,369	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	288,182,298	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	137,520,726	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	443,734	443,734	905,612,817	0.000490	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	10,460,873	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	5,531,805	0.000000	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	416,615	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	83,178,984	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	18,613,150	0.000000	90.00
90.01	09001	IBMT JOINT VENTURE	0	0	0	19,712,023	0.000000	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0	0	0	11,483,883	0.000000	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	0	0	0	3,297,970	0.000000	90.03
90.04	09004	RHEUMATOLOGY CLINIC	0	0	0	576,100	0.000000	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	96,652,576	0.000000	90.05
90.06	09006	DIABETES EDUCATION CLINIC	0	0	0	102	0.000000	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	0	0	0	79,600	0.000000	90.07
91.00	09100	EMERGENCY	0	695,052	695,052	382,957,701	0.001815	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	42,372,459	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	1,481,421	1,481,421	3,825,019,869		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0162 Component CCN: 15-T162		Period: From 01/01/2024 To 12/31/2024		Worksheet D Part IV Date/Time Prepared: 3/18/2025 2:06 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	0.000909		86,091		78	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0		0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		612,837		0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		0		0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000		0		0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		0		0	0	59.00
60.00	06000	LABORATORY	0.000000		1,077,497		0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		2,201		0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		619,245		0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		3,278,917		0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		2,951,580		0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		937,220		0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		64,768		0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		29,061		0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		975,480		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	0.000490		972,787	477	927	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000		225,554		0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000		0		0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000		0		0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000		0		0	0	78.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000		0		0	0	90.00
90.01	09001	IBMT JOINT VENTURE	0.000000		0		0	0	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0.000000		0		0	0	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	0.000000		0		0	0	90.03
90.04	09004	RHEUMATOLOGY CLINIC	0.000000		0		0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0.000000		0		0	0	90.05
90.06	09006	DIABETES EDUCATION CLINIC	0.000000		0		0	0	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	0.000000		0		0	0	90.07
91.00	09100	EMERGENCY	0.001815		12,416	23	0	0	91.00
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
200.00		Total (lines 50 through 199)			11,845,654	578	927	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 15-0162 Component CCN: 15-T162		Period: From 01/01/2024 To 12/31/2024		Worksheet D Part V Date/Time Prepared: 3/18/2025 2:06 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	0.118685	0	0	0	0	0	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.202193	0	0	0	0	0	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.081035	0	0	0	0	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.110863	0	0	0	0	0	55.00	
56.00	05600 RADIOISOTOPE	0.057651	0	0	0	0	0	56.00	
59.00	05900 CARDIAC CATHETERIZATION	0.050295	0	0	0	0	0	59.00	
60.00	06000 LABORATORY	0.112592	0	0	0	0	0	60.00	
64.00	06400 INTRAVENOUS THERAPY	0.123256	0	0	0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0.227290	0	0	0	0	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.180232	0	0	0	0	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.151325	0	0	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.175989	0	0	0	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.075411	0	0	0	0	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.132203	0	0	0	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.242517	0	0	0	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.287194	0	0	0	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.145539	927	0	455	135	73.00		
74.00	07400 RENAL DIALYSIS	0.235084	0	0	0	0	74.00		
76.97	07697 CARDIAC REHABILITATION	0.173755	0	0	0	0	76.97		
77.00	07700 ALLOGENEIC HSCT ACQUISITION	4.762133	0	0	0	0	77.00		
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.195274	0	0	0	0	78.00		
OUTPATIENT SERVICE COST CENTERS									
90.00	09000 CLINIC	0.685268	0	0	0	0	90.00		
90.01	09001 IBMT JOINT VENTURE	0.425645	0	0	0	0	90.01		
90.02	09002 MOORESVILLE INFUSION CLINIC	0.165504	0	0	0	0	90.02		
90.03	09003 ENDOCRINOLOGY CLINIC	0.472610	0	0	0	0	90.03		
90.04	09004 RHEUMATOLOGY CLINIC	1.017323	0	0	0	0	90.04		
90.05	09005 CV DIAGNOSTIC SERVICES	0.154545	0	0	0	0	90.05		
90.06	09006 DIABETES EDUCATION CLINIC	7,733.117647	0	0	0	0	90.06		
90.07	09007 ONCOLOGY HEMATOLOGY CLINIC	2.279146	0	0	0	0	90.07		
91.00	09100 EMERGENCY	0.068074	0	0	0	0	91.00		
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.302814	0	0	0	0	92.00		
OTHER REIMBURSABLE COST CENTERS									
95.00	09500 AMBULANCE SERVICES	1.146750		0			95.00		
200.00	Subtotal (see instructions)		927	0	455	135	200.00		
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00		
202.00	Net Charges (line 200 - line 201)		927	0	455	135	202.00		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0162		Period: From 01/01/2024 To 12/31/2024		Worksheet D Part V Date/Time Prepared: 3/18/2025 2:06 pm	
			Component CCN: 15-T162					
			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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0				52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0				54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0				55.00
56.00	05600	RADIOISOTOPE	0	0				56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0				59.00
60.00	06000	LABORATORY	0	0				60.00
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
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	66				73.00
74.00	07400	RENAL DIALYSIS	0	0				74.00
76.97	07697	CARDIAC REHABILITATION	0	0				76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0				77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0				78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0				90.00
90.01	09001	IBMT JOINT VENTURE	0	0				90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0	0				90.02
90.03	09003	ENDOCRINOLOGY CLINIC	0	0				90.03
90.04	09004	RHEUMATOLOGY CLINIC	0	0				90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0	0				90.05
90.06	09006	DIABETES EDUCATION CLINIC	0	0				90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	0	0				90.07
91.00	09100	EMERGENCY	0	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0				92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0					95.00
200.00		Subtotal (see instructions)	0	66				200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0					201.00
202.00		Net Charges (line 200 - line 201)	0	66				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet D
Part I
Date/Time Prepared:
3/18/2025 2:06 pm

			Title XIX		Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	12,610,393	0	12,610,393	79,257	159.11	30.00	
31.00	INTENSIVE CARE UNIT	1,505,618		1,505,618	9,907	151.98	31.00	
31.01	NEONATAL INTENSIVE CARE UNIT	1,136,274		1,136,274	6,246	181.92	31.01	
32.00	CORONARY CARE UNIT	3,360,804		3,360,804	13,579	247.50	32.00	
34.00	SURGICAL INTENSIVE CARE UNIT	1,717,566		1,717,566	8,119	211.55	34.00	
41.00	SUBPROVIDER - IRF	1,204,101	0	1,204,101	7,151	168.38	41.00	
43.00	NURSERY	167,602		167,602	3,238	51.76	43.00	
200.00	Total (lines 30 through 199)	21,702,358		21,702,358	127,497		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	699	111,218					30.00
31.00	INTENSIVE CARE UNIT	100	15,198					
31.01	NEONATAL INTENSIVE CARE UNIT	63	11,461					31.01
32.00	CORONARY CARE UNIT	137	33,908					
34.00	SURGICAL INTENSIVE CARE UNIT	82	17,347					34.00
41.00	SUBPROVIDER - IRF	0	0					
43.00	NURSERY	33	1,708					43.00
200.00	Total (lines 30 through 199)	1,114	190,840					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet D
Part II
Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description			Title XIX		Hospital	PPS		
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,073,980	376,863,877	0.018771	22,168,097	416,117	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,855,041	51,450,271	0.036055	16,259,090	586,221	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,042,802	406,784,006	0.009938	15,816,028	157,180	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	270,120	146,923,688	0.001839	315,798	581	55.00
56.00	05600	RADIOISOTOPE	77,176	9,892,896	0.007801	306,863	2,394	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,594,782	174,526,123	0.009138	7,086,588	64,757	59.00
60.00	06000	LABORATORY	2,171,748	319,636,135	0.006794	25,035,734	170,093	60.00
64.00	06400	INTRAVENOUS THERAPY	884,292	70,722,409	0.012504	767,383	9,595	64.00
65.00	06500	RESPIRATORY THERAPY	325,025	65,467,089	0.004965	7,392,817	36,705	65.00
66.00	06600	PHYSICAL THERAPY	791,897	61,728,277	0.012829	2,323,021	29,802	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,629	30,838,084	0.000572	2,009,617	1,150	67.00
68.00	06800	SPEECH PATHOLOGY	135,366	13,826,795	0.009790	1,077,504	10,549	68.00
69.00	06900	ELECTROCARDIOLOGY	1,149,843	56,814,168	0.020239	4,014,159	81,243	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,413	32,896,369	0.000438	2,123,289	930	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,204,510	288,182,298	0.004180	21,704,874	90,726	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	655,018	137,520,726	0.004763	4,057,837	19,327	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	891,215	905,612,817	0.000984	24,505,749	24,114	73.00
74.00	07400	RENAL DIALYSIS	211,231	10,460,873	0.020192	1,230,173	24,840	74.00
76.97	07697	CARDIAC REHABILITATION	4,151	5,531,805	0.000750	13,596	10	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	119,664	416,615	0.287229	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	9,456	83,178,984	0.000114	0	0	78.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,081,230	18,613,150	0.058090	351,508	20,419	90.00
90.01	09001	IBMT JOINT VENTURE	129,149	19,712,023	0.006552	247,578	1,622	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	232,167	11,483,883	0.020217	1,184	24	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	365,682	3,297,970	0.110881	1,262	140	90.03
90.04	09004	RHEUMATOLOGY CLINIC	125,319	576,100	0.217530	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	69,807	96,652,576	0.000722	30,835	22	90.05
90.06	09006	DIABETES EDUCATION CLINIC	361,678	102	3,545.862745	0	0	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	88,675	79,600	1.114008	0	0	90.07
91.00	09100	EMERGENCY	3,276,008	382,957,701	0.008554	16,370,545	140,034	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,545,736	42,372,459	0.036480	1,592,891	58,109	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	30,774,810	3,825,019,869		176,804,020	1,946,704	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 15-0162		Period: From 01/01/2024 To 12/31/2024		Worksheet D Part III Date/Time Prepared: 3/18/2025 2:06 pm	
					Title XIX		Hospital		PPS	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	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	79,257	0.00	699	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	9,907	0.00	100	31.00		
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	6,246	0.00	63	31.01		
32.00	03200	CORONARY CARE UNIT		0	13,579	0.00	137	32.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	8,119	0.00	82	34.00		
41.00	04100	SUBPROVIDER - IRF	0	0	7,151	0.00	0	41.00		
43.00	04300	NURSERY		0	3,238	0.00	33	43.00		
200.00		Total (lines 30 through 199)		0	127,497		1,114	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	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0						31.01	
32.00	03200	CORONARY CARE UNIT	0						32.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00	
41.00	04100	SUBPROVIDER - IRF	0						41.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet D
Part IV
Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	342,635	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
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
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	443,734	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	0	0	0	0	0	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0	0	0	0	0	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004	RHEUMATOLOGY CLINIC	0	0	0	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	0	0	90.05
90.06	09006	DIABETES EDUCATION CLINIC	0	0	0	0	0	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	695,052	91.00
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	1,481,421	95.00
200.00		Total (lines 50 through 199)	0	0	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet D
Part IV
Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description			Title XIX			Hospital	PPS	
			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	342,635	342,635	376,863,877	0.000909	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	51,450,271	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	406,784,006	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	146,923,688	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	9,892,896	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	174,526,123	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	319,636,135	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	70,722,409	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	65,467,089	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	61,728,277	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	30,838,084	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	13,826,795	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	56,814,168	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	32,896,369	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	288,182,298	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	137,520,726	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	443,734	443,734	905,612,817	0.000490	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	10,460,873	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	5,531,805	0.000000	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	416,615	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	83,178,984	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	18,613,150	0.000000	90.00
90.01	09001	IBMT JOINT VENTURE	0	0	0	19,712,023	0.000000	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0	0	0	11,483,883	0.000000	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	0	0	0	3,297,970	0.000000	90.03
90.04	09004	RHEUMATOLOGY CLINIC	0	0	0	576,100	0.000000	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	96,652,576	0.000000	90.05
90.06	09006	DIABETES EDUCATION CLINIC	0	0	0	102	0.000000	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	0	0	0	79,600	0.000000	90.07
91.00	09100	EMERGENCY	0	695,052	695,052	382,957,701	0.001815	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	42,372,459	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	1,481,421	1,481,421	3,825,019,869		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet D
Part IV
Date/Time Prepared:
3/18/2025 2:06 pm

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)	Hospital Outpatient Program Charges	PPS 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	0.000909	22,168,097	20,151	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	16,259,090	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	15,816,028	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	315,798	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	306,863	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	7,086,588	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	25,035,734	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	767,383	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	7,392,817	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	2,323,021	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	2,009,617	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	1,077,504	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	4,014,159	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	2,123,289	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	21,704,874	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,057,837	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000490	24,505,749	12,008	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	1,230,173	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	13,596	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	351,508	0	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	0.000000	247,578	0	0	0	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0.000000	1,184	0	0	0	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	0.000000	1,262	0	0	0	90.03
90.04	09004	RHEUMATOLOGY CLINIC	0.000000	0	0	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0.000000	30,835	0	0	0	90.05
90.06	09006	DIABETES EDUCATION CLINIC	0.000000	0	0	0	0	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	0.000000	0	0	0	0	90.07
91.00	09100	EMERGENCY	0.001815	16,370,545	29,713	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,592,891	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		176,804,020	61,872	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet D
Part V
Date/Time Prepared:
3/18/2025 2:06 pm

			Title XIX		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.118685	0	23,198,643	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.202193	0	136,780	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.081035	0	43,753,607	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.110863	0	13,359,037	0	0	55.00
56.00	05600	RADIOISOTOPE	0.057651	0	827,641	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.050295	0	6,304,556	0	0	59.00
60.00	06000	LABORATORY	0.112592	0	22,927,526	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.123256	0	8,233,377	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.227290	0	1,699,181	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.180232	0	5,832,685	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.151325	0	2,713,387	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.175989	0	2,542,113	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.075411	0	2,043,642	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.132203	0	3,336,582	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.242517	0	12,325,748	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.287194	0	3,650,087	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.145539	0	58,707,192	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.235084	0	59,162	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.173755	0	220,330	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	4.762133	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.195274	0	0	0	0	78.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.685268	0	3,305,125	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	0.425645	0	631,468	0	0	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0.165504	0	954,446	0	0	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	0.472610	0	335,164	0	0	90.03
90.04	09004	RHEUMATOLOGY CLINIC	1.017323	0	56,742	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0.154545	0	6,765,901	0	0	90.05
90.06	09006	DIABETES EDUCATION CLINIC	7,733.117647	0	102	0	0	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	2.279146	0	6,840	0	0	90.07
91.00	09100	EMERGENCY	0.068074	0	78,756,113	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.302814	0	4,066,442	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1.146750	0	0			95.00
200.00		Subtotal (see instructions)		0	306,749,619	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	306,749,619	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet D
Part V
Date/Time Prepared:
3/18/2025 2:06 pm

			Title XIX		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	2,753,331	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,656	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,545,574	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,481,023	0		55.00
56.00	05600	RADIOISOTOPE	47,714	0		56.00
59.00	05900	CARDIAC CATHETERIZATION	317,088	0		59.00
60.00	06000	LABORATORY	2,581,456	0		60.00
64.00	06400	INTRAVENOUS THERAPY	1,014,813	0		64.00
65.00	06500	RESPIRATORY THERAPY	386,207	0		65.00
66.00	06600	PHYSICAL THERAPY	1,051,236	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	410,603	0		67.00
68.00	06800	SPEECH PATHOLOGY	447,384	0		68.00
69.00	06900	ELECTROCARDIOLOGY	154,113	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	441,106	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,989,203	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,048,283	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,544,186	0		73.00
74.00	07400	RENAL DIALYSIS	13,908	0		74.00
76.97	07697	CARDIAC REHABILITATION	38,283	0		76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0		78.00
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2,264,896	0		90.00
90.01	09001	IBMT JOINT VENTURE	268,781	0		90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	157,965	0		90.02
90.03	09003	ENDOCRINOLOGY CLINIC	158,402	0		90.03
90.04	09004	RHEUMATOLOGY CLINIC	57,725	0		90.04
90.05	09005	CV DIAGNOSTIC SERVICES	1,045,636	0		90.05
90.06	09006	DIABETES EDUCATION CLINIC	788,778	0		90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	15,589	0		90.07
91.00	09100	EMERGENCY	5,361,244	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,231,376	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	38,643,559	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	38,643,559	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 15-0162	Period: From 01/01/2024 To 12/31/2024	Worksheet D Part II Date/Time Prepared: 3/18/2025 2:06 pm		
				Component CCN: 15-T162				
				Title XIX		Subprovider - IRF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,073,980	376,863,877	0.018771	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,855,041	51,450,271	0.036055	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,042,802	406,784,006	0.009938	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	270,120	146,923,688	0.001839	0	0	55.00
56.00	05600	RADIOISOTOPE	77,176	9,892,896	0.007801	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,594,782	174,526,123	0.009138	0	0	59.00
60.00	06000	LABORATORY	2,171,748	319,636,135	0.006794	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	884,292	70,722,409	0.012504	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	325,025	65,467,089	0.004965	0	0	65.00
66.00	06600	PHYSICAL THERAPY	791,897	61,728,277	0.012829	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,629	30,838,084	0.000572	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	135,366	13,826,795	0.009790	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,149,843	56,814,168	0.020239	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,413	32,896,369	0.000438	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,204,510	288,182,298	0.004180	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	655,018	137,520,726	0.004763	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	891,215	905,612,817	0.000984	0	0	73.00
74.00	07400	RENAL DIALYSIS	211,231	10,460,873	0.020192	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	4,151	5,531,805	0.000750	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	119,664	416,615	0.287229	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	9,456	83,178,984	0.000114	0	0	78.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,081,230	18,613,150	0.058090	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	129,149	19,712,023	0.006552	0	0	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	232,167	11,483,883	0.020217	0	0	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	365,682	3,297,970	0.110881	0	0	90.03
90.04	09004	RHEUMATOLOGY CLINIC	125,319	576,100	0.217530	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	69,807	96,652,576	0.000722	0	0	90.05
90.06	09006	DIABETES EDUCATION CLINIC	361,678	102	3,545.862745	0	0	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	88,675	79,600	1.114008	0	0	90.07
91.00	09100	EMERGENCY	3,276,008	382,957,701	0.008554	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	42,372,459	0.000000	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	29,229,074	3,825,019,869		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0162 Component CCN: 15-T162		Period: From 01/01/2024 To 12/31/2024		Worksheet D Part IV Date/Time Prepared: 3/18/2025 2:06 pm	
				Title XIX		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	342,635	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
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
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	443,734	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION		0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY		0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	IBMT JOINT VENTURE		0	0	0	0	0	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC		0	0	0	0	0	90.02
90.03	09003	ENDOCRINOLOGY CLINIC		0	0	0	0	0	90.03
90.04	09004	RHEUMATOLOGY CLINIC		0	0	0	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES		0	0	0	0	0	90.05
90.06	09006	DIABETES EDUCATION CLINIC		0	0	0	0	0	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC		0	0	0	0	0	90.07
91.00	09100	EMERGENCY		0	0	0	0	695,052	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		0		0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	0	1,481,421	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0162 Component CCN: 15-T162		Period: From 01/01/2024 To 12/31/2024		Worksheet D Part IV Date/Time Prepared: 3/18/2025 2:06 pm	
				Title XIX		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		342,635	342,635	376,863,877	0.000909	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	51,450,271	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		0	0	406,784,006	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	146,923,688	0.000000	55.00
56.00	05600	RADIOISOTOPE	0		0	0	9,892,896	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	174,526,123	0.000000	59.00
60.00	06000	LABORATORY	0		0	0	319,636,135	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	70,722,409	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0		0	0	65,467,089	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0		0	0	61,728,277	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		0	0	30,838,084	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0		0	0	13,826,795	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	56,814,168	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	32,896,369	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	288,182,298	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	137,520,726	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		443,734	443,734	905,612,817	0.000490	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	10,460,873	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	5,531,805	0.000000	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0		0	0	416,615	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0		0	0	83,178,984	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		0	0	18,613,150	0.000000	90.00
90.01	09001	IBMT JOINT VENTURE	0		0	0	19,712,023	0.000000	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0		0	0	11,483,883	0.000000	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	0		0	0	3,297,970	0.000000	90.03
90.04	09004	RHEUMATOLOGY CLINIC	0		0	0	576,100	0.000000	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0		0	0	96,652,576	0.000000	90.05
90.06	09006	DIABETES EDUCATION CLINIC	0		0	0	102	0.000000	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	0		0	0	79,600	0.000000	90.07
91.00	09100	EMERGENCY	0		695,052	695,052	382,957,701	0.001815	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	42,372,459	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)	0		1,481,421	1,481,421	3,825,019,869		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0162 Component CCN: 15-T162		Period: From 01/01/2024 To 12/31/2024		Worksheet D Part IV Date/Time Prepared: 3/18/2025 2:06 pm	
				Title XIX		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000909	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	0	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		0.000490	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION		0.000000	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY		0.000000	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	IBMT JOINT VENTURE		0.000000	0	0	0	0	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC		0.000000	0	0	0	0	90.02
90.03	09003	ENDOCRINOLOGY CLINIC		0.000000	0	0	0	0	90.03
90.04	09004	RHEUMATOLOGY CLINIC		0.000000	0	0	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES		0.000000	0	0	0	0	90.05
90.06	09006	DIABETES EDUCATION CLINIC		0.000000	0	0	0	0	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC		0.000000	0	0	0	0	90.07
91.00	09100	EMERGENCY		0.001815	0	0	0	0	91.00
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
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0162

Period:

Worksheet D

Component CCN: 15-T162

From 01/01/2024
To 12/31/2024Part V
Date/Time Prepared:
3/18/2025 2:06 pm

Title XIX

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	0.118685	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.202193	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.081035	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.110863	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.057651	0	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.050295	0	0	0	59.00
60.00	06000 LABORATORY	0.112592	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.123256	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.227290	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.180232	0	483	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.151325	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.175989	0	757	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.075411	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.132203	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.242517	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.287194	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.145539	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.235084	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.173755	0	0	0	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	4.762133	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.195274	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.685268	0	0	0	90.00
90.01	09001 IBMT JOINT VENTURE	0.425645	0	0	0	90.01
90.02	09002 MOORESVILLE INFUSION CLINIC	0.165504	0	0	0	90.02
90.03	09003 ENDOCRINOLOGY CLINIC	0.472610	0	0	0	90.03
90.04	09004 RHEUMATOLOGY CLINIC	1.017323	0	0	0	90.04
90.05	09005 CV DIAGNOSTIC SERVICES	0.154545	0	0	0	90.05
90.06	09006 DIABETES EDUCATION CLINIC	7,733.117647	0	0	0	90.06
90.07	09007 ONCOLOGY HEMATOLOGY CLINIC	2.279146	0	0	0	90.07
91.00	09100 EMERGENCY	0.068074	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.302814	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	1.146750	0	0	0	95.00
200.00	Subtotal (see instructions)		0	1,240	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		0	1,240	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0162

Period:

Worksheet D

Component CCN: 15-T162

From 01/01/2024
To 12/31/2024Part V
Date/Time Prepared:
3/18/2025 2:06 pm

Title XIX

Subprovider -
IRF

PPS

Cost Center Description		Costs		
		Cost	Cost	
		Reimbursed	Reimbursed	
		Services Subject To Ded. & Coins. (see inst.)	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
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	87	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	133	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO 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	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	78.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 IBMT JOINT VENTURE	0	0	90.01
90.02	09002 MOORESVILLE INFUSION CLINIC	0	0	90.02
90.03	09003 ENDOCRINOLOGY CLINIC	0	0	90.03
90.04	09004 RHEUMATOLOGY CLINIC	0	0	90.04
90.05	09005 CV DIAGNOSTIC SERVICES	0	0	90.05
90.06	09006 DIABETES EDUCATION CLINIC	0	0	90.06
90.07	09007 ONCOLOGY HEMATOLOGY CLINIC	0	0	90.07
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	220	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 - line 201)	220	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0162	Period: From 01/01/2024 To 12/31/2024	Worksheet D-1 Date/Time Prepared: 3/18/2025 2:06 pm
		Title XVIII	Hospital	PPS
Cost Center Description				
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		79,257	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		79,257	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)		69,542	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)		21,868	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)		104,677,928	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)		104,677,928	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)		104,677,928	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)		1,320.74	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		28,881,942	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)		28,881,942	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024

Worksheet D-1

Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	18,988,239	9,907	1,916.65	2,935	5,625,368	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	11,379,367	6,246	1,821.86	0	0	43.01
44.00	CORONARY CARE UNIT	27,482,579	13,579	2,023.90	2,584	5,229,758	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	16,761,695	8,119	2,064.50	496	1,023,992	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)					60,365,974	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)					101,127,034	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)					4,669,947	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,349,861	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,019,808	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					93,107,226	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
55.03	CAR T-cell amount paid as an interim payment					0	55.03
56.00	Target amount ((line 54 x sum of lines 55, 55.01, and 55.02) plus line 55.03)					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)					9,715	87.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0162		Period: From 01/01/2024 To 12/31/2024		Worksheet D-1 Date/Time Prepared: 3/18/2025 2:06 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description								1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)							1,320.74	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)							12,830,989	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	12,610,393	104,677,928	0.120469	12,830,989	1,545,736	90.00		
91.00	Nursing Program cost	0	104,677,928	0.000000	12,830,989	0	91.00		
92.00	Allied health cost	0	104,677,928	0.000000	12,830,989	0	92.00		
93.00	All other Medical Education	0	104,677,928	0.000000	12,830,989	0	93.00		

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2024 To 12/31/2024	Worksheet D-1 Date/Time Prepared: 3/18/2025 2:06 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)		7,151	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,151	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)		7,151	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		3,558	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)		11,090,074	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)		11,090,074	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)		11,090,074	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)		1,550.84	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,517,889	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)		5,517,889	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0162	Period: From 01/01/2024 To 12/31/2024	Worksheet D-1	
				Component CCN: 15-T162		Date/Time Prepared: 3/18/2025 2:06 pm	
				Title XVIII		Subprovider - IRF	PPS
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		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
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
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	0	0	0.00	0	0	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)					1,965,513	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					7,483,402	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)					599,096	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					82,655	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					681,751	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,801,651	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
55.03	CAR T-cell amount paid as an interim payment						55.03
56.00	Target amount ((line 54 x sum of lines 55, 55.01, and 55.02) plus line 55.03)					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

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0162 Component CCN: 15-T162		Period: From 01/01/2024 To 12/31/2024		Worksheet D-1 Date/Time Prepared: 3/18/2025 2:06 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description								1.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
87.00	Total observation bed days (see instructions)							0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)							0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)							0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)			
		1.00	2.00	3.00	4.00	5.00			
COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
90.00	Capital-related cost	1,204,101	11,090,074	0.108575	0	0			
91.00	Nursing Program cost	0	11,090,074	0.000000	0	0			
92.00	Allied health cost	0	11,090,074	0.000000	0	0			
93.00	All other Medical Education	0	11,090,074	0.000000	0	0			

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0162	Period: From 01/01/2024 To 12/31/2024	Worksheet D-1 Date/Time Prepared: 3/18/2025 2:06 pm
Cost Center Description		Title XIX	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)		79,257	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		79,257	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)		69,542	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)		699	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		3,238	15.00
16.00	Nursery days (title V or XIX only)		33	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)		104,677,928	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)		104,677,928	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)		104,677,928	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)		1,320.74	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		923,197	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)		923,197	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024

Worksheet D-1

Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description		Title XIX			Hospital	PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	3,197,239	3,238	987.41	33	32,585	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	18,988,239	9,907	1,916.65	100	191,665	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	11,379,367	6,246	1,821.86	63	114,777	43.01
44.00	CORONARY CARE UNIT	27,482,579	13,579	2,023.90	137	277,274	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	16,761,695	8,119	2,064.50	82	169,289	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)					25,934,680	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)					27,643,467	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)					190,840	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,008,576	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,199,416	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					25,444,051	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
55.03	CAR T-cell amount paid as an interim payment					0	55.03
56.00	Target amount ((line 54 x sum of lines 55, 55.01, and 55.02) plus line 55.03)					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)					9,715	87.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0162	Period: From 01/01/2024 To 12/31/2024	Worksheet D-1 Date/Time Prepared: 3/18/2025 2:06 pm	
			Title XIX	Hospital	PPS	
Cost Center Description					1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,320.74	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				12,830,989	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	12,610,393	104,677,928	0.120469	12,830,989	1,545,736
91.00	Nursing Program cost	0	104,677,928	0.000000	12,830,989	0
92.00	Allied health cost	0	104,677,928	0.000000	12,830,989	0
93.00	All other Medical Education	0	104,677,928	0.000000	12,830,989	0

Health Financial Systems		FRANCISCAN HEALTH INDIANAPOLIS		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0162	Period: From 01/01/2024	Worksheet D-1	
		Component CCN: 15-T162	To 12/31/2024	Date/Time Prepared: 3/18/2025 2:06 pm	
		Title XIX	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)			7,151	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			7,151	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)			7,151	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)			0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0	14.00
15.00	Total nursery days (title V or XIX only)			3,238	15.00
16.00	Nursery days (title V or XIX only)			33	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)			11,090,074	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)			11,090,074	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)			11,090,074	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)			1,550.84	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			0	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)			0	41.00

Health Financial Systems		FRANCISCAN HEALTH INDIANAPOLIS			In Lieu of Form CMS-2552-10				
COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0162 Component CCN: 15-T162		Period: From 01/01/2024 To 12/31/2024		Worksheet D-1 Date/Time Prepared: 3/18/2025 2:06 pm	
				Title XIX		Subprovider - IRF		PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)			
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)					
		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		
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01		
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	0	0	0.00	0	0	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)					0	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)					0	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		
55.03	CAR T-cell amount paid as an interim payment						55.03		
56.00	Target amount ((line 54 x sum of lines 55, 55.01, and 55.02) plus line 55.03)					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		

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0162 Component CCN: 15-T162		Period: From 01/01/2024 To 12/31/2024		Worksheet D-1 Date/Time Prepared: 3/18/2025 2:06 pm	
				Title XIX		Subprovider - IRF		PPS	
Cost Center Description								1.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
87.00	Total observation bed days (see instructions)							0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)							0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)							0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)			
		1.00	2.00	3.00	4.00	5.00			
COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
90.00	Capital-related cost	1,204,101	11,090,074	0.108575	0	0			
91.00	Nursing Program cost	0	11,090,074	0.000000	0	0			
92.00	Allied health cost	0	11,090,074	0.000000	0	0			
93.00	All other Medical Education	0	11,090,074	0.000000	0	0			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0162	Period: From 01/01/2024 To 12/31/2024	Worksheet D-3 Date/Time Prepared: 3/18/2025 2:06 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		66,908,216	30.00
31.00	03100	INTENSIVE CARE UNIT		13,965,472	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		8,630,772	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		3,139,688	34.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.118685	50,859,077	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.202193	26,635	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.081035	38,099,628	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.110863	1,747,040	55.00
56.00	05600	RADIOISOTOPE	0.057651	1,037,896	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.050295	20,926,650	59.00
60.00	06000	LABORATORY	0.112592	44,661,726	60.00
64.00	06400	INTRAVENOUS THERAPY	0.123256	1,369,971	64.00
65.00	06500	RESPIRATORY THERAPY	0.227290	13,846,959	65.00
66.00	06600	PHYSICAL THERAPY	0.180232	6,245,833	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.151325	4,922,296	67.00
68.00	06800	SPEECH PATHOLOGY	0.175989	1,172,379	68.00
69.00	06900	ELECTROCARDIOLOGY	0.075411	11,162,487	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.132203	2,544,169	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.242517	46,591,074	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.287194	31,471,257	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.145539	47,544,354	73.00
74.00	07400	RENAL DIALYSIS	0.235084	2,339,271	74.00
76.97	07697	CARDIAC REHABILITATION	0.173755	41,330	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	4.762133	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.195274	30,148,576	78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.685268	147,674	90.00
90.01	09001	IBMT JOINT VENTURE	0.425645	897,467	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0.165504	9,000	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	0.472610	699	90.03
90.04	09004	RHEUMATOLOGY CLINIC	1.017323	822	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0.154545	170,425	90.05
90.06	09006	DIABETES EDUCATION CLINIC	7,733.117647	0	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	2.279146	0	90.07
91.00	09100	EMERGENCY	0.068074	36,688,673	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.302814	5,350,274	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		400,023,642	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)		400,023,642	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2024 To 12/31/2024	Worksheet D-3 Date/Time Prepared: 3/18/2025 2:06 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
31.01	02060	NEONATAL INTENSIVE CARE UNIT				31.01
32.00	03200	CORONARY CARE UNIT				32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
41.00	04100	SUBPROVIDER - IRF		12,057,823		41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.118685	86,091	10,218	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.202193	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.081035	612,837	49,661	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.110863	0	0	55.00
56.00	05600	RADIOISOTOPE	0.057651	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.050295	0	0	59.00
60.00	06000	LABORATORY	0.112592	1,077,497	121,318	60.00
64.00	06400	INTRAVENOUS THERAPY	0.123256	2,201	271	64.00
65.00	06500	RESPIRATORY THERAPY	0.227290	619,245	140,748	65.00
66.00	06600	PHYSICAL THERAPY	0.180232	3,278,917	590,966	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.151325	2,951,580	446,648	67.00
68.00	06800	SPEECH PATHOLOGY	0.175989	937,220	164,940	68.00
69.00	06900	ELECTROCARDIOLOGY	0.075411	64,768	4,884	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.132203	29,061	3,842	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.242517	975,480	236,570	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.287194	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.145539	972,787	141,578	73.00
74.00	07400	RENAL DIALYSIS	0.235084	225,554	53,024	74.00
76.97	07697	CARDIAC REHABILITATION	0.173755	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	4.762133	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.195274	0	0	78.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.685268	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	0.425645	0	0	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0.165504	0	0	90.02
90.03	09003	ENDOCRINOLOGY CLINIC	0.472610	0	0	90.03
90.04	09004	RHEUMATOLOGY CLINIC	1.017323	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0.154545	0	0	90.05
90.06	09006	DIABETES EDUCATION CLINIC	7,733.117647	0	0	90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	2.279146	0	0	90.07
91.00	09100	EMERGENCY	0.068074	12,416	845	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.302814	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		11,845,654	1,965,513	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)		11,845,654		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0162	Period: From 01/01/2024 To 12/31/2024	Worksheet D-3 Date/Time Prepared: 3/18/2025 2:06 pm
			Title XIX	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		33,961,952	30.00
31.00	03100	INTENSIVE CARE UNIT		7,540,968	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		22,270,896	31.01
32.00	03200	CORONARY CARE UNIT		3,096,529	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		759,960	34.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		2,832,648	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.118685	22,168,097	2,631,021 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.202193	16,259,090	3,287,474 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.081035	15,816,028	1,281,652 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.110863	315,798	35,010 55.00
56.00	05600	RADIOISOTOPE	0.057651	306,863	17,691 56.00
59.00	05900	CARDIAC CATHETERIZATION	0.050295	7,086,588	356,420 59.00
60.00	06000	LABORATORY	0.112592	25,035,734	2,818,823 60.00
64.00	06400	INTRAVENOUS THERAPY	0.123256	767,383	94,585 64.00
65.00	06500	RESPIRATORY THERAPY	0.227290	7,392,817	1,680,313 65.00
66.00	06600	PHYSICAL THERAPY	0.180232	2,323,021	418,683 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.151325	2,009,617	304,105 67.00
68.00	06800	SPEECH PATHOLOGY	0.175989	1,077,504	189,629 68.00
69.00	06900	ELECTROCARDIOLOGY	0.075411	4,014,159	302,712 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.132203	2,123,289	280,705 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.242517	21,704,874	5,263,801 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.287194	4,057,837	1,165,386 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.145539	24,505,749	3,566,542 73.00
74.00	07400	RENAL DIALYSIS	0.235084	1,230,173	289,194 74.00
76.97	07697	CARDIAC REHABILITATION	0.173755	13,596	2,362 76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	4.762133	0	0 77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.195274	0	0 78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.685268	351,508	240,877 90.00
90.01	09001	IBMT JOINT VENTURE	0.425645	247,578	105,380 90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0.165504	1,184	196 90.02
90.03	09003	ENDOCRINOLOGY CLINIC	0.472610	1,262	596 90.03
90.04	09004	RHEUMATOLOGY CLINIC	1.017323	0	0 90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0.154545	30,835	4,765 90.05
90.06	09006	DIABETES EDUCATION CLINIC	7,733.117647	0	0 90.06
90.07	09007	ONCOLOGY HEMATOLOGY CLINIC	2.279146	0	0 90.07
91.00	09100	EMERGENCY	0.068074	16,370,545	1,114,408 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.302814	1,592,891	482,350 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		176,804,020	25,934,680 200.00
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)		176,804,020	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0162	Period: From 01/01/2024 To 12/31/2024	Worksheet D-3 Date/Time Prepared: 3/18/2025 2:06 pm	
		Component CCN: 15-T162			
		Title XIX	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT				31.01
32.00	03200 CORONARY CARE UNIT				32.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.118685	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.202193	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.081035	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.110863	0	0	55.00
56.00	05600 RADIOISOTOPE	0.057651	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.050295	0	0	59.00
60.00	06000 LABORATORY	0.112592	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.123256	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.227290	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.180232	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.151325	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.175989	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.075411	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.132203	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.242517	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.287194	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.145539	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.235084	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.173755	0	0	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	4.762133	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.195274	0	0	78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.685268	0	0	90.00
90.01	09001 IBMT JOINT VENTURE	0.425645	0	0	90.01
90.02	09002 MOORESVILLE INFUSION CLINIC	0.165504	0	0	90.02
90.03	09003 ENDOCRINOLOGY CLINIC	0.472610	0	0	90.03
90.04	09004 RHEUMATOLOGY CLINIC	1.017323	0	0	90.04
90.05	09005 CV DIAGNOSTIC SERVICES	0.154545	0	0	90.05
90.06	09006 DIABETES EDUCATION CLINIC	7,733.117647	0	0	90.06
90.07	09007 ONCOLOGY HEMATOLOGY CLINIC	2.279146	0	0	90.07
91.00	09100 EMERGENCY	0.068074	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.302814	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		0	0	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)		0	0	202.00

COMPUTATION OF CELLULAR THERAPY ACQUISITION COSTS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet D-6
Parts I - IV
Date/Time Prepared:
3/18/2025 2:06 pm

Inpatient Routine Services Acquisition Costs		D-1	Routine Services Acquisition Charges	Per Diem Costs (see instructions)	Inpatient Acquisition Days	Acquisition Costs (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - INPATIENT ROUTINE AND ANCILLARY SERVICES CELLULAR THERAPY ACQUISITION COSTS							
1.00	ADULTS & PEDIATRICS	38.00	0	1,320.74	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,916.65	0	0	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	1,821.86	0	0	2.01
3.00	CORONARY CARE UNIT	44.00					3.00
4.00	BURN INTENSIVE CARE UNIT	45.00					4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	2,064.50	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		0	0	7.00
Ancillary Services Acquisition Costs		C	Ratio of Cost to Charges (from Wkst. C, Pt. I, col. 9)	Inpatient Ancillary Services Acquisition Charges	Outpatient Ancillary Services Acquisition Charges	Inpatient Ancillary Services Acquisition Cost	
		0	1.00	2.00	3.00	4.00	
8.00	OPERATING ROOM	50.00	0.118685	0	0	0	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00					10.00
11.00	ANESTHESIOLOGY	53.00	0.000000	0	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.081035	131,012	0	10,617	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.110863	0	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.057651	0	0	0	14.00
15.00	CT SCAN	57.00	0.000000	0	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.050295	0	0	0	17.00
18.00	LABORATORY	60.00	0.112592	653,077	0	73,531	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.123256	0	0	0	22.00
23.00	ELECTROCARDIOLOGY	69.00	0.075411	0	0	0	23.00
24.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.242517	4,708	0	1,142	24.00
25.00	DRUGS CHARGED TO PATIENTS	73.00	0.145539	76,274	0	11,101	25.00
26.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	0	26.00
27.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	0	27.00
27.97	CARDIAC REHABILITATION	76.97	0.173755	0	0	0	27.97
28.00	CLINIC	90.00	0.685268	0	0	0	28.00
28.01	IBMT JOINT VENTURE	90.01	0.425645	13,193	0	5,616	28.01
28.02	MOORESVILLE INFUSION CLINIC	90.02	0.165504	0	0	0	28.02
28.03	ENDOCRINOLOGY CLINIC	90.03	0.472610	0	0	0	28.03
28.04	RHEUMATOLOGY CLINIC	90.04	1.017323	0	0	0	28.04
28.05	CV DIAGNOSTIC SERVICES	90.05	0.154545	0	0	0	28.05
28.06	DIABETES EDUCATION CLINIC	90.06	7,733.117647	0	0	0	28.06
28.07	ONCOLOGY HEMATOLOGY CLINIC	90.07	2.279146	0	0	0	28.07
30.00	TOTAL (sum of lines 8 through 28)			878,264	0	102,007	30.00
Ancillary Services Acquisition Costs		Outpatient Ancillary Services Acquisition Cost					
		5.00					
8.00	OPERATING ROOM	0					8.00
9.00	RECOVERY ROOM	0					9.00
10.00	DELIVERY ROOM & LABOR ROOM						10.00
11.00	ANESTHESIOLOGY	0					11.00
12.00	RADIOLOGY-DIAGNOSTIC	0					12.00
13.00	RADIOLOGY-THERAPEUTIC	0					13.00
14.00	RADIOISOTOPE	0					14.00
15.00	CT SCAN	0					15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	0					16.00
17.00	CARDIAC CATHETERIZATION	0					17.00
18.00	LABORATORY	0					18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0					20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	0					21.00
22.00	INTRAVENOUS THERAPY	0					22.00
23.00	ELECTROCARDIOLOGY	0					23.00
24.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0					24.00
25.00	DRUGS CHARGED TO PATIENTS	0					25.00
26.00	ASC (NON-DISTINCT PART)	0					26.00
27.00	OTHER ANCILLARY SERVICE COST CENTERS	0					27.00
27.97	CARDIAC REHABILITATION	0					27.97

COMPUTATION OF CELLULAR THERAPY ACQUISITION COSTS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet D-6
Parts I - IV
Date/Time Prepared:
3/18/2025 2:06 pm

Ancillary Services Acquisition Costs		Outpatient Ancillary Services Acquisition Cost	
		5.00	
28.00	CLINIC	0	28.00
28.01	IBMT JOINT VENTURE	0	28.01
28.02	MOORESVILLE INFUSION CLINIC	0	28.02
28.03	ENDOCRINOLOGY CLINIC	0	28.03
28.04	RHEUMATOLOGY CLINIC	0	28.04
28.05	CV DIAGNOSTIC SERVICES	0	28.05
28.06	DIABETES EDUCATION CLINIC	0	28.06
28.07	ONCOLOGY HEMATOLOGY CLINIC	0	28.07
30.00	TOTAL (sum of lines 8 through 28)	0	30.00

COMPUTATION OF CELLULAR THERAPY ACQUISITION COSTS

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet D-6
Parts I - IV
Date/Time Prepared:
3/18/2025 2:06 pm

Interns and Residents Not in Approved Teaching Program Acquisition Costs		D-2	Average Cost Per Day (from Wkst. D-2, Pt. I, col. 4)	Inpatient Acquisition Days	Inpatient Part B Acquisition Costs (col. 1 x col. 2)			
		0	1.00	2.00	3.00			
PART II - INTERNS AND RESIDENTS NOT IN AN APPROVED TEACHING PROGRAM CELLULAR THERAPY ACQUISITION COSTS								
1.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	1.00		
2.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	2.00		
2.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0	0	2.01		
3.00	CORONARY CARE UNIT	4.00				3.00		
4.00	BURN INTENSIVE CARE UNIT					4.00		
5.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	5.00		
6.00	OTHER SPECIAL CARE (SPECIFY)					6.00		
7.00	TOTAL (sum of lines 1 through 6)			0	0	7.00		
					Amount			
					1.00			
PART III - SUMMARY OF CELLULAR THERAPY ACQUISITION COSTS								
1.00	Acquisition cost from Worksheet B, col. 26 (see instructions)				1,983,976	1.00		
Acquisition Services Total Costs				Inpatient	Outpatient			
				1.00	2.00			
2.00	Routine and ancillary				102,007	0	2.00	
3.00	Interns and residents					0	3.00	
4.00	Apportionment of acquisition cost from line 1				1,983,976	0	4.00	
5.00	Cost of physicians' services in a teaching hospital (see instructions)				0	0	5.00	
6.00	Total acquisition cost (sum of lines 2 through 5)				2,085,983	0	6.00	
Determine Ratio of Medicare Transplants to Total Transplants			Inpatient	Outpatient	Total			
			1.00	2.00	3.00			
7.00	Total transplants (see instructions)				26	0	26	7.00
8.00	Medicare transplants (see instructions)				7	0		8.00
9.00	Medicare ratio (line 8 ÷ line 7)				0.269231	0.000000		9.00
10.00	Medicare cost (see instructions)				561,611	0		10.00
					Amount			
					1.00			
PART IV - STATISTICS								
1.00	Number of recipients intended for allogeneic HSCT where the acquisition cost was incurred but the transplant did not occur (see instructions)					0	1.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0162	Period: From 01/01/2024 To 12/31/2024	Worksheet E Part A Date/Time Prepared: 3/18/2025 2:06 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)		52,723,953	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		19,585,473	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		2,953,912	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		883,712	2.04
3.00	Managed Care Simulated Payments		84,055,092	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		385.62	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)		21.78	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.32	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.81	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
8.28	The amount of increase if the hospital was awarded FTE cap slots under §4122 of the CAA 2023 (see instructions)			8.28
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 8.28 (see instructions)		22.27	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		26.04	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		22.27	12.00
13.00	Total allowable FTE count for the prior year.		22.27	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.		22.27	14.00
15.00	Sum of lines 12 through 14 divided by 3.		22.27	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		22.27	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.057751	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.058089	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.057751	21.00
22.00	IME payment adjustment (see instructions)		2,245,135	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		2,609,827	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)		3.77	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)		2,245,135	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		2,609,827	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.13	30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.76	31.00
32.00	Sum of lines 30 and 31		23.89	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0162	Period: From 01/01/2024 To 12/31/2024	Worksheet E Part A Date/Time Prepared: 3/18/2025 2:06 pm	
		Title XVIII	Hospital	PPS	
				1.00	
33.00	Allowable disproportionate share percentage (see instructions)			8.92	33.00
34.00	Disproportionate share adjustment (see instructions)			1,612,500	34.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Payment Adjustment				
35.00	Total uncompensated care amount (see instructions)		5,938,006,757	5,705,743,275	35.00
35.01	Factor 3 (see instructions)		0.000983325	0.000798167	35.01
35.02	Hospital UCP, including supplemental UCP (see instructions)		5,838,991	4,554,137	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)		4,371,267	1,147,893	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)		5,519,160		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		85,523,845		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)			88,133,672	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			6,322,818	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).			963,890	52.00
53.00	Nursing and Allied Health Managed Care payment			73,817	53.00
54.00	Special add-on payments for new technologies			29,354	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)			561,611	55.01
56.00	Cost of physicians' services in a teaching hospital (see intructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			136,118	58.00
59.00	Total (sum of amounts on lines 49 through 58)			96,221,280	59.00
60.00	Primary payer payments			8,234	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			96,213,046	61.00
62.00	Deductibles billed to program beneficiaries			6,026,592	62.00
63.00	Coinsurance billed to program beneficiaries			416,784	63.00
64.00	Allowable bad debts (see instructions)			232,804	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			151,323	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			53,452	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			89,920,993	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.75	N95 respirator payment adjustment amount (see instructions)			0	70.75
70.76	Essential medicines payment adjustment amount (see instructions)				70.76
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-557,221	70.93
70.94	HRR adjustment amount (see instructions)			-412,620	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0162	Period: From 01/01/2024 To 12/31/2024	Worksheet E Part A Date/Time Prepared: 3/18/2025 2:06 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)		686,861	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		88,264,291	71.00
71.01	Sequestration adjustment (see instructions)		1,765,286	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		87,221,079	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)		-722,074	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		5,596,602	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	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	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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet E
Part A Exhibit 4
Date/Time Prepared:
3/18/2025 2:06 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	52,723,953	0	52,723,953		52,723,953	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	19,585,473	0		19,585,473	19,585,473	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	2,953,912	0	2,953,912		2,953,912	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	883,712	0		883,712	883,712	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	84,055,092	0	62,011,482	22,043,610	84,055,092	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.057751	0.057751	0.057751	0.057751		5.00
6.00	IME payment adjustment (see instructions)	22.00	2,245,135	0	1,637,026	608,109	2,245,135	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,609,827	0	1,925,395	684,432	2,609,827	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	2,245,135	0	1,637,026	608,109	2,245,135	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,609,827	0	1,925,395	684,432	2,609,827	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0892	0.0892	0.0892	0.0892		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,612,500	0	1,175,744	436,756	1,612,500	11.00
11.01	Uncompensated care payments	36.00	5,519,160	0	4,371,267	1,147,893	5,519,160	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	85,523,845	0	62,861,902	22,661,943	85,523,845	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	88,133,672	0	64,787,297	23,346,375	88,133,672	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	6,322,818	0	4,601,986	1,720,832	6,322,818	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet E
Part A Exhibit 4
Date/Time Prepared:
3/18/2025 2:06 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	29,354	0	16,512	12,842	29,354	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	69,405,795	25,080,049	94,485,844	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	5,588,372	0	4,074,205	1,514,167	5,588,372	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	337,113	0	238,106	99,007	337,113	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	0.0215	0.0215	0.0215	0.0215		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	120,150	0	87,595	32,555	120,150	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0496	0.0496	0.0496	0.0496		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	277,183	0	202,080	75,103	277,183	25.00
26.00	Total prospective capital payments (see instructions)	12.00	6,322,818	0	4,601,986	1,720,832	6,322,818	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet E
Part A Exhibit 5
Date/Time Prepared:
3/18/2025 2:06 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (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	52,723,953	52,723,953		52,723,953	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	19,585,473		19,585,473	19,585,473	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	2,953,912	2,953,912		2,953,912	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	883,712		883,712	883,712	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	84,055,092	62,011,482	22,043,610	84,055,092	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.057751	0.057751	0.057751		5.00
6.00	IME payment adjustment (see instructions)	22.00	2,245,135	1,637,026	608,109	2,245,135	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,609,827	1,925,395	684,432	2,609,827	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	2,245,135	1,637,026	608,109	2,245,135	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,609,827	1,925,395	684,432	2,609,827	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0892	0.0892	0.0892		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,612,500	1,175,744	436,756	1,612,500	11.00
11.01	Uncompensated care payments	36.00	5,519,160	4,371,267	1,147,893	5,519,160	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	85,523,845	62,861,902	22,661,943	85,523,845	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	88,133,672	64,787,297	23,346,375	88,133,672	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	6,322,818	4,601,986	1,720,832	6,322,818	16.00
17.00	Special add-on payments for new technologies	54.00	29,354	16,512	12,842	29,354	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			69,405,795	25,080,049	94,485,844	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet E
Part A Exhibit 5
Date/Time Prepared:
3/18/2025 2:06 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	5,588,372	4,074,205	1,514,167	5,588,372	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	337,113	238,106	99,007	337,113	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	0.0215	0.0215	0.0215		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	120,150	87,595	32,555	120,150	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0496	0.0496	0.0496		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	277,183	202,080	75,103	277,183	25.00
26.00	Total prospective capital payments (see instructions)	12.00	6,322,818	4,601,986	1,720,832	6,322,818	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	-557,221	-387,429	-169,792	-557,221	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	-412,620	-332,266	-80,354	-412,620	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		686,861	0	686,861	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0162	Period: From 01/01/2024 To 12/31/2024	Worksheet E Part B Date/Time Prepared: 3/18/2025 2:06 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		15,693	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		71,250,232	2.00
3.00	OPPS or REH payments		57,974,547	3.00
4.00	Outlier payment (see instructions)		76,737	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs including REH direct graduate medical education costs from Wkst. D, Pt. IV, col. 13, line 200		184,024	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		15,693	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		107,266	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		107,266	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		107,266	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		91,573	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)		15,693	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)		58,235,308	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		170	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		9,247,402	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)		49,003,429	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		630,740	28.00
28.50	REH facility payment amount (see instructions)			28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		49,634,169	30.00
31.00	Primary payer payments		16,632	31.00
32.00	Subtotal (line 30 minus line 31)		49,617,537	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)		421,399	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		273,909	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		233,143	36.00
37.00	Subtotal (see instructions)		49,891,446	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-77	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		49,891,523	40.00
40.01	Sequestration adjustment (see instructions)		997,830	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		48,769,171	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)		124,522	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: 15-0162		Period: From 01/01/2024 To 12/31/2024		Worksheet E Part B Date/Time Prepared: 3/18/2025 2:06 pm	
		Title XVIII		Hospital		PPS	
						1.00	
94.00	Total (sum of lines 91 and 93)					0	94.00
						1.00	
200.00	MEDICARE PART B ANCILLARY COSTS Part B Combined Billed Days					0	200.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2024 To 12/31/2024	Worksheet E Part B Date/Time Prepared: 3/18/2025 2:06 pm
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		66	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		135	2.00
3.00	OPPS or REH payments		262	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 including REH direct graduate medical education costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		66	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		455	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)		455	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)		455	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		389	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)		66	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)		262	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)		328	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
28.50	REH facility payment amount (see instructions)			28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		328	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		328	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)		328	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)			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)		328	40.00
40.01	Sequestration adjustment (see instructions)		7	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		346	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)		-25	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

Health Financial Systems		FRANCISCAN HEALTH INDIANAPOLIS		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0162	Period:	Worksheet E	
		Component CCN: 15-T162	From 01/01/2024	Part B	
			To 12/31/2024	Date/Time Prepared:	
		Title XVIII	Subprovider -	PPS	
			IRF		
				1.00	
93.00	Time Value of Money (see instructions)			0	93.00
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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet E-1
Part I
Date/Time Prepared:
3/18/2025 2:06 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		87,176,279		48,769,171	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	06/05/2024	44,800		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)		44,800		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)		87,221,079		48,769,171	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		124,522	6.01
6.02	SETTLEMENT TO PROGRAM		722,074		0	6.02
7.00	Total Medicare program liability (see instructions)		86,499,005		48,893,693	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: 15-0162

Period:

Worksheet E-1

Component CCN: 15-T162

From 01/01/2024
To 12/31/2024Part I
Date/Time Prepared:
3/18/2025 2:06 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		7,153,302		346	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)		7,153,302		346	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		3,184		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		25	6.02
7.00	Total Medicare program liability (see instructions)		7,156,486		321	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: 15-0162	Period: From 01/01/2024 To 12/31/2024	Worksheet E-1 Part II Date/Time Prepared: 3/18/2025 2:06 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: 15-0162 Component CCN: 15-T162	Period: From 01/01/2024 To 12/31/2024	Worksheet E-3 Part III Date/Time Prepared: 3/18/2025 2:06 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		7,125,451	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0132	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		225,877	3.00
4.00	Outlier Payments		41,175	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)		19.538251	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)		7,392,503	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)			15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		7,392,503	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		7,392,503	19.00
20.00	Deductibles		63,616	20.00
21.00	Subtotal (line 19 minus line 20)		7,328,887	21.00
22.00	Coinsurance		26,928	22.00
23.00	Subtotal (line 21 minus line 22)		7,301,959	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		7,301,959	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)		578	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)		7,302,537	32.00
32.01	Sequestration adjustment (see instructions)		146,051	32.01
32.02	Demonstration payment adjustment amount after sequestration		0	32.02
33.00	Interim payments		7,153,302	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)		3,184	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		41,175	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: 15-0162	Period: From 01/01/2024 To 12/31/2024	Worksheet E-3 Part VII Date/Time Prepared: 3/18/2025 2:06 pm
		Title XIX	Hospital	PPS
			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	0		1.00
2.00	Medical and other services		38,643,559	2.00
3.00	Organ acquisition (certified transplant programs only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	38,643,559	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)	0	38,643,559	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	176,804,020	306,749,619	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)	176,804,020	306,749,619	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)	176,804,020	306,749,619	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	176,804,020	268,106,060	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)	0	38,643,559	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	61,872	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	61,872	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)	61,872	38,643,559	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)	61,872	38,643,559	31.00
32.00	Deductibles	0		32.00
33.00	Coinsurance	0		33.00
34.00	Allowable bad debts (see instructions)	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)	61,872	38,643,559	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		37.00
38.00	Subtotal (line 36 ± line 37)	61,872	38,643,559	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)	61,872	38,643,559	40.00
41.00	Interim payments	61,872	38,655,724	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	-12,165	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: 15-0162 Component CCN: 15-T162	Period: From 01/01/2024 To 12/31/2024	Worksheet E-3 Part VII Date/Time Prepared: 3/18/2025 2:06 pm
		Title XIX	Subprovider - IRF	PPS
			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		0	1.00
2.00	Medical and other services		220	2.00
3.00	Organ acquisition (certified transplant programs only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		220	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)		220	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		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)		0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		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	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)		0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		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	26.00
27.00	Subtotal (sum of lines 22 through 26)		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)		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		220	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		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)		220	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		220	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)		220	40.00
41.00	Interim payments		220	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0162	Period: From 01/01/2024 To 12/31/2024	Worksheet E-4 Date/Time Prepared: 3/18/2025 2:06 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.			19.50	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			0.94	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
3.02	Adjustment (increase or decrease) to the hospital's rural track FTE limitation(s) for rural track programs with a rural track Medicare GME affiliation agreement in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)			0.00	3.02
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			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
4.28	The amount of increase if the hospital was awarded FTE cap slots under §4122 of the CAA 2023 (see instructions)				4.28
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 4.28)			18.56	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			26.04	6.00
7.00	Enter the lesser of line 5 or line 6			18.56	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.	25.79	0.00	25.79	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.	18.56	0.00	18.56	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	18.56	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	18.56	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	18.56	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	18.56	0.00		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	18.56	0.00		17.00
18.00	Per resident amount	144,410.44	144,410.44		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	2,680,258	0	2,680,258	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)			7.48	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)			125,483.43	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,680,258	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0162	Period: From 01/01/2024 To 12/31/2024	Worksheet E-4 Date/Time Prepared: 3/18/2025 2:06 pm	
		Title XVIII	Hospital	PPS	
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	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)	31,441	37,993		26.00
27.00	Total Inpatient Days (see instructions)	114,955	114,955		27.00
28.00	Ratio of inpatient days to total inpatient days	0.273507	0.330503		28.00
29.00	Program direct GME amount	733,069	885,833	1,618,902	29.00
29.01	Percent reduction for MA DGME		2.74		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		24,272	24,272	30.00
31.00	Net Program direct GME amount			1,594,630	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)			10,460,873	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)			108,610,436	37.00
38.00	Organ acquisition and HSCT acquisition costs (see instructions)			561,611	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			8,234	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			109,163,813	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			71,450,150	42.00
43.00	Primary payer payments (see instructions)			16,632	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			71,433,518	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			180,597,331	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.604460	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.395540	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			1,594,630	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			963,890	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			630,740	50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0162	Period: From 01/01/2024 To 12/31/2024	Worksheet E-5 Date/Time Prepared: 3/18/2025 2:06 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: 15-0162

Period:
From 01/01/2024
To 12/31/2024

Worksheet G

Date/Time Prepared:
3/18/2025 2:06 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	550,759,188	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	602,378,609	0	0	0	4.00
5.00	Other receivable	7,418,849	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-480,842,145	0	0	0	6.00
7.00	Inventory	18,373,691	0	0	0	7.00
8.00	Prepaid expenses	9,393,467	0	0	0	8.00
9.00	Other current assets	3,839,671	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	711,321,330	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,660,206	0	0	0	12.00
13.00	Land improvements	35,530,525	0	0	0	13.00
14.00	Accumulated depreciation	-34,590,137	0	0	0	14.00
15.00	Buildings	254,840,030	0	0	0	15.00
16.00	Accumulated depreciation	-87,210,204	0	0	0	16.00
17.00	Leasehold improvements	38,578,366	0	0	0	17.00
18.00	Accumulated depreciation	-20,582,455	0	0	0	18.00
19.00	Fixed equipment	285,210,282	0	0	0	19.00
20.00	Accumulated depreciation	-190,409,485	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	190,575,002	0	0	0	23.00
24.00	Accumulated depreciation	-168,027,851	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)	312,574,279	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	29,601,008	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	127,552,225	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	157,153,233	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,181,048,842	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	63,275,160	0	0	0	37.00
38.00	Salaries, wages, and fees payable	19,405,605	0	0	0	38.00
39.00	Payroll taxes payable	813,140	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	29,778,403	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	113,272,308	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	2,023,922	0	0	0	48.00
49.00	Other long term liabilities	3,870,038	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	5,893,960	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	119,166,268	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,061,882,574				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)	1,061,882,574	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,181,048,842	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024

Worksheet G-1

Date/Time Prepared:
3/18/2025 2:06 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		967,359,597		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		93,434,103				2.00
3.00	Total (sum of line 1 and line 2)		1,060,793,700		0		3.00
4.00	COMPREHENSIVE INCOME W/O DONOR RESTR	1,088,870		0		0	4.00
5.00	ROUNDING	4		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		1,088,874		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,061,882,574		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,061,882,574		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	COMPREHENSIVE INCOME W/O DONOR RESTR		0				4.00
5.00	ROUNDING		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024Worksheet G-2
Parts I & II
Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	250,502,674		250,502,674	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	24,438,551		24,438,551	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	274,941,225		274,941,225	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	55,022,441		55,022,441	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	37,649,581		37,649,581	11.01
12.00	CORONARY CARE UNIT	31,114,682		31,114,682	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	10,509,864		10,509,864	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	134,296,568		134,296,568	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	409,237,793		409,237,793	17.00
18.00	Ancillary services	1,327,296,096	1,921,978,209	3,249,274,305	18.00
19.00	Outpatient services	154,678,431	421,067,133	575,745,564	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	0	22.00
23.00	AMBULANCE SERVICES	0	458,018	458,018	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	51,983	18,615,746	18,667,729	26.00
27.00	PROFESSIONAL FEES	0	16,641,931	16,641,931	27.00
27.01	NRCC	315,012	146,992,322	147,307,334	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,891,579,315	2,525,753,359	4,417,332,674	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		681,628,837		29.00
30.00	TRANSFER TO RHO	262,575,981			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)		262,575,981		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)		944,204,818		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0162

Period:
From 01/01/2024
To 12/31/2024

Worksheet G-3

Date/Time Prepared:
3/18/2025 2:06 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,417,332,674	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,477,452,387	2.00
3.00	Net patient revenues (line 1 minus line 2)	939,880,287	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	944,204,818	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-4,324,531	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	211,294	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	4,946,499	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	3,303,602	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	2,683,324	20.00
21.00	Rental of vending machines	58,111	21.00
22.00	Rental of hospital space	5,938,577	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	24,556,748	24.00
24.01	PROVIDER TAX	56,060,479	24.01
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	97,758,634	25.00
26.00	Total (line 5 plus line 25)	93,434,103	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	93,434,103	29.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0162

Period:

Worksheet 0

Hospice CCN: 15-1523

From 01/01/2024
To 12/31/2024Date/Time Prepared:
3/18/2025 2:06 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	7	7	-7	3.00
4.00	ADMINISTRATIVE & GENERAL*	384,095	1,075,399	1,459,494	-596,733	4.00
5.00	PLANT OPERATION & MAINTENANCE*		0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	31,428	0	31,428	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	66,488	66,488	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	252,890	0	252,890	0	13.00
14.00	PHARMACY*	5,390	236,084	241,474	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	2,393,668	0	2,393,668	0	28.00
29.00	LPN/LVN**	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	286,788	0	286,788	0	33.00
34.00	SPIRITUAL COUNSELING**	173,747	0	173,747	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	469,673	0	469,673	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	84,739	84,739	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	167,762	167,762	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	46.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	107,359	0	107,359	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	2,322,589	19,047	2,341,636	-5,953	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	71.00
100.00	TOTAL	6,427,627	1,649,526	8,077,153	-602,693	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0162

Period:

Worksheet 0

Hospice CCN: 15-1523

From 01/01/2024

To 12/31/2024

Date/Time Prepared:
3/18/2025 2:06 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	-17,568	845,193	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	31,428	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	66,488	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	252,890	13.00
14.00	PHARMACY*	0	241,474	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	2,393,668	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	286,788	33.00
34.00	SPIRITUAL COUNSELING**	0	173,747	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	469,673	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	84,739	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	167,762	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	107,359	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	2,335,683	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-17,568	7,456,892	100.00

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

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

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

Provider CCN: 15-0162

Period:

Worksheet 0-2

Hospice CCN: 15-1523

From 01/01/2024
To 12/31/2024Date/Time Prepared:
3/18/2025 2:06 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	2,393,668	0	2,393,668	0	2,393,668	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	286,788	0	286,788	0	286,788	33.00
34.00	SPIRITUAL COUNSELING	173,747	0	173,747	0	173,747	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	469,673	0	469,673	0	469,673	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	82,626	82,626	0	82,626	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	163,578	163,578	0	163,578	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	3,323,876	246,204	3,570,080	0	3,570,080	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	2,393,668	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	286,788	33.00
34.00	SPIRITUAL COUNSELING	0	173,747	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	469,673	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	82,626	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	163,578	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	3,570,080	100.00

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

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

Provider CCN: 15-0162

Period:

Worksheet 0-3

Hospice CCN: 15-1523

From 01/01/2024
To 12/31/2024Date/Time Prepared:
3/18/2025 2:06 pm

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	2,091	2,091	0	2,091	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	4,140	4,140	0	4,140	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	6,231	6,231	0	6,231	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	0	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	2,091	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	4,140	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	6,231	100.00

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

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

Provider CCN: 15-0162

Period:

Worksheet 0-4

Hospice CCN: 15-1523

From 01/01/2024
To 12/31/2024Date/Time Prepared:
3/18/2025 2:06 pm

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	22	22	0	22	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	44	44	0	44	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	66	66	0	66	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	0	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	22	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	44	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	66	100.00

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

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

Provider CCN: 15-0162

Period:

Worksheet 0-5

Hospice CCN: 15-1523

From 01/01/2024
To 12/31/2024Date/Time Prepared:
3/18/2025 2:06 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	1,716,375	1,716,375	3.00
4.00	ADMINISTRATIVE & GENERAL	845,193	2,262,879	3,108,072	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	31,428	0	31,428	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	16,603	16,603	10.00
11.00	MEDICAL RECORDS	0	20,609	20,609	11.00
12.00	STAFF TRANSPORTATION	66,488	0	66,488	12.00
13.00	VOLUNTEER SERVICE COORDINATION	252,890	0	252,890	13.00
14.00	PHARMACY	241,474	33,138	274,612	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	3,570,080	0	3,570,080	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	6,231	0	6,231	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	66	0	66	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	107,359	0	107,359	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	2,335,683	0	2,335,683	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	7,456,892	4,049,604	11,506,496	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0162

Period:

Worksheet 0-6

Hospice CCN: 15-1523

From 01/01/2024
To 12/31/2024Part I
Date/Time Prepared:
3/18/2025 2:06 pm

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0		1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	0		0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0			0			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	1,716,375		0	0	1,716,375		3.00
4.00	ADMINISTRATIVE & GENERAL	3,108,072		0	0	102,565	3,210,637	4.00
5.00	PLANT OPERATION & MAINTENANCE	0		0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	31,428		0	0	8,392	39,820	6.00
7.00	HOUSEKEEPING	0		0	0	0	0	7.00
8.00	DIETARY	0		0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0		0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	16,603		0	0	0	16,603	10.00
11.00	MEDICAL RECORDS	20,609		0	0	0	20,609	11.00
12.00	STAFF TRANSPORTATION	66,488		0	0	0	66,488	12.00
13.00	VOLUNTEER SERVICE COORDINATION	252,890		0	0	67,529	320,419	13.00
14.00	PHARMACY	274,612		0	0	1,439	276,051	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0		0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0	0	0	0	17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0				0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	3,570,080				887,579	4,457,659	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	6,231		0	0	0	6,231	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	66		0	0	0	66	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	107,359		0	0	28,668	136,027	60.00
61.00	VOLUNTEER PROGRAM	0		0	0	0	0	61.00
62.00	FUNDRAISING	0		0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	2,335,683		0	0	620,203	2,955,886	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0		0	0	0	0	66.00
67.00	ADVERTISING	0		0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0	0	0	0	68.00
69.00	THRIFT STORE	0		0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0		0	0	0	0	99.00
100.00	TOTAL	11,506,496		0	0	1,716,375	11,506,496	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0162

Period:

Worksheet 0-6

Hospice CCN: 15-1523

From 01/01/2024
To 12/31/2024Part I
Date/Time Prepared:
3/18/2025 2:06 pm

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	3,210,637						4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0					5.00
6.00	LAUNDRY & LINEN SERVICE	15,411	0	55,231				6.00
7.00	HOUSEKEEPING	0	0			0		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	0	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	6,426	0			0		10.00
11.00	MEDICAL RECORDS	7,976	0			0		11.00
12.00	STAFF TRANSPORTATION	25,732	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	124,008	0			0		13.00
14.00	PHARMACY	106,836	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0		15.00
16.00	OTHER GENERAL SERVICE	0	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	1,725,187						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	2,412	0	54,646	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	26	0	585	0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	52,645	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	1,143,978	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0	0		0	0	66.00
67.00	ADVERTISING	0	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	99.00
100.00	TOTAL	3,210,637	0	55,231	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0162

Period:

Worksheet 0-6

Hospice CCN: 15-1523

From 01/01/2024
To 12/31/2024Part I
Date/Time Prepared:
3/18/2025 2:06 pm

Descriptions		Hospice I					
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	23,029				10.00
11.00	MEDICAL RECORDS	0		28,585			11.00
12.00	STAFF TRANSPORTATION	0			92,220		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	444,427	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	22,455	27,872	91,186	433,341	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	568	705	1,028	10,968	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	6	8	6	118	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	23,029	28,585	92,220	444,427	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0162

Period:

Worksheet 0-6

Hospice CCN: 15-1523

From 01/01/2024
To 12/31/2024Part I
Date/Time Prepared:
3/18/2025 2:06 pm

Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	382,887					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	373,337	0	0		7,131,037	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	9,449	0	0	0	86,007	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	101	0	0	0	916	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		188,672	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		4,099,864	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	382,887	0	0	0	11,506,496	100.00

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

Provider CCN: 15-0162

Period:

Worksheet 0-6

Hospice CCN: 15-1523

From 01/01/2024
To 12/31/2024Part II
Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	6,427,627			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	384,095	-3,210,637	8,295,859	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	31,428	0	39,820	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	16,603	10.00
11.00	MEDICAL RECORDS	0	0	0	0	20,609	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	66,488	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	252,890	0	320,419	13.00
14.00	PHARMACY	0	0	5,390	0	276,051	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			3,323,876		4,457,659	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	6,231	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	66	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	107,359	0	136,027	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	2,322,589	0	2,955,886	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	1,716,375		3,210,637	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.267031		0.387017	101.00

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

Provider CCN: 15-0162

Period:

Worksheet 0-6

Hospice CCN: 15-1523

From 01/01/2024
To 12/31/2024Part II
Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Descriptions		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	0					5.00
6.00	LAUNDRY & LINEN SERVICE	0	566				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	560	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	6	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	55,231	0	0	0	100.00
101.00	UNIT COST MULTIPLIER	0.000000	97.581272	0.000000	0.000000	0.000000	101.00

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

Provider CCN: 15-0162

Period:

Worksheet 0-6

Hospice CCN: 15-1523

From 01/01/2024
To 12/31/2024Part II
Date/Time Prepared:
3/18/2025 2:06 pm

Cost Center Descriptions		Hospice I				
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)
		10.00	11.00	12.00	13.00	14.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES	22,692				10.00
11.00	MEDICAL RECORDS		22,692			11.00
12.00	STAFF TRANSPORTATION			119,544		12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	22,692	13.00
14.00	PHARMACY			0	0	22,692 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0 15.00
16.00	OTHER GENERAL SERVICE			0	0	0 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					0 17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	22,126	22,126	118,203	22,126	22,126 51.00
52.00	HOSPICE INPATIENT RESPITE CARE	560	560	1,333	560	560 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	6	6	8	6	6 53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0 60.00
61.00	VOLUNTEER PROGRAM			0	0	0 61.00
62.00	FUNDRAISING			0	0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0 63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0 64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0 65.00
66.00	RESIDENTIAL CARE			0	0	0 66.00
67.00	ADVERTISING			0	0	0 67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0 68.00
69.00	THRIFT STORE			0	0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0 71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	23,029	28,585	92,220	444,427	382,887 100.00
101.00	UNIT COST MULTIPLIER	1.014851	1.259695	0.771431	19.585184	16.873215 101.00

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

Provider CCN: 15-0162

Period:

Worksheet 0-6

Hospice CCN: 15-1523

From 01/01/2024
To 12/31/2024Part II
Date/Time Prepared:
3/18/2025 2:06 pm

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

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

Provider CCN: 15-0162

Period:

Worksheet 0-7

Hospice CCN: 15-1523

From 01/01/2024
To 12/31/2024Date/Time Prepared:
3/18/2025 2:06 pm

Hospice I

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				2.00	3.00	4.00	
		0	1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.180232	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.151325	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.175989	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.145539	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.112592	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.242517	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.110863	0	0	0	9.00
10.97	CARDIAC REHABILITATION	76.97	0.173755	0	0	0	10.97
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC				
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0162

Period:

Worksheet 0-8

Hospice CCN: 15-1523

From 01/01/2024
To 12/31/2024Date/Time Prepared:
3/18/2025 2:06 pm

		Hospice I		
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL
		1.00	2.00	3.00
HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0 1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0 2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00 3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0	4.00
5.00	Program cost (line 3 times line 4)	0	0	5.00
HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			7,131,037 6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			22,126 7.00
8.00	Total average cost per diem (line 6 divided by line 7)			322.29 8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	19,527	609	9.00
10.00	Program cost (line 8 times line 9)	6,293,357	196,275	10.00
HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			86,007 11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			560 12.00
13.00	Total average cost per diem (line 11 divided by line 12)			153.58 13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	539	0	14.00
15.00	Program cost (line 13 times line 14)	82,780	0	15.00
HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			916 16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			6 17.00
18.00	Total average cost per diem (line 16 divided by line 17)			152.67 18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	4	0	19.00
20.00	Program cost (line 18 times line 19)	611	0	20.00
TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			7,217,960 21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			22,692 22.00
23.00	Average cost per diem (line 21 divided by line 22)			318.08 23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0162	Period: From 01/01/2024 To 12/31/2024	Worksheet L Parts I-III Date/Time Prepared: 3/18/2025 2:06 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		5,588,372	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		337,113	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)		294.55	3.00
4.00	Number of interns & residents (see instructions)		22.27	4.00
5.00	Indirect medical education percentage (see instructions)		2.15	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)		120,150	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.13	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		20.76	8.00
9.00	Sum of lines 7 and 8		23.89	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.96	10.00
11.00	Disproportionate share adjustment (see instructions)		277,183	11.00
12.00	Total prospective capital payments (see instructions)		6,322,818	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