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: 15-0017	Period: From 07/01/2023 To 06/30/2024	Worksheet S Parts I-III Date/Time Prepared: 12/2/2024 3:14 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically prepared cost report — Date: 12/2/2024 Time: 3:14 pm
2. [ ] Manually prepared cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.

Contractor use only

5. [1] Cost Report Status
   (1) As Submitted
   (2) Settled without Audit
   (3) Settled with Audit
   (4) Reopened
   (5) Amended
6. Date Received:
7. Contractor No.
8. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by LUTHERAN HOSPITAL OF INDIANA (15-0017) for the cost reporting period beginning 07/01/2023 and ending 06/30/2024 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				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				2
3	Signatory Title	SR V.P - REVENUE MANAGEMENT			3
4	Date				4

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	-1,440,429	-17,404	0	0	1.00
2.00	SUBPROVIDER - IPF	0	0	0		0	2.00
3.00	SUBPROVIDER - IRF	0	0	0		0	3.00
5.00	SWING BED - SNF	0	0	0		0	5.00
6.00	SWING BED - NF	0				0	6.00
200.00	TOTAL	0	-1,440,429	-17,404	0	0	200.00

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The number for this information collection is OMB 0938-0050 and the number for the Supplement to Form CMS 2552-10, Worksheet N95, is OMB 0938-1425. The time required to complete and review the information collection is estimated 675 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.
Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-2 Part I | Date/Time Prepared: 12/2/2024 3:14 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 7950 WEST JEFFERSON BLVD	PO Box:			1.00
2.00	City: FT WAYNE	State: IN	Zip Code: 46804	County: ALLEN	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	LUTHERAN HOSPITAL OF INDIANA	150017	23060	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2023	06/30/2024	20.00
21.00	Type of Control (see instructions)	4		21.00

		1.00	2.00	3.00	
	Inpatient PPS Information				
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N		22.00
22.01	Did this hospital receive interim UCPs, including supplemental UCPs, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y		22.01
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or “N” for no.	N	N	N	22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N		23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-2 Part I | Date/Time Prepared: 12/2/2024 3:14 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	3,226	1,049	1	74	13,971	273	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)			37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00

		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.	Y	Y		56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.	Y			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-2 Part I Date/Time Prepared: 12/2/2024 3:14 pm

		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)		23.01	1	60.02

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-2 Part I Date/Time Prepared: 12/2/2024 3:14 pm

				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.00	19.65	0.000000	67.00

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

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

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

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-2 Part I Date/Time Prepared: 12/2/2024 3:14 pm

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

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

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-2 Part I | Date/Time Prepared: 12/2/2024 3:14 pm

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	284,023	440,970	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	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	Y	123.00
	Certified Transplant Center Information			
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB1848	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: COMMUNITY HEALTH SYSTEMS	Contractor's Name: WPS	Contractor's Number: 10301	141.00
142.00	Street: 4000 MERIDIAN BLVD	PO Box:		142.00
143.00	City: FRANKLIN	State: TN	Zip Code: 37067	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

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

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

			1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act			
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.		Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)		9.99	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-2 Part II | Date/Time Prepared: 12/2/2024 3:14 pm

			Y/N	Date	
			1.00	2.00	
	PART II - HOSPITAL AND HOSPITAL HEATHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE				
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
	COMPLETED BY ALL HOSPITALS				
	Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		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.	N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
	Approved Educational Activities				
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		Y		7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.		Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
				Y/N	
				1.00	
	Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.			N	14.00
	Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	Y	09/03/2024	Y	09/03/2024	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-2 Part II Date/Time Prepared: 12/2/2024 3:14 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.	Y	12/31/2022	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.	KUZIWA	TSIGA	41.00
42.00	Enter the employer/company name of the cost report preparer.	CHS		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	615-669-2590	KUZIWA_TSIGA@CHS.NET	43.00

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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.	MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-3 Part I Date/Time Prepared: 12/2/2024 3:14 pm

	Component	Worksheet A Line No.	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
	PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	250	91,500	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)		250	91,500	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	0	0.00	0	8.00
8.01	PEDIATRIC INTENSIVE CARE UNIT	31.01	0	0	0.00	0	8.01
8.02	NEONATAL INTENSIVE CARE UNIT	31.02	24	8,784	0.00	0	8.02
8.03	CARDIO INTENSIVE CARE UNIT	31.03	81	29,646	0.00	0	8.03
8.04	BURN INTENSIVE CARE UNIT	31.04	0	0	0.00	0	8.04
9.00	CORONARY CARE UNIT	32.00	24	8,784	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		379	138,714	0.00	0	14.00
15.00	CAH visits					0	15.00
15.10	REH hours and visits				0.00	0	15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						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)		379				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)		9	3,294			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: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-3 Part I | Date/Time Prepared: 12/2/2024 3:14 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
	PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	14,755	2,340	64,421			1.00
2.00	HMO and other (see instructions)	27,283	14,293				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)	14,755	2,340	64,421			7.00
8.00	INTENSIVE CARE UNIT	0	0	0			8.00
8.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0			8.01
8.02	NEONATAL INTENSIVE CARE UNIT	0	221	2,422			8.02
8.03	CARDIO INTENSIVE CARE UNIT	4,111	391	18,444			8.03
8.04	BURN INTENSIVE CARE UNIT	0	0	0			8.04
9.00	CORONARY CARE UNIT	261	0	933			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		1,076	1,222			13.00
14.00	Total (see instructions)	19,127	4,028	87,442	19.65	1,594.97	14.00
15.00	CAH visits	0	0	0			15.00
15.10	REH hours and visits	0	0	0			15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			382			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)				19.65	1,594.97	27.00
28.00	Observation Bed Days		0	7,593			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			979			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	273	409			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			170			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: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-3 Part I | Date/Time Prepared: 12/2/2024 3:14 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
	PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,571	3,349	14,837	1.00
2.00	HMO and other (see instructions)			4,489	0		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
8.01	PEDIATRIC INTENSIVE CARE UNIT						8.01
8.02	NEONATAL INTENSIVE CARE UNIT						8.02
8.03	CARDIO INTENSIVE CARE UNIT						8.03
8.04	BURN INTENSIVE CARE UNIT						8.04
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	3,571	3,349	14,837	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						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: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-3 Part II | Date/Time Prepared: 12/2/2024 3:14 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	138,372,372	0	138,372,372	3,358,410.00	41.20	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		3,940,113	0	3,940,113	102,679.00	38.37	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		17,354,760	0	17,354,760	208,817.00	83.11	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		958,487	0	958,487	5,789.00	165.57	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		22,144,613	0	22,144,613	650,930.00	34.02	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		35,376,150	0	35,376,150			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		1,105,024	0	1,105,024			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		6,314,956	0	6,314,956			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-3 Part II | Date/Time Prepared: 12/2/2024 3:14 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	544,236	0	544,236	12,204.00	44.59	26.00
27.00	Administrative & General	5.00	10,770,086	-147,463	10,622,623	305,128.00	34.81	27.00
28.00	Administrative & General under contract (see inst.)		700,574	0	700,574	11,379.33	61.57	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3,193,713	0	3,193,713	103,894.00	30.74	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	35.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		4,354,125	0	4,354,125	263,993.04	16.49	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		4,330,173	0	4,330,173	178,932.79	24.20	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	7,993,294	-1,787,807	6,205,487	162,160.00	38.27	38.00
39.00	Central Services and Supply	14.00	2,005,624	320,862	2,326,486	96,551.00	24.10	39.00
40.00	Pharmacy	15.00	6,799,959	-1,328,146	5,471,813	132,226.00	41.38	40.00
41.00	Medical Records & Medical Records Library	16.00	1,207,021	1,577,985	2,785,006	68,275.00	40.79	41.00
42.00	Social Service	17.00	2,321,211	0	2,321,211	53,740.00	43.19	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-3 Part III Date/Time Prepared: 12/2/2024 3:14 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		147,757,244	0	147,757,244	3,812,715.16	38.75	1.00
2.00	Excluded area salaries (see instructions)		3,940,113	0	3,940,113	102,679.00	38.37	2.00
3.00	Subtotal salaries (line 1 minus line 2)		143,817,131	0	143,817,131	3,710,036.16	38.76	3.00
4.00	Subtotal other wages & related costs (see inst.)		40,457,860	0	40,457,860	865,536.00	46.74	4.00
5.00	Subtotal wage-related costs (see inst.)		41,691,106	0	41,691,106	0.00	28.99	5.00
6.00	Total (sum of lines 3 thru 5)		225,966,097	0	225,966,097	4,575,572.16	49.39	6.00
7.00	Total overhead cost (see instructions)		44,220,016	-1,364,569	42,855,447	1,388,518.16	30.86	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-3 Part IV Date/Time Prepared: 12/2/2024 3:14 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	2,758,119	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	22,159,769	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)	84,099	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)	23,257	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,207,941	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	8,099,609	17.00
18.00	Medicare Taxes - Employers Portion Only	1,894,263	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	254,551	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	36,481,608	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: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-3 Part V | Date/Time Prepared: 12/2/2024 3:14 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	17,354,760	36,481,608	1.00
2.00	Hospital	17,354,760	36,481,608	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			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: 15-0017	Period: From 07/01/2023 To 06/30/2024	Worksheet S-10 Parts I & II Date/Time Prepared: 12/2/2024 3:14 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)	0.122184	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	83,568,338	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	507,395,880	6.00
7.00	Medicaid cost (line 1 times line 6)	61,995,658	7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)	0	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	0	9.00
10.00	Stand-alone CHIP charges	0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)	0	16.00
	Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	0	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
	Uncompensated care cost (see instructions for each line)				
20.00	Charity care charges and uninsured discounts (see instructions)	49,842,280	22,896	49,865,176	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	6,089,929	22,896	6,112,825	21.00
22.00	Payments received from patients for amounts previously written off as charity care	6,041	0	6,041	22.00
23.00	Cost of charity care (see instructions)	6,083,888	22,896	6,106,784	23.00

		1.00	
24.00	Does the amount on line 20 col. 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0	25.00
25.01	Charges for insured patients' liability (see instructions)	0	25.01
26.00	Bad debt amount (see instructions)	11,283,316	26.00
27.00	Medicare reimbursable bad debts (see instructions)	174,182	27.00
27.01	Medicare allowable bad debts (see instructions)	267,972	27.01
28.00	Non-Medicare bad debt amount (see instructions)	11,015,344	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)	1,439,689	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)	7,546,473	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	7,546,473	31.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0017	Period: From 07/01/2023 To 06/30/2024	Worksheet S-10 Parts I & II Date/Time Prepared: 12/2/2024 3:14 pm

		1.00	
	PART II - HOSPITAL DATA		
	Uncompensated and Indigent Care Cost-to-Charge Ratio		
1.00	Cost to charge ratio (see instructions)	0.122184	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)	49,842,280	22,896	49,865,176	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	6,089,929	22,896	6,112,825	21.00
22.00	Payments received from patients for amounts previously written off as charity care	6,041	0	6,041	22.00
23.00	Cost of charity care (see instructions)	6,083,888	22,896	6,106,784	23.00

		1.00	
24.00	Does the amount on line 20 col. 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0	25.00
25.01	Charges for insured patients' liability (see instructions)	0	25.01
26.00	Bad debt amount (see instructions)	11,283,316	26.00
27.00	Medicare reimbursable bad debts (see instructions)	174,182	27.00
27.01	Medicare allowable bad debts (see instructions)	267,972	27.01
28.00	Non-Medicare bad debt amount (see instructions)	11,015,344	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)	1,439,689	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)	7,546,473	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	7,546,473	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A | Date/Time Prepared: 12/2/2024 3:14 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		9,746,665	9,746,665	5,777,579	15,524,244	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		23,531,624	23,531,624	27,762	23,559,386	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	544,236	1,384,643	1,928,879	26,924,939	28,853,818	4.00
5.01	00540	ADMITTING	2,975,271	10,026,710	13,001,981	-413,147	12,588,834	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	7,794,815	119,759,511	127,554,326	-32,111,653	95,442,673	5.02
7.00	00700	OPERATION OF PLANT	3,193,713	13,816,106	17,009,819	2,010,291	19,020,110	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,729,329	1,729,329	0	1,729,329	8.00
9.00	00900	HOUSEKEEPING	0	4,896,296	4,896,296	-90,891	4,805,405	9.00
10.00	01000	DIETARY	0	8,225,874	8,225,874	-5,834,794	2,391,080	10.00
11.00	01100	CAFETERIA	0	0	0	5,746,256	5,746,256	11.00
13.00	01300	NURSING ADMINISTRATION	7,993,294	1,800,293	9,793,587	-3,033,517	6,760,070	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,005,624	28,370,827	30,376,451	-22,216,153	8,160,298	14.00
15.00	01500	PHARMACY	6,799,959	23,908,759	30,708,718	-24,811,831	5,896,887	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,207,021	1,277,721	2,484,742	2,721,816	5,206,558	16.00
17.00	01700	SOCIAL SERVICE	2,321,211	1,502,729	3,823,940	-2,573	3,821,367	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	4,359,775	4,359,775	0	4,359,775	22.00
23.00	02300	PASTORAL PROGRAM	119,785	244,398	364,183	-230	363,953	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	340,666	37,953	378,619	0	378,619	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	26,562,166	20,912,862	47,475,028	-2,078,120	45,396,908	30.00
31.00	03100	INTENSIVE CARE UNIT	19,981,637	10,940,223	30,921,860	-29,606,351	1,315,509	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	1,830,387	601,154	2,431,541	-4,528	2,427,013	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	0	0	20,436,921	20,436,921	31.03
31.04	03102	BURN INTENSIVE CARE UNIT	-36,422	97,308	60,886	-60,886	0	31.04
32.00	03200	CORONARY CARE UNIT	0	0	0	7,563,092	7,563,092	32.00
43.00	04300	NURSERY	0	72,384	72,384	487,437	559,821	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,189,924	34,594,319	45,784,243	-12,440,785	33,343,458	50.00
51.00	05100	RECOVERY ROOM	2,922,359	622,657	3,545,016	-3,545,016	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	67	67	2,978,990	2,979,057	52.00
53.00	05300	ANESTHESIOLOGY	129,826	7,384,538	7,514,364	0	7,514,364	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,840,078	6,055,373	11,895,451	272,968	12,168,419	54.00
54.01	05401	PET SCAN	700,871	221,262	922,133	-550,462	371,671	54.01
56.00	05600	RADIOISOTOPE	340,257	1,442,794	1,783,051	-1,312,944	470,107	56.00
57.00	05700	CT SCAN	947,306	1,619,606	2,566,912	-76,486	2,490,426	57.00
58.00	05800	MRI	565,151	294,152	859,303	-859,303	0	58.00
60.00	06000	LABORATORY	5,589,343	9,264,222	14,853,565	1,006,653	15,860,218	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,249,148	3,249,148	-8,733	3,240,415	62.00
65.00	06500	RESPIRATORY THERAPY	4,399,683	1,562,130	5,961,813	-174,683	5,787,130	65.00
66.00	06600	PHYSICAL THERAPY	2,610,988	403,637	3,014,625	3,336,139	6,350,764	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,909,127	160,688	2,069,815	-2,069,815	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,207,915	189,663	1,397,578	-1,397,578	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,942,678	15,106,889	20,049,567	-18,608,388	1,441,179	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,266,257	2,266,257	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,771,495	4,771,495	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	48,742,284	48,742,284	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	22,184,633	22,184,633	73.00
74.00	07400	RENAL DIALYSIS	1,777,111	894,342	2,671,453	-27,241	2,644,212	74.00
76.00	03140	CARDIAC CATH LAB	0	0	0	4,333,006	4,333,006	76.00
76.01	03050	SLEEP LAB	437,513	126,003	563,516	-563,516	0	76.01
76.02	03950	CARDIAC REHAB	0	0	0	564,199	564,199	76.02
76.03	03020	WOUND CARE	622,046	183,140	805,186	-1,300	803,886	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	767,391	1,712,398	2,479,789	-750	2,479,039	90.00
91.00	09100	EMERGENCY	4,359,780	5,437,787	9,797,567	-51,050	9,746,517	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	3,475,143	15,452,246	18,927,389	-131,673	18,795,716	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	138,367,853	393,220,205	531,588,058	68,320	531,656,378	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	45	45	0	45	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,519	686,780	691,299	-68,320	622,979	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	138,372,372	393,907,030	532,279,402	0	532,279,402	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A | Date/Time Prepared: 12/2/2024 3:14 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	2,478,993	18,003,237		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	806,357	24,365,743		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	28,853,818		4.00
5.01	00540	ADMITTING	0	12,588,834		5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	-51,842,492	43,600,181		5.02
7.00	00700	OPERATION OF PLANT	-80,466	18,939,644		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,729,329		8.00
9.00	00900	HOUSEKEEPING	0	4,805,405		9.00
10.00	01000	DIETARY	0	2,391,080		10.00
11.00	01100	CAFETERIA	0	5,746,256		11.00
13.00	01300	NURSING ADMINISTRATION	0	6,760,070		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,160,298		14.00
15.00	01500	PHARMACY	0	5,896,887		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,206,558		16.00
17.00	01700	SOCIAL SERVICE	0	3,821,367		17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	4,359,775		22.00
23.00	02300	PASTORAL PROGRAM	0	363,953		23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	0	378,619		23.01
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-9,496,221	35,900,687		30.00
31.00	03100	INTENSIVE CARE UNIT	-1,315,509	0		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	-239,796	2,187,217		31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	20,436,921		31.03
31.04	03102	BURN INTENSIVE CARE UNIT	0	0		31.04
32.00	03200	CORONARY CARE UNIT	0	7,563,092		32.00
43.00	04300	NURSERY	0	559,821		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-1,664,481	31,678,977		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,979,057		52.00
53.00	05300	ANESTHESIOLOGY	-7,283,850	230,514		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,570,690	9,597,729		54.00
54.01	05401	PET SCAN	0	371,671		54.01
56.00	05600	RADIOISOTOPE	0	470,107		56.00
57.00	05700	CT SCAN	-99,800	2,390,626		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	0	15,860,218		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,240,415		62.00
65.00	06500	RESPIRATORY THERAPY	0	5,787,130		65.00
66.00	06600	PHYSICAL THERAPY	0	6,350,764		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	-238,732	1,202,447		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,266,257		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,771,495		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	48,742,284		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,184,633		73.00
74.00	07400	RENAL DIALYSIS	-3,978	2,640,234		74.00
76.00	03140	CARDIAC CATH LAB	0	4,333,006		76.00
76.01	03050	SLEEP LAB	0	0		76.01
76.02	03950	CARDIAC REHAB	0	564,199		76.02
76.03	03020	WOUND CARE	0	803,886		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-1,426,392	1,052,647		90.00
91.00	09100	EMERGENCY	-2,711,779	7,034,738		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	-13,334,770	5,460,946		95.00
		SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-89,023,606	442,632,772		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	45		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	622,979		192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-89,023,606	443,255,796		200.00

RECLASSIFICATIONS | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A-6 | Date/Time Prepared: 12/2/2024 3:14 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	26,927,934		1.00
	TOTALS		0	26,927,934		
	B - RENTAL AND LEASE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	180,084		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	2,264,982		2.00
3.00	NURSING ADMINISTRATION	13.00	0	33,026		3.00
4.00	OPERATING ROOM	50.00	0	250,388		4.00
5.00	AMBULANCE SERVICES	95.00	0	30,225		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
	TOTALS		0	2,758,705		
	C - OTHER CAPITAL COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	716,394		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,876,104		2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	97,119		3.00
	TOTALS		0	5,689,617		
	D - REPAIRS & MAINTENANCE					
1.00	OPERATION OF PLANT	7.00	0	2,064,374		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
	TOTALS		0	2,064,374		

RECLASSIFICATIONS | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A-6 | Date/Time Prepared: 12/2/2024 3:14 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	E - CNO RECLASS				
1.00	NURSING ADMINISTRATION	13.00	295,295	0	1.00
	TOTALS		295,295	0	
	F - MEDICAL SUPPLIES				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,771,495	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	48,742,284	2.00
3.00	LABORATORY	60.00	0	177,876	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
	TOTALS		0	53,691,655	
	G - DRUGS / IVS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	22,184,633	1.00
	TOTALS		0	22,184,633	
	H - LABOR AND DELIVERY				
1.00	NURSERY	43.00	345,476	141,961	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,838,433	1,140,557	2.00
	TOTALS		2,183,909	1,282,518	
	I - A&G COSTS				
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	350,664	43,997	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	320,862	1,678,856	2.00
	TOTALS		671,526	1,722,853	
	J - RADIOLOGY COSTS				
1.00	RADIOLOGY-DIAGNOSTIC	54.00	1,266,022	445,074	1.00
2.00	PET SCAN	54.01	5,921	387,424	2.00
3.00		0.00	0	0	3.00
	TOTALS		1,271,943	832,498	
	K - DIETARY				
1.00	CAFETERIA	11.00	0	5,746,256	1.00
	TOTALS		0	5,746,256	
	L - MISC DEPARTMENT				
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	468,694	168,516	1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	1,577,985	1,203,808	2.00
3.00	BURN INTENSIVE CARE UNIT	31.04	36,422	0	3.00
4.00	OPERATING ROOM	50.00	2,922,359	617,085	4.00
5.00	PHYSICAL THERAPY	66.00	3,117,042	296,525	5.00
6.00	ELECTROENCEPHALOGRAPHY	70.00	1,701,410	564,847	6.00
7.00	CARDIAC CATH LAB	76.00	2,024,070	2,308,936	7.00
8.00	CARDIAC REHAB	76.02	499,391	64,808	8.00
	TOTALS		12,347,373	5,224,525	
	M - ICU COSTS				
1.00	ADULTS & PEDIATRICS	30.00	1,271,882	283,482	1.00
2.00	CARDIO INTENSIVE CARE UNIT	31.03	13,762,291	6,674,630	2.00
3.00	CORONARY CARE UNIT	32.00	4,947,464	2,615,628	3.00
	TOTALS		19,981,637	9,573,740	
	N - SPECIAL PROCEDURES				
1.00	OPERATING ROOM	50.00	782,648	489,158	1.00
2.00	LABORATORY	60.00	545,498	340,939	2.00
	TOTALS		1,328,146	830,097	
	O - INTEREST EXPENSE				
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	18,844	1.00
	TOTALS		0	18,844	
	P - FINANCIAL LEASE				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	23,841	1.00
	TOTALS		0	23,841	
500.00	Grand Total: Increases		38,079,829	138,572,090	500.00

RECLASSIFICATIONS | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A-6 | Date/Time Prepared: 12/2/2024 3:14 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - EMPLOYEE BENEFITS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	26,927,934	0		1.00
	TOTALS		0	26,927,934			
	B - RENTAL AND LEASE						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	69,357	10		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,863	0		2.00
3.00	ADMITTING	5.01	0	10,484	0		3.00
4.00	OPERATION OF PLANT	7.00	0	54,083	0		4.00
5.00	HOUSEKEEPING	9.00	0	2,417	0		5.00
6.00	DIETARY	10.00	0	3,227	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,437,717	0		7.00
8.00	PHARMACY	15.00	0	50,822	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	59,977	0		9.00
10.00	SOCIAL SERVICE	17.00	0	119	0		10.00
11.00	PASTORAL PROGRAM	23.00	0	140	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	27,829	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	3,812	0		13.00
14.00	NEONATAL INTENSIVE CARE UNIT	31.02	0	29	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	87,793	0		15.00
16.00	RADIOISOTOPE	56.00	0	695,047	0		16.00
17.00	LABORATORY	60.00	0	6,744	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	149,878	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	148	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	62,030	0		20.00
21.00	RENAL DIALYSIS	74.00	0	23,255	0		21.00
22.00	SLEEP LAB	76.01	0	2,478	0		22.00
23.00	WOUND CARE	76.03	0	548	0		23.00
24.00	EMERGENCY	91.00	0	8,908	0		24.00
	TOTALS		0	2,758,705			
	C - OTHER CAPITAL COSTS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	5,689,617	12		1.00
2.00		0.00	0	0	13		2.00
3.00		0.00	0	0	12		3.00
	TOTALS		0	5,689,617			
	D - REPAIRS & MAINTENANCE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,132	0		1.00
2.00	ADMITTING	5.01	0	8,002	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	490,945	0		3.00
4.00	HOUSEKEEPING	9.00	0	88,474	0		4.00
5.00	DIETARY	10.00	0	85,311	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	3,224	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	208,731	0		7.00
8.00	PHARMACY	15.00	0	307,423	0		8.00
9.00	SOCIAL SERVICE	17.00	0	2,454	0		9.00
10.00	PASTORAL PROGRAM	23.00	0	90	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	131,356	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	21,167	0		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	31.02	0	4,499	0		13.00
14.00	BURN INTENSIVE CARE UNIT	31.04	0	495	0		14.00
15.00	OPERATING ROOM	50.00	0	224,576	0		15.00
16.00	RECOVERY ROOM	51.00	0	5,572	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	19,167	0		17.00
18.00	PET SCAN	54.01	0	21,674	0		18.00
19.00	RADIOISOTOPE	56.00	0	29,939	0		19.00
20.00	CT SCAN	57.00	0	11,369	0		20.00
21.00	MRI	58.00	0	7,127	0		21.00
22.00	LABORATORY	60.00	0	50,916	0		22.00
23.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	8,733	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	24,805	0		24.00
25.00	PHYSICAL THERAPY	66.00	0	5,400	0		25.00
26.00	SPEECH PATHOLOGY	68.00	0	349	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	24,612	0		27.00
28.00	RENAL DIALYSIS	74.00	0	1,150	0		28.00
29.00	SLEEP LAB	76.01	0	1,820	0		29.00
30.00	WOUND CARE	76.03	0	752	0		30.00
31.00	CLINIC	90.00	0	750	0		31.00
32.00	EMERGENCY	91.00	0	42,142	0		32.00
33.00	AMBULANCE SERVICES	95.00	0	161,898	0		33.00
34.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	68,320	0		34.00
	TOTALS		0	2,064,374			

RECLASSIFICATIONS | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A-6 | Date/Time Prepared: 12/2/2024 3:14 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	E - CNO RECLASS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	295,295	0	0		1.00
	TOTALS		295,295	0			
	F - MEDICAL SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	22,569,423	0		1.00
2.00	PHARMACY	15.00	0	110,710	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	7,872	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	25,995	0		4.00
5.00	OPERATING ROOM	50.00	0	17,277,847	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	937,823	0		6.00
7.00	PET SCAN	54.01	0	63,213	0		7.00
8.00	RADIOISOTOPE	56.00	0	587,958	0		8.00
9.00	CT SCAN	57.00	0	65,117	0		9.00
10.00	PHYSICAL THERAPY	66.00	0	71,880	0		10.00
11.00	SPEECH PATHOLOGY	68.00	0	53,477	0		11.00
12.00	ELECTROCARDIOLOGY	69.00	0	11,917,504	0		12.00
13.00	RENAL DIALYSIS	74.00	0	2,836	0		13.00
	TOTALS		0	53,691,655			
	G - DRUGS / IVS						
1.00	PHARMACY	15.00	0	22,184,633	0		1.00
	TOTALS		0	22,184,633			
	H - LABOR AND DELIVERY						
1.00	ADULTS & PEDIATRICS	30.00	2,183,909	1,282,518	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		2,183,909	1,282,518			
	I - A&G COSTS						
1.00	ADMITTING	5.01	350,664	43,997	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	320,862	1,678,856	0		2.00
	TOTALS		671,526	1,722,853			
	J - RADIOLOGY COSTS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	5,921	387,424	0		1.00
2.00	PET SCAN	54.01	700,871	158,049	0		2.00
3.00	MRI	58.00	565,151	287,025	0		3.00
	TOTALS		1,271,943	832,498			
	K - DIETARY						
1.00	DIETARY	10.00	0	5,746,256	0		1.00
	TOTALS		0	5,746,256			
	L - MISC DEPARTMENT						
1.00	NURSING ADMINISTRATION	13.00	2,083,102	1,275,512	0		1.00
2.00	BURN INTENSIVE CARE UNIT	31.04	0	96,813	0		2.00
3.00	RECOVERY ROOM	51.00	2,922,359	617,085	0		3.00
4.00	OCCUPATIONAL THERAPY	67.00	1,909,127	160,688	0		4.00
5.00	SPEECH PATHOLOGY	68.00	1,207,915	135,837	0		5.00
6.00	ELECTROCARDIOLOGY	69.00	3,787,357	2,816,885	0		6.00
7.00	SLEEP LAB	76.01	437,513	121,705	0		7.00
8.00		0.00	0	0	0		8.00
	TOTALS		12,347,373	5,224,525			
	M - ICU COSTS						
1.00	INTENSIVE CARE UNIT	31.00	19,981,637	9,573,740	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		19,981,637	9,573,740			
	N - SPECIAL PROCEDURES						
1.00	PHARMACY	15.00	1,328,146	830,097	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,328,146	830,097			
	O - INTEREST EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	18,844	11		1.00
	TOTALS		0	18,844			
	P - FINANCIAL LEASE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	23,841	10		1.00
	TOTALS		0	23,841			
500.00	Grand Total: Decreases		38,079,829	138,572,090			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A-7 Part I | Date/Time Prepared: 12/2/2024 3:14 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	14,390,515	0	0	0	0	1.00
2.00	Land Improvements	5,519,766	126,853	0	126,853	0	2.00
3.00	Buildings and Fixtures	243,744,295	254,901	0	254,901	0	3.00
4.00	Building Improvements	76,685,067	885,973	0	885,973	0	4.00
5.00	Fixed Equipment	23,598,177	203,048	0	203,048	1,479,952	5.00
6.00	Movable Equipment	122,849,180	1,140,911	0	1,140,911	2,215,920	6.00
7.00	HIT designated Assets	707,156	0	0	0	2,261	7.00
8.00	Subtotal (sum of lines 1-7)	487,494,156	2,611,686	0	2,611,686	3,698,133	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	487,494,156	2,611,686	0	2,611,686	3,698,133	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	14,390,515	0	1.00
2.00	Land Improvements	5,646,619	0	2.00
3.00	Buildings and Fixtures	243,999,196	0	3.00
4.00	Building Improvements	77,571,040	0	4.00
5.00	Fixed Equipment	22,321,273	0	5.00
6.00	Movable Equipment	121,774,171	0	6.00
7.00	HIT designated Assets	704,895	0	7.00
8.00	Subtotal (sum of lines 1-7)	486,407,709	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	486,407,709	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A-7 Part II | Date/Time Prepared: 12/2/2024 3:14 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	9,746,665	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	23,531,624	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	33,278,289	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL			
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
		14.00	15.00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2				
1.00	CAP REL COSTS-BLDG & FIXT	0	9,746,665		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	23,531,624		2.00
3.00	Total (sum of lines 1-2)	0	33,278,289		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A-7 Part III Date/Time Prepared: 12/2/2024 3:14 pm

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: 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	363,928,641	1,836,851	362,091,790	0.747242	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	122,479,065	0	122,479,065	0.252758	0	2.00
3.00	Total (sum of lines 1-2)	486,407,706	1,836,851	484,570,855	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: 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	12,225,658	203,925	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	24,337,981	-69,357	2.00
3.00	Total (sum of lines 1-2)	0	0	0	36,563,639	134,568	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: 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	-18,844	716,394	4,876,104	0	18,003,237	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	97,119	0	0	24,365,743	2.00
3.00	Total (sum of lines 1-2)	-18,844	813,513	4,876,104	0	42,368,980	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A-8 | Date/Time Prepared: 12/2/2024 3:14 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	B	-1,101,302	CAP REL COSTS-BLDG & FIXT	1.00	9	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)	A	-80,466	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-52,317,957			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-224	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	4,795,436			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,742,956	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-682	OTHER ADMINISTRATIVE AND GENERAL	5.02	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	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)	A	-808,589	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A-8 | Date/Time Prepared: 12/2/2024 3:14 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER MISCELLANEOUS REVENUE	B	-354,099	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.00
33.02	COFFEE SHOP REVENUE	B	-14,329	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.02
33.05	LOBBYING EXPENSE	A	-16,386	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.05
33.09	PHYSICIAN RECRUITING	A	-788,928	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.09
33.11	CHARITABLE CONTRIBUTIONS	A	-138,014	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.11
33.15	MARKETING DEPT EXPENSE	A	-441,960	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.15
33.16	CORPORATE SPONSOR RESEARCH	A	-75,453	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.16
33.18	PROVIDER TAX-HOSPITAL ASSESSMENT FEE	A	-35,937,697	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.18
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-89,023,606				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: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A-8-1 | Date/Time Prepared: 12/2/2024 3:14 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CAPITAL-RELATED INTEREST	3,577,866	0	1.00
2.00	5.02	OTHER ADMINISTRATIVE AND GEN	FRANCHISE TAX ALLOCATIONS	200	175	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	PASI CAPITAL COSTS - BLDG &	2,429	0	3.00
3.01	2.00	CAP REL COSTS-MVBLE EQUIP	PASI CAPITAL COSTS - MOVEABL	5,203	0	3.01
3.02	5.02	OTHER ADMINISTRATIVE AND GEN	PASI OPERATING COSTS	1,526,698	0	3.02
3.03	5.02	OTHER ADMINISTRATIVE AND GEN	SHARED SERVICE CENTER ALLOCA	9,152,302	7,476,820	3.03
4.00	5.02	OTHER ADMINISTRATIVE AND GEN	Malpractice Costs	510,660	0	4.00
4.01	2.00	CAP REL COSTS-MVBLE EQUIP	NEW CAPITAL - MOVABLE EQUIPM	705,308	0	4.01
4.02	5.02	OTHER ADMINISTRATIVE AND GEN	NON-CAPITAL HOME OFFICE COST	19,133,974	0	4.02
4.03	5.02	OTHER ADMINISTRATIVE AND GEN	MALPRACTICE COSTS	2,381,007	2,621,774	4.03
4.04	5.02	OTHER ADMINISTRATIVE AND GEN	SHARED LAUNDRY - OPERATING	1,259,165	1,729,329	4.04
4.05	2.00	CAP REL COSTS-MVBLE EQUIP	SHARED LAUNDRY - CAPITAL	95,846	0	4.05
4.07	5.02	OTHER ADMINISTRATIVE AND GEN	MANAGEMENT FEES	0	11,912,465	4.07
4.08	5.02	OTHER ADMINISTRATIVE AND GEN	401K FEES	0	4,483	4.08
4.09	5.02	OTHER ADMINISTRATIVE AND GEN	AUDIT FEES	0	142,658	4.09
4.10	5.02	OTHER ADMINISTRATIVE AND GEN	CORPORATE OVERHEAD ALLOCATIO	0	3,079,881	4.10
4.11	5.02	OTHER ADMINISTRATIVE AND GEN	HIIM ALLOCATION	0	1,221,107	4.11
4.12	5.02	OTHER ADMINISTRATIVE AND GEN	CONTRACT MANAGEMENT	0	4,162,815	4.12
4.13	5.02	OTHER ADMINISTRATIVE AND GEN	PASI COLLECTION FEES	0	1,150,567	4.13
4.14	5.02	OTHER ADMINISTRATIVE AND GEN	PASI LIENT UNIT COLLECTION F	0	53,148	4.14
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			38,350,658	33,555,222	5.00

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

				Related Organization(s) and/or Home Office		
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					
6.00	B		0.00	COMMUNITY HEALT	100.00	6.00
7.00	B		0.00	PASI	100.00	7.00
8.00	E		0.00	HOSPITAL LAUNDR	100.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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.

(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: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A-8-1 | Date/Time Prepared: 12/2/2024 3:14 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	3,577,866	9		1.00
2.00	25	0		2.00
3.00	2,429	9		3.00
3.01	5,203	9		3.01
3.02	1,526,698	0		3.02
3.03	1,675,482	0		3.03
4.00	510,660	0		4.00
4.01	705,308	9		4.01
4.02	19,133,974	0		4.02
4.03	-240,767	0		4.03
4.04	-470,164	0		4.04
4.05	95,846	9		4.05
4.07	-11,912,465	0		4.07
4.08	-4,483	0		4.08
4.09	-142,658	0		4.09
4.10	-3,079,881	0		4.10
4.11	-1,221,107	0		4.11
4.12	-4,162,815	0		4.12
4.13	-1,150,567	0		4.13
4.14	-53,148	0		4.14
5.00	4,795,436			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	HOSP COMPANY		6.00
7.00	COLLECTIONS		7.00
8.00	LAUNDRY		8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A-8-2 | Date/Time Prepared: 12/2/2024 3:14 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	5.02	OTHER ADMINISTRATIVE AND GENERAL	12,740,548	12,740,548	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	8,687,632	8,687,632	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	1,315,509	1,315,509	0	0	0	3.00
4.00	31.02	NEONATAL INTENSIVE CARE UNIT	239,796	239,796	0	0	0	4.00
5.00	50.00	OPERATING ROOM	1,664,481	1,664,481	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	7,283,850	7,283,850	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	2,570,690	2,570,690	0	0	0	7.00
8.00	57.00	CT SCAN	99,800	99,800	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	238,732	238,732	0	0	0	9.00
10.00	74.00	RENAL DIALYSIS	3,978	3,978	0	0	0	10.00
11.00	90.00	CLINIC	1,426,392	1,426,392	0	0	0	11.00
12.00	91.00	EMERGENCY	2,711,779	2,711,779	0	0	0	12.00
13.00	95.00	AMBULANCE SERVICES	13,334,770	13,334,770	0	0	0	13.00
200.00			52,317,957	52,317,957	0		0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.02	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	31.02	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	57.00	CT SCAN	0	0	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	9.00
10.00	74.00	RENAL DIALYSIS	0	0	0	0	0	10.00
11.00	90.00	CLINIC	0	0	0	0	0	11.00
12.00	91.00	EMERGENCY	0	0	0	0	0	12.00
13.00	95.00	AMBULANCE SERVICES	0	0	0	0	0	13.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.02	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	12,740,548		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	8,687,632		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,315,509		3.00
4.00	31.02	NEONATAL INTENSIVE CARE UNIT	0	0	0	239,796		4.00
5.00	50.00	OPERATING ROOM	0	0	0	1,664,481		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	7,283,850		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	2,570,690		7.00
8.00	57.00	CT SCAN	0	0	0	99,800		8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	238,732		9.00
10.00	74.00	RENAL DIALYSIS	0	0	0	3,978		10.00
11.00	90.00	CLINIC	0	0	0	1,426,392		11.00
12.00	91.00	EMERGENCY	0	0	0	2,711,779		12.00
13.00	95.00	AMBULANCE SERVICES	0	0	0	13,334,770		13.00
200.00			0	0	0	52,317,957		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B Part I | Date/Time Prepared: 12/2/2024 3:14 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
			0	1.00	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	18,003,237	18,003,237				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	24,365,743		24,365,743			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	28,853,818	412,101	557,741	29,823,660		4.00
5.01	00540	ADMITTING	12,588,834	126,440	171,125	567,920	13,454,319	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	43,600,181	1,349,601	1,826,562	1,730,635	0	5.02
7.00	00700	OPERATION OF PLANT	18,939,644	3,891,066	5,266,209	691,065	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,729,329	22,609	30,599	0	0	8.00
9.00	00900	HOUSEKEEPING	4,805,405	151,290	204,757	0	0	9.00
10.00	01000	DIETARY	2,391,080	193,689	262,140	0	0	10.00
11.00	01100	CAFETERIA	5,746,256	523,712	708,796	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	6,760,070	229,012	309,947	1,342,762	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,160,298	315,471	426,961	503,412	0	14.00
15.00	01500	PHARMACY	5,896,887	168,738	228,371	1,184,007	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,206,558	192,883	261,049	602,628	0	16.00
17.00	01700	SOCIAL SERVICE	3,821,367	129,940	175,862	502,271	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,359,775	0	0	0	0	22.00
23.00	02300	PASTORAL PROGRAM	363,953	15,283	20,684	25,919	0	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	378,619	3,021	4,089	73,714	0	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	35,900,687	2,521,450	3,412,553	5,550,249	802,996	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	2,187,217	278,662	377,143	396,065	41,129	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	20,436,921	995,709	1,347,602	2,977,926	425,219	31.03
31.04	03102	BURN INTENSIVE CARE UNIT	0	0	0	0	0	31.04
32.00	03200	CORONARY CARE UNIT	7,563,092	387,729	524,757	1,070,547	20,816	32.00
43.00	04300	NURSERY	559,821	13,747	18,605	74,755	6,375	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	31,678,977	2,768,086	3,746,353	3,223,010	2,216,031	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,979,057	0	0	397,806	33,925	52.00
53.00	05300	ANESTHESIOLOGY	230,514	0	0	28,092	268,107	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,597,729	415,148	561,864	1,536,358	652,459	54.00
54.01	05401	PET SCAN	371,671	27,267	36,903	1,281	30,891	54.01
56.00	05600	RADIOISOTOPE	470,107	101,162	136,914	73,626	124,183	56.00
57.00	05700	CT SCAN	2,390,626	50,027	67,707	204,981	672,223	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	15,860,218	440,602	596,314	1,327,475	992,321	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,240,415	44,387	60,074	0	99,971	62.00
65.00	06500	RESPIRATORY THERAPY	5,787,130	156,502	211,811	952,017	382,364	65.00
66.00	06600	PHYSICAL THERAPY	6,350,764	306,155	414,353	1,239,448	200,638	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,202,447	51,160	69,241	249,992	376,613	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,266,257	11,783	15,947	368,156	3,968	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,771,495	0	0	0	327,694	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	48,742,284	0	0	0	2,041,955	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,184,633	0	0	0	2,020,752	73.00
74.00	07400	RENAL DIALYSIS	2,640,234	124,527	168,535	384,537	61,418	74.00
76.00	03140	CARDIAC CATH LAB	4,333,006	162,947	220,534	437,974	698,446	76.00
76.01	03050	SLEEP LAB	0	26,084	35,302	0	211,038	76.01
76.02	03950	CARDIAC REHAB	564,199	243,816	329,983	108,060	16,748	76.02
76.03	03020	WOUND CARE	803,886	94,566	127,986	134,600	1,675	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,052,647	546,548	739,702	166,050	22,745	90.00
91.00	09100	EMERGENCY	7,034,738	507,900	687,397	943,382	646,568	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	5,460,946	2,417	3,271	751,962	55,051	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	442,632,772	18,003,237	24,365,743	29,822,682	13,454,319	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	45	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	622,979	0	0	978	0	192.00
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)	443,255,796	18,003,237	24,365,743	29,823,660	13,454,319	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B Part I | Date/Time Prepared: 12/2/2024 3:14 pm

		Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5A.01	5.02	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	ADMITTING						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	48,506,979	48,506,979				5.02
7.00	00700	OPERATION OF PLANT	28,787,984	3,537,496	32,325,480			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,782,537	219,040	59,788	2,061,365		8.00
9.00	00900	HOUSEKEEPING	5,161,452	634,244	400,075	0	6,195,771	9.00
10.00	01000	DIETARY	2,846,909	349,831	512,194	0	99,588	10.00
11.00	01100	CAFETERIA	6,978,764	857,557	1,384,915	0	269,275	11.00
13.00	01300	NURSING ADMINISTRATION	8,641,791	1,061,912	605,605	0	117,750	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,406,142	1,155,836	834,238	0	162,204	14.00
15.00	01500	PHARMACY	7,478,003	918,904	446,214	0	86,759	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,263,118	769,618	510,063	0	99,174	16.00
17.00	01700	SOCIAL SERVICE	4,629,440	568,870	343,615	0	66,811	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,359,775	535,734	0	0	0	22.00
23.00	02300	PASTORAL PROGRAM	425,839	52,328	40,414	275	7,858	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	459,443	56,457	7,990	0	1,553	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	48,187,935	5,921,382	6,667,777	1,054,519	1,296,445	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	3,280,216	403,076	736,899	2,074	143,278	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	26,183,377	3,217,440	2,633,075	0	511,960	31.03
31.04	03102	BURN INTENSIVE CARE UNIT	0	0	0	0	0	31.04
32.00	03200	CORONARY CARE UNIT	9,566,941	1,175,595	1,025,320	0	199,357	32.00
43.00	04300	NURSERY	673,303	82,736	36,352	0	7,068	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	43,632,457	5,361,600	7,319,986	385,272	1,423,259	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,410,788	419,121	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	526,713	64,723	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,763,558	1,568,399	1,097,825	254,454	213,455	54.00
54.01	05401	PET SCAN	468,013	57,510	72,105	12,636	14,020	54.01
56.00	05600	RADIOISOTOPE	905,992	111,329	267,515	0	52,014	56.00
57.00	05700	CT SCAN	3,385,564	416,021	132,293	0	25,722	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	19,216,930	2,361,396	1,165,136	0	226,543	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,444,847	423,306	117,379	0	22,823	62.00
65.00	06500	RESPIRATORY THERAPY	7,489,824	920,357	413,856	0	80,468	65.00
66.00	06600	PHYSICAL THERAPY	8,511,358	1,045,884	809,603	0	157,415	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,949,453	239,551	135,289	0	26,305	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,666,111	327,614	31,159	0	6,058	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,099,189	626,593	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	50,784,239	6,240,269	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,205,385	2,974,382	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,379,251	415,246	329,301	22,323	64,027	74.00
76.00	03140	CARDIAC CATH LAB	5,852,907	719,211	430,901	11,763	83,782	76.00
76.01	03050	SLEEP LAB	272,424	33,476	68,976	0	13,411	76.01
76.02	03950	CARDIAC REHAB	1,262,806	155,175	644,753	148,761	125,362	76.02
76.03	03020	WOUND CARE	1,162,713	142,875	250,072	0	48,623	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,527,692	310,605	1,445,302	46,730	281,016	90.00
91.00	09100	EMERGENCY	9,819,985	1,206,690	1,343,103	113,095	261,145	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	6,273,647	770,912	6,392	0	1,243	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	442,631,794	48,430,301	32,325,480	2,051,902	6,195,771	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	45	6	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	623,957	76,672	0	9,463	0	192.00
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	443,255,796	48,506,979	32,325,480	2,061,365	6,195,771	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B Part I | Date/Time Prepared: 12/2/2024 3:14 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	ADMITTING						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
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	3,808,522					10.00
11.00	01100	CAFETERIA	0	9,490,511				11.00
13.00	01300	NURSING ADMINISTRATION	0	523,957	10,951,015			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	311,982	154	11,870,556		14.00
15.00	01500	PHARMACY	0	234,826	202,688	78,000	9,445,394	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	220,578	0	1,765	0	16.00
17.00	01700	SOCIAL SERVICE	0	173,667	0	1,057	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	8,968	0	0	0	0	22.00
23.00	02300	PASTORAL PROGRAM	0	14,383	0	30	0	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	0	29,101	13,117	5,048	0	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,186,251	1,951,466	3,688,783	347,278	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	117,279	298,589	20,139	0	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	1,403,202	975,397	2,192,602	325,789	0	31.03
31.04	03102	BURN INTENSIVE CARE UNIT	0	0	0	0	0	31.04
32.00	03200	CORONARY CARE UNIT	0	318,837	788,200	115,982	0	32.00
43.00	04300	NURSERY	0	24,666	0	9,683	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,174,065	1,542,484	1,088,379	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	146,246	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	18,617	0	12,218	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	441,089	238,860	59,912	0	54.00
54.01	05401	PET SCAN	0	108,676	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	22,985	1,502	3,851	0	56.00
57.00	05700	CT SCAN	0	74,265	837	49,620	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	625,241	37,657	920,576	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	465,998	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	342,226	0	127,063	0	65.00
66.00	06600	PHYSICAL THERAPY	0	411,786	0	12,591	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	76,416	308,043	274,545	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	150,480	0	26,499	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	944,871	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,647,569	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	9,445,394	73.00
74.00	07400	RENAL DIALYSIS	0	109,281	213,198	88,237	0	74.00
76.00	03140	CARDIAC CATH LAB	0	119,900	0	0	0	76.00
76.01	03050	SLEEP LAB	0	0	0	0	0	76.01
76.02	03950	CARDIAC REHAB	0	53,095	0	0	0	76.02
76.03	03020	WOUND CARE	0	52,759	83,495	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	62,369	118,529	19,085	0	90.00
91.00	09100	EMERGENCY	0	316,619	629,051	166,252	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	285,031	593,226	58,347	0	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,598,421	9,487,285	10,951,015	11,870,384	9,445,394	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	9	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	210,101	3,226	0	163	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,808,522	9,490,511	10,951,015	11,870,556	9,445,394	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B Part I | Date/Time Prepared: 12/2/2024 3:14 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PASTORAL PROGRAM	PHARMACY RESIDENCY PROGRAM	
			16.00	17.00	22.00	23.00	23.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	ADMITTING						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
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	7,864,316					16.00
17.00	01700	SOCIAL SERVICE	0	5,783,460				17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	4,904,477			22.00
23.00	02300	PASTORAL PROGRAM	0	0		541,127		23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	0	0			572,709	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	469,447	4,260,839	3,257,783	541,127	421,930	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	24,045	160,192	0	0	15,863	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	248,591	1,219,896	0	0	120,801	31.03
31.04	03102	BURN INTENSIVE CARE UNIT	0	0	0	0	0	31.04
32.00	03200	CORONARY CARE UNIT	12,170	61,709	0	0	6,111	32.00
43.00	04300	NURSERY	3,727	80,824	0	0	8,004	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,294,195	0	284,834	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,833	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	156,740	0	17,802	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	381,440	0	0	0	0	54.00
54.01	05401	PET SCAN	18,059	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	72,600	0	0	0	0	56.00
57.00	05700	CT SCAN	392,995	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	580,130	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	58,445	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	223,538	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	117,297	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	220,175	0	8,901	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,320	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	191,576	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,193,767	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,181,371	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	35,906	0	0	0	0	74.00
76.00	03140	CARDIAC CATH LAB	408,325	0	0	0	0	76.00
76.01	03050	SLEEP LAB	123,377	0	0	0	0	76.01
76.02	03950	CARDIAC REHAB	9,791	0	0	0	0	76.02
76.03	03020	WOUND CARE	979	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	13,297	0	623,073	0	0	90.00
91.00	09100	EMERGENCY	377,996	0	712,084	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	32,184	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,864,316	5,783,460	4,904,477	541,127	572,709	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
200.00		Cross Foot Adjustments			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)	7,864,316	5,783,460	4,904,477	541,127	572,709	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B Part I | Date/Time Prepared: 12/2/2024 3:14 pm

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	ADMITTING					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
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
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PASTORAL PROGRAM					23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM					23.01
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	80,252,962	-3,257,783	76,995,179		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	5,201,650	0	5,201,650		31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	39,032,130	0	39,032,130		31.03
31.04	03102	BURN INTENSIVE CARE UNIT	0	0	0		31.04
32.00	03200	CORONARY CARE UNIT	13,270,222	0	13,270,222		32.00
43.00	04300	NURSERY	926,363	0	926,363		43.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	63,506,531	-284,834	63,221,697		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,995,988	0	3,995,988		52.00
53.00	05300	ANESTHESIOLOGY	796,813	-17,802	779,011		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,018,992	0	17,018,992		54.00
54.01	05401	PET SCAN	751,019	0	751,019		54.01
56.00	05600	RADIOISOTOPE	1,437,788	0	1,437,788		56.00
57.00	05700	CT SCAN	4,477,317	0	4,477,317		57.00
58.00	05800	MRI	0	0	0		58.00
60.00	06000	LABORATORY	25,133,609	0	25,133,609		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,532,798	0	4,532,798		62.00
65.00	06500	RESPIRATORY THERAPY	9,597,332	0	9,597,332		65.00
66.00	06600	PHYSICAL THERAPY	11,065,934	0	11,065,934		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	3,238,678	-8,901	3,229,777		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,210,241	0	3,210,241		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,862,229	0	6,862,229		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,865,844	0	64,865,844		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,806,532	0	37,806,532		73.00
74.00	07400	RENAL DIALYSIS	4,656,770	0	4,656,770		74.00
76.00	03140	CARDIAC CATH LAB	7,626,789	0	7,626,789		76.00
76.01	03050	SLEEP LAB	511,664	0	511,664		76.01
76.02	03950	CARDIAC REHAB	2,399,743	0	2,399,743		76.02
76.03	03020	WOUND CARE	1,741,516	0	1,741,516		76.03
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	5,447,698	-623,073	4,824,625		90.00
91.00	09100	EMERGENCY	14,946,020	-712,084	14,233,936		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0			92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	8,020,982	0	8,020,982		95.00
		SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	442,332,154	-4,904,477	437,427,677		118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	60	0	60		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	923,582	0	923,582		192.00
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	443,255,796	-4,904,477	438,351,319		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B Part II Date/Time Prepared: 12/2/2024 3:14 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	412,101	557,741	969,842	969,842	4.00
5.01	00540	ADMITTING	0	126,440	171,125	297,565	18,469	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	0	1,349,601	1,826,562	3,176,163	56,282	5.02
7.00	00700	OPERATION OF PLANT	0	3,891,066	5,266,209	9,157,275	22,474	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	22,609	30,599	53,208	0	8.00
9.00	00900	HOUSEKEEPING	0	151,290	204,757	356,047	0	9.00
10.00	01000	DIETARY	0	193,689	262,140	455,829	0	10.00
11.00	01100	CAFETERIA	0	523,712	708,796	1,232,508	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	229,012	309,947	538,959	43,668	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	315,471	426,961	742,432	16,371	14.00
15.00	01500	PHARMACY	0	168,738	228,371	397,109	38,505	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	192,883	261,049	453,932	19,598	16.00
17.00	01700	SOCIAL SERVICE	0	129,940	175,862	305,802	16,334	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PASTORAL PROGRAM	0	15,283	20,684	35,967	843	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	0	3,021	4,089	7,110	2,397	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	2,521,450	3,412,553	5,934,003	180,447	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	278,662	377,143	655,805	12,880	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	995,709	1,347,602	2,343,311	96,845	31.03
31.04	03102	BURN INTENSIVE CARE UNIT	0	0	0	0	0	31.04
32.00	03200	CORONARY CARE UNIT	0	387,729	524,757	912,486	34,815	32.00
43.00	04300	NURSERY	0	13,747	18,605	32,352	2,431	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	2,768,086	3,746,353	6,514,439	104,816	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	12,937	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	914	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	415,148	561,864	977,012	49,964	54.00
54.01	05401	PET SCAN	0	27,267	36,903	64,170	42	54.01
56.00	05600	RADIOISOTOPE	0	101,162	136,914	238,076	2,394	56.00
57.00	05700	CT SCAN	0	50,027	67,707	117,734	6,666	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	440,602	596,314	1,036,916	43,171	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	44,387	60,074	104,461	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	156,502	211,811	368,313	30,961	65.00
66.00	06600	PHYSICAL THERAPY	0	306,155	414,353	720,508	40,308	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	51,160	69,241	120,401	8,130	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,783	15,947	27,730	11,973	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	124,527	168,535	293,062	12,506	74.00
76.00	03140	CARDIAC CATH LAB	0	162,947	220,534	383,481	14,243	76.00
76.01	03050	SLEEP LAB	0	26,084	35,302	61,386	0	76.01
76.02	03950	CARDIAC REHAB	0	243,816	329,983	573,799	3,514	76.02
76.03	03020	WOUND CARE	0	94,566	127,986	222,552	4,377	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	546,548	739,702	1,286,250	5,400	90.00
91.00	09100	EMERGENCY	0	507,900	687,397	1,195,297	30,680	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	2,417	3,271	5,688	24,455	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	18,003,237	24,365,743	42,368,980	969,810	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	32	192.00
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	18,003,237	24,365,743	42,368,980	969,842	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B Part II | Date/Time Prepared: 12/2/2024 3:14 pm

		Cost Center Description	ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.01	5.02	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	ADMITTING	316,034					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	0	3,232,445				5.02
7.00	00700	OPERATION OF PLANT	0	235,745	9,415,494			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	14,597	17,415	85,220		8.00
9.00	00900	HOUSEKEEPING	0	42,267	116,530	0	514,844	9.00
10.00	01000	DIETARY	0	23,313	149,188	0	8,275	10.00
11.00	01100	CAFETERIA	0	57,149	403,386	0	22,376	11.00
13.00	01300	NURSING ADMINISTRATION	0	70,768	176,395	0	9,785	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	77,027	242,990	0	13,479	14.00
15.00	01500	PHARMACY	0	61,237	129,969	0	7,209	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	51,289	148,567	0	8,241	16.00
17.00	01700	SOCIAL SERVICE	0	37,910	100,085	0	5,552	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	35,702	0	0	0	22.00
23.00	02300	PASTORAL PROGRAM	0	3,487	11,771	11	653	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	0	3,762	2,327	0	129	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	18,804	394,611	1,942,134	43,595	107,729	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	963	26,862	214,638	86	11,906	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	9,957	214,416	766,940	0	42,542	31.03
31.04	03102	BURN INTENSIVE CARE UNIT	0	0	0	0	0	31.04
32.00	03200	CORONARY CARE UNIT	487	78,344	298,647	0	16,566	32.00
43.00	04300	NURSERY	149	5,514	10,588	0	587	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	52,873	357,306	2,132,105	15,928	118,269	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	794	27,931	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,278	4,313	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,278	104,521	319,765	10,520	17,737	54.00
54.01	05401	PET SCAN	723	3,833	21,002	522	1,165	54.01
56.00	05600	RADIOISOTOPE	2,908	7,419	77,920	0	4,322	56.00
57.00	05700	CT SCAN	15,741	27,724	38,533	0	2,137	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	23,237	157,367	339,371	0	18,825	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,341	28,210	34,189	0	1,896	62.00
65.00	06500	RESPIRATORY THERAPY	8,954	61,334	120,545	0	6,687	65.00
66.00	06600	PHYSICAL THERAPY	4,698	69,700	235,814	0	13,081	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,819	15,964	39,406	0	2,186	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	93	21,833	9,076	0	503	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,674	41,757	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	47,816	415,720	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,319	198,218	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,438	27,673	95,916	923	5,320	74.00
76.00	03140	CARDIAC CATH LAB	16,355	47,929	125,509	486	6,962	76.00
76.01	03050	SLEEP LAB	4,942	2,231	20,091	0	1,114	76.01
76.02	03950	CARDIAC REHAB	392	10,341	187,798	6,150	10,417	76.02
76.03	03020	WOUND CARE	39	9,521	72,839	0	4,040	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	533	20,699	420,975	1,932	23,351	90.00
91.00	09100	EMERGENCY	15,140	80,416	391,208	4,676	21,700	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,289	51,375	1,862	0	103	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	316,034	3,227,335	9,415,494	84,829	514,844	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	5,110	0	391	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	316,034	3,232,445	9,415,494	85,220	514,844	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B Part II | Date/Time Prepared: 12/2/2024 3:14 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	ADMITTING						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
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	636,605					10.00
11.00	01100	CAFETERIA	0	1,715,419				11.00
13.00	01300	NURSING ADMINISTRATION	0	94,706	934,281			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	56,391	13	1,148,703		14.00
15.00	01500	PHARMACY	0	42,445	17,292	7,548	701,314	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	39,870	0	171	0	16.00
17.00	01700	SOCIAL SERVICE	0	31,390	0	102	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,499	0	0	0	0	22.00
23.00	02300	PASTORAL PROGRAM	0	2,600	0	3	0	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	0	5,260	1,119	488	0	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	365,438	352,730	314,708	33,606	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	21,198	25,474	1,949	0	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	234,549	176,304	187,061	31,527	0	31.03
31.04	03102	BURN INTENSIVE CARE UNIT	0	0	0	0	0	31.04
32.00	03200	CORONARY CARE UNIT	0	57,630	67,245	11,224	0	32.00
43.00	04300	NURSERY	0	4,458	0	937	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	212,213	131,596	105,324	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	26,434	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,365	0	1,182	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	79,727	20,378	5,798	0	54.00
54.01	05401	PET SCAN	0	19,643	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	4,155	128	373	0	56.00
57.00	05700	CT SCAN	0	13,424	71	4,802	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	113,013	3,213	89,085	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	45,095	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	61,858	0	12,296	0	65.00
66.00	06600	PHYSICAL THERAPY	0	74,431	0	1,218	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	13,812	26,281	26,568	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	27,199	0	2,564	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	91,436	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	643,270	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	701,314	73.00
74.00	07400	RENAL DIALYSIS	0	19,753	18,189	8,539	0	74.00
76.00	03140	CARDIAC CATH LAB	0	21,672	0	0	0	76.00
76.01	03050	SLEEP LAB	0	0	0	0	0	76.01
76.02	03950	CARDIAC REHAB	0	9,597	0	0	0	76.02
76.03	03020	WOUND CARE	0	9,536	7,123	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	11,273	10,112	1,847	0	90.00
91.00	09100	EMERGENCY	0	57,229	53,667	16,088	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	51,520	50,611	5,646	0	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	601,486	1,714,836	934,281	1,148,686	701,314	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	35,119	583	0	16	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	636,605	1,715,419	934,281	1,148,703	701,314	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B Part II | Date/Time Prepared: 12/2/2024 3:14 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PASTORAL PROGRAM	PHARMACY RESIDENCY PROGRAM	
			16.00	17.00	22.00	23.00	23.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	ADMITTING						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
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	721,668					16.00
17.00	01700	SOCIAL SERVICE	0	497,175				17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	37,201			22.00
23.00	02300	PASTORAL PROGRAM	0	0		55,335		23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	0	0			22,592	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	43,163	366,283				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0				31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	2,211	13,771				31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	22,856	104,868				31.03
31.04	03102	BURN INTENSIVE CARE UNIT	0	0				31.04
32.00	03200	CORONARY CARE UNIT	1,119	5,305				32.00
43.00	04300	NURSERY	343	6,948				43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	117,588	0				50.00
51.00	05100	RECOVERY ROOM	0	0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,824	0				52.00
53.00	05300	ANESTHESIOLOGY	14,411	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,071	0				54.00
54.01	05401	PET SCAN	1,660	0				54.01
56.00	05600	RADIOISOTOPE	6,675	0				56.00
57.00	05700	CT SCAN	36,133	0				57.00
58.00	05800	MRI	0	0				58.00
60.00	06000	LABORATORY	53,339	0				60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,374	0				62.00
65.00	06500	RESPIRATORY THERAPY	20,553	0				65.00
66.00	06600	PHYSICAL THERAPY	10,785	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0				67.00
68.00	06800	SPEECH PATHOLOGY	0	0				68.00
69.00	06900	ELECTROCARDIOLOGY	20,244	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	213	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,614	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	109,759	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	108,619	0				73.00
74.00	07400	RENAL DIALYSIS	3,301	0				74.00
76.00	03140	CARDIAC CATH LAB	37,543	0				76.00
76.01	03050	SLEEP LAB	11,344	0				76.01
76.02	03950	CARDIAC REHAB	900	0				76.02
76.03	03020	WOUND CARE	90	0				76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,223	0				90.00
91.00	09100	EMERGENCY	34,754	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	2,959	0				95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	721,668	497,175	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
200.00		Cross Foot Adjustments			37,201	55,335	22,592	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	721,668	497,175	37,201	55,335	22,592	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B Part II | Date/Time Prepared: 12/2/2024 3:14 pm

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	ADMITTING					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
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
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PASTORAL PROGRAM					23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM					23.01
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	10,097,251	0	10,097,251		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	987,743	0	987,743		31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	4,231,176	0	4,231,176		31.03
31.04	03102	BURN INTENSIVE CARE UNIT	0	0	0		31.04
32.00	03200	CORONARY CARE UNIT	1,483,868	0	1,483,868		32.00
43.00	04300	NURSERY	64,307	0	64,307		43.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	9,862,457	0	9,862,457		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	69,920	0	69,920		52.00
53.00	05300	ANESTHESIOLOGY	30,463	0	30,463		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,635,771	0	1,635,771		54.00
54.01	05401	PET SCAN	112,760	0	112,760		54.01
56.00	05600	RADIOISOTOPE	344,370	0	344,370		56.00
57.00	05700	CT SCAN	262,965	0	262,965		57.00
58.00	05800	MRI	0	0	0		58.00
60.00	06000	LABORATORY	1,877,537	0	1,877,537		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	221,566	0	221,566		62.00
65.00	06500	RESPIRATORY THERAPY	691,501	0	691,501		65.00
66.00	06600	PHYSICAL THERAPY	1,170,543	0	1,170,543		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	281,811	0	281,811		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	101,184	0	101,184		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	158,481	0	158,481		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,216,565	0	1,216,565		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,055,470	0	1,055,470		73.00
74.00	07400	RENAL DIALYSIS	486,620	0	486,620		74.00
76.00	03140	CARDIAC CATH LAB	654,180	0	654,180		76.00
76.01	03050	SLEEP LAB	101,108	0	101,108		76.01
76.02	03950	CARDIAC REHAB	802,908	0	802,908		76.02
76.03	03020	WOUND CARE	330,117	0	330,117		76.03
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1,783,595	0	1,783,595		90.00
91.00	09100	EMERGENCY	1,900,855	0	1,900,855		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0			92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	195,508	0	195,508		95.00
		SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	42,212,600	0	42,212,600		118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1	0	1		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	41,251	0	41,251		192.00
200.00		Cross Foot Adjustments	115,128	0	115,128		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	42,368,980	0	42,368,980		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B-1 | Date/Time Prepared: 12/2/2024 3:14 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS CHARGES)	Reconciliation	
			1.00	2.00	4.00	5.01	5A.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	715,060					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		715,060				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	16,368	16,368	137,828,136			4.00
5.01	00540	ADMITTING	5,022	5,022	2,624,607	3,580,073,495		5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	53,604	53,604	7,998,016	0	-48,506,979	5.02
7.00	00700	OPERATION OF PLANT	154,547	154,547	3,193,713	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	898	898	0	0	0	8.00
9.00	00900	HOUSEKEEPING	6,009	6,009	0	0	0	9.00
10.00	01000	DIETARY	7,693	7,693	0	0	0	10.00
11.00	01100	CAFETERIA	20,801	20,801	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	9,096	9,096	6,205,487	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,530	12,530	2,326,486	0	0	14.00
15.00	01500	PHARMACY	6,702	6,702	5,471,813	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,661	7,661	2,785,006	0	0	16.00
17.00	01700	SOCIAL SERVICE	5,161	5,161	2,321,211	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PASTORAL PROGRAM	607	607	119,785	0	0	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	120	120	340,666	0	0	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	100,148	100,148	25,650,139	213,676,476	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	11,068	11,068	1,830,387	10,944,287	0	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	39,548	39,548	13,762,291	113,150,270	0	31.03
31.04	03102	BURN INTENSIVE CARE UNIT	0	0	0	0	0	31.04
32.00	03200	CORONARY CARE UNIT	15,400	15,400	4,947,464	5,539,224	0	32.00
43.00	04300	NURSERY	546	546	345,476	1,696,431	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	109,944	109,944	14,894,931	589,576,831	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,838,433	9,027,466	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	129,826	71,342,889	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,489	16,489	7,100,179	173,618,678	0	54.00
54.01	05401	PET SCAN	1,083	1,083	5,921	8,219,997	0	54.01
56.00	05600	RADIOISOTOPE	4,018	4,018	340,257	33,044,973	0	56.00
57.00	05700	CT SCAN	1,987	1,987	947,306	178,877,889	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	17,500	17,500	6,134,841	264,055,491	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,763	1,763	0	26,602,130	0	62.00
65.00	06500	RESPIRATORY THERAPY	6,216	6,216	4,399,683	101,746,713	0	65.00
66.00	06600	PHYSICAL THERAPY	12,160	12,160	5,728,030	53,389,466	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,032	2,032	1,155,321	100,216,428	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	468	468	1,701,410	1,055,893	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	87,199,039	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	543,362,253	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	537,720,067	0	73.00
74.00	07400	RENAL DIALYSIS	4,946	4,946	1,777,111	16,343,155	0	74.00
76.00	03140	CARDIAC CATH LAB	6,472	6,472	2,024,070	185,855,685	0	76.00
76.01	03050	SLEEP LAB	1,036	1,036	0	56,156,881	0	76.01
76.02	03950	CARDIAC REHAB	9,684	9,684	499,391	4,456,644	0	76.02
76.03	03020	WOUND CARE	3,756	3,756	622,046	445,664	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	21,708	21,708	767,391	6,052,535	0	90.00
91.00	09100	EMERGENCY	20,173	20,173	4,359,780	172,051,053	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	96	96	3,475,143	14,648,987	0	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	715,060	715,060	137,823,617	3,580,073,495	-48,506,979	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	4,519	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	18,003,237	24,365,743	29,823,660	13,454,319		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B-1 | Date/Time Prepared: 12/2/2024 3:14 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS CHARGES)	Reconciliation	
			1.00	2.00	4.00	5.01	5A.02	
203.00		Unit cost multiplier (Wkst. B, Part I)	25.177240	34.075103	0.216383	0.003758		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			969,842	316,034		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.007037	0.000088		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: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B-1 | Date/Time Prepared: 12/2/2024 3:14 pm

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			5.02	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	ADMITTING						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	394,748,817					5.02
7.00	00700	OPERATION OF PLANT	28,787,984	485,519				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,782,537	898	830,818			8.00
9.00	00900	HOUSEKEEPING	5,161,452	6,009	0	478,612		9.00
10.00	01000	DIETARY	2,846,909	7,693	0	7,693	244,625	10.00
11.00	01100	CAFETERIA	6,978,764	20,801	0	20,801	0	11.00
13.00	01300	NURSING ADMINISTRATION	8,641,791	9,096	0	9,096	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,406,142	12,530	0	12,530	0	14.00
15.00	01500	PHARMACY	7,478,003	6,702	0	6,702	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,263,118	7,661	0	7,661	0	16.00
17.00	01700	SOCIAL SERVICE	4,629,440	5,161	0	5,161	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,359,775	0	0	0	576	22.00
23.00	02300	PASTORAL PROGRAM	425,839	607	111	607	0	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	459,443	120	0	120	0	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	48,187,935	100,148	425,016	100,148	140,425	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	3,280,216	11,068	836	11,068	0	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	26,183,377	39,548	0	39,548	90,129	31.03
31.04	03102	BURN INTENSIVE CARE UNIT	0	0	0	0	0	31.04
32.00	03200	CORONARY CARE UNIT	9,566,941	15,400	0	15,400	0	32.00
43.00	04300	NURSERY	673,303	546	0	546	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	43,632,457	109,944	155,281	109,944	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,410,788	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	526,713	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,763,558	16,489	102,556	16,489	0	54.00
54.01	05401	PET SCAN	468,013	1,083	5,093	1,083	0	54.01
56.00	05600	RADIOISOTOPE	905,992	4,018	0	4,018	0	56.00
57.00	05700	CT SCAN	3,385,564	1,987	0	1,987	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	19,216,930	17,500	0	17,500	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,444,847	1,763	0	1,763	0	62.00
65.00	06500	RESPIRATORY THERAPY	7,489,824	6,216	0	6,216	0	65.00
66.00	06600	PHYSICAL THERAPY	8,511,358	12,160	0	12,160	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,949,453	2,032	0	2,032	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,666,111	468	0	468	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,099,189	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	50,784,239	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,205,385	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,379,251	4,946	8,997	4,946	0	74.00
76.00	03140	CARDIAC CATH LAB	5,852,907	6,472	4,741	6,472	0	76.00
76.01	03050	SLEEP LAB	272,424	1,036	0	1,036	0	76.01
76.02	03950	CARDIAC REHAB	1,262,806	9,684	59,957	9,684	0	76.02
76.03	03020	WOUND CARE	1,162,713	3,756	0	3,756	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,527,692	21,708	18,834	21,708	0	90.00
91.00	09100	EMERGENCY	9,819,985	20,173	45,582	20,173	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	6,273,647	96	0	96	0	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	394,124,815	485,519	827,004	478,612	231,130	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	45	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	623,957	0	3,814	0	13,495	192.00
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)	48,506,979	32,325,480	2,061,365	6,195,771	3,808,522	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.122881	66.579228	2.481127	12.945290	15.568818	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,232,445	9,415,494	85,220	514,844	636,605	204.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B-1 | Date/Time Prepared: 12/2/2024 3:14 pm

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			5.02	7.00	8.00	9.00	10.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	0.008189	19.392638	0.102574	1.075702	2.602371	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: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B-1 | Date/Time Prepared: 12/2/2024 3:14 pm

		Cost Center Description	CAFETERIA (FTES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	ADMITTING						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
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	141,210					11.00
13.00	01300	NURSING ADMINISTRATION	7,796	63,982,852				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,642	902	88,725,536			14.00
15.00	01500	PHARMACY	3,494	1,184,238	583,003	22,184,633		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,282	0	13,189	0	3,580,073,495	16.00
17.00	01700	SOCIAL SERVICE	2,584	0	7,899	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PASTORAL PROGRAM	214	0	222	0	0	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	433	76,637	37,729	0	0	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	29,036	21,552,117	2,595,697	0	213,676,476	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	1,745	1,744,554	150,525	0	10,944,287	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	14,513	12,810,621	2,435,077	0	113,150,270	31.03
31.04	03102	BURN INTENSIVE CARE UNIT	0	0	0	0	0	31.04
32.00	03200	CORONARY CARE UNIT	4,744	4,605,183	866,897	0	5,539,224	32.00
43.00	04300	NURSERY	367	0	72,371	0	1,696,431	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	17,469	9,012,203	8,134,979	0	589,576,831	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,176	0	0	0	9,027,466	52.00
53.00	05300	ANESTHESIOLOGY	277	0	91,320	0	71,342,889	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,563	1,395,577	447,810	0	173,618,678	54.00
54.01	05401	PET SCAN	1,617	0	0	0	8,219,997	54.01
56.00	05600	RADIOISOTOPE	342	8,773	28,787	0	33,044,973	56.00
57.00	05700	CT SCAN	1,105	4,892	370,880	0	178,877,889	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	9,303	220,017	6,880,752	0	264,055,491	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	3,483,053	0	26,602,130	62.00
65.00	06500	RESPIRATORY THERAPY	5,092	0	949,721	0	101,746,713	65.00
66.00	06600	PHYSICAL THERAPY	6,127	0	94,109	0	53,389,466	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,137	1,799,791	2,052,056	0	100,216,428	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,239	0	198,066	0	1,055,893	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	7,062,347	0	87,199,039	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	49,686,855	0	543,362,253	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	22,184,633	537,720,067	73.00
74.00	07400	RENAL DIALYSIS	1,626	1,245,645	659,516	0	16,343,155	74.00
76.00	03140	CARDIAC CATH LAB	1,784	0	0	0	185,855,685	76.00
76.01	03050	SLEEP LAB	0	0	0	0	56,156,881	76.01
76.02	03950	CARDIAC REHAB	790	0	0	0	4,456,644	76.02
76.03	03020	WOUND CARE	785	487,831	0	0	445,664	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	928	692,525	142,650	0	6,052,535	90.00
91.00	09100	EMERGENCY	4,711	3,675,332	1,242,631	0	172,051,053	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	4,241	3,466,014	436,107	0	14,648,987	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	141,162	63,982,852	88,724,248	22,184,633	3,580,073,495	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	70	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	48	0	1,218	0	0	192.00
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)	9,490,511	10,951,015	11,870,556	9,445,394	7,864,316	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	67.208491	0.171155	0.133790	0.425763	0.002197	203.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B-1 | Date/Time Prepared: 12/2/2024 3:14 pm

		Cost Center Description	CAFETERIA (FTES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	1,715,419	934,281	1,148,703	701,314	721,668	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	12.147999	0.014602	0.012947	0.031613	0.000202	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: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B-1 | Date/Time Prepared: 12/2/2024 3:14 pm

		Cost Center Description	SOCIAL SERVICE (TOTAL PATIENT DAYS)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PASTORAL PROGRAM (TIME SPENT)	PHARMACY RESIDENCY PROGRAM (TOTAL PATIENT DAYS)		
			17.00	22.00	23.00	23.01		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	ADMITTING						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
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	87,442					17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	27,550				22.00
23.00	02300	PASTORAL PROGRAM	0		100			23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	0			87,442		23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	64,421	18,300	100	64,421		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	2,422	0	0	2,422		31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	18,444	0	0	18,444		31.03
31.04	03102	BURN INTENSIVE CARE UNIT	0	0	0	0		31.04
32.00	03200	CORONARY CARE UNIT	933	0	0	933		32.00
43.00	04300	NURSERY	1,222	0	0	1,222		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,600	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	100	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00
54.01	05401	PET SCAN	0	0	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0	0		57.00
58.00	05800	MRI	0	0	0	0		58.00
60.00	06000	LABORATORY	0	0	0	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	50	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
76.00	03140	CARDIAC CATH LAB	0	0	0	0		76.00
76.01	03050	SLEEP LAB	0	0	0	0		76.01
76.02	03950	CARDIAC REHAB	0	0	0	0		76.02
76.03	03020	WOUND CARE	0	0	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	3,500	0	0		90.00
91.00	09100	EMERGENCY	0	4,000	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	87,442	27,550	100	87,442		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
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)	5,783,460	4,904,477	541,127	572,709		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B-1 | Date/Time Prepared: 12/2/2024 3:14 pm

		Cost Center Description	SOCIAL SERVICE (TOTAL PATIENT DAYS)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PASTORAL PROGRAM (TIME SPENT)	PHARMACY RESIDENCY PROGRAM (TOTAL PATIENT DAYS)		
			17.00	22.00	23.00	23.01		
203.00		Unit cost multiplier (Wkst. B, Part I)	66.140527	178.020944	5,411.270000	6.549587		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	497,175	37,201	55,335	22,592		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	5.685769	1.350309	553.350000	0.258366		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0	0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet C Part I Date/Time Prepared: 12/2/2024 3:14 pm

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	76,995,179		76,995,179	0	76,995,179	30.00
31.00	03100	INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0		0	0	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	5,201,650		5,201,650	0	5,201,650	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	39,032,130		39,032,130	0	39,032,130	31.03
31.04	03102	BURN INTENSIVE CARE UNIT	0		0	0	0	31.04
32.00	03200	CORONARY CARE UNIT	13,270,222		13,270,222	0	13,270,222	32.00
43.00	04300	NURSERY	926,363		926,363	0	926,363	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	63,221,697		63,221,697	0	63,221,697	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,995,988		3,995,988	0	3,995,988	52.00
53.00	05300	ANESTHESIOLOGY	779,011		779,011	0	779,011	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,018,992		17,018,992	0	17,018,992	54.00
54.01	05401	PET SCAN	751,019		751,019	0	751,019	54.01
56.00	05600	RADIOISOTOPE	1,437,788		1,437,788	0	1,437,788	56.00
57.00	05700	CT SCAN	4,477,317		4,477,317	0	4,477,317	57.00
58.00	05800	MRI	0		0	0	0	58.00
60.00	06000	LABORATORY	25,133,609		25,133,609	0	25,133,609	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,532,798		4,532,798	0	4,532,798	62.00
65.00	06500	RESPIRATORY THERAPY	9,597,332	0	9,597,332	0	9,597,332	65.00
66.00	06600	PHYSICAL THERAPY	11,065,934	0	11,065,934	0	11,065,934	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,229,777		3,229,777	0	3,229,777	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,210,241		3,210,241	0	3,210,241	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,862,229		6,862,229	0	6,862,229	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,865,844		64,865,844	0	64,865,844	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,806,532		37,806,532	0	37,806,532	73.00
74.00	07400	RENAL DIALYSIS	4,656,770		4,656,770	0	4,656,770	74.00
76.00	03140	CARDIAC CATH LAB	7,626,789		7,626,789	0	7,626,789	76.00
76.01	03050	SLEEP LAB	511,664		511,664	0	511,664	76.01
76.02	03950	CARDIAC REHAB	2,399,743		2,399,743	0	2,399,743	76.02
76.03	03020	WOUND CARE	1,741,516		1,741,516	0	1,741,516	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,824,625		4,824,625	0	4,824,625	90.00
91.00	09100	EMERGENCY	14,233,936		14,233,936	0	14,233,936	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,118,208		8,118,208		8,118,208	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	8,020,982		8,020,982	0	8,020,982	95.00
200.00		Subtotal (see instructions)	445,545,885	0	445,545,885	0	445,545,885	200.00
201.00		Less Observation Beds	8,118,208		8,118,208		8,118,208	201.00
202.00		Total (see instructions)	437,427,677	0	437,427,677	0	437,427,677	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet C Part I | Date/Time Prepared: 12/2/2024 3:14 pm

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	188,450,184		188,450,184			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0		0			31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	10,944,287		10,944,287			31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	113,150,270		113,150,270			31.03
31.04	03102	BURN INTENSIVE CARE UNIT	0		0			31.04
32.00	03200	CORONARY CARE UNIT	5,539,224		5,539,224			32.00
43.00	04300	NURSERY	1,696,431		1,696,431			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	393,766,031	195,810,800	589,576,831	0.107232	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,027,466	0	9,027,466	0.442648	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	44,095,079	27,247,810	71,342,889	0.010919	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,964,485	93,654,193	173,618,678	0.098025	0.000000	54.00
54.01	05401	PET SCAN	41,435	8,178,562	8,219,997	0.091365	0.000000	54.01
56.00	05600	RADIOISOTOPE	5,861,170	27,183,803	33,044,973	0.043510	0.000000	56.00
57.00	05700	CT SCAN	88,132,734	90,745,155	178,877,889	0.025030	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
60.00	06000	LABORATORY	179,265,867	84,789,624	264,055,491	0.095183	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	23,627,398	2,974,732	26,602,130	0.170392	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	96,915,062	4,831,651	101,746,713	0.094326	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	35,712,254	17,677,212	53,389,466	0.207268	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	51,588,835	48,627,593	100,216,428	0.032228	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	812,938	242,955	1,055,893	3.040309	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	69,224,439	17,974,600	87,199,039	0.078696	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	388,412,137	154,950,116	543,362,253	0.119379	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	325,857,215	211,862,852	537,720,067	0.070309	0.000000	73.00
74.00	07400	RENAL DIALYSIS	14,512,248	1,830,907	16,343,155	0.284937	0.000000	74.00
76.00	03140	CARDIAC CATH LAB	75,061,839	110,793,846	185,855,685	0.041036	0.000000	76.00
76.01	03050	SLEEP LAB	14,109,387	42,047,494	56,156,881	0.009111	0.000000	76.01
76.02	03950	CARDIAC REHAB	2,865,318	1,591,326	4,456,644	0.538464	0.000000	76.02
76.03	03020	WOUND CARE	0	445,664	445,664	3.907688	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	420,971	5,631,564	6,052,535	0.797125	0.000000	90.00
91.00	09100	EMERGENCY	67,853,834	104,197,219	172,051,053	0.082731	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,608,400	16,617,892	25,226,292	0.321815	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	48,853	14,600,134	14,648,987	0.547545	0.000000	95.00
200.00		Subtotal (see instructions)	2,295,565,791	1,284,507,704	3,580,073,495			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,295,565,791	1,284,507,704	3,580,073,495			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet C Part I Date/Time Prepared: 12/2/2024 3:14 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT		31.03
31.04	03102	BURN INTENSIVE CARE UNIT		31.04
32.00	03200	CORONARY CARE UNIT		32.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.107232	50.00
51.00	05100	RECOVERY ROOM	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.442648	52.00
53.00	05300	ANESTHESIOLOGY	0.010919	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.098025	54.00
54.01	05401	PET SCAN	0.091365	54.01
56.00	05600	RADIOISOTOPE	0.043510	56.00
57.00	05700	CT SCAN	0.025030	57.00
58.00	05800	MRI	0.000000	58.00
60.00	06000	LABORATORY	0.095183	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.170392	62.00
65.00	06500	RESPIRATORY THERAPY	0.094326	65.00
66.00	06600	PHYSICAL THERAPY	0.207268	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.032228	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3.040309	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.078696	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.119379	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.070309	73.00
74.00	07400	RENAL DIALYSIS	0.284937	74.00
76.00	03140	CARDIAC CATH LAB	0.041036	76.00
76.01	03050	SLEEP LAB	0.009111	76.01
76.02	03950	CARDIAC REHAB	0.538464	76.02
76.03	03020	WOUND CARE	3.907688	76.03
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	0.797125	90.00
91.00	09100	EMERGENCY	0.082731	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.321815	92.00
		OTHER REIMBURSABLE COST CENTERS		
95.00	09500	AMBULANCE SERVICES	0.547545	95.00
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: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet C Part I Date/Time Prepared: 12/2/2024 3:14 pm

Title XIX | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	76,995,179		76,995,179	0	76,995,179	30.00
31.00	03100	INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0		0	0	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	5,201,650		5,201,650	0	5,201,650	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	39,032,130		39,032,130	0	39,032,130	31.03
31.04	03102	BURN INTENSIVE CARE UNIT	0		0	0	0	31.04
32.00	03200	CORONARY CARE UNIT	13,270,222		13,270,222	0	13,270,222	32.00
43.00	04300	NURSERY	926,363		926,363	0	926,363	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	63,221,697		63,221,697	0	63,221,697	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,995,988		3,995,988	0	3,995,988	52.00
53.00	05300	ANESTHESIOLOGY	779,011		779,011	0	779,011	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,018,992		17,018,992	0	17,018,992	54.00
54.01	05401	PET SCAN	751,019		751,019	0	751,019	54.01
56.00	05600	RADIOISOTOPE	1,437,788		1,437,788	0	1,437,788	56.00
57.00	05700	CT SCAN	4,477,317		4,477,317	0	4,477,317	57.00
58.00	05800	MRI	0		0	0	0	58.00
60.00	06000	LABORATORY	25,133,609		25,133,609	0	25,133,609	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,532,798		4,532,798	0	4,532,798	62.00
65.00	06500	RESPIRATORY THERAPY	9,597,332	0	9,597,332	0	9,597,332	65.00
66.00	06600	PHYSICAL THERAPY	11,065,934	0	11,065,934	0	11,065,934	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,229,777		3,229,777	0	3,229,777	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,210,241		3,210,241	0	3,210,241	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,862,229		6,862,229	0	6,862,229	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,865,844		64,865,844	0	64,865,844	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,806,532		37,806,532	0	37,806,532	73.00
74.00	07400	RENAL DIALYSIS	4,656,770		4,656,770	0	4,656,770	74.00
76.00	03140	CARDIAC CATH LAB	7,626,789		7,626,789	0	7,626,789	76.00
76.01	03050	SLEEP LAB	511,664		511,664	0	511,664	76.01
76.02	03950	CARDIAC REHAB	2,399,743		2,399,743	0	2,399,743	76.02
76.03	03020	WOUND CARE	1,741,516		1,741,516	0	1,741,516	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,824,625		4,824,625	0	4,824,625	90.00
91.00	09100	EMERGENCY	14,233,936		14,233,936	0	14,233,936	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,118,208		8,118,208		8,118,208	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	8,020,982		8,020,982	0	8,020,982	95.00
200.00		Subtotal (see instructions)	445,545,885	0	445,545,885	0	445,545,885	200.00
201.00		Less Observation Beds	8,118,208		8,118,208		8,118,208	201.00
202.00		Total (see instructions)	437,427,677	0	437,427,677	0	437,427,677	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet C Part I | Date/Time Prepared: 12/2/2024 3:14 pm

Title XIX | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	188,450,184		188,450,184			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0		0			31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	10,944,287		10,944,287			31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	113,150,270		113,150,270			31.03
31.04	03102	BURN INTENSIVE CARE UNIT	0		0			31.04
32.00	03200	CORONARY CARE UNIT	5,539,224		5,539,224			32.00
43.00	04300	NURSERY	1,696,431		1,696,431			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	393,766,031	195,810,800	589,576,831	0.107232	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,027,466	0	9,027,466	0.442648	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	44,095,079	27,247,810	71,342,889	0.010919	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,964,485	93,654,193	173,618,678	0.098025	0.000000	54.00
54.01	05401	PET SCAN	41,435	8,178,562	8,219,997	0.091365	0.000000	54.01
56.00	05600	RADIOISOTOPE	5,861,170	27,183,803	33,044,973	0.043510	0.000000	56.00
57.00	05700	CT SCAN	88,132,734	90,745,155	178,877,889	0.025030	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
60.00	06000	LABORATORY	179,265,867	84,789,624	264,055,491	0.095183	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	23,627,398	2,974,732	26,602,130	0.170392	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	96,915,062	4,831,651	101,746,713	0.094326	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	35,712,254	17,677,212	53,389,466	0.207268	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	51,588,835	48,627,593	100,216,428	0.032228	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	812,938	242,955	1,055,893	3.040309	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	69,224,439	17,974,600	87,199,039	0.078696	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	388,412,137	154,950,116	543,362,253	0.119379	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	325,857,215	211,862,852	537,720,067	0.070309	0.000000	73.00
74.00	07400	RENAL DIALYSIS	14,512,248	1,830,907	16,343,155	0.284937	0.000000	74.00
76.00	03140	CARDIAC CATH LAB	75,061,839	110,793,846	185,855,685	0.041036	0.000000	76.00
76.01	03050	SLEEP LAB	14,109,387	42,047,494	56,156,881	0.009111	0.000000	76.01
76.02	03950	CARDIAC REHAB	2,865,318	1,591,326	4,456,644	0.538464	0.000000	76.02
76.03	03020	WOUND CARE	0	445,664	445,664	3.907688	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	420,971	5,631,564	6,052,535	0.797125	0.000000	90.00
91.00	09100	EMERGENCY	67,853,834	104,197,219	172,051,053	0.082731	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,608,400	16,617,892	25,226,292	0.321815	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	48,853	14,600,134	14,648,987	0.547545	0.000000	95.00
200.00		Subtotal (see instructions)	2,295,565,791	1,284,507,704	3,580,073,495			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,295,565,791	1,284,507,704	3,580,073,495			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet C Part I Date/Time Prepared: 12/2/2024 3:14 pm

Title XIX | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT		31.03
31.04	03102	BURN INTENSIVE CARE UNIT		31.04
32.00	03200	CORONARY CARE UNIT		32.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.107232	50.00
51.00	05100	RECOVERY ROOM	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.442648	52.00
53.00	05300	ANESTHESIOLOGY	0.010919	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.098025	54.00
54.01	05401	PET SCAN	0.091365	54.01
56.00	05600	RADIOISOTOPE	0.043510	56.00
57.00	05700	CT SCAN	0.025030	57.00
58.00	05800	MRI	0.000000	58.00
60.00	06000	LABORATORY	0.095183	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.170392	62.00
65.00	06500	RESPIRATORY THERAPY	0.094326	65.00
66.00	06600	PHYSICAL THERAPY	0.207268	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.032228	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3.040309	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.078696	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.119379	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.070309	73.00
74.00	07400	RENAL DIALYSIS	0.284937	74.00
76.00	03140	CARDIAC CATH LAB	0.041036	76.00
76.01	03050	SLEEP LAB	0.009111	76.01
76.02	03950	CARDIAC REHAB	0.538464	76.02
76.03	03020	WOUND CARE	3.907688	76.03
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	0.797125	90.00
91.00	09100	EMERGENCY	0.082731	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.321815	92.00
		OTHER REIMBURSABLE COST CENTERS		
95.00	09500	AMBULANCE SERVICES	0.547545	95.00
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: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet C Part II | Date/Time Prepared: 12/2/2024 3:14 pm

Title XIX | Hospital | PPS

		Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	63,221,697	9,862,457	53,359,240	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,995,988	69,920	3,926,068	0	0	52.00
53.00	05300	ANESTHESIOLOGY	779,011	30,463	748,548	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,018,992	1,635,771	15,383,221	0	0	54.00
54.01	05401	PET SCAN	751,019	112,760	638,259	0	0	54.01
56.00	05600	RADIOISOTOPE	1,437,788	344,370	1,093,418	0	0	56.00
57.00	05700	CT SCAN	4,477,317	262,965	4,214,352	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	25,133,609	1,877,537	23,256,072	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,532,798	221,566	4,311,232	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	9,597,332	691,501	8,905,831	0	0	65.00
66.00	06600	PHYSICAL THERAPY	11,065,934	1,170,543	9,895,391	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,229,777	281,811	2,947,966	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,210,241	101,184	3,109,057	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,862,229	158,481	6,703,748	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,865,844	1,216,565	63,649,279	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,806,532	1,055,470	36,751,062	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,656,770	486,620	4,170,150	0	0	74.00
76.00	03140	CARDIAC CATH LAB	7,626,789	654,180	6,972,609	0	0	76.00
76.01	03050	SLEEP LAB	511,664	101,108	410,556	0	0	76.01
76.02	03950	CARDIAC REHAB	2,399,743	802,908	1,596,835	0	0	76.02
76.03	03020	WOUND CARE	1,741,516	330,117	1,411,399	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,824,625	1,783,595	3,041,030	0	0	90.00
91.00	09100	EMERGENCY	14,233,936	1,900,855	12,333,081	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,118,208	1,064,630	7,053,578	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	8,020,982	195,508	7,825,474	0	0	95.00
200.00		Subtotal (sum of lines 50 thru 199)	310,120,341	26,412,885	283,707,456	0	0	200.00
201.00		Less Observation Beds	8,118,208	1,064,630	7,053,578	0	0	201.00
202.00		Total (line 200 minus line 201)	302,002,133	25,348,255	276,653,878	0	0	202.00

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

Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet C Part II | Date/Time Prepared: 12/2/2024 3:14 pm

Title XIX | Hospital | PPS

		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)		
			6.00	7.00	8.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	63,221,697	589,576,831	0.107232		50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,995,988	9,027,466	0.442648		52.00
53.00	05300	ANESTHESIOLOGY	779,011	71,342,889	0.010919		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,018,992	173,618,678	0.098025		54.00
54.01	05401	PET SCAN	751,019	8,219,997	0.091365		54.01
56.00	05600	RADIOISOTOPE	1,437,788	33,044,973	0.043510		56.00
57.00	05700	CT SCAN	4,477,317	178,877,889	0.025030		57.00
58.00	05800	MRI	0	0	0.000000		58.00
60.00	06000	LABORATORY	25,133,609	264,055,491	0.095183		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,532,798	26,602,130	0.170392		62.00
65.00	06500	RESPIRATORY THERAPY	9,597,332	101,746,713	0.094326		65.00
66.00	06600	PHYSICAL THERAPY	11,065,934	53,389,466	0.207268		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	3,229,777	100,216,428	0.032228		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,210,241	1,055,893	3.040309		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,862,229	87,199,039	0.078696		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,865,844	543,362,253	0.119379		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,806,532	537,720,067	0.070309		73.00
74.00	07400	RENAL DIALYSIS	4,656,770	16,343,155	0.284937		74.00
76.00	03140	CARDIAC CATH LAB	7,626,789	185,855,685	0.041036		76.00
76.01	03050	SLEEP LAB	511,664	56,156,881	0.009111		76.01
76.02	03950	CARDIAC REHAB	2,399,743	4,456,644	0.538464		76.02
76.03	03020	WOUND CARE	1,741,516	445,664	3.907688		76.03
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	4,824,625	6,052,535	0.797125		90.00
91.00	09100	EMERGENCY	14,233,936	172,051,053	0.082731		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,118,208	25,226,292	0.321815		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	8,020,982	14,648,987	0.547545		95.00
200.00		Subtotal (sum of lines 50 thru 199)	310,120,341	3,260,293,099			200.00
201.00		Less Observation Beds	8,118,208	0			201.00
202.00		Total (line 200 minus line 201)	302,002,133	3,260,293,099			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part I Date/Time Prepared: 12/2/2024 3:14 pm

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	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	10,097,251	0	10,097,251	72,014	140.21	30.00
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	0		0	0	0.00	31.01
31.02	NEONATAL INTENSIVE CARE UNIT	987,743		987,743	2,422	407.82	31.02
31.03	CARDIO INTENSIVE CARE UNIT	4,231,176		4,231,176	18,444	229.41	31.03
31.04	BURN INTENSIVE CARE UNIT	0		0	0	0.00	31.04
32.00	CORONARY CARE UNIT	1,483,868		1,483,868	933	1,590.43	32.00
43.00	NURSERY	64,307		64,307	1,222	52.62	43.00
200.00	Total (lines 30 through 199)	16,864,345		16,864,345	95,035		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	14,755	2,068,799				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	0	0				31.01
31.02	NEONATAL INTENSIVE CARE UNIT	0	0				31.02
31.03	CARDIO INTENSIVE CARE UNIT	4,111	943,105				31.03
31.04	BURN INTENSIVE CARE UNIT	0	0				31.04
32.00	CORONARY CARE UNIT	261	415,102				32.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	19,127	3,427,006				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part II Date/Time Prepared: 12/2/2024 3:14 pm

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		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	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	9,862,457	589,576,831	0.016728	82,362,731	1,377,764	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	69,920	9,027,466	0.007745	14,259	110	52.00
53.00	05300	ANESTHESIOLOGY	30,463	71,342,889	0.000427	8,608,762	3,676	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,635,771	173,618,678	0.009422	17,982,910	169,435	54.00
54.01	05401	PET SCAN	112,760	8,219,997	0.013718	15,188	208	54.01
56.00	05600	RADIOISOTOPE	344,370	33,044,973	0.010421	1,560,863	16,266	56.00
57.00	05700	CT SCAN	262,965	178,877,889	0.001470	19,342,249	28,433	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
60.00	06000	LABORATORY	1,877,537	264,055,491	0.007110	40,258,769	286,240	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	221,566	26,602,130	0.008329	5,083,189	42,338	62.00
65.00	06500	RESPIRATORY THERAPY	691,501	101,746,713	0.006796	22,222,405	151,023	65.00
66.00	06600	PHYSICAL THERAPY	1,170,543	53,389,466	0.021925	8,718,083	191,144	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	281,811	100,216,428	0.002812	13,515,162	38,005	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	101,184	1,055,893	0.095828	140,807	13,493	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	158,481	87,199,039	0.001817	16,214,836	29,462	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,216,565	543,362,253	0.002239	95,248,342	213,261	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,055,470	537,720,067	0.001963	71,630,178	140,610	73.00
74.00	07400	RENAL DIALYSIS	486,620	16,343,155	0.029775	3,898,870	116,089	74.00
76.00	03140	CARDIAC CATH LAB	654,180	185,855,685	0.003520	16,175,722	56,939	76.00
76.01	03050	SLEEP LAB	101,108	56,156,881	0.001800	3,333,637	6,001	76.01
76.02	03950	CARDIAC REHAB	802,908	4,456,644	0.180160	714,532	128,730	76.02
76.03	03020	WOUND CARE	330,117	445,664	0.740731	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,783,595	6,052,535	0.294686	65,764	19,380	90.00
91.00	09100	EMERGENCY	1,900,855	172,051,053	0.011048	14,338,652	158,413	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,064,630	25,226,292	0.042203	2,018,625	85,192	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	26,217,377	3,245,644,112		443,464,535	3,272,212	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part III Date/Time Prepared: 12/2/2024 3:14 pm

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		Cost Center Description	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	963,057	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	15,863	0	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	0	0	120,801	0	31.03
31.04	03102	BURN INTENSIVE CARE UNIT	0	0	0	0	0	31.04
32.00	03200	CORONARY CARE UNIT	0	0	0	6,111	0	32.00
43.00	04300	NURSERY	0	0	0	8,004	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	1,113,836	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	963,057	72,014	13.37	14,755	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0.00	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0	0	0.00	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		15,863	2,422	6.55	0	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT		120,801	18,444	6.55	4,111	31.03
31.04	03102	BURN INTENSIVE CARE UNIT		0	0	0.00	0	31.04
32.00	03200	CORONARY CARE UNIT		6,111	933	6.55	261	32.00
43.00	04300	NURSERY		8,004	1,222	6.55	0	43.00
200.00		Total (lines 30 through 199)		1,113,836	95,035		19,127	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	197,274		30.00
31.00	03100	INTENSIVE CARE UNIT	0		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0		31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	26,927		31.03
31.04	03102	BURN INTENSIVE CARE UNIT	0		31.04
32.00	03200	CORONARY CARE UNIT	1,710		32.00
43.00	04300	NURSERY	0		43.00
200.00		Total (lines 30 through 199)	225,911		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part IV | Date/Time Prepared: 12/2/2024 3:14 pm

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		Cost Center Description	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	PET SCAN	0	0	0	0	0	54.01
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	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03140	CARDIAC CATH LAB	0	0	0	0	0	76.00
76.01	03050	SLEEP LAB	0	0	0	0	0	76.01
76.02	03950	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03020	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		101,543	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	101,543	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part IV Date/Time Prepared: 12/2/2024 3:14 pm

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		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	589,576,831	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	9,027,466	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	71,342,889	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	173,618,678	0.000000	54.00
54.01	05401	PET SCAN	0	0	0	8,219,997	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	33,044,973	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	178,877,889	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	264,055,491	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	26,602,130	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	101,746,713	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	53,389,466	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	100,216,428	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,055,893	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	87,199,039	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	543,362,253	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	537,720,067	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	16,343,155	0.000000	74.00
76.00	03140	CARDIAC CATH LAB	0	0	0	185,855,685	0.000000	76.00
76.01	03050	SLEEP LAB	0	0	0	56,156,881	0.000000	76.01
76.02	03950	CARDIAC REHAB	0	0	0	4,456,644	0.000000	76.02
76.03	03020	WOUND CARE	0	0	0	445,664	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	6,052,535	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	172,051,053	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	101,543	101,543	25,226,292	0.004025	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	101,543	101,543	3,245,644,112		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part IV Date/Time Prepared: 12/2/2024 3:14 pm

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		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	82,362,731	0	31,314,151	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	14,259	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	8,608,762	0	4,558,968	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	17,982,910	0	14,581,854	0	54.00
54.01	05401	PET SCAN	0.000000	15,188	0	1,261,436	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	1,560,863	0	6,170,191	0	56.00
57.00	05700	CT SCAN	0.000000	19,342,249	0	11,934,962	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.000000	40,258,769	0	7,593,529	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	5,083,189	0	764,536	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000000	22,222,405	0	733,423	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	8,718,083	0	93,825	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	13,515,162	0	9,915,792	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	140,807	0	22,207	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	16,214,836	0	3,803,740	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	95,248,342	0	38,046,238	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	71,630,178	0	26,801,956	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	3,898,870	0	211,230	0	74.00
76.00	03140	CARDIAC CATH LAB	0.000000	16,175,722	0	28,919,517	0	76.00
76.01	03050	SLEEP LAB	0.000000	3,333,637	0	7,184,792	0	76.01
76.02	03950	CARDIAC REHAB	0.000000	714,532	0	322,004	0	76.02
76.03	03020	WOUND CARE	0.000000	0	0	20,155	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	65,764	0	1,094,028	0	90.00
91.00	09100	EMERGENCY	0.000000	14,338,652	0	9,051,216	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.004025	2,018,625	8,125	1,608,934	6,476	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		443,464,535	8,125	206,008,684	6,476	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part V Date/Time Prepared: 12/2/2024 3:14 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.107232	31,314,151	0	0	3,357,879	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.442648	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.010919	4,558,968	0	0	49,779	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.098025	14,581,854	0	0	1,429,386	54.00
54.01	05401	PET SCAN	0.091365	1,261,436	0	0	115,251	54.01
56.00	05600	RADIOISOTOPE	0.043510	6,170,191	0	0	268,465	56.00
57.00	05700	CT SCAN	0.025030	11,934,962	0	0	298,732	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.095183	7,593,529	5,565	0	722,775	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.170392	764,536	0	0	130,271	62.00
65.00	06500	RESPIRATORY THERAPY	0.094326	733,423	0	0	69,181	65.00
66.00	06600	PHYSICAL THERAPY	0.207268	93,825	0	0	19,447	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.032228	9,915,792	0	0	319,566	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3.040309	22,207	0	0	67,516	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.078696	3,803,740	0	0	299,339	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.119379	38,046,238	0	0	4,541,922	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.070309	26,801,956	0	17,788	1,884,419	73.00
74.00	07400	RENAL DIALYSIS	0.284937	211,230	0	0	60,187	74.00
76.00	03140	CARDIAC CATH LAB	0.041036	28,919,517	0	0	1,186,741	76.00
76.01	03050	SLEEP LAB	0.009111	7,184,792	0	0	65,461	76.01
76.02	03950	CARDIAC REHAB	0.538464	322,004	0	0	173,388	76.02
76.03	03020	WOUND CARE	3.907688	20,155	0	0	78,759	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.797125	1,094,028	0	222	872,077	90.00
91.00	09100	EMERGENCY	0.082731	9,051,216	0	0	748,816	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.321815	1,608,934	0	0	517,779	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.547545		0			95.00
200.00		Subtotal (see instructions)		206,008,684	5,565	18,010	17,277,136	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		206,008,684	5,565	18,010	17,277,136	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part V Date/Time Prepared: 12/2/2024 3:14 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	PET SCAN	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
60.00	06000	LABORATORY	530	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,251	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03140	CARDIAC CATH LAB	0	0	76.00
76.01	03050	SLEEP LAB	0	0	76.01
76.02	03950	CARDIAC REHAB	0	0	76.02
76.03	03020	WOUND CARE	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	177	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0		95.00
200.00		Subtotal (see instructions)	530	1,428	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	530	1,428	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part I Date/Time Prepared: 12/2/2024 3:14 pm

Title XIX | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	10,097,251	0	10,097,251	72,014	140.21	30.00
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	0		0	0	0.00	31.01
31.02	NEONATAL INTENSIVE CARE UNIT	987,743		987,743	2,422	407.82	31.02
31.03	CARDIO INTENSIVE CARE UNIT	4,231,176		4,231,176	18,444	229.41	31.03
31.04	BURN INTENSIVE CARE UNIT	0		0	0	0.00	31.04
32.00	CORONARY CARE UNIT	1,483,868		1,483,868	933	1,590.43	32.00
43.00	NURSERY	64,307		64,307	1,222	52.62	43.00
200.00	Total (lines 30 through 199)	16,864,345		16,864,345	95,035		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	2,340	328,091		30.00
31.00	INTENSIVE CARE UNIT	0	0		31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	0	0		31.01
31.02	NEONATAL INTENSIVE CARE UNIT	221	90,128		31.02
31.03	CARDIO INTENSIVE CARE UNIT	391	89,699		31.03
31.04	BURN INTENSIVE CARE UNIT	0	0		31.04
32.00	CORONARY CARE UNIT	0	0		32.00
43.00	NURSERY	1,076	56,619		43.00
200.00	Total (lines 30 through 199)	4,028	564,537		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part II Date/Time Prepared: 12/2/2024 3:14 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	9,862,457	589,576,831	0.016728	9,298,145	155,539	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	69,920	9,027,466	0.007745	1,584,067	12,269	52.00
53.00	05300	ANESTHESIOLOGY	30,463	71,342,889	0.000427	1,142,853	488	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,635,771	173,618,678	0.009422	1,960,737	18,474	54.00
54.01	05401	PET SCAN	112,760	8,219,997	0.013718	0	0	54.01
56.00	05600	RADIOISOTOPE	344,370	33,044,973	0.010421	200,253	2,087	56.00
57.00	05700	CT SCAN	262,965	178,877,889	0.001470	2,857,350	4,200	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
60.00	06000	LABORATORY	1,877,537	264,055,491	0.007110	6,813,060	48,441	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	221,566	26,602,130	0.008329	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	691,501	101,746,713	0.006796	3,228,055	21,938	65.00
66.00	06600	PHYSICAL THERAPY	1,170,543	53,389,466	0.021925	865,387	18,974	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	281,811	100,216,428	0.002812	1,254,993	3,529	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	101,184	1,055,893	0.095828	44,542	4,268	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	158,481	87,199,039	0.001817	1,867,762	3,394	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,216,565	543,362,253	0.002239	4,244,429	9,503	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,055,470	537,720,067	0.001963	10,736,818	21,076	73.00
74.00	07400	RENAL DIALYSIS	486,620	16,343,155	0.029775	363,542	10,824	74.00
76.00	03140	CARDIAC CATH LAB	654,180	185,855,685	0.003520	819,867	2,886	76.00
76.01	03050	SLEEP LAB	101,108	56,156,881	0.001800	408,890	736	76.01
76.02	03950	CARDIAC REHAB	802,908	4,456,644	0.180160	27,732	4,996	76.02
76.03	03020	WOUND CARE	330,117	445,664	0.740731	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,783,595	6,052,535	0.294686	35,976	10,602	90.00
91.00	09100	EMERGENCY	1,900,855	172,051,053	0.011048	2,638,631	29,152	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,064,630	25,226,292	0.042203	275,683	11,635	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	26,217,377	3,245,644,112		50,668,772	395,011	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part III Date/Time Prepared: 12/2/2024 3:14 pm

Title XIX | Hospital | PPS

		Cost Center Description	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	963,057	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	15,863	0	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	0	0	120,801	0	31.03
31.04	03102	BURN INTENSIVE CARE UNIT	0	0	0	0	0	31.04
32.00	03200	CORONARY CARE UNIT	0	0	0	6,111	0	32.00
43.00	04300	NURSERY	0	0	0	8,004	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	1,113,836	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	963,057	72,014	13.37	2,340	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0.00	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0	0	0.00	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		15,863	2,422	6.55	221	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT		120,801	18,444	6.55	391	31.03
31.04	03102	BURN INTENSIVE CARE UNIT		0	0	0.00	0	31.04
32.00	03200	CORONARY CARE UNIT		6,111	933	6.55	0	32.00
43.00	04300	NURSERY		8,004	1,222	6.55	1,076	43.00
200.00		Total (lines 30 through 199)		1,113,836	95,035		4,028	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	31,286		30.00
31.00	03100	INTENSIVE CARE UNIT	0		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	1,448		31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	2,561		31.03
31.04	03102	BURN INTENSIVE CARE UNIT	0		31.04
32.00	03200	CORONARY CARE UNIT	0		32.00
43.00	04300	NURSERY	7,048		43.00
200.00		Total (lines 30 through 199)	42,343		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part IV | Date/Time Prepared: 12/2/2024 3:14 pm

Title XIX | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	PET SCAN	0	0	0	0	0	54.01
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	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03140	CARDIAC CATH LAB	0	0	0	0	0	76.00
76.01	03050	SLEEP LAB	0	0	0	0	0	76.01
76.02	03950	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03020	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		101,543	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	101,543	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part IV Date/Time Prepared: 12/2/2024 3:14 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	0	0	589,576,831	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	9,027,466	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	71,342,889	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	173,618,678	0.000000	54.00
54.01	05401	PET SCAN	0	0	0	8,219,997	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	33,044,973	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	178,877,889	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	264,055,491	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	26,602,130	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	101,746,713	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	53,389,466	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	100,216,428	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,055,893	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	87,199,039	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	543,362,253	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	537,720,067	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	16,343,155	0.000000	74.00
76.00	03140	CARDIAC CATH LAB	0	0	0	185,855,685	0.000000	76.00
76.01	03050	SLEEP LAB	0	0	0	56,156,881	0.000000	76.01
76.02	03950	CARDIAC REHAB	0	0	0	4,456,644	0.000000	76.02
76.03	03020	WOUND CARE	0	0	0	445,664	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	6,052,535	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	172,051,053	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	101,543	101,543	25,226,292	0.004025	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	101,543	101,543	3,245,644,112		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part IV | Date/Time Prepared: 12/2/2024 3:14 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	0.000000	9,298,145	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	1,584,067	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,142,853	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,960,737	0	0	0	54.00
54.01	05401	PET SCAN	0.000000	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	200,253	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	2,857,350	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.000000	6,813,060	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000000	3,228,055	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	865,387	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,254,993	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	44,542	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,867,762	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,244,429	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	10,736,818	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	363,542	0	0	0	74.00
76.00	03140	CARDIAC CATH LAB	0.000000	819,867	0	0	0	76.00
76.01	03050	SLEEP LAB	0.000000	408,890	0	0	0	76.01
76.02	03950	CARDIAC REHAB	0.000000	27,732	0	0	0	76.02
76.03	03020	WOUND CARE	0.000000	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	35,976	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	2,638,631	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.004025	275,683	1,110	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		50,668,772	1,110	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part V Date/Time Prepared: 12/2/2024 3:14 pm

Title XIX | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.107232	0	2,872,785	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.442648	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.010919	0	390,366	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.098025	0	1,425,402	0	0	54.00
54.01	05401	PET SCAN	0.091365	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0.043510	0	145,716	0	0	56.00
57.00	05700	CT SCAN	0.025030	0	2,605,389	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.095183	0	2,164,115	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.170392	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.094326	0	115,479	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.207268	0	1,334,213	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.032228	0	518,948	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3.040309	0	6,012	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.078696	0	149,019	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.119379	0	1,299,399	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.070309	0	7,227,866	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.284937	0	38,016	0	0	74.00
76.00	03140	CARDIAC CATH LAB	0.041036	0	831,344	0	0	76.00
76.01	03050	SLEEP LAB	0.009111	0	262,309	0	0	76.01
76.02	03950	CARDIAC REHAB	0.538464	0	0	0	0	76.02
76.03	03020	WOUND CARE	3.907688	0	6,957	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.797125	0	73,812	0	0	90.00
91.00	09100	EMERGENCY	0.082731	0	4,603,828	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.321815	0	702,519	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.547545	0	743,542			95.00
200.00		Subtotal (see instructions)		0	27,517,036	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	27,517,036	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part V Date/Time Prepared: 12/2/2024 3:14 pm

Title XIX | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	308,054	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,262	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	139,725	0	54.00
54.01	05401	PET SCAN	0	0	54.01
56.00	05600	RADIOISOTOPE	6,340	0	56.00
57.00	05700	CT SCAN	65,213	0	57.00
58.00	05800	MRI	0	0	58.00
60.00	06000	LABORATORY	205,987	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	10,893	0	65.00
66.00	06600	PHYSICAL THERAPY	276,540	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	16,725	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,278	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,727	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	155,121	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	508,184	0	73.00
74.00	07400	RENAL DIALYSIS	10,832	0	74.00
76.00	03140	CARDIAC CATH LAB	34,115	0	76.00
76.01	03050	SLEEP LAB	2,390	0	76.01
76.02	03950	CARDIAC REHAB	0	0	76.02
76.03	03020	WOUND CARE	27,186	0	76.03
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	58,837	0	90.00
91.00	09100	EMERGENCY	380,879	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	226,081	0	92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	407,123		95.00
200.00		Subtotal (see instructions)	2,874,492	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	2,874,492	0	202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D-1 | Date/Time Prepared: 12/2/2024 3:14 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)	72,014	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	72,014	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)	64,421	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)	14,755	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)	76,995,179	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)	76,995,179	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)	76,995,179	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)	1,069.17	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	15,775,603	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)	15,775,603	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D-1 | Date/Time Prepared: 12/2/2024 3:14 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	5,201,650	2,422	2,147.67	0	0	43.02
43.03	CARDIO INTENSIVE CARE UNIT	39,032,130	18,444	2,116.25	4,111	8,699,904	43.03
43.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	43.04
44.00	CORONARY CARE UNIT	13,270,222	933	14,223.17	261	3,712,247	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)	42,474,403	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)	70,662,157	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)	3,652,917	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	3,280,337	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	6,933,254	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	63,728,903	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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0017	Period: From 07/01/2023 To 06/30/2024	Worksheet D-1 Date/Time Prepared: 12/2/2024 3:14 pm
	Title XVIII	Hospital	PPS

	Cost Center Description		
		1.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	7,593	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,069.17	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	8,118,208	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	10,097,251	76,995,179	0.131141	8,118,208	1,064,630	90.00
91.00	Nursing Program cost	0	76,995,179	0.000000	8,118,208	0	91.00
92.00	Allied health cost	963,057	76,995,179	0.012508	8,118,208	101,543	92.00
93.00	All other Medical Education	0	76,995,179	0.000000	8,118,208	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D-1 | Date/Time Prepared: 12/2/2024 3:14 pm

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	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)	72,014	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	72,014	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)	64,421	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)	2,340	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)	1,222	15.00
16.00	Nursery days (title V or XIX only)	1,076	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)	76,995,179	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)	76,995,179	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)	76,995,179	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)	1,069.17	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,501,858	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	2,501,858	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D-1 | Date/Time Prepared: 12/2/2024 3:14 pm

Title XIX | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	926,363	1,222	758.07	1,076	815,683	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	5,201,650	2,422	2,147.67	221	474,635	43.02
43.03	CARDIO INTENSIVE CARE UNIT	39,032,130	18,444	2,116.25	391	827,454	43.03
43.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	43.04
44.00	CORONARY CARE UNIT	13,270,222	933	14,223.17	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)	5,191,524	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)	0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)	9,811,154	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)	606,880	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	396,121	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	1,003,001	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	8,808,153	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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0017	Period: From 07/01/2023 To 06/30/2024	Worksheet D-1 Date/Time Prepared: 12/2/2024 3:14 pm
	Title XIX	Hospital	PPS

	Cost Center Description		
		1.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	7,593	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,069.17	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	8,118,208	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	10,097,251	76,995,179	0.131141	8,118,208	1,064,630	90.00
91.00	Nursing Program cost	0	76,995,179	0.000000	8,118,208	0	91.00
92.00	Allied health cost	963,057	76,995,179	0.012508	8,118,208	101,543	92.00
93.00	All other Medical Education	0	76,995,179	0.000000	8,118,208	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D-3 | Date/Time Prepared: 12/2/2024 3:14 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		41,024,624		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		0		31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT		24,604,301		31.03
31.04	03102	BURN INTENSIVE CARE UNIT		0		31.04
32.00	03200	CORONARY CARE UNIT		1,492,196		32.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.107232	82,362,731	8,831,920	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.442648	14,259	6,312	52.00
53.00	05300	ANESTHESIOLOGY	0.010919	8,608,762	93,999	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.098025	17,982,910	1,762,775	54.00
54.01	05401	PET SCAN	0.091365	15,188	1,388	54.01
56.00	05600	RADIOISOTOPE	0.043510	1,560,863	67,913	56.00
57.00	05700	CT SCAN	0.025030	19,342,249	484,136	57.00
58.00	05800	MRI	0.000000	0	0	58.00
60.00	06000	LABORATORY	0.095183	40,258,769	3,831,950	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.170392	5,083,189	866,135	62.00
65.00	06500	RESPIRATORY THERAPY	0.094326	22,222,405	2,096,151	65.00
66.00	06600	PHYSICAL THERAPY	0.207268	8,718,083	1,806,980	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.032228	13,515,162	435,567	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3.040309	140,807	428,097	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.078696	16,214,836	1,276,043	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.119379	95,248,342	11,370,652	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.070309	71,630,178	5,036,246	73.00
74.00	07400	RENAL DIALYSIS	0.284937	3,898,870	1,110,932	74.00
76.00	03140	CARDIAC CATH LAB	0.041036	16,175,722	663,787	76.00
76.01	03050	SLEEP LAB	0.009111	3,333,637	30,373	76.01
76.02	03950	CARDIAC REHAB	0.538464	714,532	384,750	76.02
76.03	03020	WOUND CARE	3.907688	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.797125	65,764	52,422	90.00
91.00	09100	EMERGENCY	0.082731	14,338,652	1,186,251	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.321815	2,018,625	649,624	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		443,464,535	42,474,403	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)		443,464,535		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D-3 | Date/Time Prepared: 12/2/2024 3:14 pm

Title XIX | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		6,174,550		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		1,668,013		31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT		3,823,483		31.03
31.04	03102	BURN INTENSIVE CARE UNIT		0		31.04
32.00	03200	CORONARY CARE UNIT		56,340		32.00
43.00	04300	NURSERY		337,872		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.107232	9,298,145	997,059	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.442648	1,584,067	701,184	52.00
53.00	05300	ANESTHESIOLOGY	0.010919	1,142,853	12,479	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.098025	1,960,737	192,201	54.00
54.01	05401	PET SCAN	0.091365	0	0	54.01
56.00	05600	RADIOISOTOPE	0.043510	200,253	8,713	56.00
57.00	05700	CT SCAN	0.025030	2,857,350	71,519	57.00
58.00	05800	MRI	0.000000	0	0	58.00
60.00	06000	LABORATORY	0.095183	6,813,060	648,487	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.170392	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.094326	3,228,055	304,490	65.00
66.00	06600	PHYSICAL THERAPY	0.207268	865,387	179,367	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.032228	1,254,993	40,446	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3.040309	44,542	135,421	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.078696	1,867,762	146,985	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.119379	4,244,429	506,696	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.070309	10,736,818	754,895	73.00
74.00	07400	RENAL DIALYSIS	0.284937	363,542	103,587	74.00
76.00	03140	CARDIAC CATH LAB	0.041036	819,867	33,644	76.00
76.01	03050	SLEEP LAB	0.009111	408,890	3,725	76.01
76.02	03950	CARDIAC REHAB	0.538464	27,732	14,933	76.02
76.03	03020	WOUND CARE	3.907688	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.797125	35,976	28,677	90.00
91.00	09100	EMERGENCY	0.082731	2,638,631	218,297	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.321815	275,683	88,719	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		50,668,772	5,191,524	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)		50,668,772		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0017	Period: From 07/01/2023 To 06/30/2024	Worksheet E Part A Date/Time Prepared: 12/2/2024 3:14 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)	10,851,171	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	38,291,346	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)	597,874	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	2,400,579	2.04
3.00	Managed Care Simulated Payments	63,214,735	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	365.75	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)	10.13	5.00
5.01	FTE cap adjustment for qualifing hospitals under §131 of the CAA 2021 (see instructions)	0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)	0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)	0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	7.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)	0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)	17.13	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	19.65	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)	17.13	12.00
13.00	Total allowable FTE count for the prior year.	16.50	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.	20.01	14.00
15.00	Sum of lines 12 through 14 divided by 3.	17.88	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	17.88	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.048886	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.053128	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.048886	21.00
22.00	IME payment adjustment (see instructions)	1,294,856	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	1,665,645	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).	3.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	2.52	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)	2.52	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.006890	26.00
27.00	IME payments adjustment factor. (see instructions)	0.001838	27.00
28.00	IME add-on adjustment amount (see instructions)	90,324	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	116,189	28.01
29.00	Total IME payment (sum of lines 22 and 28)	1,385,180	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	1,781,834	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	3.94	30.00
31.00	Percentage of Medicaid patient days (see instructions)	20.93	31.00
32.00	Sum of lines 30 and 31	24.87	32.00
33.00	Allowable disproportionate share percentage (see instructions)	9.73	33.00
34.00	Disproportionate share adjustment (see instructions)	1,195,392	34.00

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		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	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital UCP, including supplemental UCP (see instructions)	2,113,122	1,824,554	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	532,623	1,365,923	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	1,898,546		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)	56,620,088		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)		58,401,922	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,508,020	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		1,067,307	52.00
53.00	Nursing and Allied Health Managed Care payment		118,211	53.00
54.00	Special add-on payments for new technologies		22,171	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
55.01	Cellular therapy acquisition cost (see instructions)		0	55.01
56.00	Cost of physicians' services in a teaching hospital (see intructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		225,911	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		8,125	58.00
59.00	Total (sum of amounts on lines 49 through 58)		64,351,667	59.00
60.00	Primary payer payments		10,662	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		64,341,005	61.00
62.00	Deductibles billed to program beneficiaries		3,894,656	62.00
63.00	Coinsurance billed to program beneficiaries		126,088	63.00
64.00	Allowable bad debts (see instructions)		111,780	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		72,657	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		32,540	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		60,392,918	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	MSP PASS THROUGH RECONCILIATION		0	70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)		0	70.50
70.75	N95 respirator payment adjustment amount (see instructions)		0	70.75
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-566,043	70.93
70.94	HRR adjustment amount (see instructions)		0	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet E Part A | Date/Time Prepared: 12/2/2024 3:14 pm

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		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3	0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		59,826,875	71.00
71.01	Sequestration adjustment (see instructions)		1,196,538	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		60,070,766	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)		-1,440,429	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		8,819,614	75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00

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

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 12/2/2024 3:14 pm

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		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	10,851,171	13,249,708		13,249,708	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	38,291,346		37,125,144	37,125,144	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	597,874	965,707		965,707	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	2,400,579		2,728,233	2,728,233	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	63,214,735	0	64,904,499	64,904,499	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.048886	0.048886	0.048886		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,294,856	349,117	945,739	1,294,856	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,665,645	0	1,665,645	1,665,645	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	0.001838	0.001838	0.001838		7.00
8.00	IME adjustment (see instructions)	28.00	90,324	24,353	65,971	90,324	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	116,189	0	116,189	116,189	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,385,180	373,470	1,011,710	1,385,180	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,781,834	0	1,781,834	1,781,834	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0973	0.0973	0.0973		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,195,392	322,299	873,093	1,195,392	11.00
11.01	Uncompensated care payments	36.00	1,898,546	474,708	1,580,499	2,055,207	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	56,620,088	15,385,892	41,234,196	56,620,088	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	58,401,922	15,385,892	43,016,030	58,401,922	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,508,020	5,808,399	-1,300,379	4,508,020	16.00
17.00	Special add-on payments for new technologies	54.00	22,171	-19,740	41,911	22,171	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	-1	1	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			21,174,550	41,757,563	62,932,113	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 12/2/2024 3:14 pm

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		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	3,777,711	4,869,573	-1,091,862	3,777,711	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	442,825	568,252	-125,427	442,825	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	0.0244	0.0244	0.0244		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	92,176	118,817	-26,641	92,176	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0517	0.0517	0.0517		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	195,308	251,757	-56,449	195,308	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,508,020	5,808,399	-1,300,379	4,508,020	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	-566,043	-280,473	-285,570	-566,043	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	0	0	0	0	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: 15-0017	Period: From 07/01/2023 To 06/30/2024	Worksheet E Part B Date/Time Prepared: 12/2/2024 3:14 pm
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		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	1,958	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	17,270,660	2.00
3.00	OPPS or REH payments	19,243,147	3.00
4.00	Outlier payment (see instructions)	16,344	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	6,476	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	1,958	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	23,575	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)	23,575	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)	23,575	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	21,617	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)	1,958	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)	19,265,967	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)	23,694	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)	3,052,357	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)	16,191,874	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	261,010	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)	16,452,884	30.00
31.00	Primary payer payments	1,233	31.00
32.00	Subtotal (line 30 minus line 31)	16,451,651	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)	156,192	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	101,525	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	119,695	36.00
37.00	Subtotal (see instructions)	16,553,176	37.00
38.00	MSP-LCC reconciliation amount from PS&R	-88	38.00
39.00	OTHER ADJUSTMENTS (PS&R ADJUSTMENT)	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)	16,553,264	40.00
40.01	Sequestration adjustment (see instructions)	331,065	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	16,239,603	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)	-17,404	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0017	Period: From 07/01/2023 To 06/30/2024	Worksheet E Part B Date/Time Prepared: 12/2/2024 3:14 pm
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		1.00	
94.00	Total (sum of lines 91 and 93)	0	94.00
		1.00	
	MEDICARE PART B ANCILLARY COSTS		
200.00	Part B Combined Billed Days	0	200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet E-1 Part I Date/Time Prepared: 12/2/2024 3:14 pm

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		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		59,829,066		16,239,603	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	04/03/2024	241,700		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		241,700		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		60,070,766		16,239,603	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		1,440,429		17,404	6.02
7.00	Total Medicare program liability (see instructions)		58,630,337		16,222,199	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: 15-0017	Period: From 07/01/2023 To 06/30/2024	Worksheet E-1 Part II Date/Time Prepared: 12/2/2024 3:14 pm
	Title XVIII	Hospital	PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0017	Period: From 07/01/2023 To 06/30/2024	Worksheet E-3 Part VII Date/Time Prepared: 12/2/2024 3:14 pm
	Title XIX	Hospital	PPS

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		2,874,492	2.00
3.00	Organ acquisition (certified transplant programs only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	2,874,492	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	2,874,492	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	50,668,772	27,517,036	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	50,668,772	27,517,036	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	50,668,772	27,517,036	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	50,668,772	24,642,544	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	2,874,492	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	43,453	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	43,453	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	43,453	2,874,492	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	43,453	2,874,492	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	43,453	2,874,492	36.00
37.00	PPS PAYMENT METHODOLOGY ADJUSTMENT	-43,453	-2,874,492	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet E-4 | Date/Time Prepared: 12/2/2024 3:14 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.			8.95	1.00
1.01	FTE cap adjustment under §131 of the CAA 2021 (see instructions)			0.00	1.01
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
2.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)			0.00	2.26
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
3.02	Adjustment (increase or decrease) to the hospital's rural track FTE limitation(s) for rural track programs with a rural track Medicare GME affiliation agreement in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)			0.00	3.02
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			7.50	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
4.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)			0.00	4.21
5.00	FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus lines 2.26 through 2.49, minus lines 3 and 3.01, plus or minus line 3.02, plus or minus line 4, plus lines 4.01 through 4.27			16.45	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			19.65	6.00
7.00	Enter the lesser of line 5 or line 6			16.45	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.	19.65	0.00	19.65	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.	16.45	0.00	16.45	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	16.45	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	15.89	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	17.52	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	16.62	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	16.62	0.00		17.00
18.00	Per resident amount	127,666.77	122,581.53		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	2,121,822	0	2,121,822	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			3.70	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			3.20	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			3.20	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			124,440.21	23.00
24.00	Multiply line 22 time line 23			398,209	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,520,031	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet E-4 | Date/Time Prepared: 12/2/2024 3:14 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)	19,127	13,641	13,642		26.00
27.00	Total Inpatient Days (see instructions)	86,629	86,629	86,629		27.00
28.00	Ratio of inpatient days to total inpatient days	0.220792	0.157465	0.157476		28.00
29.00	Program direct GME amount	556,403	396,817	396,844	1,350,064	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		10,873	10,874	21,747	30.00
31.00	Net Program direct GME amount				1,328,317	31.00

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	16,343,155	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	70,662,157	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)	10,662	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	70,651,495	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	17,279,094	42.00
43.00	Primary payer payments (see instructions)	1,233	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	17,277,861	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	87,929,356	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.803503	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.196497	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	1,328,317	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	1,067,307	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	261,010	50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT	Provider CCN: 15-0017	Period: From 07/01/2023 To 06/30/2024	Worksheet E-5 Date/Time Prepared: 12/2/2024 3:14 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: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet G | Date/Time Prepared: 12/2/2024 3:14 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	-5,317,793	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	126,139,211	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-24,156,482	0	0	0	6.00
7.00	Inventory	19,747,705	0	0	0	7.00
8.00	Prepaid expenses	6,581,355	0	0	0	8.00
9.00	Other current assets	1,551,080	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)	124,545,076	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	14,390,515	0	0	0	12.00
13.00	Land improvements	5,646,619	0	0	0	13.00
14.00	Accumulated depreciation	-3,460,158	0	0	0	14.00
15.00	Buildings	243,999,196	0	0	0	15.00
16.00	Accumulated depreciation	-81,327,439	0	0	0	16.00
17.00	Leasehold improvements	78,612,239	0	0	0	17.00
18.00	Accumulated depreciation	-36,304,915	0	0	0	18.00
19.00	Fixed equipment	16,341,520	0	0	0	19.00
20.00	Accumulated depreciation	-11,768,091	0	0	0	20.00
21.00	Automobiles and trucks	2,482,819	0	0	0	21.00
22.00	Accumulated depreciation	-1,784,626	0	0	0	22.00
23.00	Major movable equipment	105,273,066	0	0	0	23.00
24.00	Accumulated depreciation	-72,764,508	0	0	0	24.00
25.00	Minor equipment depreciable	33,413,123	0	0	0	25.00
26.00	Accumulated depreciation	-27,059,646	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)	265,689,714	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	19,357,159	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	19,357,159	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	409,591,949	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	22,615,074	0	0	0	37.00
38.00	Salaries, wages, and fees payable	13,033,288	0	0	0	38.00
39.00	Payroll taxes payable	1,494,225	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,376,091	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	-1,447,185,665	0	0	0	43.00
44.00	Other current liabilities	7,289,783	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	-1,399,377,204	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	55,556	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	4,182,171	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	4,237,727	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-1,395,139,477	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	1,804,731,426				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,804,731,426	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	409,591,949	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet G-1 | Date/Time Prepared: 12/2/2024 3:14 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		1,768,389,659		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		36,341,767				2.00
3.00	Total (sum of line 1 and line 2)		1,804,731,426		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,804,731,426		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,804,731,426		0		19.00

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet G-2 Parts I & II | Date/Time Prepared: 12/2/2024 3:14 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	190,146,615		190,146,615	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	190,146,615		190,146,615	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	0		0	11.00
11.01	PEDIATRIC INTENSIVE CARE UNIT	0		0	11.01
11.02	NEONATAL INTENSIVE CARE UNIT	10,944,287		10,944,287	11.02
11.03	CARDIO INTENSIVE CARE UNIT	113,150,270		113,150,270	11.03
11.04	BURN INTENSIVE CARE UNIT	0		0	11.04
12.00	CORONARY CARE UNIT	5,539,224		5,539,224	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)	129,633,781		129,633,781	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	319,780,396		319,780,396	17.00
18.00	Ancillary services	1,901,853,336	1,143,460,895	3,045,314,231	18.00
19.00	Outpatient services	76,883,205	126,446,675	203,329,880	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	48,853	14,600,134	14,648,987	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	IP CONTRACTED HOSPICE	4,732,179	0	4,732,179	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,303,297,969	1,284,507,704	3,587,805,673	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		532,279,402		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)		532,279,402		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 15-0017 | Period: From 07/01/2023 To 06/30/2024 | Worksheet G-3 | Date/Time Prepared: 12/2/2024 3:14 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,587,805,673	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,022,303,499	2.00
3.00	Net patient revenues (line 1 minus line 2)	565,502,174	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	532,279,402	4.00
5.00	Net income from service to patients (line 3 minus line 4)	33,222,772	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	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	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	3,118,995	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	3,118,995	25.00
26.00	Total (line 5 plus line 25)	36,341,767	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	36,341,767	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 15-0017	Period: From 07/01/2023 To 06/30/2024	Worksheet L Parts I-III Date/Time Prepared: 12/2/2024 3:14 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	3,777,711	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	442,825	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)	239.37	3.00
4.00	Number of interns & residents (see instructions)	20.40	4.00
5.00	Indirect medical education percentage (see instructions)	2.44	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)	92,176	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	3.94	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	20.93	8.00
9.00	Sum of lines 7 and 8	24.87	9.00
10.00	Allowable disproportionate share percentage (see instructions)	5.17	10.00
11.00	Disproportionate share adjustment (see instructions)	195,308	11.00
12.00	Total prospective capital payments (see instructions)	4,508,020	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