

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: 15-0082	Period: From 10/01/2023 To 09/30/2024	Worksheet S Parts I-III Date/Time Prepared: 2/27/2025 11:48 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: 2/27/2025 Time: 11:48 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 DEACONESS HOSPITAL (15-0082) for the cost reporting period beginning 10/01/2023 and ending 09/30/2024 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	Cheryl Wathen	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	Cheryl Wathen		2
3	Signatory Title	SVP 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	-325,418	-52,287	0	1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	2.00
3.00	SUBPROVIDER - IRF	0	0	0	0	3.00
5.00	SWING BED - SNF	0	0	0	0	5.00
6.00	SWING BED - NF	0			0	6.00
200.00	TOTAL	0	-325,418	-52,287	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The number for this information collection is OMB 0938-0050 and the number for the Supplement to Form CMS 2552-10, Worksheet N95, is OMB 0938-1425. The time required to complete and review the information collection is estimated 675 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0082		Period: From 10/01/2023 To 09/30/2024		Worksheet S-2 Part I Date/Time Prepared: 2/27/2025 11:48 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 600 MARY STREET			PO Box:				1.00	
2.00	City: EVANSVILLE			State: IN		Zip Code: 47747-		County: VANDERBURGH	
		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			DEACONESS HOSPITAL	150082	21780	1	06/02/1966	N
4.00	Subprovider - IPF							P	P
5.00	Subprovider - IRF								
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								
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)						10/01/2023	09/30/2024	
21.00	Type of Control (see instructions)						2		
							1.00	2.00	
							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		
22.01	Did this hospital receive interim UCPs, including supplemental UCPs, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y		
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		
22.03	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	
22.04	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.								
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		

Worksheet S-2

Part I
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MCRIF32 - 23.2.179.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet S-2
Part I
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		V	XVIII	XIX	
		1.00	2.00	3.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.03	2	60.02
		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)	N		0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count
		1.00	2.00	3.00	4.00
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00
61.20	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
					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
62.01	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
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

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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	2.30	16.16	0.124594	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	2.57	19.86	0.114579	67.00
67.01		FAMILY MEDICINE GERIATRIC	1351	0.17	0.08	0.680000	67.01

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			1.00			
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?				68.00	
			1.00	2.00	3.00	
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)			N N 0	71.00	
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N	75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00	
			1.00			
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00	
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00	
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments		
			1.00	2.00		
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.			N 0	88.00	
			Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge	
			1.00	2.00	3.00	
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.			0.00 0	89.00	
			V	XIX		
			1.00	2.00		
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	97.00

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		V	XIX	
		1.00	2.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06
Rural Providers				
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00
107.01	If this facility is a REH (line 3, column 4, is "12"), is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no. (see instructions)			107.01
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00
		Physical 1.00	Occupational 2.00	Speech 3.00
			Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			109.00
			1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110.00
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00

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		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	2,960,811	397,040	0
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	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.	N		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	N	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
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	HB0778	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: DEACONESS HEALTH SYSTEM	Contractor's Name: WPS	Contractor's Number: 08001	141.00
142.00	Street: 600 MARY STREET	PO Box:		142.00
143.00	City: EVANSVILLE	State: IN	Zip Code: 47710	143.00
				1.00
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0082		Period: From 10/01/2023 To 09/30/2024		Worksheet S-2 Part I Date/Time Prepared: 2/27/2025 11:48 pm	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
		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 1.00		Part B 2.00		Title V 3.00	
						Title XIX 4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		155.00	
156.00	Subprovider - IPF	N		N		156.00	
157.00	Subprovider - IRF	N		N		157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N		N		159.00	
160.00	HOME HEALTH AGENCY	N		N		160.00	
161.00	CMHC	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 0		County 1.00		State 2.00	
				Zip Code 3.00		CBSA 4.00	
						FTE/Campus 5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00 166.00	
		1.00					
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99				169.00	
		Beginning 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				0 171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0082	Period: From 10/01/2023 To 09/30/2024	Worksheet S-2 Part II Date/Time Prepared: 2/27/2025 11:48 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		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.	Y			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?	Y	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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.	Y			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	02/13/2025	Y	02/13/2025
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: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet S-2
Part II
Date/Time Prepared:
2/27/2025 11:48 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				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
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.	DANIELLE	METZGER-CUNDIFF		41.00
42.00	Enter the employer/company name of the cost report preparer.	DEACONESS HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	812-450-7423	DANIELLE.METZGER-CUNDIFF@DEACONESS.C		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet S-2
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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.	SUPERVISOR OF REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet S-3
Part I
Date/Time Prepared:
2/27/2025 11:48 pm

Component	Worksheet A Line No.	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P Visits / Trips		
					Title V		
					1.00		2.00
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	453	161,986	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)		453	161,986	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	92	36,636	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)		545	198,622	0.00	0	14.00
15.00	CAH visits					0	15.00
15.10	REH hours and visits				0.00	0	15.10
16.00	SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		545				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet S-3
Part I
Date/Time Prepared:
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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)	44,282	2,882	146,871			1.00
2.00	HMO and other (see instructions)	49,327	30,928				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	44,282	2,882	146,871			7.00
8.00	INTENSIVE CARE UNIT	9,449	460	30,474			8.00
9.00	CORONARY CARE UNIT	0	0	0			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	53,731	3,342	177,345	22.37	3,875.00	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	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			12			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				22.37	3,875.00	27.00
28.00	Observation Bed Days		0	11,870			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			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: 15-0082

Period:
From 10/01/2023
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Part I
Date/Time Prepared:
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Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	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	11,153	2,838	36,225	1.00
2.00 HMO and other (see instructions)			8,833	3,600		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	11,153	2,838	36,225	14.00
15.00 CAH visits						15.00
15.10 REH hours and visits						15.10
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01
34.00 Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet S-3
Part II
Date/Time Prepared:
2/27/2025 11:48 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	352,674,302	-1,407,414	351,266,888	8,060,001.24	43.58	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		3,257,194	0	3,257,194	27,213.18	119.69	3.00
4.00	Physician-Part A - Administrative		6,750,144	0	6,750,144	32,159.57	209.90	4.00
4.01	Physicians - Part A - Teaching		2,105,563	0	2,105,563	16,513.14	127.51	4.01
5.00	Physician and Non Physician-Part B		57,495,551	0	57,495,551	195,883.74	293.52	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	1,690,796	1,690,796	48,564.44	34.82	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		74,121,767	0	74,121,767	1,385,110.50	53.51	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		24,798,442	1,390,235	26,188,677	1,696,152.09	15.44	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		25,476,709	0	25,476,709	279,043.81	91.30	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		16,279,094	0	16,279,094	86,934.41	187.26	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		28,572,314	0	28,572,314	567,569.32	50.34	14.01
14.02	Related organization salaries		759,011	0	759,011	3,366.58	225.45	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		264,666	0	264,666	1,264.40	209.32	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)		25,193,336	0	25,193,336			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		2,952,616	0	2,952,616			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		168,844	0	168,844			21.00
22.00	Physician Part A - Administrative		249,056	0	249,056			22.00
22.01	Physician Part A - Teaching		105,814	0	105,814			22.01
23.00	Physician Part B		2,042,659	0	2,042,659			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		96,810	0	96,810			25.00
25.50	Home office wage-related (core)		5,620,625	0	5,620,625			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet S-3
Part II
Date/Time Prepared:
2/27/2025 11:48 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)		46,706	0	46,706			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	7	69,033	69,040	0.17	406,117.65	26.00
27.00	Administrative & General	5.00	12,438,690	-3,928,044	8,510,646	226,848.57	37.52	27.00
28.00	Administrative & General under contract (see inst.)		3,670,171	0	3,670,171	15,953.55	230.05	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3,259,872	100,957	3,360,829	112,817.21	29.79	30.00
31.00	Laundry & Linen Service	8.00	1,226,980	278	1,227,258	68,055.71	18.03	31.00
32.00	Housekeeping	9.00	6,503,755	19,800	6,523,555	344,428.36	18.94	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	803,307	-250,504	552,803	13,789.85	40.09	34.00
35.00	Dietary under contract (see instructions)		5,569,171	0	5,569,171	259,194.00	21.49	35.00
36.00	Cafeteria	11.00	0	232,209	232,209	6,977.62	33.28	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	8,292,900	25,810	8,318,710	264,264.15	31.48	38.00
39.00	Central Services and Supply	14.00	2,963,764	19,695	2,983,459	124,761.97	23.91	39.00
40.00	Pharmacy	15.00	11,258,251	89,107	11,347,358	271,612.94	41.78	40.00
41.00	Medical Records & Medical Records Library	16.00	7,840	0	7,840	493.32	15.89	41.00
42.00	Social Service	17.00	7,648,979	86,516	7,735,495	185,745.71	41.65	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet S-3
Part III
Date/Time Prepared:
2/27/2025 11:48 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)	224,933,569	-3,098,210	221,835,359	6,661,863.79	33.30	1.00
2.00	Excluded area salaries (see instructions)	24,798,442	1,390,235	26,188,677	1,696,152.09	15.44	2.00
3.00	Subtotal salaries (line 1 minus line 2)	200,135,127	-4,488,445	195,646,682	4,965,711.70	39.40	3.00
4.00	Subtotal other wages & related costs (see inst.)	71,351,794	0	71,351,794	938,178.52	76.05	4.00
5.00	Subtotal wage-related costs (see inst.)	31,109,723	0	31,109,723	0.00	15.90	5.00
6.00	Total (sum of lines 3 thru 5)	302,596,644	-4,488,445	298,108,199	5,903,890.22	50.49	6.00
7.00	Total overhead cost (see instructions)	63,643,687	-3,535,143	60,108,544	1,894,943.13	31.72	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet S-3
Part IV
Date/Time Prepared:
2/27/2025 11:48 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	5,969,729	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)	5,145,155	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	264,812	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)	297,781	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	1,294,608	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	551,680	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	15,883,339	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	65	19.00
20.00	State or Federal Unemployment Taxes	11,522	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	392,253	21.00
22.00	Day Care Cost and Allowances	594,116	22.00
23.00	Tuition Reimbursement	536,449	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	30,941,509	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: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet S-3
Part V
Date/Time Prepared:
2/27/2025 11:48 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	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	SUBPROVIDER - IPF	0	0	3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0082	Period: From 10/01/2023 To 09/30/2024	Worksheet S-10 Parts I & II Date/Time Prepared: 2/27/2025 11:48 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)		0.236929	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		96,845,082	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		530,105,149	6.00
7.00	Medicaid cost (line 1 times line 6)		125,597,283	7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)		28,752,201	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)		28,752,201	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)	62,043,385	4,440,432	66,483,817
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	14,699,877	4,440,432	19,140,309
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)	14,699,877	4,440,432	19,140,309
				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)		21,473,865	26.00
27.00	Medicare reimbursable bad debts (see instructions)		1,314,031	27.00
27.01	Medicare allowable bad debts (see instructions)		2,021,587	27.01
28.00	Non-Medicare bad debt amount (see instructions)		19,452,278	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		5,316,365	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		24,456,674	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		53,208,875	31.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0082	Period: From 10/01/2023 To 09/30/2024	Worksheet S-10 Parts I & II Date/Time Prepared: 2/27/2025 11:48 pm
				1.00
PART II - HOSPITAL DATA				
Uncompensated and Indigent Care Cost-to-Charge Ratio				
1.00	Cost to charge ratio (see instructions)		0.236929	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)	62,043,385	4,440,432	66,483,817
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	14,699,877	4,440,432	19,140,309
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)	14,699,877	4,440,432	19,140,309
				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)	21,473,865		26.00
27.00	Medicare reimbursable bad debts (see instructions)	1,314,031		27.00
27.01	Medicare allowable bad debts (see instructions)	2,021,587		27.01
28.00	Non-Medicare bad debt amount (see instructions)	19,452,278		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)	5,316,365		29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)	24,456,674		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	24,456,674		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024

Worksheet A

Date/Time Prepared:
2/27/2025 11:48 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		49,662,447	49,662,447	11,466,720	61,129,167	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT		0	0	0	0	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		10,133,595	10,133,595	15,519,465	25,653,060	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7	53,154,338	53,154,345	959,264	54,113,609	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	12,438,690	210,749,343	223,188,033	-9,608,030	213,580,003	5.00
7.00	00700	OPERATION OF PLANT	3,259,872	25,453,841	28,713,713	-11,328,096	17,385,617	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,226,980	1,021,829	2,248,809	-35,452	2,213,357	8.00
9.00	00900	HOUSEKEEPING	6,503,755	2,550,796	9,054,551	-27,440	9,027,111	9.00
10.00	01000	DIETARY	803,307	12,923,438	13,726,745	-6,734,370	6,992,375	10.00
11.00	01100	CAFETERIA	0	0	0	3,531,322	3,531,322	11.00
13.00	01300	NURSING ADMINISTRATION	8,292,900	3,324,140	11,617,040	-1,553,598	10,063,442	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,963,764	2,019,268	4,983,032	-1,021,166	3,961,866	14.00
15.00	01500	PHARMACY	11,258,251	106,742,394	118,000,645	-105,157,793	12,842,852	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,840	249,866	257,706	1,286,158	1,543,864	16.00
17.00	01700	SOCIAL SERVICE	7,648,979	1,239,413	8,888,392	94,414	8,982,806	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,690,796	1,690,796	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	54,064	10,164	64,228	2,093,020	2,157,248	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	273,527	68,636	342,163	21	342,184	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	0	0	0	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	0	0	0	1,285,647	1,285,647	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	82,227,127	42,294,374	124,521,501	667,841	125,189,342	30.00
31.00	03100	INTENSIVE CARE UNIT	23,353,661	9,081,139	32,434,800	3,606	32,438,406	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	-390,247	-390,247	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	42,550,314	130,211,980	172,762,294	-38,942,657	133,819,637	50.00
51.00	05100	RECOVERY ROOM	7,539,678	4,208,494	11,748,172	-522,004	11,226,168	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,409,536	9,375,531	17,785,067	-5,302,574	12,482,493	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,875,008	23,582,454	27,457,462	-1,758,462	25,699,000	55.00
56.00	05600	RADIOISOTOPE	605,396	1,392,033	1,997,429	1,886,306	3,883,735	56.00
57.00	05700	CT SCAN	3,508,093	2,594,735	6,102,828	381,375	6,484,203	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,153,009	1,499,453	3,652,462	414,330	4,066,792	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,196,245	40,011,540	47,207,785	-21,651,705	25,556,080	59.00
60.00	06000	LABORATORY	17,048,718	26,408,967	43,457,685	-684,954	42,772,731	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,007,459	4,045,567	5,053,026	-18,101	5,034,925	63.00
64.00	06400	INTRAVENOUS THERAPY	1,794,834	1,263,737	3,058,571	-16,523	3,042,048	64.00
65.00	06500	RESPIRATORY THERAPY	5,083,904	3,796,364	8,880,268	-537,540	8,342,728	65.00
66.00	06600	PHYSICAL THERAPY	0	17,839,542	17,839,542	-97,630	17,741,912	66.00
69.00	06900	ELECTROCARDIOLOGY	3,031,580	4,316,976	7,348,556	-283,874	7,064,682	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,956,656	11,956,656	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	48,736,516	48,736,516	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	105,164,908	105,164,908	73.00
74.00	07400	RENAL DIALYSIS	1,480,063	1,664,732	3,144,795	-34,150	3,110,645	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	0	47,662	47,662	-16,861	30,801	76.01
76.97	07697	CARDIAC REHABILITATION	639,979	262,303	902,282	3,360	905,642	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,451,056	662,802	3,113,858	23,548	3,137,406	90.00
90.01	09001	FAMILY PRACTICE	4,591,788	954,840	5,546,628	-3,781,471	1,765,157	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	1,474,660	503,422	1,978,082	24,170	2,002,252	90.02
90.03	09003	CHEMO	2,501,293	911,107	3,412,400	-79,375	3,333,025	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1,108,376	251,074	1,359,450	10,734	1,370,184	90.04
90.05	09005	PAIN MANAGEMENT	2,857,934	985,803	3,843,737	-45,128	3,798,609	90.05
90.06	09006	WOUND CARE	1,284,944	976,177	2,261,121	12,136	2,273,257	90.06
90.07	09007	SLEEP CENTER	3,561,677	838,952	4,400,629	19,549	4,420,178	90.07
90.08	09008	HEMATOLOGY	1,287,245	524,505	1,811,750	19,562	1,831,312	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	1,116,642	406,141	1,522,783	15,050	1,537,833	90.09
90.10	09010	DIABETES CENTER	0	432	432	-372	60	90.10
90.11	09011	DERMATOLOGY	1,822,792	1,906,409	3,729,201	-32,155	3,697,046	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	490,157	113,022	603,179	-5,303	597,876	90.12
90.13	09013	MOB6 GI	1,209,820	611,214	1,821,034	18,114	1,839,148	90.13
90.14	09014	GI QUICK CARE	159,788	13,586	173,374	933	174,307	90.14
91.00	09100	EMERGENCY	27,497,545	22,746,942	50,244,487	-51,809	50,192,678	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,653,934	3,382,506	9,036,440	-75,484	8,960,956	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	966,660	791,575	1,758,235	-129,991	1,628,244	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	2,843,196	9,460,042	12,303,238	-259,135	12,044,103	96.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024

Worksheet A

Date/Time Prepared:
2/27/2025 11:48 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	329,116,047	849,241,642	1,178,357,689	-2,897,929	1,175,459,760	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	3,269,032	3,269,032	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	15,476,575	1,943,662	17,420,237	-456,844	16,963,393	192.00
192.01	19201 DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202 HENDERSON ER PHYSICIANS	3,033,215	-3,036,387	-3,172	10,507	7,335	192.02
192.03	19203 FAMILY PHARMACY	2,534,447	61,481,506	64,015,953	6,693	64,022,646	192.03
194.00	07950 MISC NONREIMBURSABLE	362,926	1,173,290	1,536,216	10,192	1,546,408	194.00
194.01	07951 OCCUPATIONAL HEALTH	0	2,914	2,914	0	2,914	194.01
194.02	07952 OTHER FACILITIES	0	3,524,874	3,524,874	39,055	3,563,929	194.02
194.03	07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04	07954 PR	0	2,475	2,475	17,944	20,419	194.04
194.05	07955 CHILD CARE CENTER	2,166,186	771,030	2,937,216	-13,744	2,923,472	194.05
194.06	07956 CENTER OF LIFE BALANCE	0	1,023	1,023	0	1,023	194.06
194.07	07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08	07958 HEALTHSOUTH	-15,094	-1,032	-16,126	15,094	-1,032	194.08
194.09	07959 HOME OFFICE	0	0	0	0	0	194.09
200.00	TOTAL (SUM OF LINES 118 through 199)	352,674,302	915,104,997	1,267,779,299	0	1,267,779,299	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024

Worksheet A

Date/Time Prepared:
2/27/2025 11:48 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	-5,174,096	55,955,071	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	0	0	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	25,653,060	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,563,617	52,549,992	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-80,431,678	133,148,325	5.00
7.00	00700	OPERATION OF PLANT	17,824,725	35,210,342	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,752,704	3,966,061	8.00
9.00	00900	HOUSEKEEPING	4,170,222	13,197,333	9.00
10.00	01000	DIETARY	3,691,659	10,684,034	10.00
11.00	01100	CAFETERIA	0	3,531,322	11.00
13.00	01300	NURSING ADMINISTRATION	3,754,188	13,817,630	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,782,584	6,744,450	14.00
15.00	01500	PHARMACY	5,798,558	18,641,410	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	138,456	1,682,320	16.00
17.00	01700	SOCIAL SERVICE	6,255,212	15,238,018	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,690,796	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-9,498	2,147,750	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	342,184	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	0	1,285,647	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-29,918,650	95,270,692	30.00
31.00	03100	INTENSIVE CARE UNIT	-12,507,747	19,930,659	31.00
32.00	03200	CORONARY CARE UNIT	0	-390,247	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-44,717,305	89,102,332	50.00
51.00	05100	RECOVERY ROOM	-69,500	11,156,668	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-451,708	12,030,785	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-16,058,811	9,640,189	55.00
56.00	05600	RADIOISOTOPE	0	3,883,735	56.00
57.00	05700	CT SCAN	0	6,484,203	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,066,792	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,102,335	24,453,745	59.00
60.00	06000	LABORATORY	-911,848	41,860,883	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	-200	5,034,725	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,042,048	64.00
65.00	06500	RESPIRATORY THERAPY	-33,750	8,308,978	65.00
66.00	06600	PHYSICAL THERAPY	-4,702,496	13,039,416	66.00
69.00	06900	ELECTROCARDIOLOGY	0	7,064,682	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,956,656	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	48,736,516	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	105,164,908	73.00
74.00	07400	RENAL DIALYSIS	0	3,110,645	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	76.00
76.01	03160	PULMONARY REHAB	-4,689	26,112	76.01
76.97	07697	CARDIAC REHABILITATION	-8,899	896,743	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	-428,566	2,708,840	90.00
90.01	09001	FAMILY PRACTICE	-19,897	1,745,260	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	2,002,252	90.02
90.03	09003	CHEMO	-1,000	3,332,025	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	-841,976	528,208	90.04
90.05	09005	PAIN MANAGEMENT	-1,426,082	2,372,527	90.05
90.06	09006	WOUND CARE	-354,163	1,919,094	90.06
90.07	09007	SLEEP CENTER	-1,712,252	2,707,926	90.07
90.08	09008	HEMATOLOGY	-209,152	1,622,160	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	-247,726	1,290,107	90.09
90.10	09010	DIABETES CENTER	0	60	90.10
90.11	09011	DERMATOLOGY	-9,171	3,687,875	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	0	597,876	90.12
90.13	09013	MOB6 GI	0	1,839,148	90.13
90.14	09014	GI QUICK CARE	0	174,307	90.14
91.00	09100	EMERGENCY	-22,925,787	27,266,891	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	-2,875	8,958,081	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-10,027	1,618,217	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	12,044,103	96.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024

Worksheet A

Date/Time Prepared:
2/27/2025 11:48 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
	SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-179,687,193	995,772,567	118.00
	NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,269,032	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	16,963,393	192.00
192.01	19201 DEACONESS URGENT CARE	0	0	192.01
192.02	19202 HENDERSON ER PHYSICIANS	0	7,335	192.02
192.03	19203 FAMILY PHARMACY	0	64,022,646	192.03
194.00	07950 MISC NONREIMBURSABLE	-2,296,822	-750,414	194.00
194.01	07951 OCCUPATIONAL HEALTH	0	2,914	194.01
194.02	07952 OTHER FACILITIES	0	3,563,929	194.02
194.03	07953 THE HEART HOSPITAL	0	0	194.03
194.04	07954 PR	0	20,419	194.04
194.05	07955 CHILD CARE CENTER	0	2,923,472	194.05
194.06	07956 CENTER OF LIFE BALANCE	0	1,023	194.06
194.07	07957 UNIT 3200 - DEACONESS VNA	0	0	194.07
194.08	07958 HEALTHSOUTH	0	-1,032	194.08
194.09	07959 HOME OFFICE	0	0	194.09
200.00	TOTAL (SUM OF LINES 118 through 199)	-181,984,015	1,085,795,284	200.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet A-6
Date/Time Prepared:
2/27/2025 11:48 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
A - BUILDING DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	11,135,220		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	11,963		2.00
3.00		0.00	0	0		3.00
TOTALS			0	11,147,183		
B - EQUIPMENT DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	13,488,351		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
TOTALS			0	13,488,351		
C - INTEREST EXPENSE						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,796,288		1.00
2.00		0.00	0	0		2.00
TOTALS			0	1,796,288		
D - CAFETERIA						
1.00	CAFETERIA	11.00	232,209	0		1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	214,962	0		2.00
3.00		0.00	0	0		3.00
4.00	CAFETERIA	11.00	0	3,299,113		4.00
5.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	3,054,070		5.00
6.00		0.00	0	0		6.00
TOTALS			447,171	6,353,183		

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet A-6
Date/Time Prepared:
2/27/2025 11:48 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	E - INCENTIVE COMPENSATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	69,033	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	2,675,961	0		2.00
3.00	OPERATION OF PLANT	7.00	81,969	0		3.00
4.00	HOUSEKEEPING	9.00	17,385	0		4.00
5.00	NURSING ADMINISTRATION	13.00	35,347	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	26,126	0		6.00
7.00	PHARMACY	15.00	110,081	0		7.00
8.00	SOCIAL SERVICE	17.00	73,366	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	119,834	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	47,835	0		10.00
11.00	OPERATING ROOM	50.00	86,160	0		11.00
12.00	RECOVERY ROOM	51.00	24,521	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	18,184	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	13,420	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	33,164	0		15.00
16.00	LABORATORY	60.00	62,643	0		16.00
17.00	RESPIRATORY THERAPY	65.00	10,879	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	9,035	0		18.00
19.00	RENAL DIALYSIS	74.00	12,169	0		19.00
20.00	CARDIAC REHABILITATION	76.97	6,923	0		20.00
21.00	FAMILY PRACTICE	90.01	6,530	0		21.00
22.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	12,302	0		22.00
23.00	PRIMARY CARE FOR SENIORS	90.04	6,428	0		23.00
24.00	PAIN MANAGEMENT	90.05	21,994	0		24.00
25.00	WOUND CARE	90.06	6,772	0		25.00
26.00	SLEEP CENTER	90.07	8,949	0		26.00
27.00	HEMATOLOGY	90.08	11,466	0		27.00
28.00	MULTI-SPECIALTY SERVICES	90.09	12,222	0		28.00
29.00	DERMATOLOGY	90.11	8,143	0		29.00
30.00	MOB6 GI	90.13	8,723	0		30.00
31.00	EMERGENCY	91.00	44,232	0		31.00
32.00	OBSERVATION BEDS (DISTINCT PART)	92.01	2,764	0		32.00
33.00	AMBULANCE SERVICES	95.00	7,840	0		33.00
34.00	DURABLE MEDICAL EQUIP-RENTED	96.00	5,900	0		34.00
35.00		0.00	0	0		35.00
36.00	FAMILY PHARMACY	192.03	16,935	0		36.00
37.00	MISC NONREIMBURSABLE	194.00	50,290	0		37.00
38.00	OTHER FACILITIES	194.02	10,969	0		38.00
39.00	PR	194.04	17,944	0		39.00
40.00	CHILD CARE CENTER	194.05	9,548	0		40.00
41.00		0.00	0	0		41.00
	TOTALS		3,803,986	0		
	F - LEASES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	607,798		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	199,892		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
	TOTALS		0	807,690		
	G - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	105,164,908		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	105,164,908		
	H - RESIDENTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,690,796	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,751,169	0		2.00
3.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	341,783		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
	TOTALS		3,441,965	341,783		
	J - INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	680,416		1.00
2.00	MISC NONREIMBURSABLE	194.00	0	111		2.00
3.00	OTHER FACILITIES	194.02	0	42,789		3.00
4.00	CHILD CARE CENTER	194.05	0	1,998		4.00
5.00		0.00	0	0		5.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024

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Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
	TOTALS		0	725,314		
K - NURSING EDUCATION						
1.00	PARAMED ED PRGM-NURSING	23.03	1,285,647	0		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
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
	TOTALS		1,285,647	0		
L - MEDICAL SUPPLIES CHARGED						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,956,656		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	48,736,516		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
	TOTALS		0	60,693,172		
M - BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	890,231		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		0	890,231		
N - PROPERTY TAXES						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,248,934		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	34,934		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,348		3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	12,054		4.00
5.00	PRIMARY CARE FOR SENIORS	90.04	0	3,996		5.00
6.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	2,959		6.00
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,022		7.00
8.00	OTHER FACILITIES	194.02	0	1,054		8.00
9.00		0.00	0	0		9.00
	TOTALS		0	1,308,301		
O - DISABILITY						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	21,191		1.00
2.00	OPERATION OF PLANT	7.00	0	8,038		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	6,832		3.00
4.00	HOUSEKEEPING	9.00	0	29,898		4.00
5.00	DIETARY	10.00	0	4,826		5.00
6.00	NURSING ADMINISTRATION	13.00	0	38,515		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	23,550		7.00
8.00	PHARMACY	15.00	0	123,823		8.00
9.00	SOCIAL SERVICE	17.00	0	37,731		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	408,779		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	178,748		11.00
12.00	OPERATING ROOM	50.00	0	121,543		12.00
13.00	RECOVERY ROOM	51.00	0	54,740		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	37,400		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	8,130		15.00
16.00	RADIOISOTOPE	56.00	0	7,946		16.00
17.00	CT SCAN	57.00	0	15,563		17.00

RECLASSIFICATIONS

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	12,836	18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	50,739	19.00
20.00	LABORATORY	60.00	0	79,709	20.00
21.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	1,405	21.00
22.00	INTRAVENOUS THERAPY	64.00	0	5,499	22.00
23.00	RESPIRATORY THERAPY	65.00	0	34,382	23.00
24.00	ELECTROCARDIOLOGY	69.00	0	6,836	24.00
25.00	RENAL DIALYSIS	74.00	0	2,937	25.00
26.00	CARDIAC REHABILITATION	76.97	0	3,931	26.00
27.00	CLINIC	90.00	0	8,596	27.00
28.00	FAMILY PRACTICE	90.01	0	14,809	28.00
29.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	0	10,958	29.00
30.00	CHEMO	90.03	0	15,531	30.00
31.00	PRIMARY CARE FOR SENIORS	90.04	0	698	31.00
32.00	PAIN MANAGEMENT	90.05	0	22,383	32.00
33.00	WOUND CARE	90.06	0	8,379	33.00
34.00	SLEEP CENTER	90.07	0	22,946	34.00
35.00	HEMATOLOGY	90.08	0	1,166	35.00
36.00	MULTI-SPECIALTY SERVICES	90.09	0	4,046	36.00
37.00	DERMATOLOGY	90.11	0	15,903	37.00
38.00	DH RHEUMATOLOGY 4TH STREET	90.12	0	3,330	38.00
39.00	MOB6 GI	90.13	0	8,739	39.00
40.00	GI QUICK CARE	90.14	0	2,609	40.00
41.00	EMERGENCY	91.00	0	85,996	41.00
42.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	51,045	42.00
43.00	AMBULANCE SERVICES	95.00	0	5,001	43.00
44.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	4,668	44.00
45.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	29,958	45.00
46.00	HENDERSON ER PHYSICIANS	192.02	0	5,875	46.00
47.00	FAMILY PHARMACY	192.03	0	10,448	47.00
48.00	MISC NONREIMBURSABLE	194.00	0	8,275	48.00
49.00	CHILD CARE CENTER	194.05	0	7,290	49.00
	TOTALS		0	1,674,176	
P - SALARY IN NON-SALARY ACCOUNTS					
1.00	ADMINISTRATIVE & GENERAL	5.00	1,520	0	1.00
2.00	OPERATION OF PLANT	7.00	590	0	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	30	0	3.00
4.00	HOUSEKEEPING	9.00	1,440	0	4.00
5.00	DIETARY	10.00	60	0	5.00
6.00	NURSING ADMINISTRATION	13.00	1,160	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	80	0	7.00
8.00	PHARMACY	15.00	3,894	0	8.00
9.00	SOCIAL SERVICE	17.00	1,700	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	95,377	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	4,380	0	11.00
12.00	OPERATING ROOM	50.00	39,122	0	12.00
13.00	RECOVERY ROOM	51.00	6,190	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	2,400	0	14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	1,440	0	15.00
16.00	CT SCAN	57.00	200	0	16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	260	0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	270	0	18.00
19.00	LABORATORY	60.00	9,468	0	19.00
20.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	300	0	20.00
21.00	RESPIRATORY THERAPY	65.00	4,266	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	200	0	22.00
23.00	CLINIC	90.00	1,280	0	23.00
24.00	FAMILY PRACTICE	90.01	4,680	0	24.00
25.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	490	0	25.00
26.00	CHEMO	90.03	590	0	26.00
27.00	PRIMARY CARE FOR SENIORS	90.04	140	0	27.00
28.00	PAIN MANAGEMENT	90.05	12,431	0	28.00
29.00	WOUND CARE	90.06	910	0	29.00
30.00	SLEEP CENTER	90.07	1,860	0	30.00
31.00	HEMATOLOGY	90.08	725	0	31.00
32.00	MULTI-SPECIALTY SERVICES	90.09	810	0	32.00
33.00	DERMATOLOGY	90.11	120	0	33.00

RECLASSIFICATIONS

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
34.00	DH RHEUMATOLOGY 4TH STREET	90.12	50	0		34.00
35.00	MOB6 GI	90.13	1,585	0		35.00
36.00	EMERGENCY	91.00	3,060	0		36.00
37.00	OBSERVATION BEDS (DISTINCT PART)	92.01	110	0		37.00
38.00	DURABLE MEDICAL EQUIP-RENTED	96.00	620	0		38.00
39.00	PHYSICIANS' PRIVATE OFFICES	192.00	50,253	0		39.00
40.00	FAMILY PHARMACY	192.03	90	0		40.00
	TOTALS		254,151	0		
Q - PART A PHYSICIAN						
1.00	ADULTS & PEDIATRICS	30.00	300,867	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	307,223	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	TOTALS		608,090	0		
S - PTO ACCRUAL						
1.00	ADMINISTRATIVE & GENERAL	5.00	44,319	0		1.00
2.00	OPERATION OF PLANT	7.00	26,436	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	7,080	0		3.00
4.00	HOUSEKEEPING	9.00	30,873	0		4.00
5.00	DIETARY	10.00	7,341	0		5.00
6.00	NURSING ADMINISTRATION	13.00	41,724	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	17,039	0		7.00
8.00	PHARMACY	15.00	98,955	0		8.00
9.00	SOCIAL SERVICE	17.00	51,247	0		9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	68	0		10.00
11.00	PARAMED ED PRGM-PHARMACY	23.00	21	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	206,853	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	79,919	0		13.00
14.00	OPERATING ROOM	50.00	113,006	0		14.00
15.00	RECOVERY ROOM	51.00	43,383	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	60,243	0		16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	35,817	0		17.00
18.00	RADIOISOTOPE	56.00	4,376	0		18.00
19.00	CT SCAN	57.00	24,596	0		19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	13,136	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	44,611	0		21.00
22.00	LABORATORY	60.00	113,726	0		22.00
23.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	7,469	0		23.00
24.00	INTRAVENOUS THERAPY	64.00	9,065	0		24.00
25.00	RESPIRATORY THERAPY	65.00	25,591	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	20,704	0		26.00
27.00	RENAL DIALYSIS	74.00	12,611	0		27.00
28.00	CARDIAC REHABILITATION	76.97	6,413	0		28.00
29.00	CLINIC	90.00	25,101	0		29.00
30.00	FAMILY PRACTICE	90.01	22,251	0		30.00
31.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	12,333	0		31.00
32.00	CHEMO	90.03	16,032	0		32.00
33.00	PRIMARY CARE FOR SENIORS	90.04	9,062	0		33.00
34.00	PAIN MANAGEMENT	90.05	28,662	0		34.00
35.00	WOUND CARE	90.06	9,879	0		35.00
36.00	SLEEP CENTER	90.07	21,585	0		36.00
37.00	HEMATOLOGY	90.08	9,109	0		37.00
38.00	MULTI-SPECIALTY SERVICES	90.09	11,527	0		38.00
39.00	DERMATOLOGY	90.11	15,783	0		39.00
40.00	DH RHEUMATOLOGY 4TH STREET	90.12	4,031	0		40.00
41.00	MOB6 GI	90.13	9,646	0		41.00
42.00	GI QUICK CARE	90.14	933	0		42.00
43.00	EMERGENCY	91.00	162,707	0		43.00
44.00	OBSERVATION BEDS (DISTINCT PART)	92.01	17,621	0		44.00
45.00	AMBULANCE SERVICES	95.00	3,917	0		45.00
46.00	DURABLE MEDICAL EQUIP-RENTED	96.00	23,649	0		46.00
47.00	PHYSICIANS' PRIVATE OFFICES	192.00	44,098	0		47.00
48.00	HENDERSON ER PHYSICIANS	192.02	10,507	0		48.00
49.00	FAMILY PHARMACY	192.03	23,039	0		49.00
50.00	MISC NONREIMBURSABLE	194.00	3,775	0		50.00
51.00	CHILD CARE CENTER	194.05	15,174	0		51.00
	TOTALS		1,647,043	0		

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	T - A&G					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	298,512		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
	TOTALS		0	298,512		
	U - RADIOLOGY					
1.00	RADIOISOTOPE	56.00	249,348	0		1.00
2.00	CT SCAN	57.00	208,734	0		2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	298,839	0		3.00
4.00		0.00	0	0		4.00
5.00	RADIOISOTOPE	56.00	0	1,918,480		5.00
6.00	CT SCAN	57.00	0	377,717		6.00
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	378,305		7.00
8.00		0.00	0	0		8.00
	TOTALS		756,921	2,674,502		
	V - ORTHO URO					
1.00	ADULTS & PEDIATRICS	30.00	147,507	611,647		1.00
2.00		0.00	0	0		2.00
	TOTALS		147,507	611,647		
	W - MEDICAL RECORDS					
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,286,158		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	1,286,158		
	X - DIRECTOR SALARIES					
1.00	DIETARY	10.00	194,092	0		1.00
2.00	NURSING ADMINISTRATION	13.00	136,052	0		2.00
3.00	OPERATING ROOM	50.00	346,787	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	102,876	0		4.00
5.00	EMERGENCY	91.00	89,520	0		5.00
6.00		0.00	0	0		6.00
	TOTALS		869,327	0		
	Y - 340B					
1.00	CHEMO	90.03	7,094	1,366		1.00
2.00		0.00	0	0		2.00
	TOTALS		7,094	1,366		
	Z - MISC RECLASS					
1.00	HEALTHSOUTH	194.08	15,094	0		1.00
2.00		0.00	0	0		2.00
	TOTALS		15,094	0		
	AA - LINE 32 CHARGES					
1.00	ADULTS & PEDIATRICS	30.00	0	390,247		1.00
	TOTALS		0	390,247		
500.00	Grand Total: Increases		13,283,996	209,653,012		500.00

RECLASSIFICATIONS

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		Decreases				Wkst. A-7 Ref.		
Cost Center		Line #	Salary	Other				
6.00		7.00	8.00	9.00	10.00			
A - BUILDING DEPRECIATION								
1.00		0.00	0	0	9		1.00	
2.00		0.00	0	0	0		2.00	
3.00	OPERATION OF PLANT	7.00	0	11,147,183	0		3.00	
TOTALS			0	11,147,183				
B - EQUIPMENT DEPRECIATION								
1.00		0.00	0	0	9		1.00	
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	409,360	9		2.00	
3.00	ADMINISTRATIVE & GENERAL	5.00	0	1,788,305	0		3.00	
4.00	OPERATION OF PLANT	7.00	0	257,752	0		4.00	
5.00	LAUNDRY & LINEN SERVICE	8.00	0	42,417	0		5.00	
6.00	HOUSEKEEPING	9.00	0	75,698	0		6.00	
7.00	DIETARY	10.00	0	132,202	0		7.00	
8.00	NURSING ADMINISTRATION	13.00	0	961,755	0		8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	190,163	0		9.00	
10.00	PHARMACY	15.00	0	201,921	0		10.00	
11.00	SOCIAL SERVICE	17.00	0	870	0		11.00	
12.00	ADULTS & PEDIATRICS	30.00	0	225,350	0		12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	268,751	0		13.00	
14.00	OPERATING ROOM	50.00	0	3,935,772	0		14.00	
15.00	RECOVERY ROOM	51.00	0	192,267	0		15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	957,537	0		16.00	
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	25,253	0		17.00	
18.00	RADIOISOTOPE	56.00	0	3,834	0		18.00	
19.00	CT SCAN	57.00	0	11,886	0		19.00	
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	139,396	0		20.00	
21.00	CARDIAC CATHETERIZATION	59.00	0	844,180	0		21.00	
22.00	LABORATORY	60.00	0	855,420	0		22.00	
23.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	25,570	0		23.00	
24.00	INTRAVENOUS THERAPY	64.00	0	22,438	0		24.00	
25.00	RESPIRATORY THERAPY	65.00	0	374,288	0		25.00	
26.00	PHYSICAL THERAPY	66.00	0	93,805	0		26.00	
27.00	ELECTROCARDIOLOGY	69.00	0	312,538	0		27.00	
28.00	RENAL DIALYSIS	74.00	0	52,708	0		28.00	
29.00	PULMONARY REHAB	76.01	0	16,861	0		29.00	
30.00	CARDIAC REHABILITATION	76.97	0	8,206	0		30.00	
31.00	CLINIC	90.00	0	1,020	0		31.00	
32.00	FAMILY PRACTICE	90.01	0	24,784	0		32.00	
33.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	0	465	0		33.00	
34.00	CHEMO	90.03	0	63,596	0		34.00	
35.00	PRIMARY CARE FOR SENIORS	90.04	0	8,752	0		35.00	
36.00	PAIN MANAGEMENT	90.05	0	36,013	0		36.00	
37.00	WOUND CARE	90.06	0	4,515	0		37.00	
38.00	SLEEP CENTER	90.07	0	10,775	0		38.00	
39.00	HEMATOLOGY	90.08	0	163	0		39.00	
40.00	MULTI-SPECIALTY SERVICES	90.09	0	8,414	0		40.00	
41.00	DIABETES CENTER	90.10	0	372	0		41.00	
42.00	DERMATOLOGY	90.11	0	55,886	0		42.00	
43.00	DH RHEUMATOLOGY 4TH STREET	90.12	0	9,064	0		43.00	
44.00	EMERGENCY	91.00	0	318,319	0		44.00	
45.00	AMBULANCE SERVICES	95.00	0	141,748	0		45.00	
46.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	226,182	0		46.00	
47.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	66,278	0		47.00	
48.00	FAMILY PHARMACY	192.03	0	29,281	0		48.00	
49.00	OTHER FACILITIES	194.02	0	15,757	0		49.00	
50.00	CHILD CARE CENTER	194.05	0	40,464	0		50.00	
TOTALS			0	13,488,351				
C - INTEREST EXPENSE								
1.00		0.00	0	0	11		1.00	
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,796,288	11		2.00	
TOTALS			0	1,796,288				
D - CAFETERIA								
1.00		0.00	0	0	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00	DIETARY	10.00	447,171	0	0		3.00	
4.00		0.00	0	0	0		4.00	
5.00		0.00	0	0	0		5.00	
6.00	DIETARY	10.00	0	6,353,183	0		6.00	
TOTALS			447,171	6,353,183				

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet A-6
Date/Time Prepared:
2/27/2025 11:48 pm

		Decreases					2/27/2020 11:40 pm	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
E - INCENTIVE COMPENSATION								
1.00		0.00	0	0	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
5.00		0.00	0	0	0		5.00	
6.00		0.00	0	0	0		6.00	
7.00		0.00	0	0	0		7.00	
8.00		0.00	0	0	0		8.00	
9.00		0.00	0	0	0		9.00	
10.00		0.00	0	0	0		10.00	
11.00		0.00	0	0	0		11.00	
12.00		0.00	0	0	0		12.00	
13.00		0.00	0	0	0		13.00	
14.00		0.00	0	0	0		14.00	
15.00		0.00	0	0	0		15.00	
16.00		0.00	0	0	0		16.00	
17.00		0.00	0	0	0		17.00	
18.00		0.00	0	0	0		18.00	
19.00		0.00	0	0	0		19.00	
20.00		0.00	0	0	0		20.00	
21.00		0.00	0	0	0		21.00	
22.00		0.00	0	0	0		22.00	
23.00		0.00	0	0	0		23.00	
24.00		0.00	0	0	0		24.00	
25.00		0.00	0	0	0		25.00	
26.00		0.00	0	0	0		26.00	
27.00		0.00	0	0	0		27.00	
28.00		0.00	0	0	0		28.00	
29.00		0.00	0	0	0		29.00	
30.00		0.00	0	0	0		30.00	
31.00		0.00	0	0	0		31.00	
32.00		0.00	0	0	0		32.00	
33.00		0.00	0	0	0		33.00	
34.00		0.00	0	0	0		34.00	
35.00	PHYSICIANS' PRIVATE OFFICES	192.00	704	0	0		35.00	
36.00		0.00	0	0	0		36.00	
37.00		0.00	0	0	0		37.00	
38.00		0.00	0	0	0		38.00	
39.00		0.00	0	0	0		39.00	
40.00		0.00	0	0	0		40.00	
41.00	ADMINISTRATIVE & GENERAL	5.00	3,803,282	0	0		41.00	
TOTALS			3,803,986	0	0			
F - LEASES								
1.00		0.00	0	0	10		1.00	
2.00		0.00	0	0	10		2.00	
3.00	ADMINISTRATIVE & GENERAL	5.00	0	19,265	0		3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	633,408	0		4.00	
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	64,317	0		5.00	
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	90,700	0		6.00	
TOTALS			0	807,690				
G - DRUGS								
1.00		0.00	0	0	0		1.00	
2.00	PHARMACY	15.00	0	105,164,908	0		2.00	
TOTALS			0	105,164,908				
H - RESIDENTS								
1.00		0.00	0	0	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00	FAMILY PRACTICE	90.01	3,429,354	0	0		4.00	
5.00	FAMILY PRACTICE	90.01	0	354,394	0		5.00	
6.00	ADMINISTRATIVE & GENERAL	5.00	0	0	0		6.00	
TOTALS			3,429,354	354,394				
J - INSURANCE								
1.00		0.00	0	0	12		1.00	
2.00		0.00	0	0	12		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
5.00	ADMINISTRATIVE & GENERAL	5.00	0	725,314	0		5.00	
TOTALS			0	725,314				
K - NURSING EDUCATION								
1.00		0.00	0	0	0		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	8,134	0	0		2.00	
3.00	NURSING ADMINISTRATION	13.00	2,451	0	0		3.00	

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024

Worksheet A-6

Date/Time Prepared:
2/27/2025 11:48 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
4.00	SOCIAL SERVICE	17.00	2,066	0	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	875,304	0	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	162,620	0	0	6.00
7.00	OPERATING ROOM	50.00	19,917	0	0	7.00
8.00	RECOVERY ROOM	51.00	48,664	0	0	8.00
9.00	CARDIAC CATHETERIZATION	59.00	20,508	0	0	9.00
10.00	INTRAVENOUS THERAPY	64.00	1,324	0	0	10.00
11.00	RENAL DIALYSIS	74.00	6,222	0	0	11.00
12.00	CARDIAC REHABILITATION	76.97	1,770	0	0	12.00
13.00	CHEMO	90.03	6,731	0	0	13.00
14.00	PAIN MANAGEMENT	90.05	2,974	0	0	14.00
15.00	EMERGENCY	91.00	29,949	0	0	15.00
16.00	OBSERVATION BEDS (DISTINCT PART)	92.01	95,869	0	0	16.00
17.00	DURABLE MEDICAL EQUIP-RENTED	96.00	1,144	0	0	17.00
	TOTALS		1,285,647	0		
L - MEDICAL SUPPLIES CHARGED						
1.00		0.00	0	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00	NURSING ADMINISTRATION	13.00	0	40,204	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	874,168	0	4.00
5.00	OPERATING ROOM	50.00	0	35,532,921	0	5.00
6.00	RECOVERY ROOM	51.00	0	348,977	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	405,154	0	7.00
8.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,774,291	0	8.00
9.00	RADIOISOTOPE	56.00	0	240,826	0	9.00
10.00	CT SCAN	57.00	0	215,636	0	10.00
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	147,058	0	11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	20,855,592	0	12.00
13.00	INTRAVENOUS THERAPY	64.00	0	1,826	0	13.00
14.00	RESPIRATORY THERAPY	65.00	0	199,722	0	14.00
15.00	PAIN MANAGEMENT	90.05	0	56,797	0	15.00
	TOTALS		0	60,693,172		
M - BENEFITS						
1.00		0.00	0	0	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	882,789	0	2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	7,442	0	3.00
	TOTALS		0	890,231		
N - PROPERTY TAXES						
1.00		0.00	0	0	13	1.00
2.00		0.00	0	0	13	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00	ADMINISTRATIVE & GENERAL	5.00	0	1,308,301	0	9.00
	TOTALS		0	1,308,301		
O - DISABILITY						
1.00	ADMINISTRATIVE & GENERAL	5.00	21,191	0	0	1.00
2.00	OPERATION OF PLANT	7.00	8,038	0	0	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	6,832	0	0	3.00
4.00	HOUSEKEEPING	9.00	29,898	0	0	4.00
5.00	DIETARY	10.00	4,826	0	0	5.00
6.00	NURSING ADMINISTRATION	13.00	38,515	0	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	23,550	0	0	7.00
8.00	PHARMACY	15.00	123,823	0	0	8.00
9.00	SOCIAL SERVICE	17.00	37,731	0	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	408,779	0	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	178,748	0	0	11.00
12.00	OPERATING ROOM	50.00	121,543	0	0	12.00
13.00	RECOVERY ROOM	51.00	54,740	0	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	37,400	0	0	14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	8,130	0	0	15.00
16.00	RADIOISOTOPE	56.00	7,946	0	0	16.00
17.00	CT SCAN	57.00	15,563	0	0	17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	12,836	0	0	18.00
19.00	CARDIAC CATHETERIZATION	59.00	50,739	0	0	19.00
20.00	LABORATORY	60.00	79,709	0	0	20.00
21.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	1,405	0	0	21.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024

Worksheet A-6

Date/Time Prepared:
2/27/2025 11:48 pm

		Decreases					2/27/2020 11:45 pm	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
22.00	INTRAVENOUS THERAPY	64.00	5,499	0	0		22.00	
23.00	RESPIRATORY THERAPY	65.00	34,382	0	0		23.00	
24.00	ELECTROCARDIOLOGY	69.00	6,836	0	0		24.00	
25.00	RENAL DIALYSIS	74.00	2,937	0	0		25.00	
26.00	CARDIAC REHABILITATION	76.97	3,931	0	0		26.00	
27.00	CLINIC	90.00	8,596	0	0		27.00	
28.00	FAMILY PRACTICE	90.01	14,809	0	0		28.00	
29.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	10,958	0	0		29.00	
30.00	CHEMO	90.03	15,531	0	0		30.00	
31.00	PRIMARY CARE FOR SENIORS	90.04	698	0	0		31.00	
32.00	PAIN MANAGEMENT	90.05	22,383	0	0		32.00	
33.00	WOUND CARE	90.06	8,379	0	0		33.00	
34.00	SLEEP CENTER	90.07	22,946	0	0		34.00	
35.00	HEMATOLOGY	90.08	1,166	0	0		35.00	
36.00	MULTI-SPECIALTY SERVICES	90.09	4,046	0	0		36.00	
37.00	DERMATOLOGY	90.11	15,903	0	0		37.00	
38.00	DH RHEUMATOLOGY 4TH STREET	90.12	3,330	0	0		38.00	
39.00	MOB6 GI	90.13	8,739	0	0		39.00	
40.00	GI QUICK CARE	90.14	2,609	0	0		40.00	
41.00	EMERGENCY	91.00	85,996	0	0		41.00	
42.00	OBSERVATION BEDS (DISTINCT PART)	92.01	51,045	0	0		42.00	
43.00	AMBULANCE SERVICES	95.00	5,001	0	0		43.00	
44.00	DURABLE MEDICAL EQUIP-RENTED	96.00	4,668	0	0		44.00	
45.00	PHYSICIANS' PRIVATE OFFICES	192.00	29,958	0	0		45.00	
46.00	HENDERSON ER PHYSICIANS	192.02	5,875	0	0		46.00	
47.00	FAMILY PHARMACY	192.03	10,448	0	0		47.00	
48.00	MISC NONREIMBURSABLE	194.00	8,275	0	0		48.00	
49.00	CHILD CARE CENTER	194.05	7,290	0	0		49.00	
TOTALS			1,674,176	0				
P - SALARY IN NON-SALARY ACCOUNTS								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,520	0		1.00	
2.00	OPERATION OF PLANT	7.00	0	590	0		2.00	
3.00	LAUNDRY & LINEN SERVICE	8.00	0	30	0		3.00	
4.00	HOUSEKEEPING	9.00	0	1,440	0		4.00	
5.00	DIETARY	10.00	0	60	0		5.00	
6.00	NURSING ADMINISTRATION	13.00	0	1,160	0		6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	80	0		7.00	
8.00	PHARMACY	15.00	0	3,894	0		8.00	
9.00	SOCIAL SERVICE	17.00	0	1,700	0		9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	95,377	0		10.00	
11.00	INTENSIVE CARE UNIT	31.00	0	4,380	0		11.00	
12.00	OPERATING ROOM	50.00	0	39,122	0		12.00	
13.00	RECOVERY ROOM	51.00	0	6,190	0		13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,400	0		14.00	
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,440	0		15.00	
16.00	CT SCAN	57.00	0	200	0		16.00	
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	260	0		17.00	
18.00	CARDIAC CATHETERIZATION	59.00	0	270	0		18.00	
19.00	LABORATORY	60.00	0	9,468	0		19.00	
20.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	300	0		20.00	
21.00	RESPIRATORY THERAPY	65.00	0	4,266	0		21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	200	0		22.00	
23.00	CLINIC	90.00	0	1,280	0		23.00	
24.00	FAMILY PRACTICE	90.01	0	4,680	0		24.00	
25.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	0	490	0		25.00	
26.00	CHEMO	90.03	0	590	0		26.00	
27.00	PRIMARY CARE FOR SENIORS	90.04	0	140	0		27.00	
28.00	PAIN MANAGEMENT	90.05	0	12,431	0		28.00	
29.00	WOUND CARE	90.06	0	910	0		29.00	
30.00	SLEEP CENTER	90.07	0	1,860	0		30.00	
31.00	HEMATOLOGY	90.08	0	725	0		31.00	
32.00	MULTI-SPECIALTY SERVICES	90.09	0	810	0		32.00	
33.00	DERMATOLOGY	90.11	0	120	0		33.00	
34.00	DH RHEUMATOLOGY 4TH STREET	90.12	0	50	0		34.00	
35.00	MOB6 GI	90.13	0	1,585	0		35.00	
36.00	EMERGENCY	91.00	0	3,060	0		36.00	
37.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	110	0		37.00	
38.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	620	0		38.00	

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet A-6
Date/Time Prepared:
2/27/2025 11:48 pm

Decreases						wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
39.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	50,253	0		39.00
40.00	FAMILY PHARMACY	192.03	0	90	0		40.00
	TOTALS		0	254,151			
Q - PART A PHYSICIAN							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	300,867	0	0		3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	307,223	0	0		4.00
	TOTALS		608,090	0			
S - PTO ACCRUAL							
1.00	ADMINISTRATIVE & GENERAL	5.00	1,647,043	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
47.00		0.00	0	0	0		47.00
48.00		0.00	0	0	0		48.00
49.00		0.00	0	0	0		49.00
50.00		0.00	0	0	0		50.00
51.00		0.00	0	0	0		51.00
	TOTALS		1,647,043	0			
T - A&G							
1.00	OPERATION OF PLANT	7.00	0	31,566	0		1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	0	115	0		2.00
3.00	DIETARY	10.00	0	3,247	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	3,157	0		4.00
5.00	SOCIAL SERVICE	17.00	0	27,263	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	57,703	0		6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	713	0		7.00
8.00	RADIOISOTOPE	56.00	0	41,238	0		8.00
9.00	CT SCAN	57.00	0	2,150	0		9.00
10.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,550	0		10.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet A-6
Date/Time Prepared:
2/27/2025 11:48 pm

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
11.00	CARDIAC CATHETERIZATION	59.00	0	9,200	0		11.00
12.00	LABORATORY	60.00	0	5,903	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	3,825	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	1,075	0		14.00
15.00	CLINIC	90.00	0	533	0		15.00
16.00	FAMILY PRACTICE	90.01	0	1,720	0		16.00
17.00	CHEMO	90.03	0	33,540	0		17.00
18.00	SLEEP CENTER	90.07	0	210	0		18.00
19.00	HEMATOLOGY	90.08	0	850	0		19.00
20.00	MULTI-SPECIALTY SERVICES	90.09	0	285	0		20.00
21.00	DERMATOLOGY	90.11	0	195	0		21.00
22.00	DH RHEUMATOLOGY 4TH STREET	90.12	0	270	0		22.00
23.00	MOB6 GI	90.13	0	255	0		23.00
24.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	39,059	0		24.00
25.00	FAMILY PHARMACY	192.03	0	4,000	0		25.00
26.00	MISC NONREIMBURSABLE	194.00	0	28,890	0		26.00
TOTALS			0	298,512			
U - RADIOLOGY							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	756,921	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,674,502	0		8.00
TOTALS			756,921	2,674,502			
V - ORTHO URO							
1.00		0.00	0	0	0		1.00
2.00	NURSING ADMINISTRATION	13.00	147,507	611,647	0		2.00
TOTALS			147,507	611,647			
W - MEDICAL RECORDS							
1.00		0.00	0	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,286,158	0		2.00
TOTALS			0	1,286,158			
X - DIRECTOR SALARIES							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	869,327	0	0		6.00
TOTALS			869,327	0			
Y - 340B							
1.00		0.00	0	0	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	7,094	1,366	0		2.00
TOTALS			7,094	1,366			
Z - MISC RECLASS							
1.00		0.00	0	0	0		1.00
2.00	MISC NONREIMBURSABLE	194.00	15,094	0	0		2.00
TOTALS			15,094	0			
AA - LINE 32 CHARGES							
1.00	CORONARY CARE UNIT	32.00	0	390,247	0		1.00
TOTALS			0	390,247			
500.00	Grand Total: Decreases		14,691,410	208,245,598			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet A-7
Part I
Date/Time Prepared:
2/27/2025 11:48 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	31,205,787	4,041,022	0	4,041,022	127,940	1.00	
2.00	Land Improvements	0	0	0	0	0	2.00	
3.00	Buildings and Fixtures	945,752,836	43,901,443	0	43,901,443	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	330,733,423	10,127,336	0	10,127,336	0	5.00	
6.00	Movable Equipment	0	0	0	0	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	1,307,692,046	58,069,801	0	58,069,801	127,940	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	1,307,692,046	58,069,801	0	58,069,801	127,940	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	35,118,869	0				1.00	
2.00	Land Improvements	0	0				2.00	
3.00	Buildings and Fixtures	989,654,279	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	340,860,759	0				5.00	
6.00	Movable Equipment	0	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	1,365,633,907	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	1,365,633,907	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet A-7
Part II
Date/Time Prepared:
2/27/2025 11:48 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	28,501,015	0	21,161,432	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	10,133,595	0	0	0	2.00
3.00	Total (sum of lines 1-2)	28,501,015	10,133,595	21,161,432	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	49,662,447				1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	10,133,595				2.00
3.00	Total (sum of lines 1-2)	0	59,796,042				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet A-7
Part III
Date/Time Prepared:
2/27/2025 11:48 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	1,024,378,007	0	1,024,378,007	0.750329	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	340,860,760	0	340,860,760	0.249671	0	2.00
3.00	Total (sum of lines 1-2)	1,365,238,767	0	1,365,238,767	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	39,211,895	607,798	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	13,488,351	10,333,487	2.00
3.00	Total (sum of lines 1-2)	0	0	0	52,700,246	10,941,285	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	14,206,028	680,416	1,248,934	0	55,955,071	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	1,796,288	0	34,934	0	25,653,060	2.00
3.00	Total (sum of lines 1-2)	16,002,316	680,416	1,283,868	0	81,608,131	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024

Worksheet A-8

Date/Time Prepared:
2/27/2025 11:48 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		B	-5,159,116	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-5,159,116	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			CAP REL COSTS-BLDG & FIXT	1.01	0	1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-53,017	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)	B	-14,980	CAP REL COSTS-BLDG & FIXT	1.00	9	9.00
10.00	Provider-based physician adjustment	A-8-2	-95,325,353			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	-26,299,919			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-10,405	ADMINISTRATIVE & GENERAL	5.00	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		RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - CAP REL COSTS-BLDG & FIXT			CAP REL COSTS-BLDG & FIXT	1.01	0	26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant				0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)	B	-17,842	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024

Worksheet A-8

Date/Time Prepared:
2/27/2025 11:48 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	
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISC OPERATING INCOM	B	-14,439	PRIMARY CARE FOR SENIORS	90.04	0	33.00
33.01	WEIGHT LOSS PROGRAM	B	-13,311	CLINIC	90.00	0	33.01
33.02	DEACONESS CLINIC AT WORK	B	-100,224	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	PROPERTY TAX - RENTAL PROPERTY	A	-155,642	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	FAMILY PRACTICE GRANT	A	224,903	FAMILY PRACTICE	90.01	0	33.04
33.05	FEDERAL INCOME TAX	A	-159,400	ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06	STATE INCOME TAX	A	-22,982	ADMINISTRATIVE & GENERAL	5.00	0	33.06
33.07	ADVERTISEMENT	A	-278	ADMINISTRATIVE & GENERAL	5.00	0	33.07
33.08	HAF PROVIDER TAX	A	-51,995,724	ADMINISTRATIVE & GENERAL	5.00	0	33.08
33.09	PROFESSIONAL BILLING	A	-567,967	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10	OTHER FACILITIES RENT	A	-1,497	ADULTS & PEDIATRICS	30.00	0	33.10
33.11	OTHER FACILITIES RENT	A	-2,296,822	MISC NONREIMBURSABLE	194.00	0	33.11
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-181,984,015				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: 15-0082

Period:
From 10/01/2023
To 09/30/2024

Worksheet A-8-1

Date/Time Prepared:
2/27/2025 11:48 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	0.00			0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	FACILITY RENT	58,301	48,101	2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	FACILITY RENT	14,405	4,674	3.00
4.00	50.00	OPERATING ROOM	FACILITY RENT	0	33,000	4.00
4.01	54.00	RADIOLOGY-DIAGNOSTIC	FACILITY RENT	157,279	150,377	4.01
4.02	55.00	RADIOLOGY-THERAPEUTIC	FACILITY RENT	2,024	0	4.02
4.03	60.00	LABORATORY	FACILITY RENT	0	8,545	4.03
4.04	66.00	PHYSICAL THERAPY	FACILITY RENT	97,298	137,728	4.04
4.05	90.04	PRIMARY CARE FOR SENIORS	FACILITY RENT	38,261	71,310	4.05
4.06	90.05	PAIN MANAGEMENT	FACILITY RENT	67,835	377,626	4.06
4.07	50.00	OPERATING ROOM	CONTRACT SERVICES	12,407,791	28,908,116	4.07
4.08	66.00	PHYSICAL THERAPY	CONTRACT THERAPY	13,177,476	17,839,542	4.08
4.09	0.00			0	0	4.09
4.10	0.00			0	0	4.10
4.11	0.00			0	0	4.11
4.12	54.00	RADIOLOGY-DIAGNOSTIC	FACILITY RENT	23,928	23,928	4.12
4.13	60.00	LABORATORY	FACILITY RENT	13,777	13,777	4.13
4.14	0.00			0	0	4.14
4.15	55.00	RADIOLOGY-THERAPEUTIC	CONTRACT SERVICES	3,625,376	19,632,955	4.15
4.16	50.00	OPERATING ROOM	CONTRACT SERVICES	8,225,785	9,202,917	4.16
4.17	50.00	OPERATING ROOM	CONTRACT SERVICES	4,307,139	5,435,038	4.17
4.18	59.00	CARDIAC CATHETERIZATION	CONTRACT SERVICES	4,208,552	5,310,633	4.18
4.19	50.00	OPERATING ROOM	CONTRACT SERVICES	14,400,226	17,295,564	4.19
4.20	5.00	ADMINISTRATIVE & GENERAL	CONTRACT SERVICES	25,402,145	26,815,293	4.20
4.21	4.00	EMPLOYEE BENEFITS DEPARTMENT	CONTRACT SERVICES	67,119	0	4.21
4.22	13.00	NURSING ADMINISTRATION	MANAGEMENT SERVICES	200,743	225,572	4.22
4.23	50.00	OPERATING ROOM	MANAGEMENT SERVICES	435,187	476,534	4.23
4.24	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	51,481,125	53,111,861	4.24
4.25	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	60,624,077	86,396,083	4.25
4.26	7.00	OPERATION OF PLANT	HOME OFFICE	17,824,725	0	4.26
4.27	8.00	LAUNDRY & LINEN SERVICE	HOME OFFICE	1,752,704	0	4.27
4.28	9.00	HOUSEKEEPING	HOME OFFICE	4,170,222	0	4.28
4.29	10.00	DIETARY	HOME OFFICE	3,691,659	0	4.29
4.30	13.00	NURSING ADMINISTRATION	HOME OFFICE	3,779,017	0	4.30
4.31	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE	2,782,584	0	4.31
4.32	15.00	PHARMACY	HOME OFFICE	5,798,558	0	4.32
4.33	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	128,725	0	4.33
4.34	17.00	SOCIAL SERVICE	HOME OFFICE	6,255,212	0	4.34
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			245,219,255	271,519,174	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.

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

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

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

6.00	B		100.00	DEACONESS HEALT	0.00	6.00
7.00	B		100.00	DEACONESS HEALT	0.00	7.00
8.00	B		100.00	DEACONESS HEALT	0.00	8.00
9.00	B		100.00	DEACONESS HEALT	0.00	9.00
10.00	B		100.00	DEACONESS HEALT	0.00	10.00
10.01	B		100.00	DEACONESS HEALT	0.00	10.01
10.02	B		100.00	DEACONESS HEALT	0.00	10.02
10.03	B		100.00	DEACONESS HEALT	0.00	10.03
10.04	B		100.00	DEACONESS HEALT	0.00	10.04

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

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024

Worksheet A-8-1

Date/Time Prepared:
2/27/2025 11:48 pm

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
				Name	Percentage of Ownership
	1.00	2.00	3.00	4.00	5.00
10.05	C		0.00	EVANSVILLE SURG	50.00
10.06	C		0.00	PROGRESSIVE HEA	51.00
10.07	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00
10.08	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00
10.09	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00
10.10	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00
10.11	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00
10.12	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00
10.13	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00
10.14	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00
10.15	C		0.00	TROC	51.00
10.16	C		0.00	MAINSRING MANA	51.00
10.17	C		0.00	VASC MED, LLC	51.00
10.18	C		0.00	VASC MED, LLC	51.00
10.19	C		0.00	ORTHOALIGN	51.00
10.20	B		100.00	DEACONESS HEALT	0.00
10.21	B		100.00	DEACONESS HEALT	0.00
10.22	B		100.00	DEACONESS HEALT	0.00
10.23	B		100.00	DEACONESS HEALT	0.00
10.24	B		100.00	DEACONESS HEALT	0.00
10.25	B		100.00	DEACONESS HEALT	0.00
10.26	B		100.00	DEACONESS HEALT	0.00
10.27	B		100.00	DEACONESS HEALT	0.00
10.28	B		100.00	DEACONESS HEALT	0.00
10.29	B		100.00	DEACONESS HEALT	0.00
10.30	B		100.00	DEACONESS HEALT	0.00
10.31	B		100.00	DEACONESS HEALT	0.00
10.32	C		0.00	HRS	95.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024

Worksheet A-8-1

Date/Time Prepared:
2/27/2025 11:48 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	0	0		1.00
2.00	10,200	0		2.00
3.00	9,731	0		3.00
4.00	-33,000	0		4.00
4.01	6,902	0		4.01
4.02	2,024	0		4.02
4.03	-8,545	0		4.03
4.04	-40,430	0		4.04
4.05	-33,049	0		4.05
4.06	-309,791	0		4.06
4.07	-16,500,325	0		4.07
4.08	-4,662,066	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	-16,007,579	0		4.15
4.16	-977,132	0		4.16
4.17	-1,127,899	0		4.17
4.18	-1,102,081	0		4.18
4.19	-2,895,338	0		4.19
4.20	-1,413,148	0		4.20
4.21	67,119	0		4.21
4.22	-24,829	0		4.22
4.23	-41,347	0		4.23
4.24	-1,630,736	0		4.24
4.25	-25,772,006	0		4.25
4.26	17,824,725	0		4.26
4.27	1,752,704	0		4.27
4.28	4,170,222	0		4.28
4.29	3,691,659	0		4.29
4.30	3,779,017	0		4.30
4.31	2,782,584	0		4.31
4.32	5,798,558	0		4.32
4.33	128,725	0		4.33
4.34	6,255,212	0		4.34
5.00	-26,299,919			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	HEALTH SYSTEM	6.00
7.00	HEALTH SYSTEM	7.00
8.00	HEALTH SYSTEM	8.00
9.00	HEALTH SYSTEM	9.00
10.00	HEALTH SYSTEM	10.00
10.01	HEALTH SYSTEM	10.01
10.02	HEALTH SYSTEM	10.02
10.03	HEALTH SYSTEM	10.03
10.04	HEALTH SYSTEM	10.04
10.05	SURGERY	10.05
10.06	THERAPY SERVICE	10.06
10.07	CLINIC	10.07

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

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024

Worksheet A-8-1

Date/Time Prepared:
2/27/2025 11:48 pm

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
10.08	CLINIC		10.08
10.09	CLINIC		10.09
10.10	CLINIC		10.10
10.11	CLINIC		10.11
10.12	CLINIC		10.12
10.13	CLINIC		10.13
10.14	CLINIC		10.14
10.15	RADIATION THERA		10.15
10.16	SURGERY		10.16
10.17	SURGERY		10.17
10.18	SURGERY		10.18
10.19	SURGERY		10.19
10.20	HEALTH SYSTEM		10.20
10.21	HEALTH SYSTEM		10.21
10.22	HEALTH SYSTEM		10.22
10.23	HEALTH SYSTEM		10.23
10.24	HEALTH SYSTEM		10.24
10.25	HEALTH SYSTEM		10.25
10.26	HEALTH SYSTEM		10.26
10.27	HEALTH SYSTEM		10.27
10.28	HEALTH SYSTEM		10.28
10.29	HEALTH SYSTEM		10.29
10.30	HEALTH SYSTEM		10.30
10.31	HEALTH SYSTEM		10.31
10.32	REV CYCLE BILLI		10.32
100.00			100.00

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

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 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: 15-0082

Period:
From 10/01/2023
To 09/30/2024

Worksheet A-8-2

Date/Time Prepared:
2/27/2025 11:48 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	300,895	29	300,866	179,000	1,276	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	41,253	647	40,606	179,000	369	2.00
3.00	30.00	ADULTS & PEDIATRICS	32,000,381	28,614,113	3,386,268	211,500	20,663	3.00
4.00	31.00	INTENSIVE CARE UNIT	12,702,164	12,394,941	307,223	211,500	1,912	4.00
5.00	50.00	OPERATING ROOM	24,050,697	21,088,228	2,962,469	211,500	8,934	5.00
6.00	51.00	RECOVERY ROOM	69,500	69,500	0	246,400	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	622,679	276,429	346,250	246,400	1,385	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	75,645	1,021	74,624	246,400	189	8.00
9.00	59.00	CARDIAC CATHETERIZATION	254	254	0	246,400	0	9.00
10.00	60.00	LABORATORY	1,661,302	189,661	1,471,641	260,300	6,057	10.00
11.00	63.00	BLOOD STORING, PROCESSING, & TRANS.	200	200	0	260,300	0	11.00
12.00	65.00	RESPIRATORY THERAPY	33,750	33,750	0	211,500	0	12.00
13.00	76.01	PULMONARY REHAB	30,720	0	30,720	211,500	256	13.00
14.00	76.97	CARDIAC REHABILITATION	15,000	0	15,000	211,500	60	14.00
15.00	90.00	CLINIC	456,305	374,989	81,316	179,000	477	15.00
16.00	90.01	FAMILY PRACTICE	248,133	244,800	3,333	179,000	40	16.00
17.00	90.03	CHEMO	1,000	1,000	0	211,500	0	17.00
18.00	90.04	PRIMARY CARE FOR SENIORS	799,795	794,488	5,307	211,500	56	18.00
19.00	90.05	PAIN MANAGEMENT	1,165,505	1,115,659	49,846	211,500	484	19.00
20.00	90.06	WOUND CARE	357,190	354,163	3,027	211,500	47	20.00
21.00	90.07	SLEEP CENTER	1,732,596	1,712,252	20,344	211,500	284	21.00
22.00	90.08	HEMATOLOGY	217,072	209,152	7,920	211,500	95	22.00
23.00	90.09	MULTI-SPECIALTY SERVICES	252,992	247,726	5,266	211,500	76	23.00
24.00	90.11	DERMATOLOGY	9,171	9,171	0	211,500	0	24.00
25.00	91.00	EMERGENCY	30,677,160	16,790,517	13,886,643	211,500	76,231	25.00
26.00	92.01	OBSERVATION BEDS (DISTINCT PART)	2,875	2,875	0	211,500	0	26.00
27.00	95.00	AMBULANCE SERVICES	30,567	0	30,567	211,500	202	27.00
200.00			107,554,801	84,525,565	23,029,236		119,093	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024

Worksheet A-8-2

Date/Time Prepared:
2/27/2025 11:48 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	5.00	ADMINISTRATIVE & GENERAL	109,810	5,491	0	0	0	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	31,755	1,588	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	2,101,070	105,054	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	194,417	9,721	0	0	0	4.00
5.00	50.00	OPERATING ROOM	908,433	45,422	0	0	0	5.00
6.00	51.00	RECOVERY ROOM	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	164,069	8,203	0	0	0	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	22,389	1,119	0	0	0	8.00
9.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	9.00
10.00	60.00	LABORATORY	757,999	37,900	0	0	0	10.00
11.00	63.00	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	12.00
13.00	76.01	PULMONARY REHAB	26,031	1,302	0	0	0	13.00
14.00	76.97	CARDIAC REHABILITATION	6,101	305	0	0	0	14.00
15.00	90.00	CLINIC	41,050	2,053	0	0	0	15.00
16.00	90.01	FAMILY PRACTICE	3,442	172	0	0	0	16.00
17.00	90.03	CHEMO	0	0	0	0	0	17.00
18.00	90.04	PRIMARY CARE FOR SENIORS	5,694	285	0	0	0	18.00
19.00	90.05	PAIN MANAGEMENT	49,214	2,461	0	0	0	19.00
20.00	90.06	WOUND CARE	4,779	239	0	0	0	20.00
21.00	90.07	SLEEP CENTER	28,878	1,444	0	0	0	21.00
22.00	90.08	HEMATOLOGY	9,660	483	0	0	0	22.00
23.00	90.09	MULTI-SPECIALTY SERVICES	7,728	386	0	0	0	23.00
24.00	90.11	DERMATOLOGY	0	0	0	0	0	24.00
25.00	91.00	EMERGENCY	7,751,373	387,569	0	0	0	25.00
26.00	92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	26.00
27.00	95.00	AMBULANCE SERVICES	20,540	1,027	0	0	0	27.00
200.00			12,244,432	612,224	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024

Worksheet A-8-2

Date/Time Prepared:
2/27/2025 11:48 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	5.00	ADMINISTRATIVE & GENERAL	0	109,810	191,056	191,085		1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	31,755	8,851	9,498		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	2,101,070	1,285,198	29,899,311		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	194,417	112,806	12,507,747		4.00
5.00	50.00	OPERATING ROOM	0	908,433	2,054,036	23,142,264		5.00
6.00	51.00	RECOVERY ROOM	0	0	0	69,500		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	164,069	182,181	458,610		7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	0	22,389	52,235	53,256		8.00
9.00	59.00	CARDIAC CATHETERIZATION	0	0	0	254		9.00
10.00	60.00	LABORATORY	0	757,999	713,642	903,303		10.00
11.00	63.00	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	200		11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	33,750		12.00
13.00	76.01	PULMONARY REHAB	0	26,031	4,689	4,689		13.00
14.00	76.97	CARDIAC REHABILITATION	0	6,101	8,899	8,899		14.00
15.00	90.00	CLINIC	0	41,050	40,266	415,255		15.00
16.00	90.01	FAMILY PRACTICE	0	3,442	0	244,800		16.00
17.00	90.03	CHEMO	0	0	0	1,000		17.00
18.00	90.04	PRIMARY CARE FOR SENIORS	0	5,694	0	794,488		18.00
19.00	90.05	PAIN MANAGEMENT	0	49,214	632	1,116,291		19.00
20.00	90.06	WOUND CARE	0	4,779	0	354,163		20.00
21.00	90.07	SLEEP CENTER	0	28,878	0	1,712,252		21.00
22.00	90.08	HEMATOLOGY	0	9,660	0	209,152		22.00
23.00	90.09	MULTI-SPECIALTY SERVICES	0	7,728	0	247,726		23.00
24.00	90.11	DERMATOLOGY	0	0	0	9,171		24.00
25.00	91.00	EMERGENCY	0	7,751,373	6,135,270	22,925,787		25.00
26.00	92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	0	2,875		26.00
27.00	95.00	AMBULANCE SERVICES	0	20,540	10,027	10,027		27.00
200.00			0	12,244,432	10,799,788	95,325,353		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet B
Part I
Date/Time Prepared:
2/27/2025 11:48 pm

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP	
			0	1.00	1.01	2.00	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	55,955,071	55,955,071			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	0	0	0		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	25,653,060			25,653,060	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	52,549,992		0	0	52,799,780
5.00	00500	ADMINISTRATIVE & GENERAL	133,148,325	1,530,860	0	3,237,808	1,279,508
7.00	00700	OPERATION OF PLANT	35,210,342	0	0	461,698	505,274
8.00	00800	LAUNDRY & LINEN SERVICE	3,966,061	0	0	75,979	184,508
9.00	00900	HOUSEKEEPING	13,197,333	0	0	135,594	980,764
10.00	01000	DIETARY	10,684,034	102,471	0	236,807	83,110
11.00	01100	CAFETERIA	3,531,322	507,061	0	0	34,911
13.00	01300	NURSING ADMINISTRATION	13,817,630	0	0	1,722,743	1,250,651
14.00	01400	CENTRAL SERVICES & SUPPLY	6,744,450	14,406	0	340,629	448,539
15.00	01500	PHARMACY	18,641,410	0	0	361,691	1,705,984
16.00	01600	MEDICAL RECORDS & LIBRARY	1,682,320	16,035	0	0	1,179
17.00	01700	SOCIAL SERVICE	15,238,018	0	0	1,558	1,162,970
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,690,796	168,081	0	0	254,198
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,147,750	43,844	0	0	271,413
23.00	02300	PARAMED ED PRGM-PHARMACY	342,184	11,525	0	0	41,126
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	0	0	0	0
23.03	02303	PARAMED ED PRGM-NURSING	1,285,647	66,299	0	0	193,287
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	95,270,692	10,810,538	0	403,658	12,298,929
31.00	03100	INTENSIVE CARE UNIT	19,930,659	2,360,178	0	481,400	3,525,768
32.00	03200	CORONARY CARE UNIT	-390,247	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	89,102,332	4,535,333	0	7,049,942	6,463,793
51.00	05100	RECOVERY ROOM	11,156,668	1,511,945	0	344,398	1,129,124
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,030,785	1,572,794	0	2,840,665	1,172,505
55.00	05500	RADIOLOGY-THERAPEUTIC	9,640,189	454,197	0	45,234	588,973
56.00	05600	RADIOISOTOPE	3,883,735	117,096	0	6,868	127,967
57.00	05700	CT SCAN	6,484,203	125,145	0	21,291	560,183
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,066,792	202,405	0	249,693	368,700
59.00	05900	CARDIAC CATHETERIZATION	24,453,745	1,972,123	0	1,621,761	1,082,920
60.00	06000	LABORATORY	41,860,883	1,266,322	0	1,532,270	2,579,094
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	5,034,725	50,265	0	45,802	152,420
64.00	06400	INTRAVENOUS THERAPY	3,042,048	39,930	0	40,192	270,176
65.00	06500	RESPIRATORY THERAPY	8,308,978	238,921	0	670,443	765,280
66.00	06600	PHYSICAL THERAPY	13,039,416	242,335	0	168,028	0
69.00	06900	ELECTROCARDIOLOGY	7,064,682	585,981	0	559,833	459,247
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,956,656	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	48,736,516	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	105,164,908	0	0	0	0
74.00	07400	RENAL DIALYSIS	3,110,645	18,415	0	847,599	224,864
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0
76.01	03160	PULMONARY REHAB	26,112	0	0	30,202	0
76.97	07697	CARDIAC REHABILITATION	896,743	157,589	0	14,699	97,364
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,708,840	1,025,271	0	1,827	371,170
90.01	09001	FAMILY PRACTICE	1,745,260	116,501	0	44,394	177,567
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	2,002,252	0	0	833	223,833
90.03	09003	CHEMO	3,332,025	398,014	0	113,916	376,268
90.04	09004	PRIMARY CARE FOR SENIORS	528,208	0	0	15,677	168,880
90.05	09005	PAIN MANAGEMENT	2,372,527	215,276	0	64,508	435,340
90.06	09006	WOUND CARE	1,919,094	112,555	0	8,087	194,561
90.07	09007	SLEEP CENTER	2,707,926	395,132	0	19,301	536,890
90.08	09008	HEMATOLOGY	1,622,160	488,427	0	292	196,554
90.09	09009	MULTI-SPECIALTY SERVICES	1,290,107	224,765	0	15,072	170,962
90.10	09010	DIABETES CENTER	60	0	0	0	0
90.11	09011	DERMATOLOGY	3,687,875	387,992	0	100,106	275,266
90.12	09012	DH RHEUMATOLOGY 4TH STREET	597,876	267,389	0	16,236	73,804
90.13	09013	MOB6 GI	1,839,148	383,514	0	0	183,573
90.14	09014	GI QUICK CARE	174,307	72,688	0	0	23,771
91.00	09100	EMERGENCY	27,266,891	1,492,152	0	570,189	4,161,635
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	8,958,081	911,119	0	0	831,018

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
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To 09/30/2024Worksheet B
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Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP	
			0	1.00	1.01	2.00	4.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,618,217	0	0	253,906	146,345 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	12,044,103	154,927	0	445,888	431,114 96.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0 102.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	995,772,567	35,617,604	0	25,218,717	49,243,280 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,269,032	593,403	0	0	32,318 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	16,963,393	1,845,288	0	281,187	2,290,166 192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0 192.01
192.02	19202	HENDERSON ER PHYSICIANS	7,335	0	0	0	456,716 192.02
192.03	19203	FAMILY PHARMACY	64,022,646	114,090	0	52,450	385,486 192.03
194.00	07950	MISC NONREIMBURSABLE	-750,414	1,341,076	0	0	59,178 194.00
194.01	07951	OCCUPATIONAL HEALTH	2,914	0	0	0	0 194.01
194.02	07952	OTHER FACILITIES	3,563,929	1,665,525	0	28,225	1,649 194.02
194.03	07953	THE HEART HOSPITAL	0	0	0	0	0 194.03
194.04	07954	PR	20,419	90,163	0	0	2,698 194.04
194.05	07955	CHILD CARE CENTER	2,923,472	0	0	72,481	328,289 194.05
194.06	07956	CENTER OF LIFE BALANCE	1,023	0	0	0	0 194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	0	10,961	0	0	0 194.07
194.08	07958	HEALTHSOUTH	-1,032	411,668	0	0	0 194.08
194.09	07959	HOME OFFICE	0	14,265,293	0	0	0 194.09
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)	1,085,795,284	55,955,071	0	25,653,060	52,799,780 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	139,196,501					5.00
7.00	00700	OPERATION OF PLANT	3,617,123	39,794,437				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	464,718	804,924	5,496,190			8.00
9.00	00900	HOUSEKEEPING	1,500,424	542,247	0	16,356,362		9.00
10.00	01000	DIETARY	1,110,577	618,242	0	263,015	13,098,256	10.00
11.00	01100	CAFETERIA	570,432	541,432	0	230,338	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,840,099	216,297	0	92,018	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	771,333	714,263	37,150	303,864	0	14.00
15.00	01500	PHARMACY	2,160,005	446,790	0	190,075	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	256,613	267,253	0	113,696	0	16.00
17.00	01700	SOCIAL SERVICE	1,453,789	166,156	0	70,686	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	296,940	212,066	0	90,218	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	347,337	43,874	0	18,665	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	55,457	11,532	0	4,906	0	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	0	0	0	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	217,176	66,343	0	28,224	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,815,083	10,422,960	3,373,181	4,434,171	9,693,237	30.00
31.00	03100	INTENSIVE CARE UNIT	5,448,244	2,359,899	355,860	1,003,956	1,764,746	31.00
32.00	03200	CORONARY CARE UNIT	0	269,791	0	114,776	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,269,712	3,770,217	512,649	1,603,938	0	50.00
51.00	05100	RECOVERY ROOM	1,994,582	1,512,950	139,925	643,644	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,543,789	1,480,829	154,592	629,979	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,512,159	522,880	0	222,445	0	55.00
56.00	05600	RADIOISOTOPE	585,341	122,282	5,814	52,022	0	56.00
57.00	05700	CT SCAN	1,009,474	93,670	58,143	39,849	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	686,098	212,286	89,885	90,311	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,084,428	1,202,607	189,404	511,617	0	59.00
60.00	06000	LABORATORY	6,752,081	1,208,154	737	513,977	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	740,363	50,298	4,645	21,398	0	63.00
64.00	06400	INTRAVENOUS THERAPY	476,114	39,956	0	16,998	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,405,791	239,080	0	101,710	0	65.00
66.00	06600	PHYSICAL THERAPY	1,883,572	242,496	0	103,163	0	66.00
69.00	06900	ELECTROCARDIOLOGY	1,215,944	655,660	207,446	278,933	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,673,992	0	50,460	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,823,356	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,723,613	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	589,207	18,427	0	7,839	0	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	8,541	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	164,968	157,694	0	67,087	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	634,833	565,092	0	240,403	0	90.00
90.01	09001	FAMILY PRACTICE	327,013	116,578	983	49,595	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	312,748	0	0	0	0	90.02
90.03	09003	CHEMO	597,315	282,327	274	120,108	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	211,753	0	950	0	0	90.04
90.05	09005	PAIN MANAGEMENT	590,455	280,885	7,797	119,495	0	90.05
90.06	09006	WOUND CARE	363,239	112,630	11,603	47,915	0	90.06
90.07	09007	SLEEP CENTER	754,388	107,083	0	45,556	0	90.07
90.08	09008	HEMATOLOGY	353,303	261,142	0	111,096	0	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	273,597	224,915	0	95,684	0	90.09
90.10	09010	DIABETES CENTER	8	0	0	0	0	90.10
90.11	09011	DERMATOLOGY	625,697	0	0	0	0	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	134,104	0	0	0	0	90.12
90.13	09013	MOB6 GI	337,714	0	0	0	0	90.13
90.14	09014	GI QUICK CARE	38,011	0	0	0	0	90.14
91.00	09100	EMERGENCY	7,916,608	1,493,145	280,605	635,218	230,310	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,502,080	1,245,353	575	529,802	1,003,504	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	284,632	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1,832,574	155,031	0	65,954	0	96.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	125,158,547	34,077,736	5,482,678	13,924,344	12,691,797	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	545,425	459,796	0	195,608	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,008,682	2,203,490	4,642	937,416	0	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202	HENDERSON ER PHYSICIANS	66,944	0	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	9,043,004	114,165	0	48,569	0	192.03
194.00	07950	MISC NONREIMBURSABLE	95,282	1,387,315	962	590,196	406,459	194.00
194.01	07951	OCCUPATIONAL HEALTH	408	0	0	0	0	194.01
194.02	07952	OTHER FACILITIES	736,339	1,450,744	0	617,180	0	194.02
194.03	07953	THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04	07954	PR	15,871	90,223	0	38,383	0	194.04
194.05	07955	CHILD CARE CENTER	466,830	0	7,908	0	0	194.05
194.06	07956	CENTER OF LIFE BALANCE	143	0	0	0	0	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	1,535	10,968	0	4,666	0	194.07
194.08	07958	HEALTHSOUTH	57,491	0	0	0	0	194.08
194.09	07959	HOME OFFICE	0	0	0	0	0	194.09
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)	139,196,501	39,794,437	5,496,190	16,356,362	13,098,256	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	5,415,496					11.00
13.00	01300	NURSING ADMINISTRATION	196,480	19,135,918				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	92,752	0	9,467,386			14.00
15.00	01500	PHARMACY	201,891	0	0	23,707,846		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	309	0	2	0	2,337,407	16.00
17.00	01700	SOCIAL SERVICE	138,046	0	5	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	36,019	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	12,522	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	4,638	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	0	0	0	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	21,024	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,251,847	8,873,263	379,758	0	152,516	30.00
31.00	03100	INTENSIVE CARE UNIT	413,984	2,934,379	317,096	36	78,596	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	424,496	0	718,210	486	368,929	50.00
51.00	05100	RECOVERY ROOM	135,109	0	28,330	18	24,492	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	162,935	0	262,457	294	131,326	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	74,047	0	64,585	10,659	86,047	55.00
56.00	05600	RADIOISOTOPE	12,831	0	52,623	0	13,366	56.00
57.00	05700	CT SCAN	72,965	0	50,535	0	131,630	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	48,077	0	30,366	0	42,659	58.00
59.00	05900	CARDIAC CATHETERIZATION	105,892	0	811,159	38	110,114	59.00
60.00	06000	LABORATORY	492,205	0	971,286	116	195,753	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	19,323	0	302,653	0	17,652	63.00
64.00	06400	INTRAVENOUS THERAPY	27,671	0	82,259	15	7,970	64.00
65.00	06500	RESPIRATORY THERAPY	95,226	674,973	96,403	0	64,420	65.00
66.00	06600	PHYSICAL THERAPY	0	0	30,938	176	58,577	66.00
69.00	06900	ELECTROCARDIOLOGY	51,941	0	101,668	32	58,737	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	936,278	0	30,052	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	3,816,324	0	79,781	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	71,181	16,658,247	371,700	73.00
74.00	07400	RENAL DIALYSIS	25,043	0	0	0	9,514	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	0	0	0	18	0	76.01
76.97	07697	CARDIAC REHABILITATION	17,159	121,627	278	0	2,712	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	47,613	0	7,003	0	2,821	90.00
90.01	09001	FAMILY PRACTICE	24,889	0	5,412	11,670	2,022	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	42,048	298,040	33	0	5,701	90.02
90.03	09003	CHEMO	51,014	361,593	38,530	0	25,712	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	13,913	98,616	1,270	0	724	90.04
90.05	09005	PAIN MANAGEMENT	44,521	315,572	6,821	4,563	6,011	90.05
90.06	09006	WOUND CARE	27,362	193,945	54,754	2,065	10,958	90.06
90.07	09007	SLEEP CENTER	55,806	395,560	4,962	0	7,541	90.07
90.08	09008	HEMATOLOGY	34,937	247,636	719	2,058	2,306	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	25,507	180,796	1,357	0	2,464	90.09
90.10	09010	DIABETES CENTER	0	0	0	0	0	90.10
90.11	09011	DERMATOLOGY	54,878	388,986	36,650	10,987	7,755	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	13,294	94,233	46	414	588	90.12
90.13	09013	MOB6 GI	38,647	273,934	5,986	76	1,403	90.13
90.14	09014	GI QUICK CARE	4,328	30,681	4	0	439	90.14
91.00	09100	EMERGENCY	281,658	1,996,429	146,197	21	208,940	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	107,129	759,344	33,248	0	15,479	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	35,400	250,923	0	146	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	91,052	645,388	0	0	0	96.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	5,128,428	19,135,918	9,467,386	16,702,135	2,337,407	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,792	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	117,486	0	0	19,132	0	192.00
192.01	19201 DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202 HENDERSON ER PHYSICIANS	9,894	0	0	0	0	192.02
192.03	19203 FAMILY PHARMACY	49,313	0	0	0	0	192.03
194.00	07950 MISC NONREIMBURSABLE	19,942	0	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02	07952 OTHER FACILITIES	0	0	0	0	0	194.02
194.03	07953 THE HEART HOSPITAL	0	0	0	6,986,579	0	194.03
194.04	07954 PR	0	0	0	0	0	194.04
194.05	07955 CHILD CARE CENTER	85,641	0	0	0	0	194.05
194.06	07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07	07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08	07958 HEALTHSOUTH	0	0	0	0	0	194.08
194.09	07959 HOME OFFICE	0	0	0	0	0	194.09
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)	5,415,496	19,135,918	9,467,386	23,707,846	2,337,407	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-CHAPLAIN	
			SOCIAL SERVICE	SERVICES-SALAR	SERVICES-OTHER			
				Y & FRINGES	PRGM COSTS			
			17.00	21.00	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	18,231,228					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,748,318				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		2,885,405			22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0			471,368		23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0				0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	0					23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,098,473	1,622,336	1,703,258	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,132,755	4,481	4,704	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	47,932	50,323	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	61,738	64,818	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	471,368	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	0	0	0	0	0	76.01
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	FAMILY PRACTICE	0	769,150	807,515	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03	09003	CHEMO	0	0	0	0	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	43,972	46,166	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	16,620	17,449	0	0	90.05
90.06	09006	WOUND CARE	0	8,701	9,135	0	0	90.06
90.07	09007	SLEEP CENTER	0	0	0	0	0	90.07
90.08	09008	HEMATOLOGY	0	4,064	4,266	0	0	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0	0	0	0	0	90.09
90.10	09010	DIABETES CENTER	0	0	0	0	0	90.10
90.11	09011	DERMATOLOGY	0	17,714	18,598	0	0	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	0	0	0	0	0	90.12
90.13	09013	MOB6 GI	0	0	0	0	0	90.13
90.14	09014	GI QUICK CARE	0	0	0	0	0	90.14
91.00	09100	EMERGENCY	0	151,610	159,173	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-CHAPLAIN	
			SERVICES-SALAR	SERVICES-OTHER			
			Y & FRINGES	PRGM COSTS			
		17.00	21.00	22.00	23.00	23.01	
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,231,228	2,748,318	2,885,405	471,368	118.00
		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
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	192.01
192.02	19202	HENDERSON ER PHYSICIANS	0	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	0	0	0	0	192.03
194.00	07950	MISC NONREIMBURSABLE	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	0	0	0	194.01
194.02	07952	OTHER FACILITIES	0	0	0	0	194.02
194.03	07953	THE HEART HOSPITAL	0	0	0	0	194.03
194.04	07954	PR	0	0	0	0	194.04
194.05	07955	CHILD CARE CENTER	0	0	0	0	194.05
194.06	07956	CENTER OF LIFE BALANCE	0	0	0	0	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	0	0	0	0	194.07
194.08	07958	HEALTHSOUTH	0	0	0	0	194.08
194.09	07959	HOME OFFICE	0	0	0	0	194.09
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	18,231,228	2,748,318	2,885,405	471,368	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PARAMED ED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.03	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PRGM-PHARMACY					23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN					23.01
23.03	02303	PARAMED ED PRGM-NURSING	1,878,000				23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,241,295	197,845,195	-3,325,594	194,519,601	30.00
31.00	03100	INTENSIVE CARE UNIT	288,284	44,405,025	-9,185	44,395,840	31.00
32.00	03200	CORONARY CARE UNIT	0	-5,680	0	-5,680	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	29,097	132,947,389	-98,255	132,849,134	50.00
51.00	05100	RECOVERY ROOM	78,574	18,699,759	0	18,699,759	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	22,982,950	0	22,982,950	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,221,415	0	13,221,415	55.00
56.00	05600	RADIOISOTOPE	0	4,979,945	0	4,979,945	56.00
57.00	05700	CT SCAN	0	8,647,088	0	8,647,088	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,087,272	0	6,087,272	58.00
59.00	05900	CARDIAC CATHETERIZATION	31,778	36,304,142	-126,556	36,177,586	59.00
60.00	06000	LABORATORY	0	57,372,878	0	57,372,878	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	6,439,544	0	6,439,544	63.00
64.00	06400	INTRAVENOUS THERAPY	2,011	4,045,340	0	4,045,340	64.00
65.00	06500	RESPIRATORY THERAPY	0	12,661,225	0	12,661,225	65.00
66.00	06600	PHYSICAL THERAPY	0	15,768,701	0	15,768,701	66.00
69.00	06900	ELECTROCARDIOLOGY	0	11,240,104	0	11,240,104	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,647,438	0	14,647,438	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	59,455,977	0	59,455,977	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	137,461,017	0	137,461,017	73.00
74.00	07400	RENAL DIALYSIS	8,984	4,860,537	0	4,860,537	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	0	64,873	0	64,873	76.01
76.97	07697	CARDIAC REHABILITATION	4,291	1,702,211	0	1,702,211	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	5,604,873	0	5,604,873	90.00
90.01	09001	FAMILY PRACTICE	0	4,198,549	-1,576,665	2,621,884	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	2,885,488	0	2,885,488	90.02
90.03	09003	CHEMO	11,531	5,708,627	0	5,708,627	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	1,130,129	-90,138	1,039,991	90.04
90.05	09005	PAIN MANAGEMENT	5,363	4,503,203	-34,069	4,469,134	90.05
90.06	09006	WOUND CARE	0	3,076,604	-17,836	3,058,768	90.06
90.07	09007	SLEEP CENTER	0	5,030,145	0	5,030,145	90.07
90.08	09008	HEMATOLOGY	0	3,328,960	-8,330	3,320,630	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0	2,505,226	0	2,505,226	90.09
90.10	09010	DIABETES CENTER	0	68	0	68	90.10
90.11	09011	DERMATOLOGY	0	5,612,504	-36,312	5,576,192	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	0	1,197,984	0	1,197,984	90.12
90.13	09013	MOB6 GI	0	3,063,995	0	3,063,995	90.13
90.14	09014	GI QUICK CARE	0	344,229	0	344,229	90.14
91.00	09100	EMERGENCY	56,718	47,047,499	-310,783	46,736,716	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	115,917	16,012,649	0	16,012,649	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	2,589,569	0	2,589,569	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PARAMED ED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.03	24.00	25.00	26.00		
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	4,157	15,870,188	0	15,870,188		96.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,878,000	941,544,834	-5,633,723	935,911,111		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,100,374	0	5,100,374		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	27,670,882	0	27,670,882		192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0		192.01
192.02	19202	HENDERSON ER PHYSICIANS	0	540,889	0	540,889		192.02
192.03	19203	FAMILY PHARMACY	0	73,829,723	0	73,829,723		192.03
194.00	07950	MISC NONREIMBURSABLE	0	3,149,996	0	3,149,996		194.00
194.01	07951	OCCUPATIONAL HEALTH	0	3,322	0	3,322		194.01
194.02	07952	OTHER FACILITIES	0	8,063,591	0	8,063,591		194.02
194.03	07953	THE HEART HOSPITAL	0	6,986,579	0	6,986,579		194.03
194.04	07954	PR	0	257,757	0	257,757		194.04
194.05	07955	CHILD CARE CENTER	0	3,884,621	0	3,884,621		194.05
194.06	07956	CENTER OF LIFE BALANCE	0	1,166	0	1,166		194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	0	28,130	0	28,130		194.07
194.08	07958	HEALTHSOUTH	0	468,127	0	468,127		194.08
194.09	07959	HOME OFFICE	0	14,265,293	0	14,265,293		194.09
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	1,878,000	1,085,795,284	-5,633,723	1,080,161,561		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
				BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	1.01	2.00	2A	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	249,788	0	0	249,788	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	1,530,860	0	3,237,808	4,768,668	5.00
7.00	00700	OPERATION OF PLANT	0	0	0	461,698	461,698	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	75,979	75,979	8.00
9.00	00900	HOUSEKEEPING	0	0	0	135,594	135,594	9.00
10.00	01000	DIETARY	0	102,471	0	236,807	339,278	10.00
11.00	01100	CAFETERIA	0	507,061	0	0	507,061	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	1,722,743	1,722,743	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	14,406	0	340,629	355,035	14.00
15.00	01500	PHARMACY	0	0	0	361,691	361,691	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	16,035	0	0	16,035	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,558	1,558	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	168,081	0	0	168,081	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	43,844	0	0	43,844	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	11,525	0	0	11,525	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	0	0	0	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	0	66,299	0	0	66,299	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	10,810,538	0	403,658	11,214,196	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,360,178	0	481,400	2,841,578	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	4,535,333	0	7,049,942	11,585,275	50.00
51.00	05100	RECOVERY ROOM	0	1,511,945	0	344,398	1,856,343	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,572,794	0	2,840,665	4,413,459	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	454,197	0	45,234	499,431	55.00
56.00	05600	RADIOISOTOPE	0	117,096	0	6,868	123,964	56.00
57.00	05700	CT SCAN	0	125,145	0	21,291	146,436	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	202,405	0	249,693	452,098	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,972,123	0	1,621,761	3,593,884	59.00
60.00	06000	LABORATORY	0	1,266,322	0	1,532,270	2,798,592	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	50,265	0	45,802	96,067	63.00
64.00	06400	INTRAVENOUS THERAPY	0	39,930	0	40,192	80,122	64.00
65.00	06500	RESPIRATORY THERAPY	0	238,921	0	670,443	909,364	65.00
66.00	06600	PHYSICAL THERAPY	0	242,335	0	168,028	410,363	66.00
69.00	06900	ELECTROCARDIOLOGY	0	585,981	0	559,833	1,145,814	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	18,415	0	847,599	866,014	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	0	0	0	30,202	30,202	76.01
76.97	07697	CARDIAC REHABILITATION	0	157,589	0	14,699	172,288	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	1,025,271	0	1,827	1,027,098	90.00
90.01	09001	FAMILY PRACTICE	0	116,501	0	44,394	160,895	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	833	833	90.02
90.03	09003	CHEMO	0	398,014	0	113,916	511,930	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	0	15,677	15,677	90.04
90.05	09005	PAIN MANAGEMENT	0	215,276	0	64,508	279,784	90.05
90.06	09006	WOUND CARE	0	112,555	0	8,087	120,642	90.06
90.07	09007	SLEEP CENTER	0	395,132	0	19,301	414,433	90.07
90.08	09008	HEMATOLOGY	0	488,427	0	292	488,719	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0	224,765	0	15,072	239,837	90.09
90.10	09010	DIABETES CENTER	0	0	0	0	0	90.10
90.11	09011	DERMATOLOGY	0	387,992	0	100,106	488,098	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	0	267,389	0	16,236	283,625	90.12
90.13	09013	MOB6 GI	0	383,514	0	0	383,514	90.13
90.14	09014	GI QUICK CARE	0	72,688	0	0	72,688	90.14
91.00	09100	EMERGENCY	0	1,492,152	0	570,189	2,062,341	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	911,119	0	0	911,119	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet B
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
				BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	1.01	2.00	2A	
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	253,906	253,906	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	154,927	0	445,888	600,815	96.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	35,617,604	0	25,218,717	60,836,321	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	593,403	0	0	593,403	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,845,288	0	281,187	2,126,475	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202	HENDERSON ER PHYSICIANS	0	0	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	0	114,090	0	52,450	166,540	192.03
194.00	07950	MISC NONREIMBURSABLE	0	1,341,076	0	0	1,341,076	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02	07952	OTHER FACILITIES	0	1,665,525	0	28,225	1,693,750	194.02
194.03	07953	THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04	07954	PR	0	90,163	0	0	90,163	194.04
194.05	07955	CHILD CARE CENTER	0	0	0	72,481	72,481	194.05
194.06	07956	CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	0	10,961	0	0	10,961	194.07
194.08	07958	HEALTHSOUTH	0	411,668	0	0	411,668	194.08
194.09	07959	HOME OFFICE	0	14,265,293	0	0	14,265,293	194.09
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	55,955,071	0	25,653,060	81,608,131	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet B
Part II
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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4.00	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	249,788					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,051	4,774,719				5.00
7.00	00700	OPERATION OF PLANT	2,390	124,063	588,151			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	873	15,939	11,897	104,688		8.00
9.00	00900	HOUSEKEEPING	4,638	51,463	8,014	0	199,709	9.00
10.00	01000	DIETARY	393	38,091	9,137	0	3,211	10.00
11.00	01100	CAFETERIA	165	19,565	8,002	0	2,812	11.00
13.00	01300	NURSING ADMINISTRATION	5,915	63,113	3,197	0	1,124	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,121	26,456	10,557	708	3,710	14.00
15.00	01500	PHARMACY	8,068	74,086	6,603	0	2,321	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6	8,802	3,950	0	1,388	16.00
17.00	01700	SOCIAL SERVICE	5,500	49,863	2,456	0	863	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,202	10,185	3,134	0	1,102	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,284	11,913	648	0	228	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	194	1,902	170	0	60	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	0	0	0	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	914	7,449	981	0	345	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	58,249	714,379	154,050	64,250	54,138	30.00
31.00	03100	INTENSIVE CARE UNIT	16,674	186,868	34,879	6,778	12,258	31.00
32.00	03200	CORONARY CARE UNIT	0	0	3,987	0	1,401	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,569	626,629	55,723	9,765	19,584	50.00
51.00	05100	RECOVERY ROOM	5,340	68,412	22,361	2,665	7,859	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,545	87,249	21,886	2,945	7,692	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,785	51,865	7,728	0	2,716	55.00
56.00	05600	RADIOISOTOPE	605	20,076	1,807	111	635	56.00
57.00	05700	CT SCAN	2,649	34,624	1,384	1,107	487	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,744	23,532	3,138	1,712	1,103	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,121	140,091	17,774	3,608	6,247	59.00
60.00	06000	LABORATORY	12,197	231,588	17,856	14	6,276	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	721	25,394	743	88	261	63.00
64.00	06400	INTRAVENOUS THERAPY	1,278	16,330	591	0	208	64.00
65.00	06500	RESPIRATORY THERAPY	3,619	48,217	3,534	0	1,242	65.00
66.00	06600	PHYSICAL THERAPY	0	64,604	3,584	0	1,260	66.00
69.00	06900	ELECTROCARDIOLOGY	2,172	41,705	9,690	3,951	3,406	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	57,416	0	961	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	234,033	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	505,002	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,063	20,209	272	0	96	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	0	293	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	460	5,658	2,331	0	819	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	1,755	21,774	8,352	0	2,935	90.00
90.01	09001	FAMILY PRACTICE	840	11,216	1,723	19	606	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	1,059	10,727	0	0	0	90.02
90.03	09003	CHEMO	1,779	20,487	4,173	5	1,467	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	799	7,263	0	18	0	90.04
90.05	09005	PAIN MANAGEMENT	2,059	20,252	4,151	149	1,459	90.05
90.06	09006	WOUND CARE	920	12,459	1,665	221	585	90.06
90.07	09007	SLEEP CENTER	2,539	25,875	1,583	0	556	90.07
90.08	09008	HEMATOLOGY	930	12,118	3,860	0	1,356	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	809	9,384	3,324	0	1,168	90.09
90.10	09010	DIABETES CENTER	0	0	0	0	0	90.10
90.11	09011	DERMATOLOGY	1,302	21,461	0	0	0	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	349	4,600	0	0	0	90.12
90.13	09013	MOB6 GI	868	11,583	0	0	0	90.13
90.14	09014	GI QUICK CARE	112	1,304	0	0	0	90.14
91.00	09100	EMERGENCY	19,681	271,530	22,068	5,345	7,756	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,930	51,519	18,406	11	6,469	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	692	9,763	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	2,039	62,855	2,291	0	805	96.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
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Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4.00	5.00	7.00	8.00	9.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	232,967	4,293,234	503,660	104,431	170,014	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	153	18,707	6,796	0	2,388	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	10,831	103,194	32,567	88	11,446	192.00
192.01	19201 DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202 HENDERSON ER PHYSICIANS	2,160	2,296	0	0	0	192.02
192.03	19203 FAMILY PHARMACY	1,823	310,164	1,687	0	593	192.03
194.00	07950 MISC NONREIMBURSABLE	280	3,268	20,504	18	7,206	194.00
194.01	07951 OCCUPATIONAL HEALTH	0	14	0	0	0	194.01
194.02	07952 OTHER FACILITIES	8	25,256	21,442	0	7,536	194.02
194.03	07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04	07954 PR	13	544	1,333	0	469	194.04
194.05	07955 CHILD CARE CENTER	1,553	16,012	0	151	0	194.05
194.06	07956 CENTER OF LIFE BALANCE	0	5	0	0	0	194.06
194.07	07957 UNIT 3200 - DEACONESS VNA	0	53	162	0	57	194.07
194.08	07958 HEALTHSOUTH	0	1,972	0	0	0	194.08
194.09	07959 HOME OFFICE	0	0	0	0	0	194.09
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)	249,788	4,774,719	588,151	104,688	199,709	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet B
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	390,110					10.00
11.00	01100	CAFETERIA	0	537,605				11.00
13.00	01300	NURSING ADMINISTRATION	0	19,505	1,815,597			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9,208	0	407,795		14.00
15.00	01500	PHARMACY	0	20,042	0	0	472,811	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	31	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	13,704	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	3,576	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,243	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	460	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	0	0	0	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	0	2,087	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	288,697	124,271	841,885	16,358	0	30.00
31.00	03100	INTENSIVE CARE UNIT	52,560	41,097	278,411	13,659	1	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	42,140	0	30,937	10	50.00
51.00	05100	RECOVERY ROOM	0	13,413	0	1,220	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	16,175	0	11,305	6	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,351	0	2,782	213	55.00
56.00	05600	RADIOISOTOPE	0	1,274	0	2,267	0	56.00
57.00	05700	CT SCAN	0	7,243	0	2,177	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,773	0	1,308	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	10,512	0	34,940	1	59.00
60.00	06000	LABORATORY	0	48,862	0	41,838	2	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	1,918	0	13,037	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,747	0	3,543	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	9,453	64,041	4,153	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,333	4	66.00
69.00	06900	ELECTROCARDIOLOGY	0	5,156	0	4,379	1	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	40,330	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	164,377	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,066	332,218	73.00
74.00	07400	RENAL DIALYSIS	0	2,486	0	0	0	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	1,703	11,540	12	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	4,727	0	302	0	90.00
90.01	09001	FAMILY PRACTICE	0	2,471	0	233	233	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	4,174	28,278	1	0	90.02
90.03	09003	CHEMO	0	5,064	34,308	1,660	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	1,381	9,357	55	0	90.04
90.05	09005	PAIN MANAGEMENT	0	4,420	29,941	294	91	90.05
90.06	09006	WOUND CARE	0	2,716	18,401	2,358	41	90.06
90.07	09007	SLEEP CENTER	0	5,540	37,530	214	0	90.07
90.08	09008	HEMATOLOGY	0	3,468	23,495	31	41	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0	2,532	17,154	58	0	90.09
90.10	09010	DIABETES CENTER	0	0	0	0	0	90.10
90.11	09011	DERMATOLOGY	0	5,448	36,907	1,579	219	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	0	1,320	8,941	2	8	90.12
90.13	09013	MOB6 GI	0	3,837	25,991	258	2	90.13
90.14	09014	GI QUICK CARE	0	430	2,911	0	0	90.14
91.00	09100	EMERGENCY	6,859	27,961	189,419	6,297	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	29,888	10,635	72,046	1,432	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	3,514	23,807	0	3	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	9,039	61,234	0	0	96.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	378,004	509,107	1,815,597	407,795	333,094	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	476	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	11,663	0	0	382	192.00
192.01	19201 DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202 HENDERSON ER PHYSICIANS	0	982	0	0	0	192.02
192.03	19203 FAMILY PHARMACY	0	4,895	0	0	0	192.03
194.00	07950 MISC NONREIMBURSABLE	12,106	1,980	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02	07952 OTHER FACILITIES	0	0	0	0	0	194.02
194.03	07953 THE HEART HOSPITAL	0	0	0	0	139,335	194.03
194.04	07954 PR	0	0	0	0	0	194.04
194.05	07955 CHILD CARE CENTER	0	8,502	0	0	0	194.05
194.06	07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07	07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08	07958 HEALTHSOUTH	0	0	0	0	0	194.08
194.09	07959 HOME OFFICE	0	0	0	0	0	194.09
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)	390,110	537,605	1,815,597	407,795	472,811	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

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Cost Center Description			INTERNS & RESIDENTS				PARAMED ED PRGM-PHARMACY	
			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	30,212					16.00
17.00	01700	SOCIAL SERVICE	0	73,944				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	187,280			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		59,160		22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0			14,311	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	0				23.01
23.03	02303	PARAMED ED PRGM-NURSING	0	0				23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,027	61,238				30.00
31.00	03100	INTENSIVE CARE UNIT	1,044	12,706				31.00
32.00	03200	CORONARY CARE UNIT	0	0				32.00
40.00	04000	SUBPROVIDER - IPF	0	0				40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,903	0				50.00
51.00	05100	RECOVERY ROOM	325	0				51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,745	0				54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,143	0				55.00
56.00	05600	RADIOISOTOPE	178	0				56.00
57.00	05700	CT SCAN	1,749	0				57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	567	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	1,463	0				59.00
60.00	06000	LABORATORY	2,601	0				60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	235	0				63.00
64.00	06400	INTRAVENOUS THERAPY	106	0				64.00
65.00	06500	RESPIRATORY THERAPY	856	0				65.00
66.00	06600	PHYSICAL THERAPY	778	0				66.00
69.00	06900	ELECTROCARDIOLOGY	781	0				69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	399	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,060	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,089	0				73.00
74.00	07400	RENAL DIALYSIS	126	0				74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0				76.00
76.01	03160	PULMONARY REHAB	0	0				76.01
76.97	07697	CARDIAC REHABILITATION	36	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	37	0				90.00
90.01	09001	FAMILY PRACTICE	27	0				90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	76	0				90.02
90.03	09003	CHEMO	342	0				90.03
90.04	09004	PRIMARY CARE FOR SENIORS	10	0				90.04
90.05	09005	PAIN MANAGEMENT	80	0				90.05
90.06	09006	WOUND CARE	146	0				90.06
90.07	09007	SLEEP CENTER	100	0				90.07
90.08	09008	HEMATOLOGY	31	0				90.08
90.09	09009	MULTI-SPECIALTY SERVICES	33	0				90.09
90.10	09010	DIABETES CENTER	0	0				90.10
90.11	09011	DERMATOLOGY	103	0				90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	8	0				90.12
90.13	09013	MOB6 GI	19	0				90.13
90.14	09014	GI QUICK CARE	6	0				90.14
91.00	09100	EMERGENCY	2,777	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	206	0				92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0				95.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00	21.00	22.00	23.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0				96.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0				102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	30,212	73,944	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
192.01	19201	DEACONESS URGENT CARE	0	0				192.01
192.02	19202	HENDERSON ER PHYSICIANS	0	0				192.02
192.03	19203	FAMILY PHARMACY	0	0				192.03
194.00	07950	MISC NONREIMBURSABLE	0	0				194.00
194.01	07951	OCCUPATIONAL HEALTH	0	0				194.01
194.02	07952	OTHER FACILITIES	0	0				194.02
194.03	07953	THE HEART HOSPITAL	0	0				194.03
194.04	07954	PR	0	0				194.04
194.05	07955	CHILD CARE CENTER	0	0				194.05
194.06	07956	CENTER OF LIFE BALANCE	0	0				194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	0	0				194.07
194.08	07958	HEALTHSOUTH	0	0				194.08
194.09	07959	HOME OFFICE	0	0				194.09
200.00		Cross Foot Adjustments			187,280	59,160	14,311	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	30,212	73,944	187,280	59,160	14,311	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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Cost Center Description			PARAMED ED PRGM-CHAPLAIN	PARAMED ED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.03	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-PHARMACY						23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0					23.01
23.03	02303	PARAMED ED PRGM-NURSING		78,075				23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			13,593,738	0	13,593,738	30.00
31.00	03100	INTENSIVE CARE UNIT			3,498,513	0	3,498,513	31.00
32.00	03200	CORONARY CARE UNIT			5,388	0	5,388	32.00
40.00	04000	SUBPROVIDER - IPF			0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			12,405,535	0	12,405,535	50.00
51.00	05100	RECOVERY ROOM			1,977,938	0	1,977,938	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			4,568,007	0	4,568,007	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			576,014	0	576,014	55.00
56.00	05600	RADIOISOTOPE			150,917	0	150,917	56.00
57.00	05700	CT SCAN			197,856	0	197,856	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			489,975	0	489,975	58.00
59.00	05900	CARDIAC CATHETERIZATION			3,813,641	0	3,813,641	59.00
60.00	06000	LABORATORY			3,159,826	0	3,159,826	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.			138,464	0	138,464	63.00
64.00	06400	INTRAVENOUS THERAPY			104,925	0	104,925	64.00
65.00	06500	RESPIRATORY THERAPY			1,044,479	0	1,044,479	65.00
66.00	06600	PHYSICAL THERAPY			481,926	0	481,926	66.00
69.00	06900	ELECTROCARDIOLOGY			1,217,055	0	1,217,055	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			99,106	0	99,106	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			399,470	0	399,470	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			844,375	0	844,375	73.00
74.00	07400	RENAL DIALYSIS			890,266	0	890,266	74.00
76.00	03030	ANGIOCARDIOGRAPHY			0	0	0	76.00
76.01	03160	PULMONARY REHAB			30,495	0	30,495	76.01
76.97	07697	CARDIAC REHABILITATION			194,847	0	194,847	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION			0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY			0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC			1,066,980	0	1,066,980	90.00
90.01	09001	FAMILY PRACTICE			178,263	0	178,263	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES			45,148	0	45,148	90.02
90.03	09003	CHEMO			581,215	0	581,215	90.03
90.04	09004	PRIMARY CARE FOR SENIORS			34,560	0	34,560	90.04
90.05	09005	PAIN MANAGEMENT			342,680	0	342,680	90.05
90.06	09006	WOUND CARE			160,154	0	160,154	90.06
90.07	09007	SLEEP CENTER			488,370	0	488,370	90.07
90.08	09008	HEMATOLOGY			534,049	0	534,049	90.08
90.09	09009	MULTI-SPECIALTY SERVICES			274,299	0	274,299	90.09
90.10	09010	DIABETES CENTER			0	0	0	90.10
90.11	09011	DERMATOLOGY			555,117	0	555,117	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET			298,853	0	298,853	90.12
90.13	09013	MOB6 GI			426,072	0	426,072	90.13
90.14	09014	GI QUICK CARE			77,451	0	77,451	90.14
91.00	09100	EMERGENCY			2,622,034	0	2,622,034	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)			1,105,661	0	1,105,661	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES			291,685	0	291,685	95.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PARAMED ED PRGM-CHAPLAIN	PARAMED ED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.03	24.00	25.00	26.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED			739,078	0	739,078	96.00
102.00	10200	OPIOID TREATMENT PROGRAM			0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	59,704,425	0	59,704,425	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			621,923	0	621,923	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			2,296,646	0	2,296,646	192.00
192.01	19201	DEACONESS URGENT CARE			0	0	0	192.01
192.02	19202	HENDERSON ER PHYSICIANS			5,438	0	5,438	192.02
192.03	19203	FAMILY PHARMACY			485,702	0	485,702	192.03
194.00	07950	MISC NONREIMBURSABLE			1,386,438	0	1,386,438	194.00
194.01	07951	OCCUPATIONAL HEALTH			14	0	14	194.01
194.02	07952	OTHER FACILITIES			1,747,992	0	1,747,992	194.02
194.03	07953	THE HEART HOSPITAL			139,335	0	139,335	194.03
194.04	07954	PR			92,522	0	92,522	194.04
194.05	07955	CHILD CARE CENTER			98,699	0	98,699	194.05
194.06	07956	CENTER OF LIFE BALANCE			5	0	5	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA			11,233	0	11,233	194.07
194.08	07958	HEALTHSOUTH			413,640	0	413,640	194.08
194.09	07959	HOME OFFICE			14,265,293	0	14,265,293	194.09
200.00		Cross Foot Adjustments	0	78,075	338,826	0	338,826	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	78,075	81,608,131	0	81,608,131	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
			1.00	1.01	2.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,786,705					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	0	0				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			14,321,329			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,976	0	0	351,197,848		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	48,882	0	1,807,570	8,510,646	994,224,193	5.00
7.00	00700	OPERATION OF PLANT	0	0	257,752	3,360,829	25,835,672	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	42,417	1,227,258	3,319,299	8.00
9.00	00900	HOUSEKEEPING	0	0	75,698	6,523,555	10,716,934	9.00
10.00	01000	DIETARY	3,272	0	132,202	552,803	7,932,408	10.00
11.00	01100	CAFETERIA	16,191	0	0	232,209	4,074,372	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	961,755	8,318,710	13,143,097	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	460	0	190,163	2,983,459	5,509,323	14.00
15.00	01500	PHARMACY	0	0	201,921	11,347,358	15,428,054	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	512	0	0	7,840	1,832,887	16.00
17.00	01700	SOCIAL SERVICE	0	0	870	7,735,495	10,383,835	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	5,367	0	0	1,690,796	2,120,925	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,400	0	0	1,805,301	2,480,887	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	368	0	0	273,548	396,105	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	0	0	0	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	2,117	0	0	1,285,647	1,551,202	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	345,192	0	225,350	81,806,388	148,672,835	30.00
31.00	03100	INTENSIVE CARE UNIT	75,363	0	268,751	23,451,650	38,914,638	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	144,818	0	3,935,772	42,993,929	130,493,285	50.00
51.00	05100	RECOVERY ROOM	48,278	0	192,267	7,510,368	14,246,505	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,221	0	1,585,857	7,798,918	18,169,272	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14,503	0	25,253	3,917,555	10,800,751	55.00
56.00	05600	RADIOISOTOPE	3,739	0	3,834	851,174	4,180,856	56.00
57.00	05700	CT SCAN	3,996	0	11,886	3,726,060	7,210,272	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,463	0	139,396	2,452,408	4,900,526	58.00
59.00	05900	CARDIAC CATHETERIZATION	62,972	0	905,380	7,203,043	29,173,447	59.00
60.00	06000	LABORATORY	40,435	0	855,420	17,154,846	48,227,425	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,605	0	25,570	1,013,823	5,288,119	63.00
64.00	06400	INTRAVENOUS THERAPY	1,275	0	22,438	1,797,076	3,400,690	64.00
65.00	06500	RESPIRATORY THERAPY	7,629	0	374,288	5,090,258	10,041,006	65.00
66.00	06600	PHYSICAL THERAPY	7,738	0	93,805	0	13,453,604	66.00
69.00	06900	ELECTROCARDIOLOGY	18,711	0	312,538	3,054,683	8,685,001	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	11,956,656	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	48,736,516	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	105,164,908	73.00
74.00	07400	RENAL DIALYSIS	588	0	473,189	1,495,684	4,208,468	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	0	0	16,861	0	61,003	76.01
76.97	07697	CARDIAC REHABILITATION	5,032	0	8,206	647,614	1,178,300	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	32,738	0	1,020	2,468,841	4,534,359	90.00
90.01	09001	FAMILY PRACTICE	3,720	0	24,784	1,181,086	2,335,726	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	465	1,488,827	2,233,831	90.02
90.03	09003	CHEMO	12,709	0	63,596	2,502,747	4,266,383	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	8,752	1,123,308	1,512,469	90.04
90.05	09005	PAIN MANAGEMENT	6,874	0	36,013	2,895,664	4,217,386	90.05
90.06	09006	WOUND CARE	3,594	0	4,515	1,294,126	2,594,469	90.06
90.07	09007	SLEEP CENTER	12,617	0	10,775	3,571,125	5,388,292	90.07
90.08	09008	HEMATOLOGY	15,596	0	163	1,307,379	2,523,505	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	7,177	0	8,414	1,137,155	1,954,197	90.09
90.10	09010	DIABETES CENTER	0	0	0	0	60	90.10
90.11	09011	DERMATOLOGY	12,389	0	55,886	1,830,935	4,469,106	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	8,538	0	9,064	490,908	957,854	90.12
90.13	09013	MOB6 GI	12,246	0	0	1,221,035	2,412,159	90.13
90.14	09014	GI QUICK CARE	2,321	0	0	158,112	271,500	90.14
91.00	09100	EMERGENCY	47,646	0	318,319	27,681,119	56,545,177	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	29,093	0	0	5,527,515	10,728,757	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024

Worksheet B-1

Date/Time Prepared:
2/27/2025 11:48 pm

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
			1.00	1.01	2.00			
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	141,748	973,416	2,033,015	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	4,947	0	248,926	2,867,553	13,089,346	96.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,137,308	0	14,078,849	327,541,782	893,956,674	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,948	0	0	214,962	3,895,751	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	58,922	0	156,978	15,233,041	21,489,820	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202	HENDERSON ER PHYSICIANS	0	0	0	3,037,847	478,156	192.02
192.03	19203	FAMILY PHARMACY	3,643	0	29,281	2,564,063	64,590,577	192.03
194.00	07950	MISC NONREIMBURSABLE	42,822	0	0	393,622	680,558	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	0	0	0	2,914	194.01
194.02	07952	OTHER FACILITIES	53,182	0	15,757	10,969	5,259,379	194.02
194.03	07953	THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04	07954	PR	2,879	0	0	17,944	113,363	194.04
194.05	07955	CHILD CARE CENTER	0	0	40,464	2,183,618	3,334,381	194.05
194.06	07956	CENTER OF LIFE BALANCE	0	0	0	0	1,023	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	350	0	0	0	10,961	194.07
194.08	07958	HEALTHSOUTH	13,145	0	0	0	410,636	194.08
194.09	07959	HOME OFFICE	455,506	0	0	0	0	194.09
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)	55,955,071	0	25,653,060	52,799,780	139,196,501	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	31.317465	0.000000	1.791249	0.150342	0.140005	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				249,788	4,774,719	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000711	0.004802	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: 15-0082

Period:
From 10/01/2023
To 09/30/2024

Worksheet B-1

Date/Time Prepared:
2/27/2025 11:48 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET - C)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - C)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT	1,269,834					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	25,685	5,965,884				8.00
9.00	00900	HOUSEKEEPING	17,303	0	1,226,846			9.00
10.00	01000	DIETARY	19,728	0	19,728	474,485		10.00
11.00	01100	CAFETERIA	17,277	0	17,277	0	35,032	11.00
13.00	01300	NURSING ADMINISTRATION	6,902	0	6,902	0	1,271	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,792	40,325	22,792	0	600	14.00
15.00	01500	PHARMACY	14,257	0	14,257	0	1,306	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,528	0	8,528	0	2	16.00
17.00	01700	SOCIAL SERVICE	5,302	0	5,302	0	893	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	6,767	0	6,767	0	233	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,400	0	1,400	0	81	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	368	0	368	0	30	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	0	0	0	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	2,117	0	2,117	0	136	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	332,595	3,661,447	332,595	351,138	8,098	30.00
31.00	03100	INTENSIVE CARE UNIT	75,304	386,271	75,304	63,928	2,678	31.00
32.00	03200	CORONARY CARE UNIT	8,609	0	8,609	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	120,307	556,459	120,307	0	2,746	50.00
51.00	05100	RECOVERY ROOM	48,278	151,883	48,278	0	874	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,253	167,803	47,253	0	1,054	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,685	0	16,685	0	479	55.00
56.00	05600	RADIOISOTOPE	3,902	6,311	3,902	0	83	56.00
57.00	05700	CT SCAN	2,989	63,112	2,989	0	472	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,774	97,566	6,774	0	311	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,375	205,590	38,375	0	685	59.00
60.00	06000	LABORATORY	38,552	800	38,552	0	3,184	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,605	5,042	1,605	0	125	63.00
64.00	06400	INTRAVENOUS THERAPY	1,275	0	1,275	0	179	64.00
65.00	06500	RESPIRATORY THERAPY	7,629	0	7,629	0	616	65.00
66.00	06600	PHYSICAL THERAPY	7,738	0	7,738	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	20,922	225,174	20,922	0	336	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	54,772	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	588	0	588	0	162	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	5,032	0	5,032	0	111	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	18,032	0	18,032	0	308	90.00
90.01	09001	FAMILY PRACTICE	3,720	1,067	3,720	0	161	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	272	90.02
90.03	09003	CHEMO	9,009	297	9,009	0	330	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	1,031	0	0	90	90.04
90.05	09005	PAIN MANAGEMENT	8,963	8,463	8,963	0	288	90.05
90.06	09006	WOUND CARE	3,594	12,595	3,594	0	177	90.06
90.07	09007	SLEEP CENTER	3,417	0	3,417	0	361	90.07
90.08	09008	HEMATOLOGY	8,333	0	8,333	0	226	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	7,177	0	7,177	0	165	90.09
90.10	09010	DIABETES CENTER	0	0	0	0	0	90.10
90.11	09011	DERMATOLOGY	0	0	0	0	355	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	0	0	0	0	86	90.12
90.13	09013	MOB6 GI	0	0	0	0	250	90.13
90.14	09014	GI QUICK CARE	0	0	0	0	28	90.14
91.00	09100	EMERGENCY	47,646	304,585	47,646	8,343	1,822	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	39,739	624	39,739	36,352	693	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	229	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	4,947	0	4,947	0	589	96.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024

Worksheet B-1

Date/Time Prepared:
2/27/2025 11:48 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET - C)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - C)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
	SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,087,415	5,951,217	1,044,427	459,761	33,175	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,672	0	14,672	0	31	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	70,313	5,039	70,313	0	760	192.00
192.01	19201 DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202 HENDERSON ER PHYSICIANS	0	0	0	0	64	192.02
192.03	19203 FAMILY PHARMACY	3,643	0	3,643	0	319	192.03
194.00	07950 MISC NONREIMBURSABLE	44,269	1,044	44,269	14,724	129	194.00
194.01	07951 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02	07952 OTHER FACILITIES	46,293	0	46,293	0	0	194.02
194.03	07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04	07954 PR	2,879	0	2,879	0	0	194.04
194.05	07955 CHILD CARE CENTER	0	8,584	0	0	554	194.05
194.06	07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07	07957 UNIT 3200 - DEACONESS VNA	350	0	350	0	0	194.07
194.08	07958 HEALTHSOUTH	0	0	0	0	0	194.08
194.09	07959 HOME OFFICE	0	0	0	0	0	194.09
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)	39,794,437	5,496,190	16,356,362	13,098,256	5,415,496	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	31.338299	0.921270	13.332042	27.605206	154.587120	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	588,151	104,688	199,709	390,110	537,605	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.463172	0.017548	0.162782	0.822176	15.346112	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: 15-0082

Period:
From 10/01/2023
To 09/30/2024

Worksheet B-1

Date/Time Prepared:
2/27/2025 11:48 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
			(FTE'S NURSING)	(COSTED REQUIS.)				
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	17,464					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	120,902,912				14.00
15.00	01500	PHARMACY	0	0	204,502,854			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	23	0	3,882,781,445		16.00
17.00	01700	SOCIAL SERVICE	0	61	0	0	177,345	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	0	0	0	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,098	4,849,668	0	253,349,151	146,871	30.00
31.00	03100	INTENSIVE CARE UNIT	2,678	4,049,450	311	130,558,842	30,474	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	9,171,843	4,196	612,838,978	0	50.00
51.00	05100	RECOVERY ROOM	0	361,792	151	40,684,020	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,351,685	2,540	218,148,814	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	824,775	91,947	142,935,596	0	55.00
56.00	05600	RADIOISOTOPE	0	672,022	0	22,202,647	0	56.00
57.00	05700	CT SCAN	0	645,358	0	218,654,563	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	387,786	0	70,862,081	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	10,358,836	324	182,913,278	0	59.00
60.00	06000	LABORATORY	0	12,403,723	999	325,171,035	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	3,865,007	0	29,321,842	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,050,478	130	13,239,415	0	64.00
65.00	06500	RESPIRATORY THERAPY	616	1,231,103	1	107,010,616	0	65.00
66.00	06600	PHYSICAL THERAPY	0	395,087	1,517	97,303,964	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,298,344	272	97,568,945	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,956,656	0	49,921,095	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	48,736,517	0	132,525,905	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	909,005	143,693,229	617,490,650	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	15,803,672	0	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	0	0	157	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	111	3,551	1	4,504,745	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	89,434	0	4,685,278	0	90.00
90.01	09001	FAMILY PRACTICE	0	69,116	100,662	3,358,698	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	272	419	0	9,469,455	0	90.02
90.03	09003	CHEMO	330	492,038	0	42,711,085	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	90	16,215	0	1,202,049	0	90.04
90.05	09005	PAIN MANAGEMENT	288	87,103	39,360	9,985,083	0	90.05
90.06	09006	WOUND CARE	177	699,229	17,815	18,202,155	0	90.06
90.07	09007	SLEEP CENTER	361	63,372	0	12,527,106	0	90.07
90.08	09008	HEMATOLOGY	226	9,187	17,752	3,830,231	0	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	165	17,324	0	4,093,349	0	90.09
90.10	09010	DIABETES CENTER	0	0	0	0	0	90.10
90.11	09011	DERMATOLOGY	355	468,032	94,772	12,882,704	0	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	86	589	3,573	976,756	0	90.12
90.13	09013	MOB6 GI	250	76,450	655	2,330,359	0	90.13
90.14	09014	GI QUICK CARE	28	57	0	729,504	0	90.14
91.00	09100	EMERGENCY	1,822	1,866,992	180	347,075,933	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	693	424,585	0	25,711,846	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	229	0	1,262	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			NURSING ADMINISTRATION (FTE'S NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	589	0	0	0	0	96.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,464	120,902,912	144,071,806	3,882,781,445	177,345	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	0	0	165,034	0	0	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202	HENDERSON ER PHYSICIANS	0	0	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	0	0	0	0	0	192.03
194.00	07950	MISC NONREIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02	07952	OTHER FACILITIES	0	0	0	0	0	194.02
194.03	07953	THE HEART HOSPITAL	0	0	60,266,014	0	0	194.03
194.04	07954	PR	0	0	0	0	0	194.04
194.05	07955	CHILD CARE CENTER	0	0	0	0	0	194.05
194.06	07956	CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08	07958	HEALTHSOUTH	0	0	0	0	0	194.08
194.09	07959	HOME OFFICE	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	19,135,918	9,467,386	23,707,846	2,337,407	18,231,228	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,095.735112	0.078306	0.115929	0.000602	102.800913	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,815,597	407,795	472,811	30,212	73,944	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	103.962265	0.003373	0.002312	0.000008	0.416950	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: 15-0082

Period:
From 10/01/2023
To 09/30/2024

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM-CHAPLAIN (ASSIGNED TIME)	PARAMED ED PRGM-NURSING (ASSIGNED TIME)	
			SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
			21.00	22.00	23.00	23.01	23.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	52,751					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		52,751				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY			100			23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN				100		23.01
23.03	02303	PARAMED ED PRGM-NURSING					28,012	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	31,139	31,139	0	100	18,515	30.00
31.00	03100	INTENSIVE CARE UNIT	86	86	0	0	4,300	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	920	920	0	0	434	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	1,172	51.00
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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,185	1,185	0	0	474	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	30	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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	134	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	64	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	FAMILY PRACTICE	14,763	14,763	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03	09003	CHEMO	0	0	0	0	172	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	844	844	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	319	319	0	0	80	90.05
90.06	09006	WOUND CARE	167	167	0	0	0	90.06
90.07	09007	SLEEP CENTER	0	0	0	0	0	90.07
90.08	09008	HEMATOLOGY	78	78	0	0	0	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0	0	0	0	0	90.09
90.10	09010	DIABETES CENTER	0	0	0	0	0	90.10
90.11	09011	DERMATOLOGY	340	340	0	0	0	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	0	0	0	0	0	90.12
90.13	09013	MOB6 GI	0	0	0	0	0	90.13
90.14	09014	GI QUICK CARE	0	0	0	0	0	90.14
91.00	09100	EMERGENCY	2,910	2,910	0	0	846	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	1,729	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY (ASSIGNED TIME) 23.00	PARAMED ED PRGM-CHAPLAIN (ASSIGNED TIME) 23.01	PARAMED ED PRGM-NURSING (ASSIGNED TIME) 23.03	
			SERVICES-SALAR Y & FRINGES (ASSIGNED TIME) 21.00	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME) 22.00				
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	62	96.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
	SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	52,751	52,751	100	100	28,012	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	0	0	0	0	0	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202	HENDERSON ER PHYSICIANS	0	0	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	0	0	0	0	0	192.03
194.00	07950	MISC NONREIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02	07952	OTHER FACILITIES	0	0	0	0	0	194.02
194.03	07953	THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04	07954	PR	0	0	0	0	0	194.04
194.05	07955	CHILD CARE CENTER	0	0	0	0	0	194.05
194.06	07956	CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08	07958	HEALTHSOUTH	0	0	0	0	0	194.08
194.09	07959	HOME OFFICE	0	0	0	0	0	194.09
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)	2,748,318	2,885,405	471,368	0	1,878,000	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	52.099827	54.698584	4,713.680000	0.000000	67.042696	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	187,280	59,160	14,311	0	78,075	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.550264	1.121495	143.110000	0.000000	2.787198	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet C
Part I
Date/Time Prepared:
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				Title XVIII		Hospital	PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	194,519,601		194,519,601	1,285,198	195,804,799	30.00
31.00	03100	INTENSIVE CARE UNIT	44,395,840		44,395,840	112,806	44,508,646	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	132,849,134		132,849,134	2,054,036	134,903,170	50.00
51.00	05100	RECOVERY ROOM	18,699,759		18,699,759	0	18,699,759	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,982,950		22,982,950	182,181	23,165,131	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,221,415		13,221,415	52,235	13,273,650	55.00
56.00	05600	RADIOISOTOPE	4,979,945		4,979,945	0	4,979,945	56.00
57.00	05700	CT SCAN	8,647,088		8,647,088	0	8,647,088	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,087,272		6,087,272	0	6,087,272	58.00
59.00	05900	CARDIAC CATHETERIZATION	36,177,586		36,177,586	0	36,177,586	59.00
60.00	06000	LABORATORY	57,372,878		57,372,878	713,642	58,086,520	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	6,439,544		6,439,544	0	6,439,544	63.00
64.00	06400	INTRAVENOUS THERAPY	4,045,340		4,045,340	0	4,045,340	64.00
65.00	06500	RESPIRATORY THERAPY	12,661,225	0	12,661,225	0	12,661,225	65.00
66.00	06600	PHYSICAL THERAPY	15,768,701	0	15,768,701	0	15,768,701	66.00
69.00	06900	ELECTROCARDIOLOGY	11,240,104		11,240,104	0	11,240,104	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,647,438		14,647,438	0	14,647,438	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	59,455,977		59,455,977	0	59,455,977	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	137,461,017		137,461,017	0	137,461,017	73.00
74.00	07400	RENAL DIALYSIS	4,860,537		4,860,537	0	4,860,537	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0		0	0	0	76.00
76.01	03160	PULMONARY REHAB	64,873		64,873	4,689	69,562	76.01
76.97	07697	CARDIAC REHABILITATION	1,702,211		1,702,211	8,899	1,711,110	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	5,604,873		5,604,873	40,266	5,645,139	90.00
90.01	09001	FAMILY PRACTICE	2,621,884		2,621,884	0	2,621,884	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	2,885,488		2,885,488	0	2,885,488	90.02
90.03	09003	CHEMO	5,708,627		5,708,627	0	5,708,627	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1,039,991		1,039,991	0	1,039,991	90.04
90.05	09005	PAIN MANAGEMENT	4,469,134		4,469,134	632	4,469,766	90.05
90.06	09006	WOUND CARE	3,058,768		3,058,768	0	3,058,768	90.06
90.07	09007	SLEEP CENTER	5,030,145		5,030,145	0	5,030,145	90.07
90.08	09008	HEMATOLOGY	3,320,630		3,320,630	0	3,320,630	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	2,505,226		2,505,226	0	2,505,226	90.09
90.10	09010	DIABETES CENTER	68		68	0	68	90.10
90.11	09011	DERMATOLOGY	5,576,192		5,576,192	0	5,576,192	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	1,197,984		1,197,984	0	1,197,984	90.12
90.13	09013	MOB6 GI	3,063,995		3,063,995	0	3,063,995	90.13
90.14	09014	GI QUICK CARE	344,229		344,229	0	344,229	90.14
91.00	09100	EMERGENCY	46,736,716		46,736,716	6,135,270	52,871,986	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	14,641,526		14,641,526	0	14,641,526	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	16,012,649		16,012,649	0	16,012,649	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,589,569		2,589,569	10,027	2,599,596	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	15,870,188		15,870,188	0	15,870,188	96.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0	0	0	102.00
200.00		Subtotal (see instructions)	950,558,317	0	950,558,317	10,599,881	961,158,198	200.00
201.00		Less Observation Beds	14,641,526		14,641,526	0	14,641,526	201.00
202.00		Total (see instructions)	935,916,791	0	935,916,791	10,599,881	946,516,672	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet C
Part I
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			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	248,693,893		248,693,893		30.00
31.00	03100	INTENSIVE CARE UNIT	129,471,078		129,471,078		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	224,711,883	388,127,095	612,838,978	0.216777	50.00
51.00	05100	RECOVERY ROOM	18,227,188	22,456,832	40,684,020	0.459634	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,890,678	180,258,136	218,148,814	0.105354	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,323,421	121,612,176	142,935,597	0.092499	55.00
56.00	05600	RADIOISOTOPE	5,601,059	16,601,588	22,202,647	0.224295	56.00
57.00	05700	CT SCAN	86,471,596	132,182,967	218,654,563	0.039547	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	20,098,606	50,763,476	70,862,082	0.085903	58.00
59.00	05900	CARDIAC CATHETERIZATION	101,121,624	81,791,654	182,913,278	0.197785	59.00
60.00	06000	LABORATORY	108,761,696	216,409,339	325,171,035	0.176439	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	24,029,634	5,292,208	29,321,842	0.219616	63.00
64.00	06400	INTRAVENOUS THERAPY	12,037,606	1,201,809	13,239,415	0.305553	64.00
65.00	06500	RESPIRATORY THERAPY	97,385,571	9,625,045	107,010,616	0.118317	65.00
66.00	06600	PHYSICAL THERAPY	61,254,812	36,049,152	97,303,964	0.162056	66.00
69.00	06900	ELECTROCARDIOLOGY	42,251,568	55,317,377	97,568,945	0.115202	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,452,613	23,468,482	49,921,095	0.293412	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	76,926,451	55,599,454	132,525,905	0.448637	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	219,558,490	397,932,160	617,490,650	0.222612	73.00
74.00	07400	RENAL DIALYSIS	15,021,141	782,531	15,803,672	0.307557	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0.000000	76.00
76.01	03160	PULMONARY REHAB	0	390,092	390,092	0.166302	76.01
76.97	07697	CARDIAC REHABILITATION	380	4,114,273	4,114,653	0.413695	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	14,203	4,671,075	4,685,278	1.196273	90.00
90.01	09001	FAMILY PRACTICE	8,572	3,350,126	3,358,698	0.780625	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	9,469,455	9,469,455	0.304715	90.02
90.03	09003	CHEMO	419,127	42,291,958	42,711,085	0.133657	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	8,795	1,193,254	1,202,049	0.865182	90.04
90.05	09005	PAIN MANAGEMENT	720	9,984,363	9,985,083	0.447581	90.05
90.06	09006	WOUND CARE	378,594	17,823,561	18,202,155	0.168044	90.06
90.07	09007	SLEEP CENTER	5,631	12,521,475	12,527,106	0.401541	90.07
90.08	09008	HEMATOLOGY	30,218	3,800,013	3,830,231	0.866953	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	2,034,202	2,059,147	4,093,349	0.612024	90.09
90.10	09010	DIABETES CENTER	0	0	0	0.000000	90.10
90.11	09011	DERMATOLOGY	2,736	12,879,968	12,882,704	0.432843	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	864	975,892	976,756	1.226493	90.12
90.13	09013	MOB6 GI	5,596	2,324,763	2,330,359	1.314817	90.13
90.14	09014	GI QUICK CARE	7,920	721,584	729,504	0.471867	90.14
91.00	09100	EMERGENCY	148,295,013	198,780,920	347,075,933	0.134658	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,682,082	17,538,103	23,220,185	0.630552	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	18,625,667	6,880,091	25,505,758	0.627805	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	5,535,553	5,535,553	0.467807	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	44,611,555	44,611,555	0.355742	96.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
200.00		Subtotal (see instructions)	1,752,810,928	2,197,388,702	3,950,199,630		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,752,810,928	2,197,388,702	3,950,199,630		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet C
Part I
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Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
40.00	04000	SUBPROVIDER - IPF				40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.220128			50.00
51.00	05100	RECOVERY ROOM	0.459634			51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.106190			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.092865			55.00
56.00	05600	RADIOISOTOPE	0.224295			56.00
57.00	05700	CT SCAN	0.039547			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.085903			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.197785			59.00
60.00	06000	LABORATORY	0.178634			60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.219616			63.00
64.00	06400	INTRAVENOUS THERAPY	0.305553			64.00
65.00	06500	RESPIRATORY THERAPY	0.118317			65.00
66.00	06600	PHYSICAL THERAPY	0.162056			66.00
69.00	06900	ELECTROCARDIOLOGY	0.115202			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.293412			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.448637			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.222612			73.00
74.00	07400	RENAL DIALYSIS	0.307557			74.00
76.00	03030	ANGIOCARDIOGRAPHY	0.000000			76.00
76.01	03160	PULMONARY REHAB	0.178322			76.01
76.97	07697	CARDIAC REHABILITATION	0.415858			76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000			77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000			78.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1.204867			90.00
90.01	09001	FAMILY PRACTICE	0.780625			90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.304715			90.02
90.03	09003	CHEMO	0.133657			90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0.865182			90.04
90.05	09005	PAIN MANAGEMENT	0.447644			90.05
90.06	09006	WOUND CARE	0.168044			90.06
90.07	09007	SLEEP CENTER	0.401541			90.07
90.08	09008	HEMATOLOGY	0.866953			90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0.612024			90.09
90.10	09010	DIABETES CENTER	0.000000			90.10
90.11	09011	DERMATOLOGY	0.432843			90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	1.226493			90.12
90.13	09013	MOB6 GI	1.314817			90.13
90.14	09014	GI QUICK CARE	0.471867			90.14
91.00	09100	EMERGENCY	0.152336			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.630552			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.627805			92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.469618			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.355742			96.00
102.00	10200	OPIOID TREATMENT PROGRAM				102.00
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: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet C
Part I
Date/Time Prepared:
2/27/2025 11:48 pm

			Title XIX	Hospital	PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	194,519,601	194,519,601	1,285,198	195,804,799
31.00	03100	INTENSIVE CARE UNIT	44,395,840	44,395,840	112,806	44,508,646
32.00	03200	CORONARY CARE UNIT	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	132,849,134	132,849,134	2,054,036	134,903,170
51.00	05100	RECOVERY ROOM	18,699,759	18,699,759	0	18,699,759
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,982,950	22,982,950	182,181	23,165,131
55.00	05500	RADIOLOGY-THERAPEUTIC	13,221,415	13,221,415	52,235	13,273,650
56.00	05600	RADIOISOTOPE	4,979,945	4,979,945	0	4,979,945
57.00	05700	CT SCAN	8,647,088	8,647,088	0	8,647,088
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,087,272	6,087,272	0	6,087,272
59.00	05900	CARDIAC CATHETERIZATION	36,177,586	36,177,586	0	36,177,586
60.00	06000	LABORATORY	57,372,878	57,372,878	713,642	58,086,520
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	6,439,544	6,439,544	0	6,439,544
64.00	06400	INTRAVENOUS THERAPY	4,045,340	4,045,340	0	4,045,340
65.00	06500	RESPIRATORY THERAPY	12,661,225	12,661,225	0	12,661,225
66.00	06600	PHYSICAL THERAPY	15,768,701	15,768,701	0	15,768,701
69.00	06900	ELECTROCARDIOLOGY	11,240,104	11,240,104	0	11,240,104
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,647,438	14,647,438	0	14,647,438
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	59,455,977	59,455,977	0	59,455,977
73.00	07300	DRUGS CHARGED TO PATIENTS	137,461,017	137,461,017	0	137,461,017
74.00	07400	RENAL DIALYSIS	4,860,537	4,860,537	0	4,860,537
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0
76.01	03160	PULMONARY REHAB	64,873	64,873	4,689	69,562
76.97	07697	CARDIAC REHABILITATION	1,702,211	1,702,211	8,899	1,711,110
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,604,873	5,604,873	40,266	5,645,139
90.01	09001	FAMILY PRACTICE	2,621,884	2,621,884	0	2,621,884
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	2,885,488	2,885,488	0	2,885,488
90.03	09003	CHEMO	5,708,627	5,708,627	0	5,708,627
90.04	09004	PRIMARY CARE FOR SENIORS	1,039,991	1,039,991	0	1,039,991
90.05	09005	PAIN MANAGEMENT	4,469,134	4,469,134	632	4,469,766
90.06	09006	WOUND CARE	3,058,768	3,058,768	0	3,058,768
90.07	09007	SLEEP CENTER	5,030,145	5,030,145	0	5,030,145
90.08	09008	HEMATOLOGY	3,320,630	3,320,630	0	3,320,630
90.09	09009	MULTI-SPECIALTY SERVICES	2,505,226	2,505,226	0	2,505,226
90.10	09010	DIABETES CENTER	68	68	0	68
90.11	09011	DERMATOLOGY	5,576,192	5,576,192	0	5,576,192
90.12	09012	DH RHEUMATOLOGY 4TH STREET	1,197,984	1,197,984	0	1,197,984
90.13	09013	MOB6 GI	3,063,995	3,063,995	0	3,063,995
90.14	09014	GI QUICK CARE	344,229	344,229	0	344,229
91.00	09100	EMERGENCY	46,736,716	46,736,716	6,135,270	52,871,986
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	14,641,526	14,641,526	0	14,641,526
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	16,012,649	16,012,649	0	16,012,649
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	2,589,569	2,589,569	10,027	2,599,596
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	15,870,188	15,870,188	0	15,870,188
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0
200.00		Subtotal (see instructions)	950,558,317	950,558,317	10,599,881	961,158,198
201.00		Less Observation Beds	14,641,526	14,641,526	0	14,641,526
202.00		Total (see instructions)	935,916,791	935,916,791	10,599,881	946,516,672

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet C
Part I
Date/Time Prepared:
2/27/2025 11:48 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		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	248,693,893		248,693,893		30.00
31.00	03100	INTENSIVE CARE UNIT	129,471,078		129,471,078		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	224,711,883	388,127,095	612,838,978	0.216777	0.000000
51.00	05100	RECOVERY ROOM	18,227,188	22,456,832	40,684,020	0.459634	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,890,678	180,258,136	218,148,814	0.105354	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	21,323,421	121,612,176	142,935,597	0.092499	0.000000
56.00	05600	RADIOISOTOPE	5,601,059	16,601,588	22,202,647	0.224295	0.000000
57.00	05700	CT SCAN	86,471,596	132,182,967	218,654,563	0.039547	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	20,098,606	50,763,476	70,862,082	0.085903	0.000000
59.00	05900	CARDIAC CATHETERIZATION	101,121,624	81,791,654	182,913,278	0.197785	0.000000
60.00	06000	LABORATORY	108,761,696	216,409,339	325,171,035	0.176439	0.000000
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	24,029,634	5,292,208	29,321,842	0.219616	0.000000
64.00	06400	INTRAVENOUS THERAPY	12,037,606	1,201,809	13,239,415	0.305553	0.000000
65.00	06500	RESPIRATORY THERAPY	97,385,571	9,625,045	107,010,616	0.118317	0.000000
66.00	06600	PHYSICAL THERAPY	61,254,812	36,049,152	97,303,964	0.162056	0.000000
69.00	06900	ELECTROCARDIOLOGY	42,251,568	55,317,377	97,568,945	0.115202	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,452,613	23,468,482	49,921,095	0.293412	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	76,926,451	55,599,454	132,525,905	0.448637	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	219,558,490	397,932,160	617,490,650	0.222612	0.000000
74.00	07400	RENAL DIALYSIS	15,021,141	782,531	15,803,672	0.307557	0.000000
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0.000000	0.000000
76.01	03160	PULMONARY REHAB	0	390,092	390,092	0.166302	0.000000
76.97	07697	CARDIAC REHABILITATION	380	4,114,273	4,114,653	0.413695	0.000000
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	0.000000
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	14,203	4,671,075	4,685,278	1.196273	0.000000
90.01	09001	FAMILY PRACTICE	8,572	3,350,126	3,358,698	0.780625	0.000000
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	9,469,455	9,469,455	0.304715	0.000000
90.03	09003	CHEMO	419,127	42,291,958	42,711,085	0.133657	0.000000
90.04	09004	PRIMARY CARE FOR SENIORS	8,795	1,193,254	1,202,049	0.865182	0.000000
90.05	09005	PAIN MANAGEMENT	720	9,984,363	9,985,083	0.447581	0.000000
90.06	09006	WOUND CARE	378,594	17,823,561	18,202,155	0.168044	0.000000
90.07	09007	SLEEP CENTER	5,631	12,521,475	12,527,106	0.401541	0.000000
90.08	09008	HEMATOLOGY	30,218	3,800,013	3,830,231	0.866953	0.000000
90.09	09009	MULTI-SPECIALTY SERVICES	2,034,202	2,059,147	4,093,349	0.612024	0.000000
90.10	09010	DIABETES CENTER	0	0	0	0.000000	0.000000
90.11	09011	DERMATOLOGY	2,736	12,879,968	12,882,704	0.432843	0.000000
90.12	09012	DH RHEUMATOLOGY 4TH STREET	864	975,892	976,756	1.226493	0.000000
90.13	09013	MOB6 GI	5,596	2,324,763	2,330,359	1.314817	0.000000
90.14	09014	GI QUICK CARE	7,920	721,584	729,504	0.471867	0.000000
91.00	09100	EMERGENCY	148,295,013	198,780,920	347,075,933	0.134658	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,682,082	17,538,103	23,220,185	0.630552	0.000000
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	18,625,667	6,880,091	25,505,758	0.627805	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	5,535,553	5,535,553	0.467807	0.000000
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	44,611,555	44,611,555	0.355742	0.000000
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
200.00		Subtotal (see instructions)	1,752,810,928	2,197,388,702	3,950,199,630		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,752,810,928	2,197,388,702	3,950,199,630		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet C
Part I
Date/Time Prepared:
2/27/2025 11:48 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
40.00	04000	SUBPROVIDER - IPF				40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.220128			50.00
51.00	05100	RECOVERY ROOM	0.459634			51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.106190			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.092865			55.00
56.00	05600	RADIOISOTOPE	0.224295			56.00
57.00	05700	CT SCAN	0.039547			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.085903			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.197785			59.00
60.00	06000	LABORATORY	0.178634			60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.219616			63.00
64.00	06400	INTRAVENOUS THERAPY	0.305553			64.00
65.00	06500	RESPIRATORY THERAPY	0.118317			65.00
66.00	06600	PHYSICAL THERAPY	0.162056			66.00
69.00	06900	ELECTROCARDIOLOGY	0.115202			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.293412			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.448637			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.222612			73.00
74.00	07400	RENAL DIALYSIS	0.307557			74.00
76.00	03030	ANGIOCARDIOGRAPHY	0.000000			76.00
76.01	03160	PULMONARY REHAB	0.178322			76.01
76.97	07697	CARDIAC REHABILITATION	0.415858			76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000			77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000			78.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1.204867			90.00
90.01	09001	FAMILY PRACTICE	0.780625			90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.304715			90.02
90.03	09003	CHEMO	0.133657			90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0.865182			90.04
90.05	09005	PAIN MANAGEMENT	0.447644			90.05
90.06	09006	WOUND CARE	0.168044			90.06
90.07	09007	SLEEP CENTER	0.401541			90.07
90.08	09008	HEMATOLOGY	0.866953			90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0.612024			90.09
90.10	09010	DIABETES CENTER	0.000000			90.10
90.11	09011	DERMATOLOGY	0.432843			90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	1.226493			90.12
90.13	09013	MOB6 GI	1.314817			90.13
90.14	09014	GI QUICK CARE	0.471867			90.14
91.00	09100	EMERGENCY	0.152336			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.630552			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.627805			92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.469618			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.355742			96.00
102.00	10200	OPIOID TREATMENT PROGRAM				102.00
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: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet C
Part II
Date/Time Prepared:
2/27/2025 11:48 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	132,849,134	12,405,535	120,443,599	0	0
51.00	05100	RECOVERY ROOM	18,699,759	1,977,938	16,721,821	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,982,950	4,568,007	18,414,943	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	13,221,415	576,014	12,645,401	0	0
56.00	05600	RADIOISOTOPE	4,979,945	150,917	4,829,028	0	0
57.00	05700	CT SCAN	8,647,088	197,856	8,449,232	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,087,272	489,975	5,597,297	0	0
59.00	05900	CARDIAC CATHETERIZATION	36,177,586	3,813,641	32,363,945	0	0
60.00	06000	LABORATORY	57,372,878	3,159,826	54,213,052	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	6,439,544	138,464	6,301,080	0	0
64.00	06400	INTRAVENOUS THERAPY	4,045,340	104,925	3,940,415	0	0
65.00	06500	RESPIRATORY THERAPY	12,661,225	1,044,479	11,616,746	0	0
66.00	06600	PHYSICAL THERAPY	15,768,701	481,926	15,286,775	0	0
69.00	06900	ELECTROCARDIOLOGY	11,240,104	1,217,055	10,023,049	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,647,438	99,106	14,548,332	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	59,455,977	399,470	59,056,507	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	137,461,017	844,375	136,616,642	0	0
74.00	07400	RENAL DIALYSIS	4,860,537	890,266	3,970,271	0	0
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0
76.01	03160	PULMONARY REHAB	64,873	30,495	34,378	0	0
76.97	07697	CARDIAC REHABILITATION	1,702,211	194,847	1,507,364	0	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,604,873	1,066,980	4,537,893	0	0
90.01	09001	FAMILY PRACTICE	2,621,884	178,263	2,443,621	0	0
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	2,885,488	45,148	2,840,340	0	0
90.03	09003	CHEMO	5,708,627	581,215	5,127,412	0	0
90.04	09004	PRIMARY CARE FOR SENIORS	1,039,991	34,560	1,005,431	0	0
90.05	09005	PAIN MANAGEMENT	4,469,134	342,680	4,126,454	0	0
90.06	09006	WOUND CARE	3,058,768	160,154	2,898,614	0	0
90.07	09007	SLEEP CENTER	5,030,145	488,370	4,541,775	0	0
90.08	09008	HEMATOLOGY	3,320,630	534,049	2,786,581	0	0
90.09	09009	MULTI-SPECIALTY SERVICES	2,505,226	274,299	2,230,927	0	0
90.10	09010	DIABETES CENTER	68	0	68	0	0
90.11	09011	DERMATOLOGY	5,576,192	555,117	5,021,075	0	0
90.12	09012	DH RHEUMATOLOGY 4TH STREET	1,197,984	298,853	899,131	0	0
90.13	09013	MOB6 GI	3,063,995	426,072	2,637,923	0	0
90.14	09014	GI QUICK CARE	344,229	77,451	266,778	0	0
91.00	09100	EMERGENCY	46,736,716	2,622,034	44,114,682	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	14,641,526	1,016,488	13,625,038	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	16,012,649	1,105,661	14,906,988	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	2,589,569	291,685	2,297,884	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	15,870,188	739,078	15,131,110	0	0
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
200.00		Subtotal (sum of lines 50 thru 199)	711,642,876	43,623,274	668,019,602	0	0
201.00		Less Observation Beds	14,641,526	1,016,488	13,625,038	0	0
202.00		Total (line 200 minus line 201)	697,001,350	42,606,786	654,394,564	0	0

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

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet C
Part II
Date/Time Prepared:
2/27/2025 11:48 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	132,849,134	612,838,978	0.216777	50.00
51.00	05100	RECOVERY ROOM	18,699,759	40,684,020	0.459634	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,982,950	218,148,814	0.105354	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,221,415	142,935,597	0.092499	55.00
56.00	05600	RADIOISOTOPE	4,979,945	22,202,647	0.224295	56.00
57.00	05700	CT SCAN	8,647,088	218,654,563	0.039547	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,087,272	70,862,082	0.085903	58.00
59.00	05900	CARDIAC CATHETERIZATION	36,177,586	182,913,278	0.197785	59.00
60.00	06000	LABORATORY	57,372,878	325,171,035	0.176439	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	6,439,544	29,321,842	0.219616	63.00
64.00	06400	INTRAVENOUS THERAPY	4,045,340	13,239,415	0.305553	64.00
65.00	06500	RESPIRATORY THERAPY	12,661,225	107,010,616	0.118317	65.00
66.00	06600	PHYSICAL THERAPY	15,768,701	97,303,964	0.162056	66.00
69.00	06900	ELECTROCARDIOLOGY	11,240,104	97,568,945	0.115202	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,647,438	49,921,095	0.293412	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	59,455,977	132,525,905	0.448637	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	137,461,017	617,490,650	0.222612	73.00
74.00	07400	RENAL DIALYSIS	4,860,537	15,803,672	0.307557	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0.000000	76.00
76.01	03160	PULMONARY REHAB	64,873	390,092	0.166302	76.01
76.97	07697	CARDIAC REHABILITATION	1,702,211	4,114,653	0.413695	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,604,873	4,685,278	1.196273	90.00
90.01	09001	FAMILY PRACTICE	2,621,884	3,358,698	0.780625	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	2,885,488	9,469,455	0.304715	90.02
90.03	09003	CHEMO	5,708,627	42,711,085	0.133657	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1,039,991	1,202,049	0.865182	90.04
90.05	09005	PAIN MANAGEMENT	4,469,134	9,985,083	0.447581	90.05
90.06	09006	WOUND CARE	3,058,768	18,202,155	0.168044	90.06
90.07	09007	SLEEP CENTER	5,030,145	12,527,106	0.401541	90.07
90.08	09008	HEMATOLOGY	3,320,630	3,830,231	0.866953	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	2,505,226	4,093,349	0.612024	90.09
90.10	09010	DIABETES CENTER	68	0	0.000000	90.10
90.11	09011	DERMATOLOGY	5,576,192	12,882,704	0.432843	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	1,197,984	976,756	1.226493	90.12
90.13	09013	MOB6 GI	3,063,995	2,330,359	1.314817	90.13
90.14	09014	GI QUICK CARE	344,229	729,504	0.471867	90.14
91.00	09100	EMERGENCY	46,736,716	347,075,933	0.134658	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	14,641,526	23,220,185	0.630552	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	16,012,649	25,505,758	0.627805	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	2,589,569	5,535,553	0.467807	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	15,870,188	44,611,555	0.355742	96.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0.000000	102.00
200.00		Subtotal (sum of lines 50 thru 199)	711,642,876	3,572,034,659		200.00
201.00		Less Observation Beds	14,641,526	0		201.00
202.00		Total (line 200 minus line 201)	697,001,350	3,572,034,659		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet D
Part I
Date/Time Prepared:
2/27/2025 11:48 pm

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)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		13,593,738	0	13,593,738	158,741	85.63	30.00
31.00	INTENSIVE CARE UNIT		3,498,513		3,498,513	30,474	114.80	31.00
32.00	CORONARY CARE UNIT		5,388		5,388	0	0.00	32.00
40.00	SUBPROVIDER - IPF		0	0	0	0	0.00	40.00
200.00	Total (lines 30 through 199)		17,097,639		17,097,639	189,215		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		44,282	3,791,868				
31.00	INTENSIVE CARE UNIT		9,449	1,084,745				
32.00	CORONARY CARE UNIT		0	0				
40.00	SUBPROVIDER - IPF		0	0				
200.00	Total (lines 30 through 199)		53,731	4,876,613				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet D
Part II
Date/Time Prepared:
2/27/2025 11:48 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	12,405,535	612,838,978	0.020243	68,128,918	1,379,134	50.00
51.00	05100	RECOVERY ROOM	1,977,938	40,684,020	0.048617	5,441,140	264,532	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,568,007	218,148,814	0.020940	12,114,110	253,669	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	576,014	142,935,597	0.004030	9,002,683	36,281	55.00
56.00	05600	RADIOISOTOPE	150,917	22,202,647	0.006797	1,836,193	12,481	56.00
57.00	05700	CT SCAN	197,856	218,654,563	0.000905	25,674,189	23,235	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	489,975	70,862,082	0.006914	5,614,205	38,817	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,813,641	182,913,278	0.020849	40,862,380	851,940	59.00
60.00	06000	LABORATORY	3,159,826	325,171,035	0.009717	33,892,649	329,335	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	138,464	29,321,842	0.004722	7,856,046	37,096	63.00
64.00	06400	INTRAVENOUS THERAPY	104,925	13,239,415	0.007925	2,671,339	21,170	64.00
65.00	06500	RESPIRATORY THERAPY	1,044,479	107,010,616	0.009761	30,045,635	293,275	65.00
66.00	06600	PHYSICAL THERAPY	481,926	97,303,964	0.004953	22,309,166	110,497	66.00
69.00	06900	ELECTROCARDIOLOGY	1,217,055	97,568,945	0.012474	13,627,636	169,991	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	99,106	49,921,095	0.001985	6,822,287	13,542	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	399,470	132,525,905	0.003014	36,716,463	110,663	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	844,375	617,490,650	0.001367	70,623,157	96,542	73.00
74.00	07400	RENAL DIALYSIS	890,266	15,803,672	0.056333	6,101,107	343,694	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0.000000	0	0	76.00
76.01	03160	PULMONARY REHAB	30,495	390,092	0.078174	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	194,847	4,114,653	0.047354	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0.000000	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,066,980	4,685,278	0.227730	4,530	1,032	90.00
90.01	09001	FAMILY PRACTICE	178,263	3,358,698	0.053075	1,309	69	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	45,148	9,469,455	0.004768	0	0	90.02
90.03	09003	CHEMO	581,215	42,711,085	0.013608	99,027	1,348	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	34,560	1,202,049	0.028751	2,793	80	90.04
90.05	09005	PAIN MANAGEMENT	342,680	9,985,083	0.034319	226	8	90.05
90.06	09006	WOUND CARE	160,154	18,202,155	0.008799	116,150	1,022	90.06
90.07	09007	SLEEP CENTER	488,370	12,527,106	0.038985	302	12	90.07
90.08	09008	HEMATOLOGY	534,049	3,830,231	0.139430	9,286	1,295	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	274,299	4,093,349	0.067011	668,003	44,764	90.09
90.10	09010	DIABETES CENTER	0	0	0.000000	0	0	90.10
90.11	09011	DERMATOLOGY	555,117	12,882,704	0.043090	478	21	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	298,853	976,756	0.305965	151	46	90.12
90.13	09013	MOB6 GI	426,072	2,330,359	0.182835	4,102	750	90.13
90.14	09014	GI QUICK CARE	77,451	729,504	0.106169	0	0	90.14
91.00	09100	EMERGENCY	2,622,034	347,075,933	0.007555	44,160,823	333,635	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,016,488	23,220,185	0.043776	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,105,661	25,505,758	0.043349	6,630,263	287,415	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	739,078	44,611,555	0.016567	0	0	96.00
200.00		Total (lines 50 through 199)	43,331,589	3,566,499,106		451,036,746	5,057,391	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 15-0082		Period: From 10/01/2023 To 09/30/2024		Worksheet D Part III Date/Time Prepared: 2/27/2025 11:48 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	1,241,295	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	0	288,284	0	31.00			
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00			
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00			
200.00		Total (lines 30 through 199)	0	0	0	1,529,579	0	200.00			
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days				
			4.00	5.00	6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	1,241,295	158,741	7.82	44,282	30.00			
31.00	03100	INTENSIVE CARE UNIT		288,284	30,474	9.46	9,449	31.00			
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00			
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00			
200.00		Total (lines 30 through 199)		1,529,579	189,215		53,731	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	346,285								30.00
31.00	03100	INTENSIVE CARE UNIT	89,388								31.00
32.00	03200	CORONARY CARE UNIT	0								32.00
40.00	04000	SUBPROVIDER - IPF	0								40.00
200.00		Total (lines 30 through 199)	435,673								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet D
Part IV
Date/Time Prepared:
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Cost Center Description		Title XVIII			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	29,097	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	78,574	51.00	
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	
57.00	05700	CT SCAN	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	31,778	59.00	
60.00	06000	LABORATORY	0	0	0	0	60.00	
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	2,011	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	471,368	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	8,984	74.00	
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	76.00	
76.01	03160	PULMONARY REHAB	0	0	0	0	76.01	
76.97	07697	CARDIAC REHABILITATION	0	0	0	4,291	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	FAMILY PRACTICE	0	0	0	0	90.01	
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	90.02	
90.03	09003	CHEMO	0	0	0	11,531	90.03	
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	0	0	90.04	
90.05	09005	PAIN MANAGEMENT	0	0	0	5,363	90.05	
90.06	09006	WOUND CARE	0	0	0	0	90.06	
90.07	09007	SLEEP CENTER	0	0	0	0	90.07	
90.08	09008	HEMATOLOGY	0	0	0	0	90.08	
90.09	09009	MULTI-SPECIALTY SERVICES	0	0	0	0	90.09	
90.10	09010	DIABETES CENTER	0	0	0	0	90.10	
90.11	09011	DERMATOLOGY	0	0	0	0	90.11	
90.12	09012	DH RHEUMATOLOGY 4TH STREET	0	0	0	0	90.12	
90.13	09013	MOB6 GI	0	0	0	0	90.13	
90.14	09014	GI QUICK CARE	0	0	0	0	90.14	
91.00	09100	EMERGENCY	0	0	0	56,718	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92,813	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	115,917	92.01	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	4,157	96.00	
200.00		Total (lines 50 through 199)	0	0	0	912,602	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet D
Part IV
Date/Time Prepared:
2/27/2025 11:48 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	29,097	29,097	612,838,978	0.000047	50.00
51.00	05100	RECOVERY ROOM	0	78,574	78,574	40,684,020	0.001931	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	218,148,814	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	142,935,597	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	22,202,647	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	218,654,563	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	70,862,082	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	31,778	31,778	182,913,278	0.000174	59.00
60.00	06000	LABORATORY	0	0	0	325,171,035	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	29,321,842	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,011	2,011	13,239,415	0.000152	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	107,010,616	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	97,303,964	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	97,568,945	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	49,921,095	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	132,525,905	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	471,368	471,368	617,490,650	0.000763	73.00
74.00	07400	RENAL DIALYSIS	0	8,984	8,984	15,803,672	0.000568	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0.000000	76.00
76.01	03160	PULMONARY REHAB	0	0	0	390,092	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	4,291	4,291	4,114,653	0.001043	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	4,685,278	0.000000	90.00
90.01	09001	FAMILY PRACTICE	0	0	0	3,358,698	0.000000	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	9,469,455	0.000000	90.02
90.03	09003	CHEMO	0	11,531	11,531	42,711,085	0.000270	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	0	1,202,049	0.000000	90.04
90.05	09005	PAIN MANAGEMENT	0	5,363	5,363	9,985,083	0.000537	90.05
90.06	09006	WOUND CARE	0	0	0	18,202,155	0.000000	90.06
90.07	09007	SLEEP CENTER	0	0	0	12,527,106	0.000000	90.07
90.08	09008	HEMATOLOGY	0	0	0	3,830,231	0.000000	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0	0	0	4,093,349	0.000000	90.09
90.10	09010	DIABETES CENTER	0	0	0	0	0.000000	90.10
90.11	09011	DERMATOLOGY	0	0	0	12,882,704	0.000000	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	0	0	0	976,756	0.000000	90.12
90.13	09013	MOB6 GI	0	0	0	2,330,359	0.000000	90.13
90.14	09014	GI QUICK CARE	0	0	0	729,504	0.000000	90.14
91.00	09100	EMERGENCY	0	56,718	56,718	347,075,933	0.000163	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92,813	92,813	23,220,185	0.003997	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	115,917	115,917	25,505,758	0.004545	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	4,157	4,157	44,611,555	0.000093	96.00
200.00		Total (lines 50 through 199)	0	912,602	912,602	3,566,499,106		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet D
Part IV
Date/Time Prepared:
2/27/2025 11:48 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	0.000047	68,128,918	3,202	69,730,928	3,277	50.00
51.00	05100 RECOVERY ROOM	0.001931	5,441,140	10,507	4,856,577	9,378	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	12,114,110	0	52,727,564	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	9,002,683	0	42,016,904	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	1,836,193	0	4,526,170	0	56.00
57.00	05700 CT SCAN	0.000000	25,674,189	0	45,046,980	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	5,614,205	0	15,325,685	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000174	40,862,380	7,110	28,272,050	4,919	59.00
60.00	06000 LABORATORY	0.000000	33,892,649	0	16,877,072	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	7,856,046	0	421,059	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000152	2,671,339	406	228,734	35	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	30,045,635	0	2,057,337	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	22,309,166	0	323,596	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	13,627,636	0	25,872,894	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	6,822,287	0	4,906,043	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	36,716,463	0	18,194,668	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000763	70,623,157	53,885	93,329,918	71,211	73.00
74.00	07400 RENAL DIALYSIS	0.000568	6,101,107	3,465	162,739	92	74.00
76.00	03030 ANGIOCARDIOGRAPHY	0.000000	0	0	0	0	76.00
76.01	03160 PULMONARY REHAB	0.000000	0	0	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.001043	0	0	1,890,365	1,972	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	4,530	0	1,689,950	0	90.00
90.01	09001 FAMILY PRACTICE	0.000000	1,309	0	4,764	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.000000	0	0	2,669	0	90.02
90.03	09003 CHEMO	0.000270	99,027	27	8,894,975	2,402	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0.000000	2,793	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0.000537	226	0	2,773,158	1,489	90.05
90.06	09006 WOUND CARE	0.000000	116,150	0	12,689,769	0	90.06
90.07	09007 SLEEP CENTER	0.000000	302	0	2,906,783	0	90.07
90.08	09008 HEMATOLOGY	0.000000	9,286	0	0	0	90.08
90.09	09009 MULTI-SPECIALTY SERVICES	0.000000	668,003	0	488,272	0	90.09
90.10	09010 DIABETES CENTER	0.000000	0	0	0	0	90.10
90.11	09011 DERMATOLOGY	0.000000	478	0	3,523,377	0	90.11
90.12	09012 DH RHEUMATOLOGY 4TH STREET	0.000000	151	0	373,009	0	90.12
90.13	09013 MOB6 GI	0.000000	4,102	0	681,210	0	90.13
90.14	09014 GI QUICK CARE	0.000000	0	0	0	0	90.14
91.00	09100 EMERGENCY	0.000163	44,160,823	7,198	28,534,814	4,651	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.003997	0	0	37,536	150	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.004545	6,630,263	30,135	2,299,057	10,449	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000093	0	0	0	0	96.00
200.00	Total (lines 50 through 199)		451,036,746	115,935	491,666,626	110,025	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet D
Part V
Date/Time Prepared:
2/27/2025 11:48 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	0.216777	69,730,928	0	0	15,116,061	50.00
51.00	05100	RECOVERY ROOM	0.459634	4,856,577	0	23	2,232,248	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.105354	52,727,564	1,446	21,746	5,555,060	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.092499	42,016,904	0	0	3,886,522	55.00
56.00	05600	RADIOISOTOPE	0.224295	4,526,170	0	0	1,015,197	56.00
57.00	05700	CT SCAN	0.039547	45,046,980	2,415	36,336	1,781,473	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.085903	15,325,685	659	9,910	1,316,522	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.197785	28,272,050	0	51	5,591,787	59.00
60.00	06000	LABORATORY	0.176439	16,877,072	2,973	0	2,977,774	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.219616	421,059	291	0	92,471	63.00
64.00	06400	INTRAVENOUS THERAPY	0.305553	228,734	0	0	69,890	64.00
65.00	06500	RESPIRATORY THERAPY	0.118317	2,057,337	0	0	243,418	65.00
66.00	06600	PHYSICAL THERAPY	0.162056	323,596	0	0	52,441	66.00
69.00	06900	ELECTROCARDIOLOGY	0.115202	25,872,894	1,336	20,095	2,980,609	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.293412	4,906,043	0	0	1,439,492	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.448637	18,194,668	0	0	8,162,801	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.222612	93,329,918	11,436	172,044	20,776,360	73.00
74.00	07400	RENAL DIALYSIS	0.307557	162,739	0	0	50,052	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0.000000	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	0.166302	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.413695	1,890,365	0	0	782,035	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	1.196273	1,689,950	272	0	2,021,642	90.00
90.01	09001	FAMILY PRACTICE	0.780625	4,764	0	0	3,719	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.304715	2,669	0	0	813	90.02
90.03	09003	CHEMO	0.133657	8,894,975	0	0	1,188,876	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0.865182	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0.447581	2,773,158	0	0	1,241,213	90.05
90.06	09006	WOUND CARE	0.168044	12,689,769	1,006	15,140	2,132,440	90.06
90.07	09007	SLEEP CENTER	0.401541	2,906,783	0	0	1,167,193	90.07
90.08	09008	HEMATOLOGY	0.866953	0	0	0	0	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0.612024	488,272	0	0	298,834	90.09
90.10	09010	DIABETES CENTER	0.000000	0	0	0	0	90.10
90.11	09011	DERMATOLOGY	0.432843	3,523,377	0	0	1,525,069	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	1.226493	373,009	0	0	457,493	90.12
90.13	09013	MOB6 GI	1.314817	681,210	0	0	895,666	90.13
90.14	09014	GI QUICK CARE	0.471867	0	0	0	0	90.14
91.00	09100	EMERGENCY	0.134658	28,534,814	242	837	3,842,441	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.630552	37,536	0	0	23,668	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.627805	2,299,057	0	75	1,443,359	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.467807	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.355742	0	0	0	0	96.00
200.00		Subtotal (see instructions)		491,666,626	22,076	276,257	90,364,639	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)		491,666,626	22,076	276,257	90,364,639	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet D
Part V
Date/Time Prepared:
2/27/2025 11:48 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
51.00	05100	RECOVERY ROOM	0	11		51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	152	2,291		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	96	1,437		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	57	851		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	10		59.00
60.00	06000	LABORATORY	525	0		60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	64	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	154	2,315		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,546	38,299		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0		76.00
76.01	03160	PULMONARY REHAB	0	0		76.01
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	325	0		90.00
90.01	09001	FAMILY PRACTICE	0	0		90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0		90.02
90.03	09003	CHEMO	0	0		90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	0		90.04
90.05	09005	PAIN MANAGEMENT	0	0		90.05
90.06	09006	WOUND CARE	169	2,544		90.06
90.07	09007	SLEEP CENTER	0	0		90.07
90.08	09008	HEMATOLOGY	0	0		90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0	0		90.09
90.10	09010	DIABETES CENTER	0	0		90.10
90.11	09011	DERMATOLOGY	0	0		90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	0	0		90.12
90.13	09013	MOB6 GI	0	0		90.13
90.14	09014	GI QUICK CARE	0	0		90.14
91.00	09100	EMERGENCY	33	113		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	47		92.01
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00		Subtotal (see instructions)	4,121	47,918		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	4,121	47,918		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet D
Part I
Date/Time Prepared:
2/27/2025 11:48 pm

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)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		13,593,738	0	13,593,738	158,741	85.63	30.00
31.00	INTENSIVE CARE UNIT		3,498,513		3,498,513	30,474	114.80	31.00
32.00	CORONARY CARE UNIT		5,388		5,388	0	0.00	32.00
40.00	SUBPROVIDER - IPF		0	0	0	0	0.00	40.00
200.00	Total (lines 30 through 199)		17,097,639		17,097,639	189,215		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		2,882	246,786				
31.00	INTENSIVE CARE UNIT		460	52,808				
32.00	CORONARY CARE UNIT		0	0				
40.00	SUBPROVIDER - IPF		0	0				
200.00	Total (lines 30 through 199)		3,342	299,594				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet D
Part II
Date/Time Prepared:
2/27/2025 11:48 pm

			Title XIX		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	12,405,535	612,838,978	0.020243	1,747,379	35,372	50.00
51.00	05100	RECOVERY ROOM	1,977,938	40,684,020	0.048617	181,723	8,835	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,568,007	218,148,814	0.020940	489,833	10,257	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	576,014	142,935,597	0.004030	211,300	852	55.00
56.00	05600	RADIOISOTOPE	150,917	22,202,647	0.006797	75,689	514	56.00
57.00	05700	CT SCAN	197,856	218,654,563	0.000905	1,147,066	1,038	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	489,975	70,862,082	0.006914	261,091	1,805	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,813,641	182,913,278	0.020849	393,996	8,214	59.00
60.00	06000	LABORATORY	3,159,826	325,171,035	0.009717	1,580,105	15,354	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	138,464	29,321,842	0.004722	189,386	894	63.00
64.00	06400	INTRAVENOUS THERAPY	104,925	13,239,415	0.007925	177,736	1,409	64.00
65.00	06500	RESPIRATORY THERAPY	1,044,479	107,010,616	0.009761	1,767,999	17,257	65.00
66.00	06600	PHYSICAL THERAPY	481,926	97,303,964	0.004953	764,336	3,786	66.00
69.00	06900	ELECTROCARDIOLOGY	1,217,055	97,568,945	0.012474	375,677	4,686	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	99,106	49,921,095	0.001985	135,706	269	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	399,470	132,525,905	0.003014	325,979	983	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	844,375	617,490,650	0.001367	3,331,656	4,554	73.00
74.00	07400	RENAL DIALYSIS	890,266	15,803,672	0.056333	220,300	12,410	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0.000000	0	0	76.00
76.01	03160	PULMONARY REHAB	30,495	390,092	0.078174	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	194,847	4,114,653	0.047354	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0.000000	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,066,980	4,685,278	0.227730	0	0	90.00
90.01	09001	FAMILY PRACTICE	178,263	3,358,698	0.053075	843	45	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	45,148	9,469,455	0.004768	0	0	90.02
90.03	09003	CHEMO	581,215	42,711,085	0.013608	2,007	27	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	34,560	1,202,049	0.028751	0	0	90.04
90.05	09005	PAIN MANAGEMENT	342,680	9,985,083	0.034319	0	0	90.05
90.06	09006	WOUND CARE	160,154	18,202,155	0.008799	7,648	67	90.06
90.07	09007	SLEEP CENTER	488,370	12,527,106	0.038985	0	0	90.07
90.08	09008	HEMATOLOGY	534,049	3,830,231	0.139430	144	20	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	274,299	4,093,349	0.067011	34,121	2,286	90.09
90.10	09010	DIABETES CENTER	0	0	0.000000	0	0	90.10
90.11	09011	DERMATOLOGY	555,117	12,882,704	0.043090	0	0	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	298,853	976,756	0.305965	0	0	90.12
90.13	09013	MOB6 GI	426,072	2,330,359	0.182835	144	26	90.13
90.14	09014	GI QUICK CARE	77,451	729,504	0.106169	0	0	90.14
91.00	09100	EMERGENCY	2,622,034	347,075,933	0.007555	2,585,574	19,534	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,016,488	23,220,185	0.043776	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,105,661	25,505,758	0.043349	184,386	7,993	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	739,078	44,611,555	0.016567	0	0	96.00
200.00		Total (lines 50 through 199)	43,331,589	3,566,499,106		16,191,824	158,487	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet D
Part III
Date/Time Prepared:
2/27/2025 11:48 pm

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	1,241,295	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	288,284	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
200.00		Total (lines 30 through 199)	0	0	0	1,529,579	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	1,241,295	158,741	7.82	2,882	30.00	
31.00	03100	INTENSIVE CARE UNIT		288,284	30,474	9.46	460	31.00	
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00	
200.00		Total (lines 30 through 199)		1,529,579	189,215		3,342	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	22,537						30.00
31.00	03100	INTENSIVE CARE UNIT	4,352						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
200.00		Total (lines 30 through 199)	26,889						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet D
Part IV
Date/Time Prepared:
2/27/2025 11:48 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	29,097	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	78,574	51.00	
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	
57.00	05700	CT SCAN	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	31,778	59.00	
60.00	06000	LABORATORY	0	0	0	0	60.00	
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	2,011	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	471,368	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	8,984	74.00	
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	76.00	
76.01	03160	PULMONARY REHAB	0	0	0	0	76.01	
76.97	07697	CARDIAC REHABILITATION	0	0	0	4,291	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	FAMILY PRACTICE	0	0	0	0	90.01	
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	90.02	
90.03	09003	CHEMO	0	0	0	11,531	90.03	
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	0	0	90.04	
90.05	09005	PAIN MANAGEMENT	0	0	0	5,363	90.05	
90.06	09006	WOUND CARE	0	0	0	0	90.06	
90.07	09007	SLEEP CENTER	0	0	0	0	90.07	
90.08	09008	HEMATOLOGY	0	0	0	0	90.08	
90.09	09009	MULTI-SPECIALTY SERVICES	0	0	0	0	90.09	
90.10	09010	DIABETES CENTER	0	0	0	0	90.10	
90.11	09011	DERMATOLOGY	0	0	0	0	90.11	
90.12	09012	DH RHEUMATOLOGY 4TH STREET	0	0	0	0	90.12	
90.13	09013	MOB6 GI	0	0	0	0	90.13	
90.14	09014	GI QUICK CARE	0	0	0	0	90.14	
91.00	09100	EMERGENCY	0	0	0	56,718	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92,813	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	115,917	92.01	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	4,157	96.00	
200.00		Total (lines 50 through 199)	0	0	0	912,602	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet D
Part IV
Date/Time Prepared:
2/27/2025 11:48 pm

			Title XIX		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	29,097	29,097	612,838,978	0.000047	50.00
51.00	05100	RECOVERY ROOM	0	78,574	78,574	40,684,020	0.001931	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	218,148,814	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	142,935,597	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	22,202,647	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	218,654,563	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	70,862,082	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	31,778	31,778	182,913,278	0.000174	59.00
60.00	06000	LABORATORY	0	0	0	325,171,035	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	29,321,842	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,011	2,011	13,239,415	0.000152	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	107,010,616	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	97,303,964	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	97,568,945	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	49,921,095	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	132,525,905	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	471,368	471,368	617,490,650	0.000763	73.00
74.00	07400	RENAL DIALYSIS	0	8,984	8,984	15,803,672	0.000568	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0.000000	76.00
76.01	03160	PULMONARY REHAB	0	0	0	390,092	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	4,291	4,291	4,114,653	0.001043	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	4,685,278	0.000000	90.00
90.01	09001	FAMILY PRACTICE	0	0	0	3,358,698	0.000000	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	9,469,455	0.000000	90.02
90.03	09003	CHEMO	0	11,531	11,531	42,711,085	0.000270	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	0	1,202,049	0.000000	90.04
90.05	09005	PAIN MANAGEMENT	0	5,363	5,363	9,985,083	0.000537	90.05
90.06	09006	WOUND CARE	0	0	0	18,202,155	0.000000	90.06
90.07	09007	SLEEP CENTER	0	0	0	12,527,106	0.000000	90.07
90.08	09008	HEMATOLOGY	0	0	0	3,830,231	0.000000	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0	0	0	4,093,349	0.000000	90.09
90.10	09010	DIABETES CENTER	0	0	0	0	0.000000	90.10
90.11	09011	DERMATOLOGY	0	0	0	12,882,704	0.000000	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	0	0	0	976,756	0.000000	90.12
90.13	09013	MOB6 GI	0	0	0	2,330,359	0.000000	90.13
90.14	09014	GI QUICK CARE	0	0	0	729,504	0.000000	90.14
91.00	09100	EMERGENCY	0	56,718	56,718	347,075,933	0.000163	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92,813	92,813	23,220,185	0.003997	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	115,917	115,917	25,505,758	0.004545	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	4,157	4,157	44,611,555	0.000093	96.00
200.00		Total (lines 50 through 199)	0	912,602	912,602	3,566,499,106		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet D
Part IV
Date/Time Prepared:
2/27/2025 11:48 pm

				Title XIX		Hospital		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000047	1,747,379	82	0	0	50.00	
51.00	05100	RECOVERY ROOM	0.001931	181,723	351	0	0	51.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	489,833	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	211,300	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0.000000	75,689	0	0	0	56.00	
57.00	05700	CT SCAN	0.000000	1,147,066	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	261,091	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000174	393,996	69	0	0	59.00	
60.00	06000	LABORATORY	0.000000	1,580,105	0	0	0	60.00	
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	189,386	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0.000152	177,736	27	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	1,767,999	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	764,336	0	0	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	375,677	0	0	0	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	135,706	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	325,979	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000763	3,331,656	2,542	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0.000568	220,300	125	0	0	74.00	
76.00	03030	ANGIOCARDIOGRAPHY	0.000000	0	0	0	0	76.00	
76.01	03160	PULMONARY REHAB	0.000000	0	0	0	0	76.01	
76.97	07697	CARDIAC REHABILITATION	0.001043	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	FAMILY PRACTICE	0.000000	843	0	0	0	90.01	
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.000000	0	0	0	0	90.02	
90.03	09003	CHEMO	0.000270	2,007	1	0	0	90.03	
90.04	09004	PRIMARY CARE FOR SENIORS	0.000000	0	0	0	0	90.04	
90.05	09005	PAIN MANAGEMENT	0.000537	0	0	0	0	90.05	
90.06	09006	WOUND CARE	0.000000	7,648	0	0	0	90.06	
90.07	09007	SLEEP CENTER	0.000000	0	0	0	0	90.07	
90.08	09008	HEMATOLOGY	0.000000	144	0	0	0	90.08	
90.09	09009	MULTI-SPECIALTY SERVICES	0.000000	34,121	0	0	0	90.09	
90.10	09010	DIABETES CENTER	0.000000	0	0	0	0	90.10	
90.11	09011	DERMATOLOGY	0.000000	0	0	0	0	90.11	
90.12	09012	DH RHEUMATOLOGY 4TH STREET	0.000000	0	0	0	0	90.12	
90.13	09013	MOB6 GI	0.000000	144	0	0	0	90.13	
90.14	09014	GI QUICK CARE	0.000000	0	0	0	0	90.14	
91.00	09100	EMERGENCY	0.000163	2,585,574	421	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.003997	0	0	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.004545	184,386	838	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES						95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000093	0	0	0	0	96.00	
200.00		Total (lines 50 through 199)		16,191,824	4,456	0	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet D
Part V
Date/Time Prepared:
2/27/2025 11:48 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	0.216777	0	0	1,923,164	0	50.00
51.00	05100	RECOVERY ROOM	0.459634	0	0	188,462	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.105354	0	0	1,620,957	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.092499	0	0	1,004,029	0	55.00
56.00	05600	RADIOISOTOPE	0.224295	0	0	94,678	0	56.00
57.00	05700	CT SCAN	0.039547	0	0	1,836,636	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.085903	0	0	295,384	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.197785	0	0	276,677	0	59.00
60.00	06000	LABORATORY	0.176439	0	0	2,551,694	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.219616	0	0	124,216	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.305553	0	0	40,238	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.118317	0	0	161,512	0	65.00
66.00	06600	PHYSICAL THERAPY	0.162056	0	0	82,761	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.115202	0	0	241,403	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.293412	0	0	119,115	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.448637	0	0	207,155	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.222612	0	0	4,161,965	0	73.00
74.00	07400	RENAL DIALYSIS	0.307557	0	0	21,952	0	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0.000000	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	0.166302	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.413695	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	1.196273	0	0	23,958	0	90.00
90.01	09001	FAMILY PRACTICE	0.780625	0	0	203,995	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.304715	0	0	80,143	0	90.02
90.03	09003	CHEMO	0.133657	0	0	486,819	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0.865182	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0.447581	0	0	107,480	0	90.05
90.06	09006	WOUND CARE	0.168044	0	0	167,028	0	90.06
90.07	09007	SLEEP CENTER	0.401541	0	0	168,691	0	90.07
90.08	09008	HEMATOLOGY	0.866953	0	0	35,295	0	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0.612024	0	0	36,450	0	90.09
90.10	09010	DIABETES CENTER	0.000000	0	0	0	0	90.10
90.11	09011	DERMATOLOGY	0.432843	0	0	24,024	0	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	1.226493	0	0	1,728	0	90.12
90.13	09013	MOB6 GI	1.314817	0	0	15,264	0	90.13
90.14	09014	GI QUICK CARE	0.471867	0	0	5,040	0	90.14
91.00	09100	EMERGENCY	0.134658	0	0	4,955,806	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.630552	0	0	424,060	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.627805	0	0	143,774	0	92.01
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0.467807	0	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.355742	0	0	0	0	96.00
200.00		Subtotal (see instructions)		0	0	21,831,553	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	0	21,831,553	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet D
Part V
Date/Time Prepared:
2/27/2025 11:48 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	0	416,898		50.00
51.00	05100	RECOVERY ROOM	0	86,624		51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	170,774		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	92,872		55.00
56.00	05600	RADIOISOTOPE	0	21,236		56.00
57.00	05700	CT SCAN	0	72,633		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	25,374		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	54,723		59.00
60.00	06000	LABORATORY	0	450,218		60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	27,280		63.00
64.00	06400	INTRAVENOUS THERAPY	0	12,295		64.00
65.00	06500	RESPIRATORY THERAPY	0	19,110		65.00
66.00	06600	PHYSICAL THERAPY	0	13,412		66.00
69.00	06900	ELECTROCARDIOLOGY	0	27,810		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,950		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	92,937		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	926,503		73.00
74.00	07400	RENAL DIALYSIS	0	6,751		74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0		76.00
76.01	03160	PULMONARY REHAB	0	0		76.01
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	28,660		90.00
90.01	09001	FAMILY PRACTICE	0	159,244		90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	24,421		90.02
90.03	09003	CHEMO	0	65,067		90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	0		90.04
90.05	09005	PAIN MANAGEMENT	0	48,106		90.05
90.06	09006	WOUND CARE	0	28,068		90.06
90.07	09007	SLEEP CENTER	0	67,736		90.07
90.08	09008	HEMATOLOGY	0	30,599		90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0	22,308		90.09
90.10	09010	DIABETES CENTER	0	0		90.10
90.11	09011	DERMATOLOGY	0	10,399		90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	0	2,119		90.12
90.13	09013	MOB6 GI	0	20,069		90.13
90.14	09014	GI QUICK CARE	0	2,378		90.14
91.00	09100	EMERGENCY	0	667,339		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	267,392		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	90,262		92.01
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00		Subtotal (see instructions)	0	4,086,567		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	4,086,567		202.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024

Worksheet D-1

Date/Time Prepared:
2/27/2025 11:48 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)	158,741	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	158,741	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)	146,871	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)	44,282	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)	195,804,799	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)	195,804,799	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)	195,804,799	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)	1,233.49	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	54,621,404	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)	54,621,404	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024

Worksheet D-1

Date/Time Prepared:
2/27/2025 11:48 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)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	44,508,646	30,474	1,460.54	9,449	13,800,642	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					94,374,419	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)					162,796,465	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)					5,312,286	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,173,326	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					10,485,612	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					152,310,853	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)					11,870	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,233.49	88.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0082		Period: From 10/01/2023 To 09/30/2024		Worksheet D-1 Date/Time Prepared: 2/27/2025 11:48 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description								1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					14,641,526		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		13,593,738	195,804,799	0.069425	14,641,526	1,016,488	90.00	
91.00	Nursing Program cost		0	195,804,799	0.000000	14,641,526	0	91.00	
92.00	Allied health cost		1,241,295	195,804,799	0.006339	14,641,526	92,813	92.00	
93.00	All other Medical Education		0	195,804,799	0.000000	14,641,526	0	93.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082	Period: From 10/01/2023 To 09/30/2024	Worksheet D-1 Date/Time Prepared: 2/27/2025 11:48 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)		158,741	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		158,741	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)		146,871	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		2,882	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)		195,804,799	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)		195,804,799	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)		195,804,799	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)		1,233.49	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,554,918	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,554,918	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024

Worksheet D-1

Date/Time Prepared:
2/27/2025 11:48 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)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	44,508,646	30,474	1,460.54	460	671,848	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,985,521	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)					7,212,287	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)					326,483	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					162,943	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					489,426	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,722,861	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)					11,870	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,233.49	88.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024

Worksheet D-1

Date/Time Prepared:
2/27/2025 11:48 pm

			Title XIX		Hospital	PPS	
Cost Center Description						1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					14,641,526	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	13,593,738	195,804,799	0.069425	14,641,526	1,016,488	90.00
91.00	Nursing Program cost	0	195,804,799	0.000000	14,641,526	0	91.00
92.00	Allied health cost	1,241,295	195,804,799	0.006339	14,641,526	92,813	92.00
93.00	All other Medical Education	0	195,804,799	0.000000	14,641,526	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0082	Period: From 10/01/2023 To 09/30/2024	Worksheet D-3 Date/Time Prepared: 2/27/2025 11:48 pm
Cost Center Description			Title XVIII	Hospital	PPS
			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		72,221,312	30.00
31.00	03100	INTENSIVE CARE UNIT		39,529,874	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.220128	68,128,918	50.00
51.00	05100	RECOVERY ROOM	0.459634	5,441,140	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.106190	12,114,110	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.092865	9,002,683	55.00
56.00	05600	RADIOISOTOPE	0.224295	1,836,193	56.00
57.00	05700	CT SCAN	0.039547	25,674,189	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.085903	5,614,205	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.197785	40,862,380	59.00
60.00	06000	LABORATORY	0.178634	33,892,649	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.219616	7,856,046	63.00
64.00	06400	INTRAVENOUS THERAPY	0.305553	2,671,339	64.00
65.00	06500	RESPIRATORY THERAPY	0.118317	30,045,635	65.00
66.00	06600	PHYSICAL THERAPY	0.162056	22,309,166	66.00
69.00	06900	ELECTROCARDIOLOGY	0.115202	13,627,636	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.293412	6,822,287	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.448637	36,716,463	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.222612	70,623,157	73.00
74.00	07400	RENAL DIALYSIS	0.307557	6,101,107	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0.000000	0	76.00
76.01	03160	PULMONARY REHAB	0.178322	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.415858	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.204867	4,530	90.00
90.01	09001	FAMILY PRACTICE	0.780625	1,309	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.304715	0	90.02
90.03	09003	CHEMO	0.133657	99,027	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0.865182	2,793	90.04
90.05	09005	PAIN MANAGEMENT	0.447644	226	90.05
90.06	09006	WOUND CARE	0.168044	116,150	90.06
90.07	09007	SLEEP CENTER	0.401541	302	90.07
90.08	09008	HEMATOLOGY	0.866953	9,286	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0.612024	668,003	90.09
90.10	09010	DIABETES CENTER	0.000000	0	90.10
90.11	09011	DERMATOLOGY	0.432843	478	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	1.226493	151	90.12
90.13	09013	MOB6 GI	1.314817	4,102	90.13
90.14	09014	GI QUICK CARE	0.471867	0	90.14
91.00	09100	EMERGENCY	0.152336	44,160,823	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.630552	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.627805	6,630,263	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.355742	0	96.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		451,036,746	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)		451,036,746	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0082	Period: From 10/01/2023 To 09/30/2024	Worksheet D-3 Date/Time Prepared: 2/27/2025 11:48 pm
Cost Center Description			Title XIX	Hospital	PPS
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		5,339,028	30.00
31.00	03100	INTENSIVE CARE UNIT		1,776,367	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.220128	1,747,379	50.00
51.00	05100	RECOVERY ROOM	0.459634	181,723	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.106190	489,833	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.092865	211,300	55.00
56.00	05600	RADIOISOTOPE	0.224295	75,689	56.00
57.00	05700	CT SCAN	0.039547	1,147,066	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.085903	261,091	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.197785	393,996	59.00
60.00	06000	LABORATORY	0.178634	1,580,105	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.219616	189,386	63.00
64.00	06400	INTRAVENOUS THERAPY	0.305553	177,736	64.00
65.00	06500	RESPIRATORY THERAPY	0.118317	1,767,999	65.00
66.00	06600	PHYSICAL THERAPY	0.162056	764,336	66.00
69.00	06900	ELECTROCARDIOLOGY	0.115202	375,677	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.293412	135,706	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.448637	325,979	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.222612	3,331,656	73.00
74.00	07400	RENAL DIALYSIS	0.307557	220,300	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0.000000	0	76.00
76.01	03160	PULMONARY REHAB	0.178322	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.415858	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.204867	0	90.00
90.01	09001	FAMILY PRACTICE	0.780625	843	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.304715	0	90.02
90.03	09003	CHEMO	0.133657	2,007	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0.865182	0	90.04
90.05	09005	PAIN MANAGEMENT	0.447644	0	90.05
90.06	09006	WOUND CARE	0.168044	7,648	90.06
90.07	09007	SLEEP CENTER	0.401541	0	90.07
90.08	09008	HEMATOLOGY	0.866953	144	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0.612024	34,121	90.09
90.10	09010	DIABETES CENTER	0.000000	0	90.10
90.11	09011	DERMATOLOGY	0.432843	0	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	1.226493	0	90.12
90.13	09013	MOB6 GI	1.314817	144	90.13
90.14	09014	GI QUICK CARE	0.471867	0	90.14
91.00	09100	EMERGENCY	0.152336	2,585,574	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.630552	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.627805	184,386	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.355742	0	96.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		16,191,824	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)		16,191,824	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2023 To 09/30/2024	Worksheet E Part A Date/Time Prepared: 2/27/2025 11:48 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)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	130,417,530		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)		0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		1,527,513	2.04
3.00	Managed Care Simulated Payments		103,645,191	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		510.22	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)		19.89	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
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)		19.89	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		22.37	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)		19.89	12.00
13.00	Total allowable FTE count for the prior year.		19.89	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.		19.89	14.00
15.00	Sum of lines 12 through 14 divided by 3.		19.89	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		19.89	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.038983	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.035795	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.035795	21.00
22.00	IME payment adjustment (see instructions)		2,525,666	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		2,007,193	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) .		2.22	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		2.48	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)		2.22	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.004351	26.00
27.00	IME payments adjustment factor. (see instructions)		0.001162	27.00
28.00	IME add-on adjustment amount (see instructions)		151,545	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		120,436	28.01
29.00	Total IME payment (sum of lines 22 and 28)		2,677,211	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		2,127,629	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.25	30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.32	31.00
32.00	Sum of lines 30 and 31		24.57	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2023 To 09/30/2024	Worksheet E Part A Date/Time Prepared: 2/27/2025 11:48 pm	
		Title XVIII	Hospital	PPS	
				1.00	
33.00	Allowable disproportionate share percentage (see instructions)			9.49	33.00
34.00	Disproportionate share adjustment (see instructions)			3,094,156	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)	0	5,938,006,757		35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000769536		35.01
35.02	Hospital UCP, including supplemental UCP (see instructions)	0	4,569,511		35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	0	4,569,511		35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	4,569,511			36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)	0			40.00
		Before 1/1	On/After 1/1		
		1.00	1.01		
41.00	Total ESRD Medicare discharges (see instructions)	0	0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0			43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0			46.00
47.00	Subtotal (see instructions)	142,285,921			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)		144,413,550		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		10,826,776		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).		991,917		52.00
53.00	Nursing and Allied Health Managed Care payment		292,351		53.00
54.00	Special add-on payments for new technologies		12,718		54.00
54.01	Islet isolation add-on payment		0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
55.01	Cellular therapy acquisition cost (see instructions)		0		55.01
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		435,673		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		115,935		58.00
59.00	Total (sum of amounts on lines 49 through 58)		157,088,920		59.00
60.00	Primary payer payments		92,180		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		156,996,740		61.00
62.00	Deductibles billed to program beneficiaries		12,363,264		62.00
63.00	Coinsurance billed to program beneficiaries		494,336		63.00
64.00	Allowable bad debts (see instructions)		1,110,414		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		721,769		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		543,147		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		144,860,909		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)		0		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)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-504,254		70.93
70.94	HRR adjustment amount (see instructions)		-978,222		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet E
Part A
Date/Time Prepared:
2/27/2025 11:48 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	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	0	70.97
70.98	Low Volume Payment-3	0	0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		143,378,433		71.00
71.01	Sequestration adjustment (see instructions)		2,867,569		71.01
71.02	Demonstration payment adjustment amount after sequestration		0		71.02
71.03	Sequestration adjustment-PARHM pass-throughs				71.03
72.00	Interim payments		140,836,282		72.00
72.01	Interim payments-PARHM				72.01
73.00	Tentative settlement (for contractor use only)		0		73.00
73.01	Tentative settlement-PARHM (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-325,418		74.00
74.01	Balance due provider/program-PARHM (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		12,810,051		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/27/2025 11:48 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
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	130,417,530	0	0	130,417,530	130,417,530
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0	0	0
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,527,513	0	0	1,527,513	1,527,513
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	103,645,191	0	0	103,645,191	103,645,191
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.035795	0.035795	0.035795	0.035795	0.035795
6.00	IME payment adjustment (see instructions)	22.00	2,525,666	0	0	2,525,666	2,525,666
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,007,193	0	0	2,007,193	2,007,193
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.001162	0.001162	0.001162	0.001162	0.001162
8.00	IME adjustment (see instructions)	28.00	151,545	0	0	151,545	151,545
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	120,436	0	0	120,436	120,436
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,677,211	0	0	2,677,211	2,677,211
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,127,629	0	0	2,127,629	2,127,629
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0949	0.0949	0.0949	0.0949	0.0949
11.00	Disproportionate share adjustment (see instructions)	34.00	3,094,156	0	0	3,094,156	3,094,156
11.01	Uncompensated care payments	36.00	4,569,511	0	0	4,569,511	4,569,511
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	142,285,921	0	0	142,285,921	142,285,921
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	144,413,550	0	0	144,413,550	144,413,550
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	10,826,776	0	0	10,826,776	10,826,776

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/27/2025 11:48 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	12,718	0	0	12,718	12,718	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	0	155,253,044	155,253,044	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	10,047,423	0	0	10,047,423	10,047,423	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	135,314	0	0	135,314	135,314	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	0.0130	0.0130	0.0130	0.0130		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	130,616	0	0	130,616	130,616	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0511	0.0511	0.0511	0.0511		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	513,423	0	0	513,423	513,423	25.00
26.00	Total prospective capital payments (see instructions)	12.00	10,826,776	0	0	10,826,776	10,826,776	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: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/27/2025 11:48 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	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	130,417,530		130,417,530	130,417,530	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	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,527,513		1,527,513	1,527,513	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	103,645,191	0	103,645,191	103,645,191	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.035795	0.035795	0.035795		5.00
6.00	IME payment adjustment (see instructions)	22.00	2,525,666	0	2,525,666	2,525,666	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,007,193	0	2,007,193	2,007,193	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	0.001162	0.001162	0.001162		7.00
8.00	IME adjustment (see instructions)	28.00	151,545	0	151,545	151,545	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	120,436	0	120,436	120,436	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,677,211	0	2,677,211	2,677,211	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,127,629	0	2,127,629	2,127,629	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0949	0.0949	0.0949		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,094,156	0	3,094,156	3,094,156	11.00
11.01	Uncompensated care payments	36.00	4,569,511	0	4,569,511	4,569,511	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	142,285,921	0	142,285,921	142,285,921	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	144,413,550	0	144,413,550	144,413,550	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	10,826,776	0	10,826,776	10,826,776	16.00
17.00	Special add-on payments for new technologies	54.00	12,718	0	12,718	12,718	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			0	155,253,044	155,253,044	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/27/2025 11:48 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	10,047,423	0	10,047,423	10,047,423	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	135,314	0	135,314	135,314	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	0.0130	0.0130	0.0130		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	130,616	0	130,616	130,616	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0511	0.0511	0.0511		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	513,423	0	513,423	513,423	25.00
26.00	Total prospective capital payments (see instructions)	12.00	10,826,776	0	10,826,776	10,826,776	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	-504,254	0	-504,254	-504,254	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	-978,222	0	-978,222	-978,222	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2023 To 09/30/2024	Worksheet E Part B Date/Time Prepared: 2/27/2025 11:48 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		52,039	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		90,254,614	2.00
3.00	OPPS or REH payments		107,491,606	3.00
4.00	Outlier payment (see instructions)		42,139	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		110,025	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		52,039	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		298,333	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)		298,333	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)		298,333	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		246,294	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)		52,039	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)		107,643,770	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)		17,995,961	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)		89,699,848	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		551,113	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)		90,250,961	30.00
31.00	Primary payer payments		17,332	31.00
32.00	Subtotal (line 30 minus line 31)		90,233,629	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)		911,173	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		592,262	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		584,766	36.00
37.00	Subtotal (see instructions)		90,825,891	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-257	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)		90,826,148	40.00
40.01	Sequestration adjustment (see instructions)		1,816,523	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		89,061,912	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)		-52,287	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,178,661	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

Health Financial Systems		DEACONESS HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2023 To 09/30/2024	Worksheet E Part B Date/Time Prepared: 2/27/2025 11:48 pm	
		Title XVIII	Hospital	PPS	
					1.00
94.00	Total (sum of lines 91 and 93)				0 94.00
					1.00
200.00	MEDICARE PART B ANCILLARY COSTS Part B Combined Billed Days				0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet E-1
Part I
Date/Time Prepared:
2/27/2025 11:48 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		140,471,682		89,061,912	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	07/08/2024	364,600		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)		364,600		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)		140,836,282		89,061,912	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		325,418		52,287	6.02
7.00	Total Medicare program liability (see instructions)		140,510,864		89,009,625	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: 15-0082	Period: From 10/01/2023 To 09/30/2024	Worksheet E-1 Part II Date/Time Prepared: 2/27/2025 11:48 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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0082	Period: From 10/01/2023 To 09/30/2024	Worksheet E-4 Date/Time Prepared: 2/27/2025 11:48 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			18.00	1.00
1.01	FTE cap adjustment under §131 of the CAA 2021 (see instructions)			0.00	1.01
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
2.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)			0.00	2.26
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			1.40	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)			16.60	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			22.68	6.00
7.00	Enter the lesser of line 5 or line 6			16.60	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.	22.43	0.25	22.68	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.	16.42	0.18	16.60	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	16.42	0.18		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	16.60	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	16.37	0.23		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	16.46	0.14		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	16.46	0.14		17.00
18.00	Per resident amount	162,083.00	162,083.00		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	2,667,886	22,692	2,690,578	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)			6.08	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,690,578	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS			Provider CCN: 15-0082		Period: From 10/01/2023 To 09/30/2024		Worksheet E-4 Date/Time Prepared: 2/27/2025 11:48 pm		
			Title XVIII		Hospital		PPS		
			Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total			
			1.00	2.00	2.01	3.00			
COMPUTATION OF PROGRAM PATIENT LOAD									
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	53,731	11,248	38,079					26.00
27.00	Total Inpatient Days (see instructions)	177,345	177,345	177,345					27.00
28.00	Ratio of inpatient days to total inpatient days	0.302974	0.063424	0.214717					28.00
29.00	Program direct GME amount	815,175	170,647	577,713	1,563,535				29.00
29.01	Percent reduction for MA DGME		2.74	2.74					29.01
30.00	Reduction for direct GME payments for Medicare Advantage		4,676	15,829	20,505				30.00
31.00	Net Program direct GME amount				1,543,030				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)					8,984			32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)					15,803,672			33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)					0.000568			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)					162,796,465			37.00
38.00	Organ acquisition and HSCT acquisition costs (see instructions)					0			38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)					0			39.00
40.00	Primary payer payments (see instructions)					92,180			40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)					162,704,285			41.00
Part B Reasonable Cost									
42.00	Reasonable cost (see instructions)					90,416,678			42.00
43.00	Primary payer payments (see instructions)					17,332			43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)					90,399,346			44.00
45.00	Total reasonable cost (sum of lines 41 and 44)					253,103,631			45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)					0.642837			46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)					0.357163			47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B									
48.00	Total program GME payment (line 31)					1,543,030			48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)					991,917			49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)					551,113			50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2023 To 09/30/2024	Worksheet E-5 Date/Time Prepared: 2/27/2025 11:48 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: 15-0082

Period:
From 10/01/2023
To 09/30/2024

Worksheet G

Date/Time Prepared:
2/27/2025 11:48 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	99,759,989	0	0	0	1.00
2.00	Temporary investments	2,825,155	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	172,513,391	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	10,865,744	0	0	0	7.00
8.00	Prepaid expenses	2,999,518	0	0	0	8.00
9.00	Other current assets	461,783,705	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)	750,747,502	0	0	0	11.00
FIXED ASSETS						
12.00	Land	35,118,870	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	-4,403,735	0	0	0	14.00
15.00	Buildings	989,654,278	0	0	0	15.00
16.00	Accumulated depreciation	-500,747,845	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	340,860,760	0	0	0	19.00
20.00	Accumulated depreciation	-287,247,678	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	573,234,650	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,149,663,723	25,786,550	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	390,728,778	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,540,392,501	25,786,550	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	2,864,374,653	25,786,550	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	52,463,388	0	0	0	37.00
38.00	Salaries, wages, and fees payable	47,473,378	0	0	0	38.00
39.00	Payroll taxes payable	3,115,522	0	0	0	39.00
40.00	Notes and loans payable (short term)	22,117,293	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	15,071,186	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	140,240,767	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	452,445,330	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	218,273,365	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	670,718,695	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	810,959,462	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	2,053,415,191				52.00
53.00	Specific purpose fund		25,786,550			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)	2,053,415,191	25,786,550	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	2,864,374,653	25,786,550	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024

Worksheet G-1

Date/Time Prepared:
2/27/2025 11:48 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		1,644,930,223		21,227,351		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		381,424,011				2.00
3.00	Total (sum of line 1 and line 2)		2,026,354,234		21,227,351		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	RESTRICTED CONTRIBUTIONS	0		1,446,885		0	5.00
6.00	INVESTMENT RETURN	0		3,353,302		0	6.00
7.00	ASSETS RELEASED FROM RESTRICTIONS	460,616		0		0	7.00
8.00	CHANGE IN TRUST	0		227,824		0	8.00
9.00	TRANSFER	28,868,239		0		0	9.00
10.00	Total additions (sum of line 4-9)		29,328,855		5,028,011		10.00
11.00	Subtotal (line 3 plus line 10)		2,055,683,089		26,255,362		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	NET UNREALIZED LOSS	2,268,261		468,610		0	16.00
17.00	ROUNDING	1		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		2,268,262		468,610		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		2,053,414,827		25,786,752		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	RESTRICTED CONTRIBUTIONS		0				5.00
6.00	INVESTMENT RETURN		0				6.00
7.00	ASSETS RELEASED FROM RESTRICTIONS		0				7.00
8.00	CHANGE IN TRUST		0				8.00
9.00	TRANSFER		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	NET UNREALIZED LOSS		0				16.00
17.00	ROUNDING		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: 15-0082

Period:
From 10/01/2023
To 09/30/2024Worksheet G-2
Parts I & II
Date/Time Prepared:
2/27/2025 11:48 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	307,984,213		307,984,213	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	307,984,213		307,984,213	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	130,557,871		130,557,871	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	130,557,871		130,557,871	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	438,542,084		438,542,084	17.00
18.00	Ancillary services	1,234,446,331	1,815,165,476	3,049,611,807	18.00
19.00	Outpatient services	169,923,075	501,693,383	671,616,458	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,842,911,490	2,316,858,859	4,159,770,349	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,267,779,299		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,267,779,299		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2023
To 09/30/2024

Worksheet G-3

Date/Time Prepared:
2/27/2025 11:48 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,159,770,349	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,884,807,683	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,274,962,666	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,267,779,299	4.00
5.00	Net income from service to patients (line 3 minus line 4)	7,183,367	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	225,224,220	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	53,017	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	14,980	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	183,594	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	26,166,423	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER	122,620,506	24.00
24.50	COVID-19 PHE Funding	-22,141	24.50
25.00	Total other income (sum of lines 6-24)	374,240,599	25.00
26.00	Total (line 5 plus line 25)	381,423,966	26.00
27.00	OTHER EXPENSES	-45	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-45	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	381,424,011	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0082	Period: From 10/01/2023 To 09/30/2024	Worksheet L Parts I-III Date/Time Prepared: 2/27/2025 11:48 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		10,047,423	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		135,314	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)		484.55	3.00
4.00	Number of interns & residents (see instructions)		22.11	4.00
5.00	Indirect medical education percentage (see instructions)		1.30	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)		130,616	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.25	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		19.32	8.00
9.00	Sum of lines 7 and 8		24.57	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.11	10.00
11.00	Disproportionate share adjustment (see instructions)		513,423	11.00
12.00	Total prospective capital payments (see instructions)		10,826,776	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