

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: 15-0109	Period: From 01/01/2024 To 12/31/2024	Worksheet S Parts I-III Date/Time Prepared: 3/18/2025 4:57 pm
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☒ Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.		Date: 3/18/2025 Time: 4:57 pm
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)
 MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCISCAN HEALTH LAFAYETTE (15-0109) for the cost reporting period beginning 01/01/2024 and ending 12/31/2024 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	593,401	63,935	0	38,477,491 1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	2.00
3.00	SUBPROVIDER - IRF	0	29,857	41	5,712	3.00
5.00	SWING BED - SNF	0	0	0	0	5.00
6.00	SWING BED - NF	0	0	0	0	6.00
9.00	HOME HEALTH AGENCY I	0	0	-1	0	9.00
200.00	TOTAL	0	623,258	63,975	0	38,483,203 200.00

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: 15-0109		Period: From 01/01/2024 To 12/31/2024		Worksheet S-2 Part I Date/Time Prepared: 3/18/2025 4:57 pm	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1701 SOUTH CREEPY LANE			PO Box:				1.00		
2.00	City: LAFAYETTE			State: IN		Zip Code: 47905-		County: TIPPECANOE		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	XIX
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		FRANCISCAN HEALTH LAFAYETTE	150109	29200	1	07/01/1966	N	P	O
4.00	Subprovider - IPF									
5.00	Subprovider - IRF		FRANCISCAN HEALTH LAFAYETTE REHAB	15T109	29200	5	01/01/1995	N	P	O
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA		FRANCISCAN HOME CARE	157124	29200		07/06/1966	N	P	N
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice		FRANCISCAN HEALTH LAFAYETTE HOSPICE	151563	29200		01/01/1984			
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2024		12/31/2024	
21.00	Type of Control (see instructions)						1			
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim UCPs, including supplemental UCPs, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic redesignation from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015 or FY2025? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	Y		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: 15-0109

Period:
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Date/Time Prepared:
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	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.	601	200	0	5	8,426	310	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.	9	21	0	0	482		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.					2		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							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)					Y	Y	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
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
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
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
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.					N		
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.							
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		

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				V	XVIII	XIX	
				1.00	2.00	3.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.			N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
				1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.			Y	Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				20.00	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.00	1	60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.01	1	60.03
				Y/N	IME	Direct GME	
				1.00	2.00	3.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)					0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
				Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count
				1.00	2.00	3.00	4.00
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.					0.00	0.00
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.					0.00	0.00
				1.00			
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
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 this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
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

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Period:
From 01/01/2024
To 12/31/2024Worksheet S-2
Part I
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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			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)			0.00	0.00	0.000000	67.00

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			1.00		
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?				68.00
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		Y		75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		N	N	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
			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: 15-0109		Period: From 01/01/2024 To 12/31/2024		Worksheet S-2 Part I Date/Time Prepared: 3/18/2025 4:57 pm	
		V 1.00		XIX 2.00			
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N		98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N		98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98.06	
Rural Providers							
105.00	Does this hospital qualify as a CAH?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					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 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N		110.00	
				1.00		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 yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0109	Period: From 01/01/2024 To 12/31/2024	Worksheet S-2 Part I Date/Time Prepared: 3/18/2025 4:57 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	0	717,199
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.06	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.	N		123.00
124.00	Did the hospital incur cost, either directly or through a contract with an outside supplier, to establish and maintain access to no less than a 6-month buffer stock of one or more essential medicines according to 42 CFR 412.113(g)? Enter "Y" for yes or "N" for no.			124.00
Certified Transplant Center Information				
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	158014	140.00
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name: FRANCISCAN ALLIANCE, INC.	Contractor's Name: WPS	Contractor's Number: 08101	141.00
142.00	Street: 1515 DRAGOON TRAIL	PO Box: 1290		142.00
143.00	City: MISHAWAKA	State: IN	Zip Code: 46546-1290	143.00
				1.00
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0109		Period: From 01/01/2024 To 12/31/2024		Worksheet S-2 Part I Date/Time Prepared: 3/18/2025 4:57 pm	
				1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			Y			145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N			146.00
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N			147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N			148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N			149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		155.00
156.00	Subprovider - IPF	N	N	N	N		156.00
157.00	Subprovider - IRF	N	N	N	N		157.00
158.00	SUBPROVIDER						158.00
159.00	SNF	N	N	N	N		159.00
160.00	HOME HEALTH AGENCY	N	N	N	N		160.00
161.00	CMHC		N	N	N		161.00
				1.00			
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						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: 15-0109		Period: From 01/01/2024 To 12/31/2024		Worksheet S-2 Part II Date/Time Prepared: 3/18/2025 4:57 pm	
				Y/N	Date		
				1.00	2.00		
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date	V/I			
		1.00	2.00	3.00			
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type	Date			
		1.00	2.00	3.00			
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	06/30/2025			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	Y	Y				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.	N					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.		N				15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, in columns 2 and 4, from the PS&R used to prepare this cost report, enter the "Paid Claims Verified Current As Of" date, if present, or the paid-through date.(see instructions)	Y	02/28/2025	Y	02/28/2025		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, in columns 2 and 4, enter the "Paid Claims Verified Current As Of" date, if present, or the paid-through date. (see instructions)	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: 15-0109

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		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		Y		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PAM	MEISER		41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCISCAN HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	734-777-7602	PAMELA.MEISER@FRANCISCANALLIANCE.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

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		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR COST REPORTING ANALYST	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: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet S-3
Part I
Date/Time Prepared:
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Component	Worksheet A Line No.	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P Visits / Trips		
					Title V		
					1.00	2.00	3.00
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	146	53,436	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)		146	53,436	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	17	6,222	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	14	5,124	0.00	0	12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		177	64,782	0.00	0	14.00
15.00	CAH visits					0	15.00
15.10	REH hours and visits				0.00	0	15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	41.00	15	5,490		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	0	0			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		192				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

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Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
	PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,892	611	29,949			1.00
2.00	HMO and other (see instructions)	11,002	8,426				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	708	482				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)	6,892	611	29,949			7.00
8.00	INTENSIVE CARE UNIT	2,873	87	4,256			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	54	2,645			12.00
13.00	NURSERY		54	2,652			13.00
14.00	Total (see instructions)	9,765	806	39,502	0.00	1,225.00	14.00
15.00	CAH visits	0	0	0			15.00
15.10	REH hours and visits	0	0	0			15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	1,873	30	3,528	0.00	18.00	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	8,882	0	22,590	0.00	36.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	56.00	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,335.00	27.00
28.00	Observation Bed Days		0	4,462			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	310	607			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet S-3
Part I
Date/Time Prepared:
3/18/2025 4:57 pm

Component	Full Time Equivalents	Discharges			3/18/2025 4:37 PM	
	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	2,221	314	8,493	1.00
2.00 HMO and other (see instructions)			2,062	2,326		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				26		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,221	314	8,493	14.00
15.00 CAH visits						15.00
15.10 REH hours and visits						15.10
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	154	2	260	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01
34.00 Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet S-3
Part II
Date/Time Prepared:
3/18/2025 4:57 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	113,442,805	0	113,442,805	2,777,472.00	40.84
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		1,727,536	0	1,727,536	3,192.00	541.21
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		485,185	0	485,185	7,014.00	69.17
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		16,855,600	393,604	17,249,204	420,623.00	41.01
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		7,996,019	0	7,996,019	86,336.00	92.62
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		375,101	0	375,101	2,417.00	155.19
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		28,498,298	0	28,498,298	621,347.00	45.87
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
15.01	Home office Physicians Part A - Administrative		0	0	0	0.00	0.00
15.02	Home office contract Physicians Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		22,599,408	0	22,599,408		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		4,078,554	0	4,078,554		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		140,664	0	140,664		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		7,152,865	0	7,152,865		
25.51	Related organization wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet S-3
Part II
Date/Time Prepared:
3/18/2025 4:57 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	503,085	0	503,085	11,434.00	44.00	26.00
27.00	Administrative & General	5.00	7,972,102	0	7,972,102	189,338.00	42.11	27.00
28.00	Administrative & General under contract (see inst.)		2,803,037	0	2,803,037	20,728.00	135.23	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,907,810	0	2,907,810	101,727.00	28.58	30.00
31.00	Laundry & Linen Service	8.00	137,438	0	137,438	6,304.00	21.80	31.00
32.00	Housekeeping	9.00	2,367,105	0	2,367,105	103,181.00	22.94	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,555,763	-1,673,547	882,216	36,921.00	23.89	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,673,547	1,673,547	70,039.00	23.89	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	4,705,574	-9,181	4,696,393	97,137.00	48.35	38.00
39.00	Central Services and Supply	14.00	591,530	0	591,530	22,338.00	26.48	39.00
40.00	Pharmacy	15.00	3,183,235	0	3,183,235	63,548.00	50.09	40.00
41.00	Medical Records & Medical Records Library	16.00	84,544	0	84,544	3,658.00	23.11	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet S-3
Part III
Date/Time Prepared:
3/18/2025 4:57 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	114,033,121	0	114,033,121	2,787,994.00	40.90	1.00
2.00	Excluded area salaries (see instructions)	16,855,600	393,604	17,249,204	420,623.00	41.01	2.00
3.00	Subtotal salaries (line 1 minus line 2)	97,177,521	-393,604	96,783,917	2,367,371.00	40.88	3.00
4.00	Subtotal other wages & related costs (see inst.)	36,869,418	0	36,869,418	710,100.00	51.92	4.00
5.00	Subtotal wage-related costs (see inst.)	29,752,273	0	29,752,273	0.00	30.74	5.00
6.00	Total (sum of lines 3 thru 5)	163,799,212	-393,604	163,405,608	3,077,471.00	53.10	6.00
7.00	Total overhead cost (see instructions)	27,811,223	-9,181	27,802,042	726,353.00	38.28	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet S-3
Part IV
Date/Time Prepared:
3/18/2025 4:57 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	4,167,704	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)	3,600,129	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)	17,553,678	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	153,312	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	44,314	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)	452,414	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	853,059	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	0	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	-5,984	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	26,818,626	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: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet S-3
Part V
Date/Time Prepared:
3/18/2025 4:57 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	7,996,019	26,818,626	1.00
2.00	Hospital	7,996,019	26,818,626	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 15-0109 Component CCN: 15-7124		Period: From 01/01/2024 To 12/31/2024		Worksheet S-4 Date/Time Prepared: 3/18/2025 4:57 pm	
						Home Health Agency I		PPS	
						1.00			
0.00	County							0.00	
				Title V	Title XVIII	Title XIX	Other	Total	
				1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA									
1.00	Home Health Aide Hours			0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)			0.00	655.00	0.00	0.00	0.00	2.00
						Number of Employees (Full Time Equivalent)			
						Staff	Contract	Total	
				Enter the number of hours in your normal work week					
				0	1.00	2.00	3.00		
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES									
3.00	Administrator and Assistant Administrator(s)			40.00	1.00	0.00	1.00	3.00	
4.00	Director(s) and Assistant Director(s)				1.06	0.00	1.06	4.00	
5.00	Other Administrative Personnel				10.28	0.00	10.28	5.00	
6.00	Direct Nursing Service				23.90	0.00	23.90	6.00	
7.00	Nursing Supervisor				10.50	0.00	10.50	7.00	
8.00	Physical Therapy Service				1.14	0.00	1.14	8.00	
9.00	Physical Therapy Supervisor				0.00	0.00	0.00	9.00	
10.00	Occupational Therapy Service				3.45	0.00	3.45	10.00	
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00	11.00	
12.00	Speech Pathology Service				1.05	0.00	1.05	12.00	
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	13.00	
14.00	Medical Social Service				0.53	0.00	0.53	14.00	
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	15.00	
16.00	Home Health Aide				0.96	0.00	0.96	16.00	
17.00	Home Health Aide Supervisor				0.00	0.00	0.00	17.00	
18.00	Other (specify)				0.00	0.00	0.00	18.00	
								CBSA Data	
								1.00	
HOME HEALTH AGENCY CBSA CODES									
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.							5	19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).							23844	20.00
20.01								26900	20.01
20.02								29200	20.02
20.03								45460	20.03
20.04								99915	20.04
				Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
				Without Outliers	With Outliers				
				1.00	2.00				
PPS ACTIVITY DATA									
21.00	Skilled Nursing Visits			3,227	542	82	0	3,851	21.00
22.00	Skilled Nursing Visit Charges			1,287,573	216,258	32,319	0	1,536,150	22.00
23.00	Physical Therapy Visits			2,636	662	57	0	3,355	23.00
24.00	Physical Therapy Visit Charges			1,091,304	274,068	23,598	0	1,388,970	24.00
25.00	Occupational Therapy Visits			927	364	12	0	1,303	25.00
26.00	Occupational Therapy Visit Charges			383,778	150,696	4,968	0	539,442	26.00
27.00	Speech Pathology Visits			186	61	4	0	251	27.00
28.00	Speech Pathology Visit Charges			77,004	25,254	1,656	0	103,914	28.00
29.00	Medical Social Service Visits			37	30	0	0	67	29.00
30.00	Medical Social Service Visit Charges			17,760	14,400	0	0	32,160	30.00
31.00	Home Health Aide Visits			39	16	0	0	55	31.00
32.00	Home Health Aide Visit Charges			7,527	3,088	0	0	10,615	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)			7,052	1,675	155	0	8,882	33.00
34.00	Other Charges			0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)			2,864,946	683,764	62,541	0	3,611,251	35.00
36.00	Total Number of Episodes (standard/non outlier)			944		100	0	1,044	36.00
37.00	Total Number of Outlier Episodes				107		0	107	37.00
38.00	Total Non-Routine Medical Supply Charges			0	0	0	0	0	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 15-0109

Period:

Worksheet S-9

Hospice CCN: 15-1563

From 01/01/2024
To 12/31/2024PARTS I THROUGH IV
Date/Time Prepared:
3/18/2025 4:57 pm

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	2	0	0	2	10.00
11.00	Hospice Routine Home Care	46,674	180	1,148	48,002	11.00
12.00	Hospice Inpatient Respite Care	151	4	6	161	12.00
13.00	Hospice General Inpatient Care	39	48	39	126	13.00
14.00	Total Hospice Days	46,866	232	1,193	48,291	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet S-10
Parts I & II
Date/Time Prepared:
3/18/2025 4:57 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)		0.206041	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		55,513,105	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		270,020,771	6.00
7.00	Medicaid cost (line 1 times line 6)		55,635,350	7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)		122,245	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)		122,245	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)	30,066,724	4,170,257	34,236,981
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	6,194,978	3,674,943	9,869,921
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (see instructions)	6,194,978	3,674,943	9,869,921
			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)		623,853	25.01
26.00	Bad debt amount (see instructions)		10,287,631	26.00
27.00	Medicare reimbursable bad debts (see instructions)		241,559	27.00
27.01	Medicare allowable bad debts (see instructions)		371,629	27.01
28.00	Non-Medicare bad debt amount (see instructions)		9,916,002	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		2,173,173	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		12,043,094	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		12,165,339	31.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0109	Period: From 01/01/2024 To 12/31/2024	Worksheet S-10 Parts I & II Date/Time Prepared: 3/18/2025 4:57 pm
				1.00
PART II - HOSPITAL DATA				
Uncompensated and Indigent Care Cost-to-Charge Ratio				
1.00	Cost to charge ratio (see instructions)		0.197136	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)	29,845,115	4,160,053	34,005,168
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,883,547	3,659,184	9,542,731
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (see instructions)	5,883,547	3,659,184	9,542,731
				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)	623,853		25.01
26.00	Bad debt amount (see instructions)	10,287,631		26.00
27.00	Medicare reimbursable bad debts (see instructions)	241,559		27.00
27.01	Medicare allowable bad debts (see instructions)	371,629		27.01
28.00	Non-Medicare bad debt amount (see instructions)	9,916,002		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)	2,084,871		29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)	11,627,602		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	11,627,602		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0109

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

Worksheet A

Date/Time Prepared:
3/18/2025 4:57 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		4,059,206	4,059,206	9,473,888	13,533,094	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	6,946,830	6,946,830	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	503,085	3,074,833	3,577,918	37,504,334	41,082,252	4.00
5.01	01160	COMMUNICATIONS	407,408	431,440	838,848	-9,280	829,568	5.01
5.02	01140	MGMT INFO SYSTEMS	970,459	4,117,765	5,088,224	-397,781	4,690,443	5.02
5.03	00550	PURCHASING	0	591,476	591,476	-63,359	528,117	5.03
5.04	00570	ADMITTING	0	835	835	-695	140	5.04
5.05	00580	PATIENT ACCOUNTING	0	1,220,744	1,220,744	0	1,220,744	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	6,594,235	130,626,644	137,220,879	-39,036,010	98,184,869	5.06
7.00	00700	OPERATION OF PLANT	2,907,810	13,739,511	16,647,321	-7,164,403	9,482,918	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	137,438	631,879	769,317	-18,757	750,560	8.00
9.00	00900	HOUSEKEEPING	2,367,105	1,656,520	4,023,625	-56,681	3,966,944	9.00
10.00	01000	DIETARY	2,555,763	2,370,127	4,925,890	-3,264,409	1,661,481	10.00
11.00	01100	CAFETERIA	0	0	0	2,953,032	2,953,032	11.00
13.00	01300	NURSING ADMINISTRATION	4,705,574	490,003	5,195,577	-267,971	4,927,606	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	591,530	624,450	1,215,980	-273,124	942,856	14.00
15.00	01500	PHARMACY	3,183,235	10,407,480	13,590,715	-10,298,302	3,292,413	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	84,544	169,997	254,541	-188	254,353	16.00
20.00	02000	NURSING PROGRAM	2,089,078	1,171,392	3,260,470	-181,836	3,078,634	20.00
23.00	02301	PHARMACY RESIDENCY	104,687	7,234	111,921	0	111,921	23.00
23.01	02300	EMS EDUCATION	115,283	9,536	124,819	12,528	137,347	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,052,798	4,944,315	28,997,113	-7,180,701	21,816,412	30.00
31.00	03100	INTENSIVE CARE UNIT	4,389,386	923,384	5,312,770	-788,996	4,523,774	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,972,872	1,091,557	3,064,429	-215,172	2,849,257	35.00
41.00	04100	SUBPROVIDER - IRF	1,776,855	669,062	2,445,917	-119,352	2,326,565	41.00
43.00	04300	NURSERY	0	0	0	960,130	960,130	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,296,325	25,937,856	30,234,181	-23,668,942	6,565,239	50.00
51.00	05100	RECOVERY ROOM	655,090	52,161	707,251	-26,516	680,735	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,211,886	3,211,886	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,271,374	7,933,639	13,205,013	-5,392,851	7,812,162	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	547,362	131,964	679,326	-79,593	599,733	55.00
56.00	05600	RADIOISOTOPE	666,849	171,725	838,574	-53,172	785,402	56.00
56.01	03950	CARDIAC CATH LAB	1,526,866	5,136,884	6,663,750	-4,834,674	1,829,076	56.01
57.00	05700	CT SCAN	996,822	789,912	1,786,734	-501,628	1,285,106	57.00
58.00	05800	MRI	375,604	270,308	645,912	-141,018	504,894	58.00
60.00	06000	LABORATORY	0	11,678,616	11,678,616	-883,579	10,795,037	60.00
65.00	06500	RESPIRATORY THERAPY	2,002,190	1,690,105	3,692,295	-918,057	2,774,238	65.00
66.00	06600	PHYSICAL THERAPY	4,208,502	1,557,147	5,765,649	-976,412	4,789,237	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,570,549	108,517	1,679,066	-21,288	1,657,778	67.00
68.00	06800	SPEECH PATHOLOGY	845,219	12,993	858,212	-2,453	855,759	68.00
69.00	06900	ELECTROCARDIOLOGY	2,122,115	2,800,651	4,922,766	-168,500	4,754,266	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	735,151	152,260	887,411	-92,362	795,049	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	20,228,899	20,228,899	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,753,155	17,753,155	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	34,468,952	34,468,952	73.00
73.01	07301	DIABETES CENTER	1,446,376	40,028	1,486,404	-27,361	1,459,043	73.01
74.00	07400	RENAL DIALYSIS	84,903	1,591,977	1,676,880	-50,982	1,625,898	74.00
76.00	03480	ONCOLOGY	4,102,640	18,395,831	22,498,471	-18,159,382	4,339,089	76.00
76.01	03952	ANTICOAGULATION	300,504	25,942	326,446	-21,512	304,934	76.01
76.02	03951	INFUSION SERVICES	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	7,807	7,807	125	7,932	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	557,693	6,544,624	7,102,317	-6,546,836	555,481	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	41,709	535	42,244	-54	42,190	90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	36,852	21,134	57,986	-17,467	40,519	90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	253,983	90,738	344,721	-80,777	263,944	90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	0	67,795	67,795	-16,941	50,854	90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	60,600	22,516	83,116	-17,586	65,530	90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	48,000	74,579	122,579	-72,908	49,671	90.07
91.00	09100	EMERGENCY	6,155,893	3,430,699	9,586,592	-978,339	8,608,253	91.00
91.01	04950	WOUND CARE	1,002,376	245,174	1,247,550	-202,498	1,045,052	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,252,416	695,688	1,948,104	-354,541	1,593,563	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,198,272	1	3,198,273	-9,666	3,188,607	95.00
101.00	10100	HOME HEALTH AGENCY	4,138,044	448,790	4,586,834	-9,799	4,577,035	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0109

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

Worksheet A

Date/Time Prepared:
3/18/2025 4:57 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		-1,596,124	-1,596,124	1,596,124	0	113.00
116.00	11600	HOSPICE	4,755,016	4,185,655	8,940,671	-1,188,704	7,751,967	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	112,764,440	275,747,517	388,511,957	256,468	388,768,425	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	58,169	53,853	112,022	-52,001	60,021	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	HOME INFUSION PHARMACY LAFAYETTE	29,374	62,401	91,775	-25,722	66,053	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NRCC	54,613	10,166	64,779	-9,041	55,738	194.03
194.04	07953	JV-SAGAMORE ASC	504,783	176,553	681,336	-152,267	529,069	194.04
194.05	07956	RETAIL PHARMACY	31,426	459,286	490,712	-17,437	473,275	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	113,442,805	276,509,776	389,952,581	0	389,952,581	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0109

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

Worksheet A

Date/Time Prepared:
3/18/2025 4:57 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	8,299,188	21,832,282	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,546,793	9,493,623	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,194,433	38,887,819	4.00
5.01	01160	COMMUNICATIONS	0	829,568	5.01
5.02	01140	MGMT INFO SYSTEMS	-207,870	4,482,573	5.02
5.03	00550	PURCHASING	53,276,407	53,804,524	5.03
5.04	00570	ADMITTING	0	140	5.04
5.05	00580	PATIENT ACCOUNTING	0	1,220,744	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-34,594,396	63,590,473	5.06
7.00	00700	OPERATION OF PLANT	-28,910	9,454,008	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	750,560	8.00
9.00	00900	HOUSEKEEPING	-100	3,966,844	9.00
10.00	01000	DIETARY	-566,798	1,094,683	10.00
11.00	01100	CAFETERIA	-1,258,549	1,694,483	11.00
13.00	01300	NURSING ADMINISTRATION	-63,187	4,864,419	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	942,856	14.00
15.00	01500	PHARMACY	522,235	3,814,648	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,763,509	2,017,862	16.00
20.00	02000	NURSING PROGRAM	-2,830,714	247,920	20.00
23.00	02301	PHARMACY RESIDENCY	-122	111,799	23.00
23.01	02300	EMS EDUCATION	-29,915	107,432	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,015,409	20,801,003	30.00
31.00	03100	INTENSIVE CARE UNIT	-36	4,523,738	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-861,127	1,988,130	35.00
41.00	04100	SUBPROVIDER - IRF	-150,970	2,175,595	41.00
43.00	04300	NURSERY	0	960,130	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-574,488	5,990,751	50.00
51.00	05100	RECOVERY ROOM	0	680,735	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,211,886	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-381,741	7,430,421	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	599,733	55.00
56.00	05600	RADIOISOTOPE	-14,878	770,524	56.00
56.01	03950	CARDIAC CATH LAB	-78	1,828,998	56.01
57.00	05700	CT SCAN	-41	1,285,065	57.00
58.00	05800	MRI	-82	504,812	58.00
60.00	06000	LABORATORY	-14,025	10,781,012	60.00
65.00	06500	RESPIRATORY THERAPY	-35,677	2,738,561	65.00
66.00	06600	PHYSICAL THERAPY	-329,650	4,459,587	66.00
67.00	06700	OCCUPATIONAL THERAPY	-77,519	1,580,259	67.00
68.00	06800	SPEECH PATHOLOGY	0	855,759	68.00
69.00	06900	ELECTROCARDIOLOGY	-2,378,066	2,376,200	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-18,280	776,769	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	20,228,899	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,753,155	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	34,468,952	73.00
73.01	07301	DIABETES CENTER	-10,830	1,448,213	73.01
74.00	07400	RENAL DIALYSIS	0	1,625,898	74.00
76.00	03480	ONCOLOGY	0	4,339,089	76.00
76.01	03952	ANTICOAGULATION	-4,955	299,979	76.01
76.02	03951	INFUSION SERVICES	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	7,932	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	-160	555,321	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	-223	41,967	90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	0	40,519	90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	0	263,944	90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	-49,300	1,554	90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	0	65,530	90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	0	49,671	90.07
91.00	09100	EMERGENCY	-1,819,188	6,789,065	91.00
91.01	04950	WOUND CARE	-246,887	798,165	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,593,563	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-3,188,607	0	95.00
101.00	10100	HOME HEALTH AGENCY	-8,479	4,568,556	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0109

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

Worksheet A

Date/Time Prepared:
3/18/2025 4:57 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-338,188	7,413,779	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,114,254	401,882,679	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	60,021	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-1,995	-1,995	192.00
194.00	07950	MOB	0	0	194.00
194.01	07951	HOME INFUSION PHARMACY LAFAYETTE	0	66,053	194.01
194.02	07952	PATIENT TRANSPORT	0	0	194.02
194.03	07954	OTHER NRCC	0	55,738	194.03
194.04	07953	JV-SAGAMORE ASC	0	529,069	194.04
194.05	07956	RETAIL PHARMACY	0	473,275	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	13,112,259	403,064,840	200.00

RECLASSIFICATIONS

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet A-6
Date/Time Prepared:
3/18/2025 4:57 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - LEASE AND RENTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,321,373		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	697,676		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
	0		0	3,019,049		
	B - MEDICAL SUPPLY RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	20,228,899		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	17,753,155		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00

RECLASSIFICATIONS

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet A-6
Date/Time Prepared:
3/18/2025 4:57 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
	0		0	37,982,054		
	C - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,152,515		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,845,278		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
	0		0	14,997,793		
	D - CAPITALIZED INTEREST					
1.00	INTEREST EXPENSE	113.00	0	1,596,124		1.00
	0		0	1,596,124		
	E - EMPLOYEE BENS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37,709,573		1.00
2.00	CLINIC-ENDOCRINOLOGY PBC-LE	90.03	0	6		2.00
3.00	CLINIC-PULMONOLOGY PBC-LE	90.04	0	37		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

RECLASSIFICATIONS

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet A-6
Date/Time Prepared:
3/18/2025 4:57 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
0			0	37,709,616		
F - CAFETERIA						
1.00	CAFETERIA	11.00	1,673,547	1,279,485		1.00
0			1,673,547	1,279,485		
H - L&D						
1.00	NURSERY	43.00	943,962	16,168		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	3,171,999	54,329		2.00
0			4,115,961	70,497		
I - SCHOOL OF NURSING						
1.00	NURSING PROGRAM	20.00	385,091	0		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
0			385,091	0		
J - EMS ALLIED HEALTH						
1.00	EMS EDUCATION	23.01	18,172	0		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
0			18,172	0		
K - DRUG RECLASS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	34,468,952		1.00
2.00	CLINIC	90.00	0	464		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

RECLASSIFICATIONS

Provider CCN: 15-0109

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

Worksheet A-6

Date/Time Prepared:
3/18/2025 4:57 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	TOTALS		0	34,469,416		
500.00	Grand Total: Increases		6,192,771	131,124,034		500.00

RECLASSIFICATIONS

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet A-6
Date/Time Prepared:
3/18/2025 4:57 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - LEASE AND RENTS							
1.00	MGMT INFO SYSTEMS	5.02	0	202,340	10		1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	189,615	10		2.00	
3.00	OPERATION OF PLANT	7.00	0	12,252	0		3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	17,211	0		4.00	
5.00	HOUSEKEEPING	9.00	0	3,749	0		5.00	
6.00	DIETARY	10.00	0	62,031	0		6.00	
7.00	PHARMACY	15.00	0	97,577	0		7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	372,705	0		8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	563	0		9.00	
10.00	OPERATING ROOM	50.00	0	80,607	0		10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	267,160	0		11.00	
12.00	RADIOISOTOPE	56.00	0	13,442	0		12.00	
13.00	PHYSICAL THERAPY	66.00	0	648,602	0		13.00	
14.00	ONCOLOGY	76.00	0	22,667	0		14.00	
15.00	HOME INFUSION PHARMACY LAFAYETTE	194.01	0	4,934	0		15.00	
16.00	CLINIC-ENDOCRINOLOGY PBC-LE	90.03	0	16,948	0		16.00	
17.00	CLINIC-PULMONOLOGY PBC-LE	90.04	0	67,285	0		17.00	
18.00	CLINIC-INFECTIOUS DISEASE PBC-LE	90.05	0	16,777	0		18.00	
19.00	CLINIC-NEPHROLOGY PBC-LE	90.06	0	17,237	0		19.00	
20.00	CLINIC-PHYSICAL MEDICINE & REHAB PBC	90.07	0	16,777	0		20.00	
21.00	EMERGENCY	91.00	0	169,928	0		21.00	
22.00	WOUND CARE	91.01	0	569	0		22.00	
23.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	266,748	0		23.00	
24.00	HOSPICE	116.00	0	404,700	0		24.00	
25.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	46,625	0		25.00	
	0		0	3,019,049				
B - MEDICAL SUPPLY RECLASS								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,393	0		1.00	
2.00	COMMUNICATIONS	5.01	0	532	0		2.00	
3.00	MGMT INFO SYSTEMS	5.02	0	11,114	0		3.00	
4.00	PURCHASING	5.03	0	10,947	0		4.00	
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	11,667	0		5.00	
6.00	OPERATION OF PLANT	7.00	0	1,286	0		6.00	
7.00	HOUSEKEEPING	9.00	0	17,464	0		7.00	
8.00	DIETARY	10.00	0	150,411	0		8.00	
9.00	NURSING ADMINISTRATION	13.00	0	3,745	0		9.00	
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	187,424	0		10.00	
11.00	PHARMACY	15.00	0	459,116	0		11.00	
12.00	NURSING PROGRAM	20.00	0	20,659	0		12.00	
13.00	EMS EDUCATION	23.01	0	4,768	0		13.00	
14.00	ADULTS & PEDIATRICS	30.00	0	1,867,502	0		14.00	
15.00	INTENSIVE CARE UNIT	31.00	0	458,138	0		15.00	
16.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	114,572	0		16.00	
17.00	SUBPROVIDER - IRF	41.00	0	47,944	0		17.00	
18.00	OPERATING ROOM	50.00	0	22,489,375	0		18.00	
19.00	RECOVERY ROOM	51.00	0	23,931	0		19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,104,854	0		20.00	
21.00	RADIOLOGY - THERAPEUTIC	55.00	0	15,272	0		21.00	
22.00	RADIOISOTOPE	56.00	0	2,169	0		22.00	
23.00	CARDIAC CATH LAB	56.01	0	4,156,116	0		23.00	
24.00	CT SCAN	57.00	0	228,811	0		24.00	
25.00	MRI	58.00	0	40,492	0		25.00	
26.00	LABORATORY	60.00	0	732,665	0		26.00	
27.00	RESPIRATORY THERAPY	65.00	0	694,552	0		27.00	
28.00	PHYSICAL THERAPY	66.00	0	75,050	0		28.00	
29.00	OCCUPATIONAL THERAPY	67.00	0	13,312	0		29.00	
30.00	SPEECH PATHOLOGY	68.00	0	2,100	0		30.00	
31.00	ELECTROCARDIOLOGY	69.00	0	17,664	0		31.00	
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	76,970	0		32.00	
33.00	DIABETES CENTER	73.01	0	20,125	0		33.00	
34.00	RENAL DIALYSIS	74.00	0	26,099	0		34.00	
35.00	ONCOLOGY	76.00	0	1,804,865	0		35.00	
36.00	ANTICOAGULATION	76.01	0	20,194	0		36.00	
37.00	HOME INFUSION PHARMACY LAFAYETTE	194.01	0	12,021	0		37.00	
38.00	CLINIC	90.00	0	29	0		38.00	

RECLASSIFICATIONS

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Decreases						
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
39.00	CLINIC - OUTPATIENT INFUSION SERVICE	90.01	0	97,289	0	39.00
40.00	CLINIC-ENDOCRINOLOGY PBC-LE	90.03	0	525	0	40.00
41.00	CLINIC-PULMONOLOGY PBC-LE	90.04	0	3,408	0	41.00
42.00	CLINIC-NEPHROLOGY PBC-LE	90.06	0	229	0	42.00
43.00	CLINIC-PHYSICAL MEDICINE & REHAB PBC	90.07	0	204	0	43.00
44.00	EMERGENCY	91.00	0	581,772	0	44.00
45.00	WOUND CARE	91.01	0	173,329	0	45.00
46.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	69,570	0	46.00
47.00	HOSPICE	116.00	0	130,380	0	47.00
	0		0	37,982,054		
C - DEPRECIATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	24,235	9	1.00
2.00	COMMUNICATIONS	5.01	0	840	9	2.00
3.00	MGMT INFO SYSTEMS	5.02	0	184,325	0	3.00
4.00	PURCHASING	5.03	0	51,680	0	4.00
5.00	ADMITTING	5.04	0	695	0	5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,335,574	0	6.00
7.00	OPERATION OF PLANT	7.00	0	7,150,858	0	7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	1,546	0	8.00
9.00	HOUSEKEEPING	9.00	0	35,461	0	9.00
10.00	DIETARY	10.00	0	98,929	0	10.00
11.00	NURSING ADMINISTRATION	13.00	0	251,841	0	11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	85,248	0	12.00
13.00	PHARMACY	15.00	0	8,777	0	13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	188	0	14.00
15.00	NURSING PROGRAM	20.00	0	540,466	0	15.00
16.00	EMS EDUCATION	23.01	0	876	0	16.00
17.00	ADULTS & PEDIATRICS	30.00	0	569,593	0	17.00
18.00	INTENSIVE CARE UNIT	31.00	0	276,621	0	18.00
19.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	64,218	0	19.00
20.00	SUBPROVIDER - IRF	41.00	0	62,929	0	20.00
21.00	OPERATING ROOM	50.00	0	972,251	0	21.00
22.00	RECOVERY ROOM	51.00	0	2,485	0	22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,074,085	0	23.00
24.00	RADIOLOGY - THERAPEUTIC	55.00	0	64,146	0	24.00
25.00	CARDIAC CATH LAB	56.01	0	678,242	0	25.00
26.00	CT SCAN	57.00	0	168,470	0	26.00
27.00	MRI	58.00	0	37,631	0	27.00
28.00	LABORATORY	60.00	0	150,914	0	28.00
29.00	RESPIRATORY THERAPY	65.00	0	222,206	0	29.00
30.00	PHYSICAL THERAPY	66.00	0	249,767	0	30.00
31.00	OCCUPATIONAL THERAPY	67.00	0	7,766	0	31.00
32.00	SPEECH PATHOLOGY	68.00	0	351	0	32.00
33.00	ELECTROCARDIOLOGY	69.00	0	150,544	0	33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	15,390	0	34.00
35.00	DIABETES CENTER	73.01	0	6,960	0	35.00
36.00	RENAL DIALYSIS	74.00	0	11,328	0	36.00
37.00	ONCOLOGY	76.00	0	144,293	0	37.00
38.00	ANTICOAGULATION	76.01	0	1,317	0	38.00
39.00	HOME INFUSION PHARMACY LAFAYETTE	194.01	0	157	0	39.00
40.00	CLINIC	90.00	0	310	0	40.00
41.00	CLINIC - OUTPATIENT INFUSION SERVICE	90.01	0	6,120	0	41.00
42.00	CLINIC - HOME INF PHARMACOTHERAPY	90.02	0	54	0	42.00
43.00	CLINIC-PULMONOLOGY PBC-LE	90.04	0	10,121	0	43.00
44.00	CLINIC-INFECTIOUS DISEASE PBC-LE	90.05	0	164	0	44.00
45.00	CLINIC-NEPHROLOGY PBC-LE	90.06	0	119	0	45.00
46.00	CLINIC-PHYSICAL MEDICINE & REHAB PBC	90.07	0	55,926	0	46.00
47.00	EMERGENCY	91.00	0	136,109	0	47.00
48.00	WOUND CARE	91.01	0	18,155	0	48.00
49.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	12,241	0	49.00
50.00	HOME HEALTH AGENCY	101.00	0	9,774	0	50.00
51.00	HOSPICE	116.00	0	30,701	0	51.00
52.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	5,376	0	52.00

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	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
53.00	OTHER NRCC	194.03	0	9,007	0		53.00
54.00	JV-SAGAMORE ASC	194.04	0	413	0		54.00
			0	14,997,793			
D - CAPITALIZED INTEREST							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,596,124	11		1.00
			0	1,596,124			
E - EMPLOYEE BENS							
1.00	COMMUNICATIONS	5.01	0	7,170	0		1.00
2.00	MGMT INFO SYSTEMS	5.02	0	2	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	37,499,121	0		3.00
4.00	OPERATION OF PLANT	7.00	0	7	0		4.00
5.00	HOUSEKEEPING	9.00	0	7	0		5.00
6.00	DIETARY	10.00	0	6	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	3,204	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	2	0		8.00
9.00	PHARMACY	15.00	0	7	0		9.00
10.00	NURSING PROGRAM	20.00	0	4,573	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	4,170	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	9	0		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	2,373	0		13.00
14.00	SUBPROVIDER - IRF	41.00	0	8,443	0		14.00
15.00	OPERATING ROOM	50.00	0	1,369	0		15.00
16.00	RECOVERY ROOM	51.00	0	1	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	312	0		17.00
18.00	RADIOLOGY - THERAPEUTIC	55.00	0	1	0		18.00
19.00	RADIOISOTOPE	56.00	0	1	0		19.00
20.00	CARDIAC CATH LAB	56.01	0	2	0		20.00
21.00	CT SCAN	57.00	0	2	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	4	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	11	0		23.00
24.00	OCCUPATIONAL THERAPY	67.00	0	6	0		24.00
25.00	SPEECH PATHOLOGY	68.00	0	2	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	6	0		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	2	0		27.00
28.00	DIABETES CENTER	73.01	0	3	0		28.00
29.00	ONCOLOGY	76.00	0	3	0		29.00
30.00	ANTICOAGULATION	76.01	0	1	0		30.00
31.00	HOME INFUSION PHARMACY LAFAYETTE	194.01	0	8,610	0		31.00
32.00	CLINIC - OUTPATIENT INFUSION SERVICE	90.01	0	1	0		32.00
33.00	CLINIC-NEPHROLOGY PBC-LE	90.06	0	1	0		33.00
34.00	CLINIC-PHYSICAL MEDICINE & REHAB PBC	90.07	0	1	0		34.00
35.00	EMERGENCY	91.00	0	10	0		35.00
36.00	WOUND CARE	91.01	0	819	0		36.00
37.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	2	0		37.00
38.00	HOME HEALTH AGENCY	101.00	0	9	0		38.00
39.00	HOSPICE	116.00	0	11	0		39.00
40.00	OTHER NRCC	194.03	0	34	0		40.00
41.00	JV-SAGAMORE ASC	194.04	0	151,854	0		41.00
42.00	RETAIL PHARMACY	194.05	0	17,437	0		42.00
43.00	AMBULANCE SERVICES	95.00	0	7	0		43.00
			0	37,709,616			
F - CAFETERIA							
1.00	DIETARY	10.00	1,673,547	1,279,485	0		1.00
			1,673,547	1,279,485			
H - L&D							
1.00	ADULTS & PEDIATRICS	30.00	4,115,961	70,497	0		1.00
2.00		0.00	0	0	0		2.00
			4,115,961	70,497			
I - SCHOOL OF NURSING							
1.00	NURSING ADMINISTRATION	13.00	9,181	0	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	172,034	0	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	51,179	0	0		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	33,866	0	0		4.00
5.00	OPERATING ROOM	50.00	3,209	0	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	14,442	0	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	1,520	0	0		7.00
8.00	PHYSICAL THERAPY	66.00	2,874	0	0		8.00
9.00	CLINIC - OUTPATIENT INFUSION SERVICE	90.01	13,682	0	0		9.00

RECLASSIFICATIONS

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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
10.00	EMERGENCY	91.00	78,290	0	0	10.00
11.00	OBSERVATION BEDS (DISTINCT PART)	92.01	4,814	0	0	11.00
	0		385,091	0		
J - EMS ALLIED HEALTH						
1.00	ELECTROCARDIOLOGY	69.00	121	0	0	1.00
2.00	EMERGENCY	91.00	8,392	0	0	2.00
3.00	AMBULANCE SERVICES	95.00	9,659	0	0	3.00
	0		18,172	0		
K - DRUG RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	179,611	0	1.00
2.00	COMMUNICATIONS	5.01	0	738	0	2.00
3.00	PURCHASING	5.03	0	732	0	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	450	0	5.00
6.00	PHARMACY	15.00	0	9,732,825	0	6.00
7.00	NURSING PROGRAM	20.00	0	1,229	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	8,239	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	2,486	0	9.00
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	143	0	10.00
11.00	SUBPROVIDER - IRF	41.00	0	36	0	11.00
12.00	OPERATING ROOM	50.00	0	122,131	0	12.00
13.00	RECOVERY ROOM	51.00	0	99	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	944,920	0	14.00
15.00	RADIOLOGY - THERAPEUTIC	55.00	0	174	0	15.00
16.00	RADIOISOTOPE	56.00	0	37,560	0	16.00
17.00	CARDIAC CATH LAB	56.01	0	314	0	17.00
18.00	CT SCAN	57.00	0	104,345	0	18.00
19.00	MRI	58.00	0	62,895	0	19.00
20.00	RESPIRATORY THERAPY	65.00	0	1,295	0	20.00
21.00	PHYSICAL THERAPY	66.00	0	108	0	21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	204	0	22.00
23.00	ELECTROCARDIOLOGY	69.00	0	165	0	23.00
24.00	DIABETES CENTER	73.01	0	273	0	24.00
25.00	RENAL DIALYSIS	74.00	0	13,555	0	25.00
26.00	ONCOLOGY	76.00	0	16,187,554	0	26.00
27.00	CLINIC - OUTPATIENT INFUSION SERVICE	90.01	0	6,429,744	0	27.00
28.00	EMERGENCY	91.00	0	3,838	0	28.00
29.00	WOUND CARE	91.01	0	9,626	0	29.00
30.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	1,166	0	30.00
31.00	HOME HEALTH AGENCY	101.00	0	16	0	31.00
32.00	HOSPICE	116.00	0	622,912	0	32.00
	TOTALS		0	34,469,416		
500.00	Grand Total: Decreases		6,192,771	131,124,034		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet A-7
Part I
Date/Time Prepared:
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		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	19,225,919	0	0	0	311,732	1.00	
2.00	Land Improvements	8,228,953	0	0	0	3,186,466	2.00	
3.00	Buildings and Fixtures	383,232,540	0	0	0	37,402,548	3.00	
4.00	Building Improvements	1,247,401	26,384	0	26,384	0	4.00	
5.00	Fixed Equipment	5,423,299	1,508,457	0	1,508,457	0	5.00	
6.00	Movable Equipment	93,704,255	1,082,990	0	1,082,990	4,237,688	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	511,062,367	2,617,831	0	2,617,831	45,138,434	8.00	
9.00	Reconciling Items	43,356,499	0	0	0	26,442,683	9.00	
10.00	Total (line 8 minus line 9)	467,705,868	2,617,831	0	2,617,831	18,695,751	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	18,914,187	0				1.00	
2.00	Land Improvements	5,042,487	0				2.00	
3.00	Buildings and Fixtures	345,829,992	0				3.00	
4.00	Building Improvements	1,273,785	0				4.00	
5.00	Fixed Equipment	6,931,756	0				5.00	
6.00	Movable Equipment	90,549,557	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	468,541,764	0				8.00	
9.00	Reconciling Items	16,913,816	0				9.00	
10.00	Total (line 8 minus line 9)	451,627,948	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	4,059,206	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,059,206	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	4,059,206				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	4,059,206				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0109

Period:
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To 12/31/2024Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	377,992,208	16,913,817	361,078,391	0.799504	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	90,549,556	0	90,549,556	0.200496	0	2.00
3.00	Total (sum of lines 1-2)	468,541,764	16,913,817	451,627,947	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	11,395,242	2,321,373	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	10,392,071	697,676	2.00
3.00	Total (sum of lines 1-2)	0	0	0	21,787,313	3,019,049	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	8,115,667	0	0	0	21,832,282	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-1,596,124	0	0	0	9,493,623	2.00
3.00	Total (sum of lines 1-2)	6,519,543	0	0	0	31,325,905	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0109

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-11,651,371			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	66,972,104			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,226,106	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)	B	-2,644,849	NURSING PROGRAM	20.00	0	19.00
19.01	Nursing and allied health education (tuition, fees, books, etc.)	B	-32,615	EMS EDUCATION	23.01	0	19.01
20.00	Vending machines	B	-32,443	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0109

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

Worksheet A-8

Date/Time Prepared:
3/18/2025 4:57 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00	MISCELLANEOUS REVENUE	B	0	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.00
33.01	MISCELLANEOUS REVENUE	B	-3,188,607	AMBULANCE SERVICES		95.00	0	33.01
33.02	MISCELLANEOUS REVENUE	B	-207,870	MGMT INFO SYSTEMS		5.02	0	33.02
33.03	MISCELLANEOUS REVENUE	B	-1,358,245	PURCHASING		5.03	0	33.03
33.04	MISCELLANEOUS REVENUE	B	-5,578,607	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	33.04
33.05	MISCELLANEOUS REVENUE	B	-27	RADIOLOGY-DIAGNOSTIC		54.00	0	33.05
33.06	MISCELLANEOUS REVENUE	B	-100	HOUSEKEEPING		9.00	0	33.06
33.07	MISCELLANEOUS REVENUE	B	-565,581	DIETARY		10.00	0	33.07
33.08	MISCELLANEOUS REVENUE	B	-15,000	NURSING ADMINISTRATION		13.00	0	33.08
33.09	MISCELLANEOUS REVENUE	B	-62,478	PHARMACY		15.00	0	33.09
33.10	MISCELLANEOUS REVENUE	B	-227	OPERATING ROOM		50.00	0	33.10
33.11	MISCELLANEOUS REVENUE	B	4,322	RADIOLOGY-DIAGNOSTIC		54.00	0	33.11
33.12	MISCELLANEOUS REVENUE	B	-304,972	PHYSICAL THERAPY		66.00	0	33.12
33.13	MISCELLANEOUS REVENUE	B	-74,127	OCCUPATIONAL THERAPY		67.00	0	33.13
33.14	MISCELLANEOUS REVENUE	B	-6,676	DIABETES CENTER		73.01	0	33.14
33.15	MISCELLANEOUS REVENUE	B	-7,761	HOME HEALTH AGENCY		101.00	0	33.15
34.00	ADVERTISING	A	0	COMMUNICATIONS		5.01	0	34.00
34.01	ADVERTISING	A	-205	PURCHASING		5.03	0	34.01
34.02	ADVERTISING	A	-524	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	34.02
34.03	ADVERTISING	A	-28,910	OPERATION OF PLANT		7.00	0	34.03
34.04	ADVERTISING	A	-1,217	DIETARY		10.00	0	34.04
34.05	ADVERTISING	A	-4,193	NURSING ADMINISTRATION		13.00	0	34.05
34.06	ADVERTISING	A	9	MEDICAL RECORDS & LIBRARY		16.00	0	34.06
34.07	ADVERTISING	A	-185,865	NURSING PROGRAM		20.00	0	34.07
34.08	ADVERTISING	A	-122	PHARMACY RESIDENCY		23.00	0	34.08
34.09	ADVERTISING	A	-3,899	ADULTS & PEDIATRICS		30.00	0	34.09
34.10	ADVERTISING	A	-36	INTENSIVE CARE UNIT		31.00	0	34.10
34.11	ADVERTISING	A	-131	NEONATAL INTENSIVE CARE UNIT		35.00	0	34.11
34.12	ADVERTISING	A	-110	OPERATING ROOM		50.00	0	34.12
34.13	ADVERTISING	A	-2,687	RADIOLOGY-DIAGNOSTIC		54.00	0	34.13
34.14	ADVERTISING	A	-16,066	RADIOISOTOPE		56.00	0	34.14
34.15	ADVERTISING	A	-78	CARDIAC CATH LAB		56.01	0	34.15
34.16	ADVERTISING	A	-41	CT SCAN		57.00	0	34.16
34.17	ADVERTISING	A	-82	MRI		58.00	0	34.17
34.18	ADVERTISING	A	-13,701	PHYSICAL THERAPY		66.00	0	34.18
34.19	ADVERTISING	A	-3,392	OCCUPATIONAL THERAPY		67.00	0	34.19
34.20	ADVERTISING	A	-5,179	ELECTROCARDIOLOGY		69.00	0	34.20
34.21	ADVERTISING	A	-111	ELECTROENCEPHALOGRAPHY		70.00	0	34.21
34.22	ADVERTISING	A	-2,860	DIABETES CENTER		73.01	0	34.22
34.23	ADVERTISING	A	-160	CLINIC - OUTPATIENT INFUSION SERVICE		90.01	0	34.23
34.24	ADVERTISING	A	-2,679	EMERGENCY		91.00	0	34.24
34.25	ADVERTISING	A	-718	HOME HEALTH AGENCY		101.00	0	34.25
34.26	ADVERTISING	A	-1,802	HOSPICE		116.00	0	34.26
35.00	PROVIDER TAX	A	-24,225,780	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	35.00
37.00	LOBBYING FEES	A	-14,426	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	37.00
38.00	DONATIONS	A	0	HOSPICE		116.00	0	38.00
38.01	DONATIONS	A	0	CAP REL COSTS-BLDG & FIXT		1.00	14	38.01
39.00	PHYSICIAN RECRUITMENT	A	0	PHYSICIANS' PRIVATE OFFICES		192.00	0	39.00
40.00	NRCC PHYSICIANS	A	-336,386	HOSPICE		116.00	0	40.00
40.01	NRCC PHYSICIANS	A	-1,995	PHYSICIANS' PRIVATE OFFICES		192.00	0	40.01
41.00	PENSION	A	-2,053,159	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	41.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		13,112,259					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: 15-0109

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

Worksheet A-8-1

Date/Time Prepared:
3/18/2025 4:57 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	FRANCISCAN HOME OFFICE	183,521	0	1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	FRANCISCAN HOME OFFICE	8,115,667	0	2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	FRANCISCAN HOME OFFICE	2,546,793	0	3.00
3.01	5.03	PURCHASING	FRANCISCAN HOME OFFICE	54,634,857	0	3.01
3.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	SHARED SERVICES	0	141,274	3.02
4.00	5.06	OTHER ADMINISTRATIVE AND GEN	SHARED SERVICES	0	668,079	4.00
4.01	13.00	NURSING ADMINISTRATION	SHARED SERVICES	0	47,594	4.01
4.02	15.00	PHARMACY	FRANCISCAN HOME OFFICE	584,713	0	4.02
4.03	16.00	MEDICAL RECORDS & LIBRARY	FRANCISCAN HOME OFFICE	1,763,500	0	4.03
4.04	0.00			0	0	4.04
4.05	0.00			0	0	4.05
4.06	0.00			0	0	4.06
4.07	0.00			0	0	4.07
4.08	0.00			0	0	4.08
4.09	0.00			0	0	4.09
4.10	0.00			0	0	4.10
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			67,829,051	856,947	5.00

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

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

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

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

6.00	B	FRANCISCAN ALLI	100.00	FRANCISCAN ALLI	100.00	6.00
7.00	G	FSEH	100.00	FSEH	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	SHARED SERVICES				100.00

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

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

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

Provider CCN: 15-0109

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

Worksheet A-8-1

Date/Time Prepared:
3/18/2025 4:57 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	183,521	9		1.00
2.00	8,115,667	11		2.00
3.00	2,546,793	9		3.00
3.01	54,634,857	0		3.01
3.02	-141,274	0		3.02
4.00	-668,079	0		4.00
4.01	-47,594	0		4.01
4.02	584,713	0		4.02
4.03	1,763,500	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
5.00	66,972,104			5.00

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

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

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

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

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

6.00	HOME OFFICE		6.00
7.00	SISTER FACILITY		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0109

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

Worksheet A-8-2

Date/Time Prepared:
3/18/2025 4:57 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	4,106,980	4,106,980	0	211,500	0	1.00
2.00	13.00	NURSING ADMINISTRATION	-3,600	-3,600	0	211,500	0	2.00
3.00	23.01	EMS EDUCATION	-2,700	-2,700	0	179,000	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	1,011,510	1,011,510	0	211,500	0	4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	860,996	860,996	0	211,500	0	5.00
6.00	41.00	SUBPROVIDER - IRF	150,970	150,970	0	211,500	0	6.00
7.00	50.00	OPERATING ROOM	574,151	574,151	0	211,500	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	383,349	383,349	0	211,500	0	8.00
9.00	56.00	RADIOISOTOPE	-1,188	-1,188	0	211,500	0	9.00
10.00	60.00	LABORATORY	14,025	14,025	0	211,500	0	10.00
11.00	65.00	RESPIRATORY THERAPY	35,677	35,677	0	211,500	0	11.00
12.00	66.00	PHYSICAL THERAPY	10,977	10,977	0	211,500	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	2,372,887	2,372,887	0	211,500	0	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	18,169	18,169	0	211,500	0	14.00
15.00	73.01	DIABETES CENTER	1,294	1,294	0	211,500	0	15.00
16.00	76.01	ANTICOAGULATION	4,955	4,955	0	211,500	0	16.00
17.00	90.02	CLINIC - HOME INF PHARMACOTHERAPY	223	223	0	211,500	0	17.00
18.00	90.05	CLINIC-INFECTIOUS DISEASE PBC-LE	49,300	49,300	0	211,500	0	18.00
19.00	91.00	EMERGENCY	1,816,509	1,816,509	0	211,500	0	19.00
20.00	91.01	WOUND CARE	246,887	246,887	0	211,500	0	20.00
200.00			11,651,371	11,651,371	0		0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0109

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

Worksheet A-8-2

Date/Time Prepared:
3/18/2025 4:57 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	23.01	EMS EDUCATION	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	56.00	RADIOISOTOPE	0	0	0	0	0	9.00
10.00	60.00	LABORATORY	0	0	0	0	0	10.00
11.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	11.00
12.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	14.00
15.00	73.01	DIABETES CENTER	0	0	0	0	0	15.00
16.00	76.01	ANTICOAGULATION	0	0	0	0	0	16.00
17.00	90.02	CLINIC - HOME INF PHARMACOTHERAPY	0	0	0	0	0	17.00
18.00	90.05	CLINIC-INFECTIOUS DISEASE PBC-LE	0	0	0	0	0	18.00
19.00	91.00	EMERGENCY	0	0	0	0	0	19.00
20.00	91.01	WOUND CARE	0	0	0	0	0	20.00
200.00			0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0109

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

Worksheet A-8-2

Date/Time Prepared:
3/18/2025 4:57 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	4,106,980		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	-3,600		2.00
3.00	23.01	EMS EDUCATION	0	0	0	-2,700		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,011,510		4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	860,996		5.00
6.00	41.00	SUBPROVIDER - IRF	0	0	0	150,970		6.00
7.00	50.00	OPERATING ROOM	0	0	0	574,151		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	383,349		8.00
9.00	56.00	RADIOISOTOPE	0	0	0	-1,188		9.00
10.00	60.00	LABORATORY	0	0	0	14,025		10.00
11.00	65.00	RESPIRATORY THERAPY	0	0	0	35,677		11.00
12.00	66.00	PHYSICAL THERAPY	0	0	0	10,977		12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	2,372,887		13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	18,169		14.00
15.00	73.01	DIABETES CENTER	0	0	0	1,294		15.00
16.00	76.01	ANTICOAGULATION	0	0	0	4,955		16.00
17.00	90.02	CLINIC - HOME INF PHARMACOTHERAPY	0	0	0	223		17.00
18.00	90.05	CLINIC-INFECTIOUS DISEASE PBC-LE	0	0	0	49,300		18.00
19.00	91.00	EMERGENCY	0	0	0	1,816,509		19.00
20.00	91.01	WOUND CARE	0	0	0	246,887		20.00
200.00			0	0	0	11,651,371		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet B
Part I
Date/Time Prepared:
3/18/2025 4:57 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	21,832,282	21,832,282			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	9,493,623		9,493,623		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	38,887,819	118,638	51,589	39,058,046	4.00
5.01	01160	COMMUNICATIONS	829,568	496,358	215,838	140,894	1,682,658 5.01
5.02	01140	MGMT INFO SYSTEMS	4,482,573	567,536	246,789	335,615	55,605 5.02
5.03	00550	PURCHASING	53,804,524	320,134	139,208	0	33,847 5.03
5.04	00570	ADMITTING	140	0	0	0	0 5.04
5.05	00580	PATIENT ACCOUNTING	1,220,744	0	0	0	33,847 5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	63,590,473	2,178,769	947,423	2,280,491	176,486 5.06
7.00	00700	OPERATION OF PLANT	9,454,008	3,283,710	1,427,900	1,005,611	132,969 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	750,560	128,054	55,683	47,530	2,418 8.00
9.00	00900	HOUSEKEEPING	3,966,844	346,662	150,744	818,618	21,759 9.00
10.00	01000	DIETARY	1,094,683	228,843	99,511	305,098	72,528 10.00
11.00	01100	CAFETERIA	1,694,483	738,929	321,318	578,764	0 11.00
13.00	01300	NURSING ADMINISTRATION	4,864,419	119,539	51,981	1,624,158	21,759 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	942,856	151,934	66,068	204,569	9,670 14.00
15.00	01500	PHARMACY	3,814,648	167,108	72,666	1,100,861	55,605 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,017,862	45,796	19,914	29,238	41,099 16.00
20.00	02000	NURSING PROGRAM	247,920	1,112,146	483,609	855,644	0 20.00
23.00	02301	PHARMACY RESIDENCY	111,799	13,728	5,969	36,204	0 23.00
23.01	02300	EMS EDUCATION	107,432	128,763	55,992	46,153	0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	20,801,003	1,087,447	472,869	6,835,272	278,022 30.00
31.00	03100	INTENSIVE CARE UNIT	4,523,738	310,664	135,090	1,500,286	53,187 31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,988,130	219,291	95,357	670,568	41,099 35.00
41.00	04100	SUBPROVIDER - IRF	2,175,595	393,659	171,180	614,492	58,023 41.00
43.00	04300	NURSERY	960,130	456,075	198,321	326,451	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,990,751	1,104,886	480,452	1,484,693	58,023 50.00
51.00	05100	RECOVERY ROOM	680,735	71,559	31,117	226,550	19,341 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,211,886	1,532,523	666,408	1,091,981	62,858 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,430,421	1,014,386	441,099	1,822,479	145,057 54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	599,733	111,460	48,468	189,295	0 55.00
56.00	05600	RADIOISOTOPE	770,524	586,831	255,180	230,617	0 56.00
56.01	03950	CARDIAC CATH LAB	1,828,998	365,384	158,885	528,038	0 56.01
57.00	05700	CT SCAN	1,285,065	41,675	18,122	344,732	0 57.00
58.00	05800	MRI	504,812	36,871	16,033	129,896	0 58.00
60.00	06000	LABORATORY	10,781,012	177,261	77,081	0	106,375 60.00
65.00	06500	RESPIRATORY THERAPY	2,738,561	74,889	32,565	692,419	82,199 65.00
66.00	06600	PHYSICAL THERAPY	4,459,587	23,225	10,099	1,454,437	14,506 66.00
67.00	06700	OCCUPATIONAL THERAPY	1,580,259	0	0	543,145	0 67.00
68.00	06800	SPEECH PATHOLOGY	855,759	2,675	1,163	292,303	0 68.00
69.00	06900	ELECTROCARDIOLOGY	2,376,200	298,874	129,963	733,851	14,506 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	776,769	145,084	63,089	254,238	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,228,899	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,753,155	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,468,952	0	0	0	0 73.00
73.01	07301	DIABETES CENTER	1,448,213	208,865	90,824	500,202	14,506 73.01
74.00	07400	RENAL DIALYSIS	1,625,898	50,244	21,848	29,362	0 74.00
76.00	03480	ONCOLOGY	4,339,089	1,042,524	453,335	1,418,820	0 76.00
76.01	03952	ANTICOAGULATION	299,979	63,754	27,723	103,924	0 76.01
76.02	03951	INFUSION SERVICES	0	0	0	0	0 76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0 77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0 78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	7,932	2,893	1,258	0	77,364 90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	555,321	0	0	188,136	0 90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	41,967	0	0	14,424	0 90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	40,519	52,264	22,727	12,745	0 90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	263,944	164,598	71,574	87,835	0 90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	1,554	7,833	3,406	0	0 90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	65,530	44,104	19,178	20,957	0 90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	49,671	74,616	32,446	16,600	0 90.07
91.00	09100	EMERGENCY	6,789,065	747,034	324,843	2,098,921	0 91.00
91.01	04950	WOUND CARE	798,165	257,663	112,043	346,653	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,593,563	220,300	95,796	431,459	0 92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet B
Part I
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	1,102,721	0
101.00	10100	HOME HEALTH AGENCY	4,568,556	282,499	122,843	1,431,064	0
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	7,413,779	0	0	1,644,432	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	401,882,679	21,420,557	9,314,587	38,823,446	1,682,658
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	60,021	85,260	37,075	20,117	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-1,995	30,239	13,149	0	0
194.00	07950	MOB	0	0	0	0	0
194.01	07951	HOME INFUSION PHARMACY LAFAYETTE	66,053	178,052	77,425	10,158	0
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0
194.03	07954	OTHER NRCC	55,738	118,174	51,387	18,887	0
194.04	07953	JV-SAGAMORE ASC	529,069	0	0	174,570	0
194.05	07956	RETAIL PHARMACY	473,275	0	0	10,868	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	403,064,840	21,832,282	9,493,623	39,058,046	1,682,658

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet B
Part I
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Cost Center Description			MGMT INFO SYSTEMS	PURCHASING	ADMITTING	PATIENT ACCOUNTING	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
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	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS	5,688,118					5.02
5.03	00550	PURCHASING	0	54,297,713				5.03
5.04	00570	ADMITTING	0	194	334			5.04
5.05	00580	PATIENT ACCOUNTING	0	0	334	1,254,925		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	308,751	23,714	0	0	69,506,107	5.06
7.00	00700	OPERATION OF PLANT	212,375	341,443	0	0	15,858,016	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	13,161	0	0	0	997,406	8.00
9.00	00900	HOUSEKEEPING	215,411	281,341	0	0	5,801,379	9.00
10.00	01000	DIETARY	77,080	70,563	0	0	1,948,306	10.00
11.00	01100	CAFETERIA	146,220	0	0	0	3,479,714	11.00
13.00	01300	NURSING ADMINISTRATION	202,793	11,256	0	0	6,895,905	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	46,635	90,831	0	0	1,512,563	14.00
15.00	01500	PHARMACY	132,669	38,135	0	0	5,381,692	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,637	235	0	0	2,161,781	16.00
20.00	02000	NURSING PROGRAM	118,903	27,572	0	0	2,845,794	20.00
23.00	02301	PHARMACY RESIDENCY	4,795	199	0	0	172,694	23.00
23.01	02300	EMS EDUCATION	8,188	1,566	0	0	348,094	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	947,435	144,509	0	75,543	30,642,100	30.00
31.00	03100	INTENSIVE CARE UNIT	239,665	27,197	0	24,717	6,814,544	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	88,155	10,666	0	11,394	3,124,660	35.00
41.00	04100	SUBPROVIDER - IRF	80,330	7,410	0	5,731	3,506,420	41.00
43.00	04300	NURSERY	45,249	0	0	2,918	1,989,144	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	203,064	123,745	0	184,421	9,630,035	50.00
51.00	05100	RECOVERY ROOM	25,764	1,459	0	13,900	1,070,425	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	151,360	0	0	9,677	6,726,693	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	226,828	78,595	0	72,658	11,231,523	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	24,161	5,734	0	13,723	992,574	55.00
56.00	05600	RADIOISOTOPE	25,386	5,679	0	9,435	1,883,652	56.00
56.01	03950	CARDIAC CATH LAB	51,245	11,670	0	27,701	2,971,921	56.01
57.00	05700	CT SCAN	44,533	885	0	43,393	1,778,405	57.00
58.00	05800	MRI	13,990	9,635	0	8,599	719,836	58.00
60.00	06000	LABORATORY	0	2,036	0	81,861	11,225,626	60.00
65.00	06500	RESPIRATORY THERAPY	98,341	4,651	0	11,154	3,734,779	65.00
66.00	06600	PHYSICAL THERAPY	222,699	28,477	0	19,447	6,232,477	66.00
67.00	06700	OCCUPATIONAL THERAPY	76,675	2,290	0	10,919	2,213,288	67.00
68.00	06800	SPEECH PATHOLOGY	41,284	1,366	0	5,654	1,200,204	68.00
69.00	06900	ELECTROCARDIOLOGY	103,809	13,158	0	30,116	3,700,477	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	40,232	2,974	0	4,575	1,286,961	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	28,003,443	0	117,606	48,349,948	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	24,576,188	0	87,459	42,416,802	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,097	0	213,730	34,685,779	73.00
73.01	07301	DIABETES CENTER	72,988	4,966	0	0	2,340,564	73.01
74.00	07400	RENAL DIALYSIS	5,150	537	0	4,275	1,737,314	74.00
76.00	03480	ONCOLOGY	224,181	87,849	0	26,606	7,592,404	76.00
76.01	03952	ANTICOAGULATION	10,985	1,603	0	547	508,515	76.01
76.02	03951	INFUSION SERVICES	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	709	90,156	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	24,735	9,300	0	6,318	783,810	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	1,507	0	0	20	57,918	90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	2,954	2,036	0	397	133,642	90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	12,518	1,776	0	872	603,117	90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	0	0	0	0	12,793	90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	3,543	3,785	0	228	157,325	90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	3,491	162	0	76	177,062	90.07
91.00	09100	EMERGENCY	301,751	50,323	0	97,819	10,409,756	91.00
91.01	04950	WOUND CARE	44,512	7,199	0	304	1,566,539	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	69,063	13,882	0	4,702	2,428,765	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	230,707	0	0	0	1,333,428	95.00
101.00	10100	HOME HEALTH AGENCY	156,360	121,552	0	5,997	6,688,871	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet B
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Cost Center Description			MGMT INFO SYSTEMS	PURCHASING	ADMITTING	PATIENT ACCOUNTING	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	242,478	28,787	0	19,724	9,349,200	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,651,746	54,285,670	334	1,254,925	401,008,903	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,342	2,560	0	0	209,375	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	41,393	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	HOME INFUSION PHARMACY LAFAYETTE	1,449	5,447	0	0	338,584	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NRCC	2,228	1,789	0	0	248,203	194.03
194.04	07953	JV-SAGAMORE ASC	28,353	2,247	0	0	734,239	194.04
194.05	07956	RETAIL PHARMACY	0	0	0	0	484,143	194.05
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)	5,688,118	54,297,713	334	1,254,925	403,064,840	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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From 01/01/2024
To 12/31/2024Worksheet B
Part I
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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	69,506,107					5.06
7.00	00700	OPERATION OF PLANT	3,304,446	19,162,462				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	207,836	165,050	1,370,292			8.00
9.00	00900	HOUSEKEEPING	1,208,874	446,817	31,690	7,488,760		9.00
10.00	01000	DIETARY	405,982	294,959	38,486	119,073	2,806,806	10.00
11.00	01100	CAFETERIA	725,092	952,416	0	384,484	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,436,948	154,075	0	62,199	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	315,183	195,830	34,729	79,055	0	14.00
15.00	01500	PHARMACY	1,121,421	215,388	0	86,951	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	450,465	59,027	0	23,829	0	16.00
20.00	02000	NURSING PROGRAM	592,998	1,433,460	0	578,679	0	20.00
23.00	02301	PHARMACY RESIDENCY	35,985	17,694	0	7,143	0	23.00
23.01	02300	EMS EDUCATION	72,535	165,965	0	66,999	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,385,109	1,401,625	483,736	565,827	1,962,767	30.00
31.00	03100	INTENSIVE CARE UNIT	1,419,994	400,419	73,691	161,647	274,619	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	651,107	282,647	30,716	114,103	170,659	35.00
41.00	04100	SUBPROVIDER - IRF	730,657	507,392	26,013	204,831	227,647	41.00
43.00	04300	NURSERY	414,492	587,842	50,479	237,308	171,114	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,006,678	1,424,103	240,324	574,902	0	50.00
51.00	05100	RECOVERY ROOM	223,052	92,234	44,192	37,234	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,401,688	1,975,289	53,972	797,412	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,340,391	1,307,457	84,327	527,812	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	206,830	143,663	0	57,996	0	55.00
56.00	05600	RADIOISOTOPE	392,510	756,375	0	305,344	0	56.00
56.01	03950	CARDIAC CATH LAB	619,280	470,949	5,572	190,119	0	56.01
57.00	05700	CT SCAN	370,579	53,715	0	21,684	0	57.00
58.00	05800	MRI	149,997	47,524	0	19,185	0	58.00
60.00	06000	LABORATORY	2,339,162	228,474	8,737	92,234	0	60.00
65.00	06500	RESPIRATORY THERAPY	778,242	96,526	10,230	38,967	0	65.00
66.00	06600	PHYSICAL THERAPY	1,298,705	29,936	19,039	12,085	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	461,198	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	250,095	3,447	0	1,392	0	68.00
69.00	06900	ELECTROCARDIOLOGY	771,094	385,223	7,760	155,512	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	268,173	187,001	0	75,491	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,075,156	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,838,686	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,227,719	0	0	0	0	73.00
73.01	07301	DIABETES CENTER	487,720	269,209	0	108,678	0	73.01
74.00	07400	RENAL DIALYSIS	362,016	64,761	0	26,144	0	74.00
76.00	03480	ONCOLOGY	1,582,082	1,343,724	0	542,453	0	76.00
76.01	03952	ANTICOAGULATION	105,963	82,173	0	33,173	0	76.01
76.02	03951	INFUSION SERVICES	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	18,786	3,729	0	1,505	0	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	163,328	0	0	0	0	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	12,069	0	0	0	0	90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	27,848	67,364	0	27,194	0	90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	125,676	212,152	0	85,645	0	90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	2,666	10,096	0	4,076	0	90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	32,783	56,846	0	22,948	0	90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	36,896	96,174	0	38,825	0	90.07
91.00	09100	EMERGENCY	2,169,154	962,863	126,599	388,702	0	91.00
91.01	04950	WOUND CARE	326,431	332,105	0	134,069	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	506,099	283,948	0	114,628	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	277,856	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	1,393,807	364,117	0	146,992	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	1,948,158	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	69,077,697	18,631,783	1,370,292	7,274,529	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	43,629	109,893	0	44,363	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,625	38,976	0	15,734	192.00
194.00	07950	MOB	0	0	0	0	194.00
194.01	07951	HOME INFUSION PHARMACY LAFAYETTE	70,553	229,494	0	92,645	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	194.02
194.03	07954	OTHER NRCC	51,720	152,316	0	61,489	194.03
194.04	07953	JV-SAGAMORE ASC	152,999	0	0	0	194.04
194.05	07956	RETAIL PHARMACY	100,884	0	0	0	194.05
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	69,506,107	19,162,462	1,370,292	7,488,760	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	5,541,706					11.00
13.00	01300	NURSING ADMINISTRATION	238,343	8,787,470				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	54,810	0	2,192,170			14.00
15.00	01500	PHARMACY	155,926	70	1,563	6,963,011		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,976	0	10	0	2,704,088	16.00
20.00	02000	NURSING PROGRAM	139,747	580	1,130	0	0	20.00
23.00	02301	PHARMACY RESIDENCY	5,636	0	8	0	0	23.00
23.01	02300	EMS EDUCATION	9,623	0	64	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,113,529	3,852,790	5,924	0	162,763	30.00
31.00	03100	INTENSIVE CARE UNIT	281,680	756,206	1,115	0	53,254	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	103,609	435,791	437	0	24,549	35.00
41.00	04100	SUBPROVIDER - IRF	94,413	286,861	304	0	12,348	41.00
43.00	04300	NURSERY	53,181	0	0	0	6,288	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	238,662	371,437	5,073	0	397,347	50.00
51.00	05100	RECOVERY ROOM	30,281	132,941	60	0	29,949	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	177,894	0	0	0	20,850	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	266,592	123,005	3,222	0	156,546	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	28,396	0	235	0	29,567	55.00
56.00	05600	RADIOISOTOPE	29,837	4,079	233	0	20,328	56.00
56.01	03950	CARDIAC CATH LAB	60,228	121,042	478	0	59,684	56.01
57.00	05700	CT SCAN	52,339	465	36	0	93,493	57.00
58.00	05800	MRI	16,442	268	395	0	18,527	58.00
60.00	06000	LABORATORY	0	0	83	0	176,375	60.00
65.00	06500	RESPIRATORY THERAPY	115,581	0	191	0	24,032	65.00
66.00	06600	PHYSICAL THERAPY	261,739	25	1,167	0	41,900	66.00
67.00	06700	OCCUPATIONAL THERAPY	90,116	0	94	0	23,526	67.00
68.00	06800	SPEECH PATHOLOGY	48,522	0	56	0	12,182	68.00
69.00	06900	ELECTROCARDIOLOGY	122,007	57,593	539	0	64,886	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	47,285	0	122	0	9,857	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,147,909	0	253,388	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,007,420	0	188,435	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	127	6,866,932	460,770	73.00
73.01	07301	DIABETES CENTER	85,783	33,375	204	0	0	73.01
74.00	07400	RENAL DIALYSIS	6,053	51	22	0	9,211	74.00
76.00	03480	ONCOLOGY	263,481	476,922	3,601	0	57,324	76.00
76.01	03952	ANTICOAGULATION	12,911	0	66	0	1,178	76.01
76.02	03951	INFUSION SERVICES	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	1,527	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	29,071	0	381	0	13,612	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	1,772	0	0	0	44	90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	3,472	0	83	0	855	90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	14,712	0	73	0	1,878	90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	0	0	0	0	0	90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	4,164	0	155	0	492	90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	4,103	0	7	0	164	90.07
91.00	09100	EMERGENCY	354,650	1,003,854	2,063	0	210,757	91.00
91.01	04950	WOUND CARE	52,315	70,785	295	0	655	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	81,170	219,549	569	0	10,131	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	271,151	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	183,771	326,431	4,983	0	12,920	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	284,985	513,350	1,180	42,496	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,498,958	8,787,470	2,191,677	2,704,088	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,104	0	105	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	MOB	0	0	0	0	194.00
194.01	07951	HOME INFUSION PHARMACY LAFAYETTE	1,703	0	223	4,807	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	194.02
194.03	07954	OTHER NRCC	2,618	0	73	0	194.03
194.04	07953	JV-SAGAMORE ASC	33,323	0	92	3,124	194.04
194.05	07956	RETAIL PHARMACY	0	0	0	88,148	194.05
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,541,706	8,787,470	2,192,170	6,963,011	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			NURSING PROGRAM	PHARMACY RESIDENCY	EMS EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			20.00	23.00	23.01	24.00	25.00	
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	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
20.00	02000	NURSING PROGRAM	5,592,388					20.00
23.00	02301	PHARMACY RESIDENCY		239,160				23.00
23.01	02300	EMS EDUCATION			663,280			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,559,164	0	0	49,135,334	0	30.00
31.00	03100	INTENSIVE CARE UNIT	761,345	0	0	10,998,514	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	503,791	0	0	5,442,069	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	5,596,886	0	41.00
43.00	04300	NURSERY	0	0	0	3,509,848	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	47,744	0	0	14,936,305	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,660,368	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	214,838	0	0	11,368,636	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,619	0	0	16,063,494	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	1,459,261	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	3,392,358	0	56.00
56.01	03950	CARDIAC CATH LAB	0	0	0	4,499,273	0	56.01
57.00	05700	CT SCAN	0	0	0	2,370,716	0	57.00
58.00	05800	MRI	0	0	0	972,174	0	58.00
60.00	06000	LABORATORY	0	0	0	14,070,691	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,798,548	0	65.00
66.00	06600	PHYSICAL THERAPY	43,136	0	0	7,940,209	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,788,222	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,515,898	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	5,265,091	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,874,890	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	59,826,401	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	52,451,343	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	239,160	0	49,480,487	0	73.00
73.01	07301	DIABETES CENTER	0	0	0	3,325,533	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	2,205,572	0	74.00
76.00	03480	ONCOLOGY	0	0	0	11,861,991	0	76.00
76.01	03952	ANTICOAGULATION	0	0	0	743,979	0	76.01
76.02	03951	INFUSION SERVICES	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	115,703	0	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	203,522	0	0	1,193,724	0	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0	0	0	71,803	0	90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	0	0	0	260,458	0	90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	0	0	0	1,043,253	0	90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	0	0	0	29,631	0	90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	0	0	0	274,713	0	90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	0	0	0	353,231	0	90.07
91.00	09100	EMERGENCY	1,164,621	0	663,280	17,456,299	0	91.00
91.01	04950	WOUND CARE	0	0	0	2,483,194	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	71,608	0	0	3,716,467	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	1,882,435	0	95.00

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Cost Center Description			NURSING PROGRAM	PHARMACY RESIDENCY	EMS EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			20.00	23.00	23.01	24.00	25.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	9,121,892	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	12,139,369	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,592,388	239,160	663,280	399,696,263	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	412,469	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	104,728	0	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	HOME INFUSION PHARMACY LAFAYETTE	0	0	0	738,009	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NRCC	0	0	0	516,419	0	194.03
194.04	07953	JV-SAGAMORE ASC	0	0	0	923,777	0	194.04
194.05	07956	RETAIL PHARMACY	0	0	0	673,175	0	194.05
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,592,388	239,160	663,280	403,064,840	0	202.00

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Cost Center Description			Total	
			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	01160	COMMUNICATIONS		5.01
5.02	01140	MGMT INFO SYSTEMS		5.02
5.03	00550	PURCHASING		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	PATIENT ACCOUNTING		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
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
20.00	02000	NURSING PROGRAM		20.00
23.00	02301	PHARMACY RESIDENCY		23.00
23.01	02300	EMS EDUCATION		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	49,135,334	30.00
31.00	03100	INTENSIVE CARE UNIT	10,998,514	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	5,442,069	35.00
41.00	04100	SUBPROVIDER - IRF	5,596,886	41.00
43.00	04300	NURSERY	3,509,848	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	14,936,305	50.00
51.00	05100	RECOVERY ROOM	1,660,368	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,368,636	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,063,494	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,459,261	55.00
56.00	05600	RADIOISOTOPE	3,392,358	56.00
56.01	03950	CARDIAC CATH LAB	4,499,273	56.01
57.00	05700	CT SCAN	2,370,716	57.00
58.00	05800	MRI	972,174	58.00
60.00	06000	LABORATORY	14,070,691	60.00
65.00	06500	RESPIRATORY THERAPY	4,798,548	65.00
66.00	06600	PHYSICAL THERAPY	7,940,209	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,788,222	67.00
68.00	06800	SPEECH PATHOLOGY	1,515,898	68.00
69.00	06900	ELECTROCARDIOLOGY	5,265,091	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,874,890	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	59,826,401	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	52,451,343	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,480,487	73.00
73.01	07301	DIABETES CENTER	3,325,533	73.01
74.00	07400	RENAL DIALYSIS	2,205,572	74.00
76.00	03480	ONCOLOGY	11,861,991	76.00
76.01	03952	ANTICOAGULATION	743,979	76.01
76.02	03951	INFUSION SERVICES	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	78.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	115,703	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	1,193,724	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	71,803	90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	260,458	90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	1,043,253	90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	29,631	90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	274,713	90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	353,231	90.07
91.00	09100	EMERGENCY	17,456,299	91.00
91.01	04950	WOUND CARE	2,483,194	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,716,467	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	1,882,435	95.00
101.00	10100	HOME HEALTH AGENCY	9,121,892	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	102.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Total	
			26.00	
116.00	11600	HOSPICE	12,139,369	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	399,696,263	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	412,469	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	104,728	192.00
194.00	07950	MOB	0	194.00
194.01	07951	HOME INFUSION PHARMACY LAFAYETTE	738,009	194.01
194.02	07952	PATIENT TRANSPORT	0	194.02
194.03	07954	OTHER NRCC	516,419	194.03
194.04	07953	JV-SAGAMORE ASC	923,777	194.04
194.05	07956	RETAIL PHARMACY	673,175	194.05
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	403,064,840	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet B
Part II
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	118,638	51,589	170,227	4.00
5.01	01160	COMMUNICATIONS	0	496,358	215,838	712,196	5.01
5.02	01140	MGMT INFO SYSTEMS	0	567,536	246,789	814,325	5.02
5.03	00550	PURCHASING	0	320,134	139,208	459,342	5.03
5.04	00570	ADMITTING	0	0	0	0	5.04
5.05	00580	PATIENT ACCOUNTING	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	2,178,769	947,423	3,126,192	5.06
7.00	00700	OPERATION OF PLANT	0	3,283,710	1,427,900	4,711,610	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	128,054	55,683	183,737	8.00
9.00	00900	HOUSEKEEPING	0	346,662	150,744	497,406	9.00
10.00	01000	DIETARY	0	228,843	99,511	328,354	10.00
11.00	01100	CAFETERIA	0	738,929	321,318	1,060,247	11.00
13.00	01300	NURSING ADMINISTRATION	0	119,539	51,981	171,520	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	151,934	66,068	218,002	14.00
15.00	01500	PHARMACY	0	167,108	72,666	239,774	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	45,796	19,914	65,710	16.00
20.00	02000	NURSING PROGRAM	0	1,112,146	483,609	1,595,755	20.00
23.00	02301	PHARMACY RESIDENCY	0	13,728	5,969	19,697	23.00
23.01	02300	EMS EDUCATION	0	128,763	55,992	184,755	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,087,447	472,869	1,560,316	30.00
31.00	03100	INTENSIVE CARE UNIT	0	310,664	135,090	445,754	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	219,291	95,357	314,648	35.00
41.00	04100	SUBPROVIDER - IRF	0	393,659	171,180	564,839	41.00
43.00	04300	NURSERY	0	456,075	198,321	654,396	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	1,104,886	480,452	1,585,338	50.00
51.00	05100	RECOVERY ROOM	0	71,559	31,117	102,676	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,532,523	666,408	2,198,931	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,014,386	441,099	1,455,485	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	111,460	48,468	159,928	55.00
56.00	05600	RADIOISOTOPE	0	586,831	255,180	842,011	56.00
56.01	03950	CARDIAC CATH LAB	0	365,384	158,885	524,269	56.01
57.00	05700	CT SCAN	0	41,675	18,122	59,797	57.00
58.00	05800	MRI	0	36,871	16,033	52,904	58.00
60.00	06000	LABORATORY	0	177,261	77,081	254,342	60.00
65.00	06500	RESPIRATORY THERAPY	0	74,889	32,565	107,454	65.00
66.00	06600	PHYSICAL THERAPY	0	23,225	10,099	33,324	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,675	1,163	3,838	68.00
69.00	06900	ELECTROCARDIOLOGY	0	298,874	129,963	428,837	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	145,084	63,089	208,173	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
73.01	07301	DIABETES CENTER	0	208,865	90,824	299,689	73.01
74.00	07400	RENAL DIALYSIS	0	50,244	21,848	72,092	74.00
76.00	03480	ONCOLOGY	0	1,042,524	453,335	1,495,859	76.00
76.01	03952	ANTICOAGULATION	0	63,754	27,723	91,477	76.01
76.02	03951	INFUSION SERVICES	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	2,893	1,258	4,151	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	0	0	0	0	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0	0	0	0	90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	0	52,264	22,727	74,991	90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	0	164,598	71,574	236,172	90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	0	7,833	3,406	11,239	90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	0	44,104	19,178	63,282	90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	0	74,616	32,446	107,062	90.07
91.00	09100	EMERGENCY	0	747,034	324,843	1,071,877	91.00
91.01	04950	WOUND CARE	0	257,663	112,043	369,706	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	220,300	95,796	316,096	92.01

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	4,805	95.00
101.00	10100	HOME HEALTH AGENCY	0	282,499	122,843	6,236	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	7,166	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	21,420,557	9,314,587	30,735,144	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	85,260	37,075	122,335	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	30,239	13,149	43,388	192.00
194.00	07950	MOB	0	0	0	0	194.00
194.01	07951	HOME INFUSION PHARMACY LAFAYETTE	0	178,052	77,425	255,477	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	194.02
194.03	07954	OTHER NRCC	0	118,174	51,387	169,561	194.03
194.04	07953	JV-SAGAMORE ASC	0	0	0	0	194.04
194.05	07956	RETAIL PHARMACY	0	0	0	0	194.05
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	21,832,282	9,493,623	31,325,905	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0109

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Cost Center Description			COMMUNICATIONS	MGMT INFO SYSTEMS	PURCHASING	ADMITTING	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
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	01160	COMMUNICATIONS	712,810					5.01
5.02	01140	MGMT INFO SYSTEMS	23,556	839,343				5.02
5.03	00550	PURCHASING	14,338	0	473,680			5.03
5.04	00570	ADMITTING	0	0	2	2		5.04
5.05	00580	PATIENT ACCOUNTING	14,338	0	0	2	14,340	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	74,763	45,560	207	0	0	5.06
7.00	00700	OPERATION OF PLANT	56,328	31,338	2,979	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,024	1,942	0	0	0	8.00
9.00	00900	HOUSEKEEPING	9,217	31,786	2,454	0	0	9.00
10.00	01000	DIETARY	30,725	11,374	616	0	0	10.00
11.00	01100	CAFETERIA	0	21,576	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	9,217	29,924	98	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,097	6,881	792	0	0	14.00
15.00	01500	PHARMACY	23,556	19,577	333	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,411	1,127	2	0	0	16.00
20.00	02000	NURSING PROGRAM	0	17,545	241	0	0	20.00
23.00	02301	PHARMACY RESIDENCY	0	708	2	0	0	23.00
23.01	02300	EMS EDUCATION	0	1,208	14	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	117,776	139,805	1,261	0	817	30.00
31.00	03100	INTENSIVE CARE UNIT	22,531	35,365	237	0	267	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	17,411	13,008	93	0	123	35.00
41.00	04100	SUBPROVIDER - IRF	24,580	11,854	65	0	62	41.00
43.00	04300	NURSERY	0	6,677	0	0	32	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,580	29,964	1,080	0	1,995	50.00
51.00	05100	RECOVERY ROOM	8,193	3,802	13	0	150	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,628	22,335	0	0	105	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	61,449	33,471	686	0	786	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	3,565	50	0	148	55.00
56.00	05600	RADIOISOTOPE	0	3,746	50	0	102	56.00
56.01	03950	CARDIAC CATH LAB	0	7,562	102	0	300	56.01
57.00	05700	CT SCAN	0	6,571	8	0	469	57.00
58.00	05800	MRI	0	2,064	84	0	93	58.00
60.00	06000	LABORATORY	45,063	0	18	0	886	60.00
65.00	06500	RESPIRATORY THERAPY	34,821	14,511	41	0	121	65.00
66.00	06600	PHYSICAL THERAPY	6,145	32,862	248	0	210	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,314	20	0	118	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,092	12	0	61	68.00
69.00	06900	ELECTROCARDIOLOGY	6,145	15,318	115	0	326	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,937	26	0	49	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	244,283	0	1,272	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	214,405	0	946	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	27	0	3,080	73.00
73.01	07301	DIABETES CENTER	6,145	10,770	43	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	760	5	0	46	74.00
76.00	03480	ONCOLOGY	0	33,080	766	0	288	76.00
76.01	03952	ANTICOAGULATION	0	1,621	14	0	6	76.01
76.02	03951	INFUSION SERVICES	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	32,773	0	0	0	8	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	0	3,650	81	0	68	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0	222	0	0	0	90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	0	436	18	0	4	90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	0	1,847	15	0	9	90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	0	0	0	0	0	90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	0	523	33	0	2	90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	0	515	1	0	1	90.07
91.00	09100	EMERGENCY	0	44,527	439	0	1,058	91.00
91.01	04950	WOUND CARE	0	6,568	63	0	3	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	10,191	121	0	51	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	34,043	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	23,073	1,060	0	65	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0109

Period:
From 01/01/2024
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Cost Center Description			COMMUNICATIONS	MGMT INFO SYSTEMS	PURCHASING	ADMITTING	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	35,780	251	0	213	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	712,810	833,975	473,574	2	14,340	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	641	22	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	HOME INFUSION PHARMACY LAFAYETTE	0	214	48	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NRCC	0	329	16	0	0	194.03
194.04	07953	JV-SAGAMORE ASC	0	4,184	20	0	0	194.04
194.05	07956	RETAIL PHARMACY	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	712,810	839,343	473,680	2	14,340	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet B
Part II
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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	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	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	3,256,660					5.06
7.00	00700	OPERATION OF PLANT	154,822	4,961,459				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,738	42,734	239,382			8.00
9.00	00900	HOUSEKEEPING	56,639	115,688	5,536	722,293		9.00
10.00	01000	DIETARY	19,021	76,369	6,723	11,485	485,996	10.00
11.00	01100	CAFETERIA	33,972	246,595	0	37,084	0	11.00
13.00	01300	NURSING ADMINISTRATION	67,325	39,892	0	5,999	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,767	50,703	6,067	7,625	0	14.00
15.00	01500	PHARMACY	52,541	55,767	0	8,386	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21,105	15,283	0	2,298	0	16.00
20.00	02000	NURSING PROGRAM	27,783	371,145	0	55,814	0	20.00
23.00	02301	PHARMACY RESIDENCY	1,686	4,581	0	689	0	23.00
23.01	02300	EMS EDUCATION	3,398	42,971	0	6,462	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	299,159	362,903	84,508	54,574	339,852	30.00
31.00	03100	INTENSIVE CARE UNIT	66,530	103,675	12,873	15,591	47,550	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	30,506	73,182	5,366	11,005	29,549	35.00
41.00	04100	SUBPROVIDER - IRF	34,233	131,372	4,544	19,756	39,417	41.00
43.00	04300	NURSERY	19,420	152,201	8,818	22,888	29,628	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	94,018	368,722	41,983	55,449	0	50.00
51.00	05100	RECOVERY ROOM	10,451	23,881	7,720	3,591	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	65,673	511,434	9,429	76,912	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	109,653	338,521	14,731	50,908	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	9,690	37,196	0	5,594	0	55.00
56.00	05600	RADIOISOTOPE	18,390	195,837	0	29,450	0	56.00
56.01	03950	CARDIAC CATH LAB	29,015	121,936	973	18,337	0	56.01
57.00	05700	CT SCAN	17,363	13,908	0	2,091	0	57.00
58.00	05800	MRI	7,028	12,305	0	1,850	0	58.00
60.00	06000	LABORATORY	109,596	59,156	1,526	8,896	0	60.00
65.00	06500	RESPIRATORY THERAPY	36,463	24,992	1,787	3,758	0	65.00
66.00	06600	PHYSICAL THERAPY	60,848	7,751	3,326	1,166	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	21,608	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	11,718	893	0	134	0	68.00
69.00	06900	ELECTROCARDIOLOGY	36,128	99,740	1,356	14,999	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,565	48,417	0	7,281	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	472,169	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	414,115	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	338,637	0	0	0	0	73.00
73.01	07301	DIABETES CENTER	22,851	69,702	0	10,482	0	73.01
74.00	07400	RENAL DIALYSIS	16,961	16,768	0	2,522	0	74.00
76.00	03480	ONCOLOGY	74,125	347,911	0	52,320	0	76.00
76.01	03952	ANTICOAGULATION	4,965	21,276	0	3,200	0	76.01
76.02	03951	INFUSION SERVICES	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	880	965	0	145	0	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	7,652	0	0	0	0	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	565	0	0	0	0	90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	1,305	17,442	0	2,623	0	90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	5,888	54,929	0	8,260	0	90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	125	2,614	0	393	0	90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	1,536	14,718	0	2,213	0	90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	1,729	24,901	0	3,745	0	90.07
91.00	09100	EMERGENCY	101,630	249,300	22,116	37,490	0	91.00
91.01	04950	WOUND CARE	15,294	85,987	0	12,931	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	23,712	73,519	0	11,056	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	13,018	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	65,303	94,275	0	14,177	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet B
Part II
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	91,276	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,236,588	4,824,057	239,382	701,629	485,996 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,044	28,453	0	4,279	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	404	10,092	0	1,518	0 192.00
194.00	07950	MOB	0	0	0	0	0 194.00
194.01	07951	HOME INFUSION PHARMACY LAFAYETTE	3,306	59,420	0	8,936	0 194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0 194.02
194.03	07954	OTHER NRCC	2,423	39,437	0	5,931	0 194.03
194.04	07953	JV-SAGAMORE ASC	7,168	0	0	0	0 194.04
194.05	07956	RETAIL PHARMACY	4,727	0	0	0	0 194.05
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	3,256,660	4,961,459	239,382	722,293	485,996 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet B
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	1,401,996					11.00
13.00	01300	NURSING ADMINISTRATION	60,298	391,350				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,866	0	323,691			14.00
15.00	01500	PHARMACY	39,448	3	231	444,413		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,271	0	1	0	125,335	16.00
20.00	02000	NURSING PROGRAM	35,355	26	167	0	0	20.00
23.00	02301	PHARMACY RESIDENCY	1,426	0	1	0	0	23.00
23.01	02300	EMS EDUCATION	2,435	0	9	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	281,713	171,582	875	0	7,589	30.00
31.00	03100	INTENSIVE CARE UNIT	71,262	33,678	165	0	2,483	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	26,212	19,408	65	0	1,145	35.00
41.00	04100	SUBPROVIDER - IRF	23,885	12,775	45	0	576	41.00
43.00	04300	NURSERY	13,454	0	0	0	293	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	60,379	16,542	749	0	18,528	50.00
51.00	05100	RECOVERY ROOM	7,661	5,921	9	0	1,396	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	45,006	0	0	0	972	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	67,445	5,478	476	0	7,300	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	7,184	0	35	0	1,379	55.00
56.00	05600	RADIOISOTOPE	7,548	182	34	0	948	56.00
56.01	03950	CARDIAC CATH LAB	15,237	5,391	71	0	2,783	56.01
57.00	05700	CT SCAN	13,241	21	5	0	4,359	57.00
58.00	05800	MRI	4,160	12	58	0	864	58.00
60.00	06000	LABORATORY	0	0	12	0	8,224	60.00
65.00	06500	RESPIRATORY THERAPY	29,241	0	28	0	1,121	65.00
66.00	06600	PHYSICAL THERAPY	66,217	1	172	0	1,954	66.00
67.00	06700	OCCUPATIONAL THERAPY	22,799	0	14	0	1,097	67.00
68.00	06800	SPEECH PATHOLOGY	12,275	0	8	0	568	68.00
69.00	06900	ELECTROCARDIOLOGY	30,867	2,565	80	0	3,026	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,963	0	18	0	460	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	169,496	0	11,815	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	148,754	0	8,786	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	19	438,281	20,731	73.00
73.01	07301	DIABETES CENTER	21,702	1,486	30	0	0	73.01
74.00	07400	RENAL DIALYSIS	1,531	2	3	0	429	74.00
76.00	03480	ONCOLOGY	66,658	21,240	532	0	2,673	76.00
76.01	03952	ANTICOAGULATION	3,266	0	10	0	55	76.01
76.02	03951	INFUSION SERVICES	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	71	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	7,355	0	56	0	635	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	448	0	0	0	2	90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	878	0	12	0	40	90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	3,722	0	11	0	88	90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	0	0	0	0	0	90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	1,053	0	23	0	23	90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	1,038	0	1	0	8	90.07
91.00	09100	EMERGENCY	89,723	44,707	305	0	9,827	91.00
91.01	04950	WOUND CARE	13,235	3,152	44	0	31	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	20,535	9,778	84	0	472	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	68,599	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	46,492	14,538	736	0	602	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0109

Period:
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To 12/31/2024Worksheet B
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	72,098	22,862	174	1,982	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,391,181	391,350	323,618	438,281	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,291	0	15	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	MOB	0	0	0	0	194.00
194.01	07951	HOME INFUSION PHARMACY LAFAYETTE	431	0	33	307	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	194.02
194.03	07954	OTHER NRCC	662	0	11	0	194.03
194.04	07953	JV-SAGAMORE ASC	8,431	0	14	199	194.04
194.05	07956	RETAIL PHARMACY	0	0	0	5,626	194.05
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,401,996	391,350	323,691	444,413	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0109

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Cost Center Description			NURSING PROGRAM	PHARMACY RESIDENCY	EMS EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			20.00	23.00	23.01	24.00	25.00	
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	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
20.00	02000	NURSING PROGRAM	2,107,560					20.00
23.00	02301	PHARMACY RESIDENCY		28,948				23.00
23.01	02300	EMS EDUCATION			241,453			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				3,452,542	0	30.00
31.00	03100	INTENSIVE CARE UNIT				864,499	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				544,643	0	35.00
41.00	04100	SUBPROVIDER - IRF				870,681	0	41.00
43.00	04300	NURSERY				909,230	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				2,305,797	0	50.00
51.00	05100	RECOVERY ROOM				176,451	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				2,962,183	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				2,154,331	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC				225,594	0	55.00
56.00	05600	RADIOISOTOPE				1,099,303	0	56.00
56.01	03950	CARDIAC CATH LAB				728,277	0	56.01
57.00	05700	CT SCAN				119,335	0	57.00
58.00	05800	MRI				81,988	0	58.00
60.00	06000	LABORATORY				487,719	0	60.00
65.00	06500	RESPIRATORY THERAPY				257,355	0	65.00
66.00	06600	PHYSICAL THERAPY				220,562	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				59,337	0	67.00
68.00	06800	SPEECH PATHOLOGY				36,873	0	68.00
69.00	06900	ELECTROCARDIOLOGY				642,700	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				295,997	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				899,035	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				787,006	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				800,775	0	73.00
73.01	07301	DIABETES CENTER				445,080	0	73.01
74.00	07400	RENAL DIALYSIS				111,247	0	74.00
76.00	03480	ONCOLOGY				2,101,635	0	76.00
76.01	03952	ANTICOAGULATION				126,343	0	76.01
76.02	03951	INFUSION SERVICES				0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY				0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION				0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY				0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC				38,993	0	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE				20,317	0	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY				1,300	0	90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE				97,805	0	90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE				311,324	0	90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE				14,371	0	90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE				83,497	0	90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC				139,073	0	90.07
91.00	09100	EMERGENCY				1,682,145	0	91.00
91.01	04950	WOUND CARE				508,525	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)				467,495	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES				120,465	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			NURSING PROGRAM	PHARMACY RESIDENCY	EMS EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			20.00	23.00	23.01	24.00	25.00	
101.00	10100	HOME HEALTH AGENCY				671,899	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM				0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE				231,802	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	28,155,529	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				159,168	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				55,402	0	192.00
194.00	07950	MOB				0	0	194.00
194.01	07951	HOME INFUSION PHARMACY LAFAYETTE				328,216	0	194.01
194.02	07952	PATIENT TRANSPORT				0	0	194.02
194.03	07954	OTHER NRCC				218,452	0	194.03
194.04	07953	JV-SAGAMORE ASC				20,777	0	194.04
194.05	07956	RETAIL PHARMACY				10,400	0	194.05
200.00		Cross Foot Adjustments	2,107,560	28,948	241,453	2,377,961	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,107,560	28,948	241,453	31,325,905	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet B
Part II
Date/Time Prepared:
3/18/2025 4:57 pm

Cost Center Description		Total	
		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	01160	COMMUNICATIONS	5.01
5.02	01140	MGMT INFO SYSTEMS	5.02
5.03	00550	PURCHASING	5.03
5.04	00570	ADMITTING	5.04
5.05	00580	PATIENT ACCOUNTING	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5.06
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
20.00	02000	NURSING PROGRAM	20.00
23.00	02301	PHARMACY RESIDENCY	23.00
23.01	02300	EMS EDUCATION	23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	35.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
56.01	03950	CARDIAC CATH LAB	56.01
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
60.00	06000	LABORATORY	60.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
73.01	07301	DIABETES CENTER	73.01
74.00	07400	RENAL DIALYSIS	74.00
76.00	03480	ONCOLOGY	76.00
76.01	03952	ANTICOAGULATION	76.01
76.02	03951	INFUSION SERVICES	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	78.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	90.07
91.00	09100	EMERGENCY	91.00
91.01	04950	WOUND CARE	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
101.00	10100	HOME HEALTH AGENCY	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	102.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0109

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

 Worksheet B
 Part II
 Date/Time Prepared:
 3/18/2025 4:57 pm

Cost Center Description			Total	
			26.00	
116.00	11600	HOSPICE	231,802	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,155,529	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	159,168	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	55,402	192.00
194.00	07950	MOB	0	194.00
194.01	07951	HOME INFUSION PHARMACY LAFAYETTE	328,216	194.01
194.02	07952	PATIENT TRANSPORT	0	194.02
194.03	07954	OTHER NRCC	218,452	194.03
194.04	07953	JV-SAGAMORE ASC	20,777	194.04
194.05	07956	RETAIL PHARMACY	10,400	194.05
200.00		Cross Foot Adjustments	2,377,961	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	31,325,905	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:
3/18/2025 4:57 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINE S)	MGMT INFO SYSTEMS (MANHOURS)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	799,954					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		799,954				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,347	4,347	112,939,720			4.00
5.01	01160	COMMUNICATIONS	18,187	18,187	407,408	696		5.01
5.02	01140	MGMT INFO SYSTEMS	20,795	20,795	970,459	23	2,724,591	5.02
5.03	00550	PURCHASING	11,730	11,730	0	14	0	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.05	00580	PATIENT ACCOUNTING	0	0	0	14	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	79,832	79,832	6,594,235	73	147,891	5.06
7.00	00700	OPERATION OF PLANT	120,318	120,318	2,907,810	55	101,727	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,692	4,692	137,438	1	6,304	8.00
9.00	00900	HOUSEKEEPING	12,702	12,702	2,367,105	9	103,181	9.00
10.00	01000	DIETARY	8,385	8,385	882,216	30	36,921	10.00
11.00	01100	CAFETERIA	27,075	27,075	1,673,547	0	70,039	11.00
13.00	01300	NURSING ADMINISTRATION	4,380	4,380	4,696,393	9	97,137	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,567	5,567	591,530	4	22,338	14.00
15.00	01500	PHARMACY	6,123	6,123	3,183,235	23	63,548	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,678	1,678	84,544	17	3,658	16.00
20.00	02000	NURSING PROGRAM	40,750	40,750	2,474,169	0	56,954	20.00
23.00	02301	PHARMACY RESIDENCY	503	503	104,687	0	2,297	23.00
23.01	02300	EMS EDUCATION	4,718	4,718	133,455	0	3,922	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	39,845	39,845	19,764,803	115	453,819	30.00
31.00	03100	INTENSIVE CARE UNIT	11,383	11,383	4,338,207	22	114,799	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	8,035	8,035	1,939,006	17	42,226	35.00
41.00	04100	SUBPROVIDER - IRF	14,424	14,424	1,776,855	24	38,478	41.00
43.00	04300	NURSERY	16,711	16,711	943,962	0	21,674	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	40,484	40,484	4,293,116	24	97,267	50.00
51.00	05100	RECOVERY ROOM	2,622	2,622	655,090	8	12,341	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	56,153	56,153	3,157,557	26	72,501	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,168	37,168	5,269,854	60	108,650	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	4,084	4,084	547,362	0	11,573	55.00
56.00	05600	RADIOISOTOPE	21,502	21,502	666,849	0	12,160	56.00
56.01	03950	CARDIAC CATH LAB	13,388	13,388	1,526,866	0	24,546	56.01
57.00	05700	CT SCAN	1,527	1,527	996,822	0	21,331	57.00
58.00	05800	MRI	1,351	1,351	375,604	0	6,701	58.00
60.00	06000	LABORATORY	6,495	6,495	0	44	0	60.00
65.00	06500	RESPIRATORY THERAPY	2,744	2,744	2,002,190	34	47,105	65.00
66.00	06600	PHYSICAL THERAPY	851	851	4,205,628	6	106,672	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,570,549	0	36,727	67.00
68.00	06800	SPEECH PATHOLOGY	98	98	845,219	0	19,775	68.00
69.00	06900	ELECTROCARDIOLOGY	10,951	10,951	2,121,994	6	49,724	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,316	5,316	735,151	0	19,271	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
73.01	07301	DIABETES CENTER	7,653	7,653	1,446,376	6	34,961	73.01
74.00	07400	RENAL DIALYSIS	1,841	1,841	84,903	0	2,467	74.00
76.00	03480	ONCOLOGY	38,199	38,199	4,102,640	0	107,382	76.00
76.01	03952	ANTICOAGULATION	2,336	2,336	300,504	0	5,262	76.01
76.02	03951	INFUSION SERVICES	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	106	106	0	32	0	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	0	0	544,011	0	11,848	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0	0	41,709	0	722	90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	1,915	1,915	36,852	0	1,415	90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	6,031	6,031	253,983	0	5,996	90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	287	287	0	0	0	90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	1,616	1,616	60,600	0	1,697	90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	2,734	2,734	48,000	0	1,672	90.07
91.00	09100	EMERGENCY	27,372	27,372	6,069,211	0	144,538	91.00
91.01	04950	WOUND CARE	9,441	9,441	1,002,376	0	21,321	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	8,072	8,072	1,247,602	0	33,081	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:
3/18/2025 4:57 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINE S)	MGMT INFO SYSTEMS (MANHOURS)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00				
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	3,188,613	0	110,508	95.00
101.00	10100	HOME HEALTH AGENCY	10,351	10,351	4,138,044	0	74,896	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	4,755,016	0	116,146	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	784,868	784,868	112,261,355	696	2,707,169	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,124	3,124	58,169	0	2,080	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,108	1,108	0	0	0	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	HOME INFUSION PHARMACY LAFAYETTE	6,524	6,524	29,374	0	694	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NRCC	4,330	4,330	54,613	0	1,067	194.03
194.04	07953	JV-SAGAMORE ASC	0	0	504,783	0	13,581	194.04
194.05	07956	RETAIL PHARMACY	0	0	31,426	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	21,832,282	9,493,623	39,058,046	1,682,658	5,688,118	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	27.291922	11.867711	0.345831	2,417.612069	2.087696	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			170,227	712,810	839,343	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001507	1,024.152299	0.308062	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: 15-0109

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

Worksheet B-1

Date/Time Prepared:
3/18/2025 4:57 pm

Cost Center Description			PURCHASING (COSTED REQ UISI)	ADMITTING (GROSS CHAR GES)	PATIENT ACCOUNTING (GROSS CHAR GES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
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	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING	39,223,147					5.03
5.04	00570	ADMITTING	140	1,939,889,166				5.04
5.05	00580	PATIENT ACCOUNTING	0	0	1,939,889,166			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	17,130	0	0	-69,506,107	333,558,733	5.06
7.00	00700	OPERATION OF PLANT	246,649	0	0	0	15,858,016	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	997,406	8.00
9.00	00900	HOUSEKEEPING	203,233	0	0	0	5,801,379	9.00
10.00	01000	DIETARY	50,973	0	0	0	1,948,306	10.00
11.00	01100	CAFETERIA	0	0	0	0	3,479,714	11.00
13.00	01300	NURSING ADMINISTRATION	8,131	0	0	0	6,895,905	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	65,614	0	0	0	1,512,563	14.00
15.00	01500	PHARMACY	27,548	0	0	0	5,381,692	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	170	0	0	0	2,161,781	16.00
20.00	02000	NURSING PROGRAM	19,917	0	0	0	2,845,794	20.00
23.00	02301	PHARMACY RESIDENCY	144	0	0	0	172,694	23.00
23.01	02300	EMS EDUCATION	1,131	0	0	0	348,094	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	104,389	116,759,351	116,759,351	0	30,642,100	30.00
31.00	03100	INTENSIVE CARE UNIT	19,646	38,202,314	38,202,314	0	6,814,544	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	7,705	17,610,458	17,610,458	0	3,124,660	35.00
41.00	04100	SUBPROVIDER - IRF	5,353	8,858,048	8,858,048	0	3,506,420	41.00
43.00	04300	NURSERY	0	4,510,506	4,510,506	0	1,989,144	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	89,390	285,040,548	285,040,548	0	9,630,035	50.00
51.00	05100	RECOVERY ROOM	1,054	21,484,469	21,484,469	0	1,070,425	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	14,957,300	14,957,300	0	6,726,693	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	56,775	112,300,133	112,300,133	0	11,231,523	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	4,142	21,210,470	21,210,470	0	992,574	55.00
56.00	05600	RADIOISOTOPE	4,102	14,582,414	14,582,414	0	1,883,652	56.00
56.01	03950	CARDIAC CATH LAB	8,430	42,814,776	42,814,776	0	2,971,921	56.01
57.00	05700	CT SCAN	639	67,067,994	67,067,994	0	1,778,405	57.00
58.00	05800	MRI	6,960	13,290,765	13,290,765	0	719,836	58.00
60.00	06000	LABORATORY	1,471	126,524,538	126,524,538	0	11,225,626	60.00
65.00	06500	RESPIRATORY THERAPY	3,360	17,239,294	17,239,294	0	3,734,779	65.00
66.00	06600	PHYSICAL THERAPY	20,571	30,057,468	30,057,468	0	6,232,477	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,654	16,876,852	16,876,852	0	2,213,288	67.00
68.00	06800	SPEECH PATHOLOGY	987	8,738,594	8,738,594	0	1,200,204	68.00
69.00	06900	ELECTROCARDIOLOGY	9,505	46,546,680	46,546,680	0	3,700,477	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,148	7,071,072	7,071,072	0	1,286,961	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,228,899	181,770,617	181,770,617	0	48,349,948	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,753,154	135,176,070	135,176,070	0	42,416,802	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,237	330,621,548	330,621,548	0	34,685,779	73.00
73.01	07301	DIABETES CENTER	3,587	0	0	0	2,340,564	73.01
74.00	07400	RENAL DIALYSIS	388	6,607,285	6,607,285	0	1,737,314	74.00
76.00	03480	ONCOLOGY	63,460	41,122,253	41,122,253	0	7,592,404	76.00
76.01	03952	ANTICOAGULATION	1,158	845,198	845,198	0	508,515	76.01
76.02	03951	INFUSION SERVICES	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,095,218	1,095,218	0	90,156	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	6,718	9,764,744	9,764,744	0	783,810	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0	31,646	31,646	0	57,918	90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	1,471	613,156	613,156	0	133,642	90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	1,283	1,347,089	1,347,089	0	603,117	90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	0	0	0	0	12,793	90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	2,734	352,617	352,617	0	157,325	90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	117	117,723	117,723	0	177,062	90.07
91.00	09100	EMERGENCY	36,352	151,188,888	151,188,888	0	10,409,756	91.00
91.01	04950	WOUND CARE	5,200	469,708	469,708	0	1,566,539	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	10,028	7,267,719	7,267,719	0	2,428,765	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	1,333,428	95.00
101.00	10100	HOME HEALTH AGENCY	87,806	9,268,392	9,268,392	0	6,688,871	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:
3/18/2025 4:57 pm

Cost Center Description		PURCHASING (COSTED REQ UISI)	ADMITTING (GROSS CHAR GES)	PATIENT ACCOUNTING (GROSS CHAR GES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	20,795	30,485,251	30,485,251	0	9,349,200	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	39,214,448	1,939,889,166	1,939,889,166	-69,506,107	331,502,796	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,849	0	0	0	209,375	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	41,393	192.00
194.00	07950 MOB	0	0	0	0	0	194.00
194.01	07951 HOME INFUSION PHARMACY LAFAYETTE	3,935	0	0	0	338,584	194.01
194.02	07952 PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954 OTHER NRCC	1,292	0	0	0	248,203	194.03
194.04	07953 JV-SAGAMORE ASC	1,623	0	0	0	734,239	194.04
194.05	07956 RETAIL PHARMACY	0	0	0	0	484,143	194.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	54,297,713	334	1,254,925		69,506,107	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.384328	0.000000	0.000647		0.208377	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	473,680	2	14,340		3,256,660	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.012077	0.000000	0.000007		0.009763	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: 15-0109

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

Worksheet B-1

Date/Time Prepared:
3/18/2025 4:57 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT	544,745					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,692	1,183,654				8.00
9.00	00900	HOUSEKEEPING	12,702	27,374	527,351			9.00
10.00	01000	DIETARY	8,385	33,244	8,385	166,475		10.00
11.00	01100	CAFETERIA	27,075	0	27,075	0	2,258,528	11.00
13.00	01300	NURSING ADMINISTRATION	4,380	0	4,380	0	97,137	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,567	29,999	5,567	0	22,338	14.00
15.00	01500	PHARMACY	6,123	0	6,123	0	63,548	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,678	0	1,678	0	3,658	16.00
20.00	02000	NURSING PROGRAM	40,750	0	40,750	0	56,954	20.00
23.00	02301	PHARMACY RESIDENCY	503	0	503	0	2,297	23.00
23.01	02300	EMS EDUCATION	4,718	0	4,718	0	3,922	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	39,845	417,849	39,845	116,414	453,819	30.00
31.00	03100	INTENSIVE CARE UNIT	11,383	63,654	11,383	16,288	114,799	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	8,035	26,532	8,035	10,122	42,226	35.00
41.00	04100	SUBPROVIDER - IRF	14,424	22,470	14,424	13,502	38,478	41.00
43.00	04300	NURSERY	16,711	43,604	16,711	10,149	21,674	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	40,484	207,591	40,484	0	97,267	50.00
51.00	05100	RECOVERY ROOM	2,622	38,173	2,622	0	12,341	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	56,153	46,621	56,153	0	72,501	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,168	72,841	37,168	0	108,650	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	4,084	0	4,084	0	11,573	55.00
56.00	05600	RADIOISOTOPE	21,502	0	21,502	0	12,160	56.00
56.01	03950	CARDIAC CATH LAB	13,388	4,813	13,388	0	24,546	56.01
57.00	05700	CT SCAN	1,527	0	1,527	0	21,331	57.00
58.00	05800	MRI	1,351	0	1,351	0	6,701	58.00
60.00	06000	LABORATORY	6,495	7,547	6,495	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	2,744	8,837	2,744	0	47,105	65.00
66.00	06600	PHYSICAL THERAPY	851	16,446	851	0	106,672	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	36,727	67.00
68.00	06800	SPEECH PATHOLOGY	98	0	98	0	19,775	68.00
69.00	06900	ELECTROCARDIOLOGY	10,951	6,703	10,951	0	49,724	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,316	0	5,316	0	19,271	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
73.01	07301	DIABETES CENTER	7,653	0	7,653	0	34,961	73.01
74.00	07400	RENAL DIALYSIS	1,841	0	1,841	0	2,467	74.00
76.00	03480	ONCOLOGY	38,199	0	38,199	0	107,382	76.00
76.01	03952	ANTICOAGULATION	2,336	0	2,336	0	5,262	76.01
76.02	03951	INFUSION SERVICES	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	106	0	106	0	0	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	0	0	0	0	11,848	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0	0	0	0	722	90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	1,915	0	1,915	0	1,415	90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	6,031	0	6,031	0	5,996	90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	287	0	287	0	0	90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	1,616	0	1,616	0	1,697	90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	2,734	0	2,734	0	1,672	90.07
91.00	09100	EMERGENCY	27,372	109,356	27,372	0	144,538	91.00
91.01	04950	WOUND CARE	9,441	0	9,441	0	21,321	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	8,072	0	8,072	0	33,081	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	110,508	95.00
101.00	10100	HOME HEALTH AGENCY	10,351	0	10,351	0	74,896	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:
3/18/2025 4:57 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	116,146	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	529,659	1,183,654	512,265	166,475	2,241,106
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,124	0	3,124	0	2,080
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,108	0	1,108	0	0
194.00	07950	MOB	0	0	0	0	0
194.01	07951	HOME INFUSION PHARMACY LAFAYETTE	6,524	0	6,524	0	694
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0
194.03	07954	OTHER NRCC	4,330	0	4,330	0	1,067
194.04	07953	JV-SAGAMORE ASC	0	0	0	0	13,581
194.05	07956	RETAIL PHARMACY	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	19,162,462	1,370,292	7,488,760	2,806,806	5,541,706
203.00		Unit cost multiplier (Wkst. B, Part I)	35.176940	1.157680	14.200713	16.860225	2.453680
204.00		Cost to be allocated (per Wkst. B, Part II)	4,961,459	239,382	722,293	485,996	1,401,996
205.00		Unit cost multiplier (Wkst. B, Part II)	9.107856	0.202240	1.369663	2.919333	0.620757
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: 15-0109

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

Worksheet B-1

Date/Time Prepared:
3/18/2025 4:57 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQ UISI)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	NURSING PROGRAM (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	20.00	
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	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	1,378,862					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	38,631,277				14.00
15.00	01500	PHARMACY	11	27,548	34,951,228			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	170	0	1,939,889,166		16.00
20.00	02000	NURSING PROGRAM	91	19,917	0	0	372,603	20.00
23.00	02301	PHARMACY RESIDENCY	0	144	0	0		23.00
23.01	02300	EMS EDUCATION	0	1,131	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	604,550	104,389	0	116,759,351	170,509	30.00
31.00	03100	INTENSIVE CARE UNIT	118,658	19,646	0	38,202,314	50,726	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	68,381	7,705	0	17,610,458	33,566	35.00
41.00	04100	SUBPROVIDER - IRF	45,012	5,353	0	8,858,048	0	41.00
43.00	04300	NURSERY	0	0	0	4,510,506	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	58,283	89,390	0	285,040,548	3,181	50.00
51.00	05100	RECOVERY ROOM	20,860	1,054	0	21,484,469	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	14,957,300	14,314	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,301	56,775	0	112,300,133	1,507	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	4,142	0	21,210,470	0	55.00
56.00	05600	RADIOISOTOPE	640	4,102	0	14,582,414	0	56.00
56.01	03950	CARDIAC CATH LAB	18,993	8,430	0	42,814,776	0	56.01
57.00	05700	CT SCAN	73	639	0	67,067,994	0	57.00
58.00	05800	MRI	42	6,960	0	13,290,765	0	58.00
60.00	06000	LABORATORY	0	1,471	0	126,524,538	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,360	0	17,239,294	0	65.00
66.00	06600	PHYSICAL THERAPY	4	20,571	0	30,057,468	2,874	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,654	0	16,876,852	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	987	0	8,738,594	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,037	9,505	0	46,546,680	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,148	0	7,071,072	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	20,228,899	0	181,770,617	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,753,154	0	135,176,070	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,237	34,468,953	330,621,548	0	73.00
73.01	07301	DIABETES CENTER	5,237	3,587	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	8	388	0	6,607,285	0	74.00
76.00	03480	ONCOLOGY	74,835	63,460	0	41,122,253	0	76.00
76.01	03952	ANTICOAGULATION	0	1,158	0	845,198	0	76.01
76.02	03951	INFUSION SERVICES	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	1,095,218	0	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	0	6,718	0	9,764,744	13,560	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0	0	0	31,646	0	90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	0	1,471	0	613,156	0	90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	0	1,283	0	1,347,089	0	90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	0	0	0	0	0	90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	0	2,734	0	352,617	0	90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	0	117	0	117,723	0	90.07
91.00	09100	EMERGENCY	157,517	36,352	0	151,188,888	77,595	91.00
91.01	04950	WOUND CARE	11,107	5,200	0	469,708	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	34,450	10,028	0	7,267,719	4,771	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:
3/18/2025 4:57 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQ UISI)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	NURSING PROGRAM (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	20.00	
101.00	10100	HOME HEALTH AGENCY	51,221	87,806	0	9,268,392	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	80,551	20,795	0	30,485,251	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,378,862	38,622,578	34,468,953	1,939,889,166	372,603	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,849	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	HOME INFUSION PHARMACY LAFAYETTE	0	3,935	24,131	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NRCC	0	1,292	0	0	0	194.03
194.04	07953	JV-SAGAMORE ASC	0	1,623	15,682	0	0	194.04
194.05	07956	RETAIL PHARMACY	0	0	442,462	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,787,470	2,192,170	6,963,011	2,704,088	5,592,388	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.372987	0.056746	0.199221	0.001394	15.008972	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	391,350	323,691	444,413	125,335	2,107,560	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.283821	0.008379	0.012715	0.000065	5.656315	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:
3/18/2025 4:57 pm

Cost Center Description		PHARMACY RESIDENCY (ASSIGNED TIME)	EMS EDUCATION (ASSIGNED TIME)	
		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	01160	COMMUNICATIONS		5.01
5.02	01140	MGMT INFO SYSTEMS		5.02
5.03	00550	PURCHASING		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	PATIENT ACCOUNTING		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
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
20.00	02000	NURSING PROGRAM		20.00
23.00	02301	PHARMACY RESIDENCY	100	23.00
23.01	02300	EMS EDUCATION	100	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
56.01	03950	CARDIAC CATH LAB	0	56.01
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
60.00	06000	LABORATORY	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	100	73.00
73.01	07301	DIABETES CENTER	0	73.01
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03480	ONCOLOGY	0	76.00
76.01	03952	ANTICOAGULATION	0	76.01
76.02	03951	INFUSION SERVICES	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	78.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	0	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0	90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	0	90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	0	90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	0	90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	0	90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	0	90.07
91.00	09100	EMERGENCY	100	91.00
91.01	04950	WOUND CARE	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PHARMACY RESIDENCY (ASSIGNED TIME)	EMS EDUCATION (ASSIGNED TIME)	
		23.00	23.01	
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	102.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	100	100	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
194.00	07950 MOB	0	0	194.00
194.01	07951 HOME INFUSION PHARMACY LAFAYETTE	0	0	194.01
194.02	07952 PATIENT TRANSPORT	0	0	194.02
194.03	07954 OTHER NRCC	0	0	194.03
194.04	07953 JV-SAGAMORE ASC	0	0	194.04
194.05	07956 RETAIL PHARMACY	0	0	194.05
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	239,160	663,280	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2,391.600000	6,632.800000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	28,948	241,453	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	289.480000	2,414.530000	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: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet C
Part I
Date/Time Prepared:
3/18/2025 4:57 pm

			Title XVIII		Hospital		PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
					Total Costs	RCE Disallowance			
			1.00	2.00	3.00	4.00	5.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	49,135,334		49,135,334	0	49,135,334	30.00	
31.00	03100	INTENSIVE CARE UNIT	10,998,514		10,998,514	0	10,998,514	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	5,442,069		5,442,069	0	5,442,069	35.00	
41.00	04100	SUBPROVIDER - IRF	5,596,886		5,596,886	0	5,596,886	41.00	
43.00	04300	NURSERY	3,509,848		3,509,848	0	3,509,848	43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,936,305		14,936,305	0	14,936,305	50.00	
51.00	05100	RECOVERY ROOM	1,660,368		1,660,368	0	1,660,368	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,368,636		11,368,636	0	11,368,636	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,063,494		16,063,494	0	16,063,494	54.00	
55.00	05500	RADIOLOGY - THERAPEUTIC	1,459,261		1,459,261	0	1,459,261	55.00	
56.00	05600	RADIOISOTOPE	3,392,358		3,392,358	0	3,392,358	56.00	
56.01	03950	CARDIAC CATH LAB	4,499,273		4,499,273	0	4,499,273	56.01	
57.00	05700	CT SCAN	2,370,716		2,370,716	0	2,370,716	57.00	
58.00	05800	MRI	972,174		972,174	0	972,174	58.00	
60.00	06000	LABORATORY	14,070,691		14,070,691	0	14,070,691	60.00	
65.00	06500	RESPIRATORY THERAPY	4,798,548	0	4,798,548	0	4,798,548	65.00	
66.00	06600	PHYSICAL THERAPY	7,940,209	0	7,940,209	0	7,940,209	66.00	
67.00	06700	OCCUPATIONAL THERAPY	2,788,222	0	2,788,222	0	2,788,222	67.00	
68.00	06800	SPEECH PATHOLOGY	1,515,898	0	1,515,898	0	1,515,898	68.00	
69.00	06900	ELECTROCARDIOLOGY	5,265,091		5,265,091	0	5,265,091	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,874,890		1,874,890	0	1,874,890	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	59,826,401		59,826,401	0	59,826,401	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	52,451,343		52,451,343	0	52,451,343	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	49,480,487		49,480,487	0	49,480,487	73.00	
73.01	07301	DIABETES CENTER	3,325,533		3,325,533	0	3,325,533	73.01	
74.00	07400	RENAL DIALYSIS	2,205,572		2,205,572	0	2,205,572	74.00	
76.00	03480	ONCOLOGY	11,861,991		11,861,991	0	11,861,991	76.00	
76.01	03952	ANTICOAGULATION	743,979		743,979	0	743,979	76.01	
76.02	03951	INFUSION SERVICES	0		0	0	0	76.02	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0		0	0	0	77.00	
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0		0	0	0	78.00	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	115,703		115,703	0	115,703	90.00	
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	1,193,724		1,193,724	0	1,193,724	90.01	
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	71,803		71,803	0	71,803	90.02	
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	260,458		260,458	0	260,458	90.03	
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	1,043,253		1,043,253	0	1,043,253	90.04	
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	29,631		29,631	0	29,631	90.05	
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	274,713		274,713	0	274,713	90.06	
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	353,231		353,231	0	353,231	90.07	
91.00	09100	EMERGENCY	17,456,299		17,456,299	0	17,456,299	91.00	
91.01	04950	WOUND CARE	2,483,194		2,483,194	0	2,483,194	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,371,290		6,371,290	0	6,371,290	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,716,467		3,716,467	0	3,716,467	92.01	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,882,435		1,882,435	0	1,882,435	95.00	
101.00	10100	HOME HEALTH AGENCY	9,121,892		9,121,892	0	9,121,892	101.00	
102.00	10200	OPIOID TREATMENT PROGRAM	0		0	0	0	102.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	12,139,369		12,139,369	0	12,139,369	116.00	
200.00		Subtotal (see instructions)	406,067,553	0	406,067,553	0	406,067,553	200.00	
201.00		Less Observation Beds	6,371,290		6,371,290	0	6,371,290	201.00	
202.00		Total (see instructions)	399,696,263	0	399,696,263	0	399,696,263	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet C
Part I
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			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	97,205,482		97,205,482		30.00
31.00	03100	INTENSIVE CARE UNIT	38,202,314		38,202,314		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	17,610,458		17,610,458		35.00
41.00	04100	SUBPROVIDER - IRF	8,858,048		8,858,048		41.00
43.00	04300	NURSERY	4,510,506		4,510,506		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	103,001,290	182,039,258	285,040,548	0.052401	0.000000
51.00	05100	RECOVERY ROOM	6,340,349	15,144,120	21,484,469	0.077282	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,861,144	96,156	14,957,300	0.760073	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,222,317	99,077,816	112,300,133	0.143041	0.000000
55.00	05500	RADIOLOGY - THERAPEUTIC	5,358,538	15,851,932	21,210,470	0.068799	0.000000
56.00	05600	RADIOISOTOPE	3,861,865	10,720,549	14,582,414	0.232633	0.000000
56.01	03950	CARDIAC CATH LAB	22,400,542	20,414,234	42,814,776	0.105087	0.000000
57.00	05700	CT SCAN	17,750,113	49,317,881	67,067,994	0.035348	0.000000
58.00	05800	MRI	3,548,689	9,742,076	13,290,765	0.073147	0.000000
60.00	06000	LABORATORY	56,515,934	70,008,604	126,524,538	0.111209	0.000000
65.00	06500	RESPIRATORY THERAPY	15,984,367	1,254,927	17,239,294	0.278349	0.000000
66.00	06600	PHYSICAL THERAPY	9,218,709	20,838,759	30,057,468	0.264168	0.000000
67.00	06700	OCCUPATIONAL THERAPY	7,418,224	9,458,628	16,876,852	0.165210	0.000000
68.00	06800	SPEECH PATHOLOGY	2,479,008	6,259,586	8,738,594	0.173472	0.000000
69.00	06900	ELECTROCARDIOLOGY	14,727,760	31,818,920	46,546,680	0.113114	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	1,546,831	5,524,241	7,071,072	0.265149	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	77,486,934	104,283,683	181,770,617	0.329131	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	52,192,899	82,983,171	135,176,070	0.388022	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	51,459,927	279,161,621	330,621,548	0.149659	0.000000
73.01	07301	DIABETES CENTER	0	0	0	0.000000	0.000000
74.00	07400	RENAL DIALYSIS	3,778,452	2,828,833	6,607,285	0.333809	0.000000
76.00	03480	ONCOLOGY	2,674,233	38,448,020	41,122,253	0.288457	0.000000
76.01	03952	ANTICOAGULATION	1,560	843,638	845,198	0.880242	0.000000
76.02	03951	INFUSION SERVICES	0	0	0	0.000000	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	0.000000
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	132,161	963,057	1,095,218	0.105644	0.000000
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	374,770	9,389,974	9,764,744	0.122248	0.000000
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0	31,646	31,646	2.268944	0.000000
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	1,563	611,593	613,156	0.424783	0.000000
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	1,153	1,345,936	1,347,089	0.774450	0.000000
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	0	0	0	0.000000	0.000000
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	1,770	350,847	352,617	0.779069	0.000000
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	0	117,723	117,723	3.000527	0.000000
91.00	09100	EMERGENCY	28,671,405	122,517,483	151,188,888	0.115460	0.000000
91.01	04950	WOUND CARE	11,873	457,835	469,708	5.286676	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,684,148	15,869,721	19,553,869	0.325833	0.000000
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	23,691	7,244,028	7,267,719	0.511366	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000
101.00	10100	HOME HEALTH AGENCY	0	9,268,392	9,268,392		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	30,485,251	30,485,251		116.00
200.00		Subtotal (see instructions)	685,119,027	1,254,770,139	1,939,889,166		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	685,119,027	1,254,770,139	1,939,889,166		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 15-0109	Period: From 01/01/2024 To 12/31/2024	Worksheet C Part I Date/Time Prepared: 3/18/2025 4:57 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		
35.00	02060	NEONATAL INTENSIVE CARE UNIT		35.00		
41.00	04100	SUBPROVIDER - IRF		41.00		
43.00	04300	NURSERY		43.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.052401	50.00		
51.00	05100	RECOVERY ROOM	0.077282	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.760073	52.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.143041	54.00		
55.00	05500	RADIOLOGY - THERAPEUTIC	0.068799	55.00		
56.00	05600	RADIOISOTOPE	0.232633	56.00		
56.01	03950	CARDIAC CATH LAB	0.105087	56.01		
57.00	05700	CT SCAN	0.035348	57.00		
58.00	05800	MRI	0.073147	58.00		
60.00	06000	LABORATORY	0.111209	60.00		
65.00	06500	RESPIRATORY THERAPY	0.278349	65.00		
66.00	06600	PHYSICAL THERAPY	0.264168	66.00		
67.00	06700	OCCUPATIONAL THERAPY	0.165210	67.00		
68.00	06800	SPEECH PATHOLOGY	0.173472	68.00		
69.00	06900	ELECTROCARDIOLOGY	0.113114	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	0.265149	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.329131	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.388022	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0.149659	73.00		
73.01	07301	DIABETES CENTER	0.000000	73.01		
74.00	07400	RENAL DIALYSIS	0.333809	74.00		
76.00	03480	ONCOLOGY	0.288457	76.00		
76.01	03952	ANTICOAGULATION	0.880242	76.01		
76.02	03951	INFUSION SERVICES	0.000000	76.02		
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	76.98		
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	77.00		
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	78.00		
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.105644	90.00		
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	0.122248	90.01		
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	2.268944	90.02		
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	0.424783	90.03		
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	0.774450	90.04		
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	0.000000	90.05		
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	0.779069	90.06		
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	3.000527	90.07		
91.00	09100	EMERGENCY	0.115460	91.00		
91.01	04950	WOUND CARE	5.286676	91.01		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.325833	92.00		
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.511366	92.01		
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000	95.00		
101.00	10100	HOME HEALTH AGENCY		101.00		
102.00	10200	OPIOID TREATMENT PROGRAM		102.00		
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		113.00		
116.00	11600	HOSPICE		116.00		
200.00		Subtotal (see instructions)		200.00		
201.00		Less Observation Beds		201.00		
202.00		Total (see instructions)		202.00		

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet C
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			Title XIX		Hospital		Cost		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
					Total Costs	RCE Disallowance			
			1.00	2.00	3.00	4.00	5.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	49,135,334		49,135,334	0	49,135,334	30.00	
31.00	03100	INTENSIVE CARE UNIT	10,998,514		10,998,514	0	10,998,514	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	5,442,069		5,442,069	0	5,442,069	35.00	
41.00	04100	SUBPROVIDER - IRF	5,596,886		5,596,886	0	5,596,886	41.00	
43.00	04300	NURSERY	3,509,848		3,509,848	0	3,509,848	43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,936,305		14,936,305	0	14,936,305	50.00	
51.00	05100	RECOVERY ROOM	1,660,368		1,660,368	0	1,660,368	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,368,636		11,368,636	0	11,368,636	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,063,494		16,063,494	0	16,063,494	54.00	
55.00	05500	RADIOLOGY - THERAPEUTIC	1,459,261		1,459,261	0	1,459,261	55.00	
56.00	05600	RADIOISOTOPE	3,392,358		3,392,358	0	3,392,358	56.00	
56.01	03950	CARDIAC CATH LAB	4,499,273		4,499,273	0	4,499,273	56.01	
57.00	05700	CT SCAN	2,370,716		2,370,716	0	2,370,716	57.00	
58.00	05800	MRI	972,174		972,174	0	972,174	58.00	
60.00	06000	LABORATORY	14,070,691		14,070,691	0	14,070,691	60.00	
65.00	06500	RESPIRATORY THERAPY	4,798,548	0	4,798,548	0	4,798,548	65.00	
66.00	06600	PHYSICAL THERAPY	7,940,209	0	7,940,209	0	7,940,209	66.00	
67.00	06700	OCCUPATIONAL THERAPY	2,788,222	0	2,788,222	0	2,788,222	67.00	
68.00	06800	SPEECH PATHOLOGY	1,515,898	0	1,515,898	0	1,515,898	68.00	
69.00	06900	ELECTROCARDIOLOGY	5,265,091		5,265,091	0	5,265,091	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,874,890		1,874,890	0	1,874,890	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	59,826,401		59,826,401	0	59,826,401	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	52,451,343		52,451,343	0	52,451,343	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	49,480,487		49,480,487	0	49,480,487	73.00	
73.01	07301	DIABETES CENTER	3,325,533		3,325,533	0	3,325,533	73.01	
74.00	07400	RENAL DIALYSIS	2,205,572		2,205,572	0	2,205,572	74.00	
76.00	03480	ONCOLOGY	11,861,991		11,861,991	0	11,861,991	76.00	
76.01	03952	ANTICOAGULATION	743,979		743,979	0	743,979	76.01	
76.02	03951	INFUSION SERVICES	0		0	0	0	76.02	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0		0	0	0	77.00	
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0		0	0	0	78.00	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	115,703		115,703	0	115,703	90.00	
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	1,193,724		1,193,724	0	1,193,724	90.01	
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	71,803		71,803	0	71,803	90.02	
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	260,458		260,458	0	260,458	90.03	
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	1,043,253		1,043,253	0	1,043,253	90.04	
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	29,631		29,631	0	29,631	90.05	
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	274,713		274,713	0	274,713	90.06	
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	353,231		353,231	0	353,231	90.07	
91.00	09100	EMERGENCY	17,456,299		17,456,299	0	17,456,299	91.00	
91.01	04950	WOUND CARE	2,483,194		2,483,194	0	2,483,194	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,371,290		6,371,290	0	6,371,290	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,716,467		3,716,467	0	3,716,467	92.01	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,882,435		1,882,435	0	1,882,435	95.00	
101.00	10100	HOME HEALTH AGENCY	9,121,892		9,121,892	0	9,121,892	101.00	
102.00	10200	OPIOID TREATMENT PROGRAM	0		0	0	0	102.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	12,139,369		12,139,369	0	12,139,369	116.00	
200.00		Subtotal (see instructions)	406,067,553	0	406,067,553	0	406,067,553	200.00	
201.00		Less Observation Beds	6,371,290		6,371,290	0	6,371,290	201.00	
202.00		Total (see instructions)	399,696,263	0	399,696,263	0	399,696,263	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0109

Period:
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			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	97,205,482		97,205,482		30.00
31.00	03100	INTENSIVE CARE UNIT	38,202,314		38,202,314		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	17,610,458		17,610,458		35.00
41.00	04100	SUBPROVIDER - IRF	8,858,048		8,858,048		41.00
43.00	04300	NURSERY	4,510,506		4,510,506		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	103,001,290	182,039,258	285,040,548	0.052401	0.000000
51.00	05100	RECOVERY ROOM	6,340,349	15,144,120	21,484,469	0.077282	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,861,144	96,156	14,957,300	0.760073	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,222,317	99,077,816	112,300,133	0.143041	0.000000
55.00	05500	RADIOLOGY - THERAPEUTIC	5,358,538	15,851,932	21,210,470	0.068799	0.000000
56.00	05600	RADIOISOTOPE	3,861,865	10,720,549	14,582,414	0.232633	0.000000
56.01	03950	CARDIAC CATH LAB	22,400,542	20,414,234	42,814,776	0.105087	0.000000
57.00	05700	CT SCAN	17,750,113	49,317,881	67,067,994	0.035348	0.000000
58.00	05800	MRI	3,548,689	9,742,076	13,290,765	0.073147	0.000000
60.00	06000	LABORATORY	56,515,934	70,008,604	126,524,538	0.111209	0.000000
65.00	06500	RESPIRATORY THERAPY	15,984,367	1,254,927	17,239,294	0.278349	0.000000
66.00	06600	PHYSICAL THERAPY	9,218,709	20,838,759	30,057,468	0.264168	0.000000
67.00	06700	OCCUPATIONAL THERAPY	7,418,224	9,458,628	16,876,852	0.165210	0.000000
68.00	06800	SPEECH PATHOLOGY	2,479,008	6,259,586	8,738,594	0.173472	0.000000
69.00	06900	ELECTROCARDIOLOGY	14,727,760	31,818,920	46,546,680	0.113114	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	1,546,831	5,524,241	7,071,072	0.265149	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	77,486,934	104,283,683	181,770,617	0.329131	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	52,192,899	82,983,171	135,176,070	0.388022	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	51,459,927	279,161,621	330,621,548	0.149659	0.000000
73.01	07301	DIABETES CENTER	0	0	0	0.000000	0.000000
74.00	07400	RENAL DIALYSIS	3,778,452	2,828,833	6,607,285	0.333809	0.000000
76.00	03480	ONCOLOGY	2,674,233	38,448,020	41,122,253	0.288457	0.000000
76.01	03952	ANTICOAGULATION	1,560	843,638	845,198	0.880242	0.000000
76.02	03951	INFUSION SERVICES	0	0	0	0.000000	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	0.000000
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000	0.000000
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	132,161	963,057	1,095,218	0.105644	0.000000
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	374,770	9,389,974	9,764,744	0.122248	0.000000
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0	31,646	31,646	2.268944	0.000000
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	1,563	611,593	613,156	0.424783	0.000000
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	1,153	1,345,936	1,347,089	0.774450	0.000000
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	0	0	0	0.000000	0.000000
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	1,770	350,847	352,617	0.779069	0.000000
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	0	117,723	117,723	3.000527	0.000000
91.00	09100	EMERGENCY	28,671,405	122,517,483	151,188,888	0.115460	0.000000
91.01	04950	WOUND CARE	11,873	457,835	469,708	5.286676	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,684,148	15,869,721	19,553,869	0.325833	0.000000
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	23,691	7,244,028	7,267,719	0.511366	0.000000
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000
101.00	10100	HOME HEALTH AGENCY	0	9,268,392	9,268,392		
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	0	30,485,251	30,485,251		
200.00		Subtotal (see instructions)	685,119,027	1,254,770,139	1,939,889,166		
201.00		Less Observation Beds					
202.00		Total (see instructions)	685,119,027	1,254,770,139	1,939,889,166		

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet C
Part I
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Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				35.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.01	03950	CARDIAC CATH LAB	0.000000			56.01
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
60.00	06000	LABORATORY	0.000000			60.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
73.01	07301	DIABETES CENTER	0.000000			73.01
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03480	ONCOLOGY	0.000000			76.00
76.01	03952	ANTICOAGULATION	0.000000			76.01
76.02	03951	INFUSION SERVICES	0.000000			76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000			77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000			78.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	0.000000			90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0.000000			90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	0.000000			90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	0.000000			90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	0.000000			90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	0.000000			90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	0.000000			90.07
91.00	09100	EMERGENCY	0.000000			91.00
91.01	04950	WOUND CARE	0.000000			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
101.00	10100	HOME HEALTH AGENCY				101.00
102.00	10200	OPIOID TREATMENT PROGRAM				102.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet D
Part I
Date/Time Prepared:
3/18/2025 4:57 pm

			Title XVIII		Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,452,542	0	3,452,542	34,411	100.33	30.00	
31.00	INTENSIVE CARE UNIT	864,499		864,499	4,256	203.12	31.00	
35.00	NEONATAL INTENSIVE CARE UNIT	544,643		544,643	2,645	205.91	35.00	
41.00	SUBPROVIDER - IRF	870,681	0	870,681	3,528	246.79	41.00	
43.00	NURSERY	909,230		909,230	2,652	342.85	43.00	
200.00	Total (lines 30 through 199)	6,641,595		6,641,595	47,492		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	6,892	691,474					30.00
31.00	INTENSIVE CARE UNIT	2,873	583,564					31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0					35.00
41.00	SUBPROVIDER - IRF	1,873	462,238					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	11,638	1,737,276					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet D
Part II
Date/Time Prepared:
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Cost Center Description		Title XVIII		Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,305,797	285,040,548	0.008089	27,961,136	226,178	50.00
51.00	05100 RECOVERY ROOM	176,451	21,484,469	0.008213	1,681,650	13,811	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,962,183	14,957,300	0.198043	25,514	5,053	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,154,331	112,300,133	0.019184	4,157,496	79,757	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	225,594	21,210,470	0.010636	1,589,660	16,908	55.00
56.00	05600 RADIOISOTOPE	1,099,303	14,582,414	0.075386	1,282,881	96,711	56.00
56.01	03950 CARDIAC CATH LAB	728,277	42,814,776	0.017010	5,135,898	87,362	56.01
57.00	05700 CT SCAN	119,335	67,067,994	0.001779	6,091,180	10,836	57.00
58.00	05800 MRI	81,988	13,290,765	0.006169	1,243,892	7,674	58.00
60.00	06000 LABORATORY	487,719	126,524,538	0.003855	16,166,537	62,322	60.00
65.00	06500 RESPIRATORY THERAPY	257,355	17,239,294	0.014928	3,836,786	57,276	65.00
66.00	06600 PHYSICAL THERAPY	220,562	30,057,468	0.007338	2,033,599	14,923	66.00
67.00	06700 OCCUPATIONAL THERAPY	59,337	16,876,852	0.003516	1,571,638	5,526	67.00
68.00	06800 SPEECH PATHOLOGY	36,873	8,738,594	0.004220	394,858	1,666	68.00
69.00	06900 ELECTROCARDIOLOGY	642,700	46,546,680	0.013808	4,895,777	67,601	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	295,997	7,071,072	0.041860	421,315	17,636	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	899,035	181,770,617	0.004946	23,046,546	113,988	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	787,006	135,176,070	0.005822	19,715,168	114,782	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	800,775	330,621,548	0.002422	13,599,582	32,938	73.00
73.01	07301 DIABETES CENTER	445,080	0	0.000000	0	0	73.01
74.00	07400 RENAL DIALYSIS	111,247	6,607,285	0.016837	1,094,821	18,434	74.00
76.00	03480 ONCOLOGY	2,101,635	41,122,253	0.051107	1,048,263	53,574	76.00
76.01	03952 ANTICOAGULATION	126,343	845,198	0.149483	118	18	76.01
76.02	03951 INFUSION SERVICES	0	0	0.000000	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	0.000000	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	38,993	1,095,218	0.035603	888	32	90.00
90.01	09001 CLINIC - OUTPATIENT INFUSION SERVICE	20,317	9,764,744	0.002081	5,432	11	90.01
90.02	09002 CLINIC - HOME INF PHARMACOTHERAPY	1,300	31,646	0.041079	0	0	90.02
90.03	09003 CLINIC-ENDOCRINOLOGY PBC-LE	97,805	613,156	0.159511	0	0	90.03
90.04	09004 CLINIC-PULMONOLOGY PBC-LE	311,324	1,347,089	0.231109	410	95	90.04
90.05	09005 CLINIC-INFECTIOUS DISEASE PBC-LE	14,371	0	0.000000	0	0	90.05
90.06	09006 CLINIC-NEPHROLOGY PBC-LE	83,497	352,617	0.236792	410	97	90.06
90.07	09007 CLINIC-PHYSICAL MEDICINE & REHAB PBC	139,073	117,723	1.181358	0	0	90.07
91.00	09100 EMERGENCY	1,682,145	151,188,888	0.011126	9,965,068	110,871	91.00
91.01	04950 WOUND CARE	508,525	469,708	1.082641	4,292	4,647	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	447,685	19,553,869	0.022895	1,795,711	41,113	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	467,495	7,267,719	0.064325	4,238	273	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	20,937,453	1,733,748,715		148,770,764	1,262,113	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 15-0109		Period: From 01/01/2024 To 12/31/2024		Worksheet D Part III Date/Time Prepared: 3/18/2025 4:57 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	2,559,164	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	761,345	0	0	0	0	31.00		
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	503,791	0	0	0	0	35.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	3,824,300	0	0	0	0	200.00		
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	2,559,164	34,411	74.37	6,892	30.00			
31.00	03100	INTENSIVE CARE UNIT		761,345	4,256	178.89	2,873	31.00			
35.00	02060	NEONATAL INTENSIVE CARE UNIT		503,791	2,645	190.47	0	35.00			
41.00	04100	SUBPROVIDER - IRF	0	0	3,528	0.00	1,873	41.00			
43.00	04300	NURSERY		0	2,652	0.00	0	43.00			
200.00		Total (lines 30 through 199)		3,824,300	47,492		11,638	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	512,558					30.00			
31.00	03100	INTENSIVE CARE UNIT	513,951					31.00			
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0					35.00			
41.00	04100	SUBPROVIDER - IRF	0					41.00			
43.00	04300	NURSERY	0					43.00			
200.00		Total (lines 30 through 199)	1,026,509					200.00			

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet D
Part IV
Date/Time Prepared:
3/18/2025 4:57 pm

Cost Center Description			Title XVIII			Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
			1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	47,744	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	214,838	0	0	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	22,619	0	0	54.00	
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
56.01	03950	CARDIAC CATH LAB	0	0	0	0	0	56.01	
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	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	43,136	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	239,160	73.00	
73.01	07301	DIABETES CENTER	0	0	0	0	0	73.01	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
76.00	03480	ONCOLOGY	0	0	0	0	0	76.00	
76.01	03952	ANTICOAGULATION	0	0	0	0	0	76.01	
76.02	03951	INFUSION SERVICES	0	0	0	0	0	76.02	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00	
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	0	0	203,522	0	0	90.01	
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0	0	0	0	0	90.02	
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	0	0	0	0	0	90.03	
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	0	0	0	0	0	90.04	
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	0	0	0	0	0	90.05	
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	0	0	0	0	0	90.06	
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	0	0	0	0	0	90.07	
91.00	09100	EMERGENCY	0	0	1,164,621	0	663,280	91.00	
91.01	04950	WOUND CARE	0	0	0	0	0	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	331,842	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	71,608	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00	
200.00		Total (lines 50 through 199)	0	0	2,099,930	0	902,440	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0109		Period: From 01/01/2024 To 12/31/2024		Worksheet D Part IV Date/Time Prepared: 3/18/2025 4:57 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		47,744	47,744	285,040,548	0.000167	50.00
51.00	05100	RECOVERY ROOM	0		0	0	21,484,469	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		214,838	214,838	14,957,300	0.014363	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		22,619	22,619	112,300,133	0.000201	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0		0	0	21,210,470	0.000000	55.00
56.00	05600	RADIOISOTOPE	0		0	0	14,582,414	0.000000	56.00
56.01	03950	CARDIAC CATH LAB	0		0	0	42,814,776	0.000000	56.01
57.00	05700	CT SCAN	0		0	0	67,067,994	0.000000	57.00
58.00	05800	MRI	0		0	0	13,290,765	0.000000	58.00
60.00	06000	LABORATORY	0		0	0	126,524,538	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0		0	0	17,239,294	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0		43,136	43,136	30,057,468	0.001435	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		0	0	16,876,852	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0		0	0	8,738,594	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	46,546,680	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	7,071,072	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	181,770,617	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	135,176,070	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		239,160	239,160	330,621,548	0.000723	73.00
73.01	07301	DIABETES CENTER	0		0	0	0	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0		0	0	6,607,285	0.000000	74.00
76.00	03480	ONCOLOGY	0		0	0	41,122,253	0.000000	76.00
76.01	03952	ANTICOAGULATION	0		0	0	845,198	0.000000	76.01
76.02	03951	INFUSION SERVICES	0		0	0	0	0.000000	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	0.000000	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0		0	0	0	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0		0	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		0	0	1,095,218	0.000000	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	0		203,522	203,522	9,764,744	0.020843	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0		0	0	31,646	0.000000	90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	0		0	0	613,156	0.000000	90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	0		0	0	1,347,089	0.000000	90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	0		0	0	0	0.000000	90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	0		0	0	352,617	0.000000	90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	0		0	0	117,723	0.000000	90.07
91.00	09100	EMERGENCY	0		1,827,901	1,827,901	151,188,888	0.012090	91.00
91.01	04950	WOUND CARE	0		0	0	469,708	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		331,842	331,842	19,553,869	0.016971	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		71,608	71,608	7,267,719	0.009853	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)	0		3,002,370	3,002,370	1,733,748,715		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet D
Part IV
Date/Time Prepared:
3/18/2025 4:57 pm

Cost Center Description			Title XVIII		Hospital	PPS		
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000167	27,961,136	4,670	45,252,650	7,557	50.00
51.00	05100	RECOVERY ROOM	0.000000	1,681,650	0	3,324,643	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.014363	25,514	366	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000201	4,157,496	836	8,352,608	1,679	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	1,589,660	0	11,935,374	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	1,282,881	0	3,268,104	0	56.00
56.01	03950	CARDIAC CATH LAB	0.000000	5,135,898	0	5,713,350	0	56.01
57.00	05700	CT SCAN	0.000000	6,091,180	0	10,237,584	0	57.00
58.00	05800	MRI	0.000000	1,243,892	0	1,974,791	0	58.00
60.00	06000	LABORATORY	0.000000	16,166,537	0	6,447,003	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	3,836,786	0	228,570	0	65.00
66.00	06600	PHYSICAL THERAPY	0.001435	2,033,599	2,918	221,661	318	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,571,638	0	16,456	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	394,858	0	13,897	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	4,895,777	0	8,906,532	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	421,315	0	1,019,408	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	23,046,546	0	27,621,602	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	19,715,168	0	27,671,747	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000723	13,599,582	9,832	82,845,490	59,897	73.00
73.01	07301	DIABETES CENTER	0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000	1,094,821	0	78,334	0	74.00
76.00	03480	ONCOLOGY	0.000000	1,048,263	0	12,073,720	0	76.00
76.01	03952	ANTICOAGULATION	0.000000	118	0	31	0	76.01
76.02	03951	INFUSION SERVICES	0.000000	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	888	0	324,336	0	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	0.020843	5,432	113	2,359,954	49,189	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0.000000	0	0	0	0	90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	0.000000	0	0	149,749	0	90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	0.000000	410	0	501,884	0	90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	0.000000	0	0	0	0	90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	0.000000	410	0	150,639	0	90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	0.000000	0	0	25,828	0	90.07
91.00	09100	EMERGENCY	0.012090	9,965,068	120,478	14,801,041	178,945	91.00
91.01	04950	WOUND CARE	0.000000	4,292	0	188,224	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.016971	1,795,711	30,475	4,009,210	68,040	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.009853	4,238	42	488,971	4,818	92.01
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		148,770,764	169,730	280,203,391	370,443	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 15-0109		Period: From 01/01/2024 To 12/31/2024		Worksheet D Part V Date/Time Prepared: 3/18/2025 4:57 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.052401	45,252,650	0	0	2,371,284	50.00	
51.00	05100	RECOVERY ROOM	0.077282	3,324,643	0	0	256,935	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.760073	0	0	0	0	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.143041	8,352,608	0	0	1,194,765	54.00	
55.00	05500	RADIOLOGY - THERAPEUTIC	0.068799	11,935,374	0	0	821,142	55.00	
56.00	05600	RADIOISOTOPE	0.232633	3,268,104	0	0	760,269	56.00	
56.01	03950	CARDIAC CATH LAB	0.105087	5,713,350	0	0	600,399	56.01	
57.00	05700	CT SCAN	0.035348	10,237,584	0	0	361,878	57.00	
58.00	05800	MRI	0.073147	1,974,791	0	0	144,450	58.00	
60.00	06000	LABORATORY	0.111209	6,447,003	0	0	716,965	60.00	
65.00	06500	RESPIRATORY THERAPY	0.278349	228,570	0	0	63,622	65.00	
66.00	06600	PHYSICAL THERAPY	0.264168	221,661	0	0	58,556	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.165210	16,456	0	0	2,719	67.00	
68.00	06800	SPEECH PATHOLOGY	0.173472	13,897	0	0	2,411	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.113114	8,906,532	0	0	1,007,453	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.265149	1,019,408	0	0	270,295	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.329131	27,621,602	0	0	9,091,125	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.388022	27,671,747	0	0	10,737,247	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.149659	82,845,490	0	3,488	12,398,573	73.00	
73.01	07301	DIABETES CENTER	0.000000	0	0	0	0	73.01	
74.00	07400	RENAL DIALYSIS	0.333809	78,334	0	0	26,149	74.00	
76.00	03480	ONCOLOGY	0.288457	12,073,720	0	0	3,482,749	76.00	
76.01	03952	ANTICOAGULATION	0.880242	31	31	0	27	76.01	
76.02	03951	INFUSION SERVICES	0.000000	0	0	0	0	76.02	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00	
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.105644	324,336	0	516	34,264	90.00	
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	0.122248	2,359,954	0	0	288,500	90.01	
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	2.268944	0	0	0	0	90.02	
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	0.424783	149,749	0	0	63,611	90.03	
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	0.774450	501,884	0	0	388,684	90.04	
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	0.000000	0	0	0	0	90.05	
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	0.779069	150,639	0	0	117,358	90.06	
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	3.000527	25,828	0	0	77,498	90.07	
91.00	09100	EMERGENCY	0.115460	14,801,041	0	0	1,708,928	91.00	
91.01	04950	WOUND CARE	5.286676	188,224	0	0	995,079	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.325833	4,009,210	0	0	1,306,333	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.511366	488,971	0	0	250,043	92.01	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00	
200.00		Subtotal (see instructions)		280,203,391	31	4,004	49,599,311	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00	
202.00		Net Charges (line 200 - line 201)		280,203,391	31	4,004	49,599,311	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0109		Period: From 01/01/2024 To 12/31/2024	Worksheet D Part V Date/Time Prepared: 3/18/2025 4:57 pm
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03950	CARDIAC CATH LAB	0	0		56.01
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	0	0		60.00
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	522		73.00
73.01	07301	DIABETES CENTER	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03480	ONCOLOGY	0	0		76.00
76.01	03952	ANTICOAGULATION	27	0		76.01
76.02	03951	INFUSION SERVICES	0	0		76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0		78.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	55		90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	0	0		90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0	0		90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	0	0		90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	0	0		90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	0	0		90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	0	0		90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	0	0		90.07
91.00	09100	EMERGENCY	0	0		91.00
91.01	04950	WOUND CARE	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	27	577		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	27	577		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 15-0109	Period: From 01/01/2024 To 12/31/2024	Worksheet D Part II Date/Time Prepared: 3/18/2025 4:57 pm		
				Component CCN: 15-T109				
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,305,797	285,040,548	0.008089	138,315	1,119	50.00
51.00	05100	RECOVERY ROOM	176,451	21,484,469	0.008213	9,460	78	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,962,183	14,957,300	0.198043	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,154,331	112,300,133	0.019184	125,530	2,408	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	225,594	21,210,470	0.010636	0	0	55.00
56.00	05600	RADIOISOTOPE	1,099,303	14,582,414	0.075386	0	0	56.00
56.01	03950	CARDIAC CATH LAB	728,277	42,814,776	0.017010	0	0	56.01
57.00	05700	CT SCAN	119,335	67,067,994	0.001779	65,420	116	57.00
58.00	05800	MRI	81,988	13,290,765	0.006169	16,452	101	58.00
60.00	06000	LABORATORY	487,719	126,524,538	0.003855	422,273	1,628	60.00
65.00	06500	RESPIRATORY THERAPY	257,355	17,239,294	0.014928	207,207	3,093	65.00
66.00	06600	PHYSICAL THERAPY	220,562	30,057,468	0.007338	1,793,969	13,164	66.00
67.00	06700	OCCUPATIONAL THERAPY	59,337	16,876,852	0.003516	1,567,917	5,513	67.00
68.00	06800	SPEECH PATHOLOGY	36,873	8,738,594	0.004220	574,933	2,426	68.00
69.00	06900	ELECTROCARDIOLOGY	642,700	46,546,680	0.013808	57,985	801	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	295,997	7,071,072	0.041860	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	899,035	181,770,617	0.004946	284,179	1,406	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	787,006	135,176,070	0.005822	197,904	1,152	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	800,775	330,621,548	0.002422	393,548	953	73.00
73.01	07301	DIABETES CENTER	445,080	0	0.000000	0	0	73.01
74.00	07400	RENAL DIALYSIS	111,247	6,607,285	0.016837	164,873	2,776	74.00
76.00	03480	ONCOLOGY	2,101,635	41,122,253	0.051107	0	0	76.00
76.01	03952	ANTICOAGULATION	126,343	845,198	0.149483	0	0	76.01
76.02	03951	INFUSION SERVICES	0	0	0.000000	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0.000000	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	38,993	1,095,218	0.035603	0	0	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	20,317	9,764,744	0.002081	0	0	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	1,300	31,646	0.041079	0	0	90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	97,805	613,156	0.159511	0	0	90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	311,324	1,347,089	0.231109	0	0	90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	14,371	0	0.000000	0	0	90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	83,497	352,617	0.236792	0	0	90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	139,073	117,723	1.181358	0	0	90.07
91.00	09100	EMERGENCY	1,682,145	151,188,888	0.011126	29,276	326	91.00
91.01	04950	WOUND CARE	508,525	469,708	1.082641	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	19,553,869	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	467,495	7,267,719	0.064325	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	20,489,768	1,733,748,715		6,049,241	37,060	200.00

Health Financial Systems			FRANCISCAN HEALTH LAFAYETTE			In Lieu of Form CMS-2552-10			
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0109 Component CCN: 15-T109		Period: From 01/01/2024 To 12/31/2024		Worksheet D Part IV Date/Time Prepared: 3/18/2025 4:57 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	47,744	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	214,838	0	0	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	22,619	0	0	54.00	
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
56.01	03950	CARDIAC CATH LAB	0	0	0	0	0	56.01	
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	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	43,136	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	239,160	73.00	
73.01	07301	DIABETES CENTER	0	0	0	0	0	73.01	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
76.00	03480	ONCOLOGY	0	0	0	0	0	76.00	
76.01	03952	ANTICOAGULATION	0	0	0	0	0	76.01	
76.02	03951	INFUSION SERVICES	0	0	0	0	0	76.02	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00	
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	0	0	203,522	0	0	90.01	
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0	0	0	0	0	90.02	
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	0	0	0	0	0	90.03	
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	0	0	0	0	0	90.04	
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	0	0	0	0	0	90.05	
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	0	0	0	0	0	90.06	
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	0	0	0	0	0	90.07	
91.00	09100	EMERGENCY	0	0	1,164,621	0	663,280	91.00	
91.01	04950	WOUND CARE	0	0	0	0	0	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	71,608	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00	
200.00		Total (lines 50 through 199)	0	0	1,768,088	0	902,440	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0109 Component CCN: 15-T109		Period: From 01/01/2024 To 12/31/2024		Worksheet D Part IV Date/Time Prepared: 3/18/2025 4:57 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	47,744	47,744	285,040,548	0.000167	50.00
51.00	05100	RECOVERY ROOM		0	0	0	21,484,469	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	214,838	214,838	14,957,300	0.014363	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	22,619	22,619	112,300,133	0.000201	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC		0	0	0	21,210,470	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	14,582,414	0.000000	56.00
56.01	03950	CARDIAC CATH LAB		0	0	0	42,814,776	0.000000	56.01
57.00	05700	CT SCAN		0	0	0	67,067,994	0.000000	57.00
58.00	05800	MRI		0	0	0	13,290,765	0.000000	58.00
60.00	06000	LABORATORY		0	0	0	126,524,538	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	17,239,294	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	43,136	43,136	30,057,468	0.001435	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	16,876,852	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	8,738,594	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	46,546,680	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	7,071,072	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	181,770,617	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	135,176,070	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	239,160	239,160	330,621,548	0.000723	73.00
73.01	07301	DIABETES CENTER		0	0	0	0	0.000000	73.01
74.00	07400	RENAL DIALYSIS		0	0	0	6,607,285	0.000000	74.00
76.00	03480	ONCOLOGY		0	0	0	41,122,253	0.000000	76.00
76.01	03952	ANTICOAGULATION		0	0	0	845,198	0.000000	76.01
76.02	03951	INFUSION SERVICES		0	0	0	0	0.000000	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0	0	0	0	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY		0	0	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	1,095,218	0.000000	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE		0	203,522	203,522	9,764,744	0.020843	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY		0	0	0	31,646	0.000000	90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE		0	0	0	613,156	0.000000	90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE		0	0	0	1,347,089	0.000000	90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE		0	0	0	0	0.000000	90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE		0	0	0	352,617	0.000000	90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC		0	0	0	117,723	0.000000	90.07
91.00	09100	EMERGENCY		0	1,827,901	1,827,901	151,188,888	0.012090	91.00
91.01	04950	WOUND CARE		0	0	0	469,708	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	19,553,869	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	71,608	71,608	7,267,719	0.009853	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)		0	2,670,528	2,670,528	1,733,748,715		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0109 Component CCN: 15-T109		Period: From 01/01/2024 To 12/31/2024		Worksheet D Part IV Date/Time Prepared: 3/18/2025 4:57 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000167	138,315	23	0	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	9,460	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.014363	0	0	0	0	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000201	125,530	25	0	0	54.00	
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00	
56.01	03950	CARDIAC CATH LAB	0.000000	0	0	0	0	56.01	
57.00	05700	CT SCAN	0.000000	65,420	0	0	0	57.00	
58.00	05800	MRI	0.000000	16,452	0	0	0	58.00	
60.00	06000	LABORATORY	0.000000	422,273	0	0	0	60.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	207,207	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.001435	1,793,969	2,574	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,567,917	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	574,933	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	57,985	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	284,179	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	197,904	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000723	393,548	285	0	0	73.00	
73.01	07301	DIABETES CENTER	0.000000	0	0	0	0	73.01	
74.00	07400	RENAL DIALYSIS	0.000000	164,873	0	0	0	74.00	
76.00	03480	ONCOLOGY	0.000000	0	0	0	0	76.00	
76.01	03952	ANTICOAGULATION	0.000000	0	0	0	0	76.01	
76.02	03951	INFUSION SERVICES	0.000000	0	0	0	0	76.02	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00	
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	0.020843	0	0	0	0	90.01	
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0.000000	0	0	0	0	90.02	
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	0.000000	0	0	0	0	90.03	
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	0.000000	0	0	0	0	90.04	
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	0.000000	0	0	0	0	90.05	
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	0.000000	0	0	0	0	90.06	
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	0.000000	0	0	0	0	90.07	
91.00	09100	EMERGENCY	0.012090	29,276	354	0	0	91.00	
91.01	04950	WOUND CARE	0.000000	0	0	0	0	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.009853	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)		6,049,241	3,261	0	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0109 Component CCN: 15-T109		Period: From 01/01/2024 To 12/31/2024		Worksheet D Part V Date/Time Prepared: 3/18/2025 4:57 pm	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.052401	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.077282	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.760073	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.143041	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.068799	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.232633	0	0	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0.105087	0	0	0	0	56.01
57.00	05700	CT SCAN	0.035348	0	0	0	0	57.00
58.00	05800	MRI	0.073147	0	0	0	0	58.00
60.00	06000	LABORATORY	0.111209	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.278349	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.264168	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.165210	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.173472	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.113114	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.265149	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.329131	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.388022	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.149659	0	0	75	0	73.00
73.01	07301	DIABETES CENTER	0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.333809	0	0	0	0	74.00
76.00	03480	ONCOLOGY	0.288457	0	0	0	0	76.00
76.01	03952	ANTICOAGULATION	0.880242	0	0	0	0	76.01
76.02	03951	INFUSION SERVICES	0.000000	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.105644	0	592	0	0	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	0.122248	0	0	0	0	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	2.268944	0	0	0	0	90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	0.424783	0	0	0	0	90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	0.774450	0	0	0	0	90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	0.000000	0	0	0	0	90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	0.779069	0	0	0	0	90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	3.000527	0	0	0	0	90.07
91.00	09100	EMERGENCY	0.115460	0	0	0	0	91.00
91.01	04950	WOUND CARE	5.286676	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.325833	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.511366	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)		0	592	75	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	592	75	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0109 Component CCN: 15-T109		Period: From 01/01/2024 To 12/31/2024		Worksheet D Part V Date/Time Prepared: 3/18/2025 4:57 pm		
			Title XVIII		Subprovider - IRF		PPS		
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0					55.00
56.00	05600	RADIOISOTOPE	0	0					56.00
56.01	03950	CARDIAC CATH LAB	0	0					56.01
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
60.00	06000	LABORATORY	0	0					60.00
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	11					73.00
73.01	07301	DIABETES CENTER	0	0					73.01
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.00	03480	ONCOLOGY	0	0					76.00
76.01	03952	ANTICOAGULATION	0	0					76.01
76.02	03951	INFUSION SERVICES	0	0					76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0					77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0					78.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	63	0					90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	0	0					90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0	0					90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	0	0					90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	0	0					90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	0	0					90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	0	0					90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	0	0					90.07
91.00	09100	EMERGENCY	0	0					91.00
91.01	04950	WOUND CARE	0	0					91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0					92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0						95.00
200.00		Subtotal (see instructions)	63	11					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	63	11					202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 15-0109		Period: From 01/01/2024 To 12/31/2024		Worksheet D Part V Date/Time Prepared: 3/18/2025 4:57 pm	
				Title XIX		Hospital		Cost	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges		Costs	
						Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.052401	0	18,962,605	0	0	50.00
51.00	05100	RECOVERY ROOM		0.077282	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.760073	0	35,274	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.143041	0	11,259,884	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC		0.068799	0	3,305,653	0	0	55.00
56.00	05600	RADIOISOTOPE		0.232633	0	1,002,681	0	0	56.00
56.01	03950	CARDIAC CATH LAB		0.105087	0	0	0	0	56.01
57.00	05700	CT SCAN		0.035348	0	0	0	0	57.00
58.00	05800	MRI		0.073147	0	0	0	0	58.00
60.00	06000	LABORATORY		0.111209	0	14,039,235	0	0	60.00
65.00	06500	RESPIRATORY THERAPY		0.278349	0	363,618	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.264168	0	3,009,801	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.165210	0	2,476,777	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.173472	0	3,145,867	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.113114	0	4,037,949	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.265149	0	912,660	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.329131	0	10,429,586	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.388022	0	6,450,404	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.149659	0	27,641,106	0	0	73.00
73.01	07301	DIABETES CENTER		0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS		0.333809	0	2,266,482	0	0	74.00
76.00	03480	ONCOLOGY		0.288457	0	0	0	0	76.00
76.01	03952	ANTICOAGULATION		0.880242	0	0	0	0	76.01
76.02	03951	INFUSION SERVICES		0.000000	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0.000000	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY		0.000000	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.105644	0	275,413	0	0	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE		0.122248	0	1,573,674	0	0	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY		2.268944	0	0	0	0	90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE		0.424783	0	0	0	0	90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE		0.774450	0	0	0	0	90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE		0.000000	0	0	0	0	90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE		0.779069	0	0	0	0	90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC		3.000527	0	0	0	0	90.07
91.00	09100	EMERGENCY		0.115460	0	41,074,000	0	0	91.00
91.01	04950	WOUND CARE		5.286676	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.325833	0	2,345,510	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0.511366	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)			0	154,608,179	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0	0	201.00
202.00		Net Charges (line 200 - line 201)			0	154,608,179	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0109		Period: From 01/01/2024 To 12/31/2024	Worksheet D Part V Date/Time Prepared: 3/18/2025 4:57 pm
			Title XIX		Hospital	Cost
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	993,659	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,811	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,610,625	0		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	227,426	0		55.00
56.00	05600	RADIOISOTOPE	233,257	0		56.00
56.01	03950	CARDIAC CATH LAB	0	0		56.01
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	1,561,289	0		60.00
65.00	06500	RESPIRATORY THERAPY	101,213	0		65.00
66.00	06600	PHYSICAL THERAPY	795,093	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	409,188	0		67.00
68.00	06800	SPEECH PATHOLOGY	545,720	0		68.00
69.00	06900	ELECTROCARDIOLOGY	456,749	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	241,991	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,432,700	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,502,899	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,136,740	0		73.00
73.01	07301	DIABETES CENTER	0	0		73.01
74.00	07400	RENAL DIALYSIS	756,572	0		74.00
76.00	03480	ONCOLOGY	0	0		76.00
76.01	03952	ANTICOAGULATION	0	0		76.01
76.02	03951	INFUSION SERVICES	0	0		76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0		78.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	29,096	0		90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	192,378	0		90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0	0		90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	0	0		90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	0	0		90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	0	0		90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	0	0		90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	0	0		90.07
91.00	09100	EMERGENCY	4,742,404	0		91.00
91.01	04950	WOUND CARE	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	764,245	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	23,760,055	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	23,760,055	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109	Period: From 01/01/2024 To 12/31/2024	Worksheet D-1 Date/Time Prepared: 3/18/2025 4:57 pm
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		34,411	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		34,411	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)		29,949	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)		6,892	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)		49,135,334	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)		49,135,334	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)		49,135,334	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)		1,427.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,841,087	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		9,841,087	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0109

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

Worksheet D-1

Date/Time Prepared:
3/18/2025 4:57 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	10,998,514	4,256	2,584.24	2,873	7,424,522	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	5,442,069	2,645	2,057.49	0	0	47.00
Cost Center Description							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					27,560,156	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)					44,825,765	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,301,547	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,431,843	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,733,390	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					41,092,375	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
55.03	CAR T-cell amount paid as an interim payment					0	55.03
56.00	Target amount ((line 54 x sum of lines 55, 55.01, and 55.02) plus line 55.03)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,462	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,427.90	88.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0109	Period: From 01/01/2024 To 12/31/2024	Worksheet D-1 Date/Time Prepared: 3/18/2025 4:57 pm		
				Title XVIII		Hospital	PPS	
Cost Center Description							1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,371,290		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	3,452,542	49,135,334	0.070266	6,371,290	447,685		90.00
91.00	Nursing Program cost	2,559,164	49,135,334	0.052084	6,371,290	331,842		91.00
92.00	Allied health cost	0	49,135,334	0.000000	6,371,290	0		92.00
93.00	All other Medical Education	0	49,135,334	0.000000	6,371,290	0		93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2024 To 12/31/2024	Worksheet D-1 Date/Time Prepared: 3/18/2025 4:57 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,528	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,528	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,528	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,873	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)		5,596,886	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)		5,596,886	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)		5,596,886	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)		1,586.42	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,971,365	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)		2,971,365	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2024 To 12/31/2024	Worksheet D-1 Date/Time Prepared: 3/18/2025 4:57 pm
			Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0
Cost Center Description					
	1.00				
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,260,963
48.01 Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0
49.00 Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					4,232,328
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					462,238
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					40,321
52.00 Total Program excludable cost (sum of lines 50 and 51)					502,559
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,729,769
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
55.01 Permanent adjustment amount per discharge					0.00
55.02 Adjustment amount per discharge (contractor use only)					0.00
55.03 CAR T-cell amount paid as an interim payment					
56.00 Target amount ((line 54 x sum of lines 55, 55.01, and 55.02) plus line 55.03)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
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
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
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
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
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
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0
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
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
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
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)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2024 To 12/31/2024	Worksheet D-1 Date/Time Prepared: 3/18/2025 4:57 pm	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description						1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 + line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	870,681	5,596,886	0.155565	0	0	90.00
91.00	Nursing Program cost	0	5,596,886	0.000000	0	0	91.00
92.00	Allied health cost	0	5,596,886	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,596,886	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109	Period: From 01/01/2024 To 12/31/2024	Worksheet D-1 Date/Time Prepared: 3/18/2025 4:57 pm
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			34,411 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			34,411 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)			29,949 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)			611 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			2,652 15.00
16.00	Nursery days (title V or XIX only)			54 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)			49,135,334 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)			49,135,334 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)			49,135,334 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)			1,427.90 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			872,447 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)			872,447 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0109

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

Worksheet D-1

Date/Time Prepared:
3/18/2025 4:57 pm

Cost Center Description		Title XIX			Hospital	Cost	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	3,509,848	2,652	1,323.47	54	71,467	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	10,998,514	4,256	2,584.24	87	224,829	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	5,442,069	2,645	2,057.49	54	111,104	47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					13,437,589	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)					14,717,436	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
55.03	CAR T-cell amount paid as an interim payment					0	55.03
56.00	Target amount ((line 54 x sum of lines 55, 55.01, and 55.02) plus line 55.03)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,462	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,427.90	88.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 15-0109	Period: From 01/01/2024 To 12/31/2024	Worksheet D-1 Date/Time Prepared: 3/18/2025 4:57 pm		
					Title XIX	Hospital	Cost		
Cost Center Description								1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)							6,371,290	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			3,452,542	49,135,334	0.070266	6,371,290	447,685	90.00
91.00	Nursing Program cost			0	49,135,334	0.000000	6,371,290	0	91.00
92.00	Allied health cost			0	49,135,334	0.000000	6,371,290	0	92.00
93.00	All other Medical Education			0	49,135,334	0.000000	6,371,290	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2024 To 12/31/2024	Worksheet D-1 Date/Time Prepared: 3/18/2025 4:57 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,528 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,528 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			3,528 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)			30 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			2,652 15.00
16.00	Nursery days (title V or XIX only)			54 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)			5,596,886 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)			5,596,886 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)			5,596,886 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)			1,586.42 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			47,593 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)			47,593 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0109	Period: From 01/01/2024 To 12/31/2024	Worksheet D-1	
				Component CCN: 15-T109		Date/Time Prepared: 3/18/2025 4:57 pm	
				Title XIX		Subprovider - IRF	Cost
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					635	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)					48,228	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
55.03	CAR T-cell amount paid as an interim payment						55.03
56.00	Target amount ((line 54 x sum of lines 55, 55.01, and 55.02) plus line 55.03)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2024 To 12/31/2024	Worksheet D-1 Date/Time Prepared: 3/18/2025 4:57 pm	
				Title XIX	Subprovider - IRF	Cost	
Cost Center Description						1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 + line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	870,681	5,596,886	0.155565	0	0	90.00
91.00	Nursing Program cost	0	5,596,886	0.000000	0	0	91.00
92.00	Allied health cost	0	5,596,886	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,596,886	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0109	Period: From 01/01/2024 To 12/31/2024	Worksheet D-3 Date/Time Prepared: 3/18/2025 4:57 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		28,357,300	30.00
31.00	03100	INTENSIVE CARE UNIT		11,099,138	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.052401	27,961,136	1,465,191 50.00
51.00	05100	RECOVERY ROOM	0.077282	1,681,650	129,961 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.760073	25,514	19,393 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.143041	4,157,496	594,692 54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.068799	1,589,660	109,367 55.00
56.00	05600	RADIOISOTOPE	0.232633	1,282,881	298,440 56.00
56.01	03950	CARDIAC CATH LAB	0.105087	5,135,898	539,716 56.01
57.00	05700	CT SCAN	0.035348	6,091,180	215,311 57.00
58.00	05800	MRI	0.073147	1,243,892	90,987 58.00
60.00	06000	LABORATORY	0.111209	16,166,537	1,797,864 60.00
65.00	06500	RESPIRATORY THERAPY	0.278349	3,836,786	1,067,966 65.00
66.00	06600	PHYSICAL THERAPY	0.264168	2,033,599	537,212 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.165210	1,571,638	259,650 67.00
68.00	06800	SPEECH PATHOLOGY	0.173472	394,858	68,497 68.00
69.00	06900	ELECTROCARDIOLOGY	0.113114	4,895,777	553,781 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.265149	421,315	111,711 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.329131	23,046,546	7,585,333 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.388022	19,715,168	7,649,919 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.149659	13,599,582	2,035,300 73.00
73.01	07301	DIABETES CENTER	0.000000	0	0 73.01
74.00	07400	RENAL DIALYSIS	0.333809	1,094,821	365,461 74.00
76.00	03480	ONCOLOGY	0.288457	1,048,263	302,379 76.00
76.01	03952	ANTICOAGULATION	0.880242	118	104 76.01
76.02	03951	INFUSION SERVICES	0.000000	0	0 76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0 76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0 77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0 78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.105644	888	94 90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	0.122248	5,432	664 90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	2.268944	0	0 90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	0.424783	0	0 90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	0.774450	410	318 90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	0.000000	0	0 90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	0.779069	410	319 90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	3.000527	0	0 90.07
91.00	09100	EMERGENCY	0.115460	9,965,068	1,150,567 91.00
91.01	04950	WOUND CARE	5.286676	4,292	22,690 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.325833	1,795,711	585,102 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.511366	4,238	2,167 92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		148,770,764	27,560,156 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		148,770,764	27,560,156 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2024 To 12/31/2024	Worksheet D-3 Date/Time Prepared: 3/18/2025 4:57 pm
			Title XVIII	Subprovider - IRF	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100	SUBPROVIDER - IRF		4,700,767	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.052401	138,315	50.00
51.00	05100	RECOVERY ROOM	0.077282	9,460	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.760073	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.143041	125,530	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.068799	0	55.00
56.00	05600	RADIOISOTOPE	0.232633	0	56.00
56.01	03950	CARDIAC CATH LAB	0.105087	0	56.01
57.00	05700	CT SCAN	0.035348	65,420	57.00
58.00	05800	MRI	0.073147	16,452	58.00
60.00	06000	LABORATORY	0.111209	422,273	60.00
65.00	06500	RESPIRATORY THERAPY	0.278349	207,207	65.00
66.00	06600	PHYSICAL THERAPY	0.264168	1,793,969	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.165210	1,567,917	67.00
68.00	06800	SPEECH PATHOLOGY	0.173472	574,933	68.00
69.00	06900	ELECTROCARDIOLOGY	0.113114	57,985	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.265149	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.329131	284,179	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.388022	197,904	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.149659	393,548	73.00
73.01	07301	DIABETES CENTER	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0.333809	164,873	74.00
76.00	03480	ONCOLOGY	0.288457	0	76.00
76.01	03952	ANTICOAGULATION	0.880242	0	76.01
76.02	03951	INFUSION SERVICES	0.000000	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.105644	0	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	0.122248	0	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	2.268944	0	90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	0.424783	0	90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	0.774450	0	90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	0.000000	0	90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	0.779069	0	90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	3.000527	0	90.07
91.00	09100	EMERGENCY	0.115460	29,276	91.00
91.01	04950	WOUND CARE	5.286676	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.325833	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.511366	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		6,049,241	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)		6,049,241	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0109	Period: From 01/01/2024 To 12/31/2024	Worksheet D-3 Date/Time Prepared: 3/18/2025 4:57 pm
			Title XIX	Hospital	Cost
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		13,763,793	30.00
31.00	03100	INTENSIVE CARE UNIT		4,911,487	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		1,830,192	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.052401	11,271,939	50.00
51.00	05100	RECOVERY ROOM	0.077282	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.760073	5,715,914	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.143041	1,328,796	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.068799	797,412	55.00
56.00	05600	RADIOISOTOPE	0.232633	526,697	56.00
56.01	03950	CARDIAC CATH LAB	0.105087	0	56.01
57.00	05700	CT SCAN	0.035348	0	57.00
58.00	05800	MRI	0.073147	0	58.00
60.00	06000	LABORATORY	0.111209	8,678,625	60.00
65.00	06500	RESPIRATORY THERAPY	0.278349	2,575,603	65.00
66.00	06600	PHYSICAL THERAPY	0.264168	1,022,668	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.165210	812,564	67.00
68.00	06800	SPEECH PATHOLOGY	0.173472	327,109	68.00
69.00	06900	ELECTROCARDIOLOGY	0.113114	1,707,634	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.265149	136,640	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.329131	7,505,215	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.388022	2,981,450	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.149659	9,232,859	73.00
73.01	07301	DIABETES CENTER	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0.333809	446,618	74.00
76.00	03480	ONCOLOGY	0.288457	0	76.00
76.01	03952	ANTICOAGULATION	0.880242	0	76.01
76.02	03951	INFUSION SERVICES	0.000000	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.105644	101,049	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	0.122248	87,145	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	2.268944	0	90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	0.424783	0	90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	0.774450	0	90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	0.000000	0	90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	0.779069	0	90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	3.000527	0	90.07
91.00	09100	EMERGENCY	0.115460	3,697,845	91.00
91.01	04950	WOUND CARE	5.286676	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.325833	479,244	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.511366	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		59,433,026	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)		59,433,026	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2024 To 12/31/2024	Worksheet D-3 Date/Time Prepared: 3/18/2025 4:57 pm	
			Title XIX	Subprovider - IRF	Cost	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				35.00
41.00	04100	SUBPROVIDER - IRF		926,595		41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.052401	0	0	50.00
51.00	05100	RECOVERY ROOM	0.077282	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.760073	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.143041	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.068799	0	0	55.00
56.00	05600	RADIOISOTOPE	0.232633	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0.105087	0	0	56.01
57.00	05700	CT SCAN	0.035348	0	0	57.00
58.00	05800	MRI	0.073147	0	0	58.00
60.00	06000	LABORATORY	0.111209	5,712	635	60.00
65.00	06500	RESPIRATORY THERAPY	0.278349	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.264168	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.165210	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.173472	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.113114	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.265149	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.329131	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.388022	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.149659	0	0	73.00
73.01	07301	DIABETES CENTER	0.000000	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.333809	0	0	74.00
76.00	03480	ONCOLOGY	0.288457	0	0	76.00
76.01	03952	ANTICOAGULATION	0.880242	0	0	76.01
76.02	03951	INFUSION SERVICES	0.000000	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	78.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.105644	0	0	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	0.122248	0	0	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	2.268944	0	0	90.02
90.03	09003	CLINIC-ENDOCRINOLOGY PBC-LE	0.424783	0	0	90.03
90.04	09004	CLINIC-PULMONOLOGY PBC-LE	0.774450	0	0	90.04
90.05	09005	CLINIC-INFECTIOUS DISEASE PBC-LE	0.000000	0	0	90.05
90.06	09006	CLINIC-NEPHROLOGY PBC-LE	0.779069	0	0	90.06
90.07	09007	CLINIC-PHYSICAL MEDICINE & REHAB PBC	3.000527	0	0	90.07
91.00	09100	EMERGENCY	0.115460	0	0	91.00
91.01	04950	WOUND CARE	5.286676	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.325833	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.511366	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		5,712	635	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)		5,712		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2024 To 12/31/2024	Worksheet E Part A Date/Time Prepared: 3/18/2025 4:57 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)			19,196,335	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			7,379,260	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)			537,350	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			61,777	2.04
3.00	Managed Care Simulated Payments			0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			164.81	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)			0.00	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)			0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)			0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)			0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)			0.00	8.21
8.28	The amount of increase if the hospital was awarded FTE cap slots under §4122 of the CAA 2023 (see instructions)				8.28
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.28 (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	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.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	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			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C) .			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			3.53	30.00
31.00	Percentage of Medicaid patient days (see instructions)			23.79	31.00
32.00	Sum of lines 30 and 31			27.32	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2024 To 12/31/2024	Worksheet E Part A Date/Time Prepared: 3/18/2025 4:57 pm	
		Title XVIII	Hospital	PPS	
				1.00	
33.00	Allowable disproportionate share percentage (see instructions)			11.75	33.00
34.00	Disproportionate share adjustment (see instructions)			780,658	34.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Payment Adjustment				
35.00	Total uncompensated care amount (see instructions)		5,938,006,757	5,705,743,275	35.00
35.01	Factor 3 (see instructions)		0.000530096	0.000467400	35.01
35.02	Hospital UCP, including supplemental UCP (see instructions)		3,147,711	2,666,866	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)		2,356,483	672,197	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)		3,028,680		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		30,984,060		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)			30,984,060	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,256,099	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).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			387,999	53.00
54.00	Special add-on payments for new technologies			0	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).			1,026,509	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			169,730	58.00
59.00	Total (sum of amounts on lines 49 through 58)			34,824,397	59.00
60.00	Primary payer payments			1,720	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			34,822,677	61.00
62.00	Deductibles billed to program beneficiaries			2,643,104	62.00
63.00	Coinsurance billed to program beneficiaries			39,984	63.00
64.00	Allowable bad debts (see instructions)			144,666	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			94,033	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			20,962	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			32,233,622	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)			0	70.50
70.75	N95 respirator payment adjustment amount (see instructions)			0	70.75
70.76	Essential medicines payment adjustment amount (see instructions)				70.76
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-242,843	70.93
70.94	HRR adjustment amount (see instructions)			-183,965	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2024 To 12/31/2024	Worksheet E Part A Date/Time Prepared: 3/18/2025 4:57 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3	0	0	70.98
70.99	HAC adjustment amount (see instructions)		328,133	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		31,478,681	71.00
71.01	Sequestration adjustment (see instructions)		629,574	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		30,255,706	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		593,401	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,994,835	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet E
Part A Exhibit 4
Date/Time Prepared:
3/18/2025 4:57 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	19,196,335	0	19,196,335		19,196,335
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,379,260	0		7,379,260	7,379,260
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	537,350	0	537,350		537,350
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	61,777	0		61,777	61,777
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1175	0.1175	0.1175	0.1175	
11.00	Disproportionate share adjustment (see instructions)	34.00	780,658	0	563,892	216,766	780,658
11.01	Uncompensated care payments	36.00	3,028,680	0	2,356,483	672,106	3,028,589
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	30,984,060	0	22,654,151	8,329,909	30,984,060
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	30,984,060	0	22,654,151	8,329,909	30,984,060
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,256,099	0	1,650,165	605,934	2,256,099

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet E
Part A Exhibit 4
Date/Time Prepared:
3/18/2025 4:57 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	24,304,316	8,935,843	33,240,159	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,049,389	0	1,478,893	570,496	2,049,389	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	90,100	0	87,123	2,977	90,100	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0569	0.0569	0.0569	0.0569		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	116,610	0	84,149	32,461	116,610	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,256,099	0	1,650,165	605,934	2,256,099	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet E
Part A Exhibit 5
Date/Time Prepared:
3/18/2025 4:57 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	19,196,335	19,196,335		19,196,335	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,379,260		7,379,260	7,379,260	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	537,350	537,350		537,350	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	61,777		61,777	61,777	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1175	0.1175	0.1175		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	780,658	563,892	216,766	780,658	11.00
11.01	Uncompensated care payments	36.00	3,028,680	2,356,483	672,197	3,028,680	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	30,984,060	22,654,060	8,330,000	30,984,060	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	30,984,060	22,654,060	8,330,000	30,984,060	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,256,099	1,650,165	605,934	2,256,099	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			24,304,225	8,935,934	33,240,159	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet E
Part A Exhibit 5
Date/Time Prepared:
3/18/2025 4:57 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,049,389	1,478,893	570,496	2,049,389	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	90,100	87,123	2,977	90,100	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	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0569	0.0569	0.0569		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	116,610	84,149	32,461	116,610	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,256,099	1,650,165	605,934	2,256,099	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	-242,843	-204,778	-38,065	-242,843	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	-183,965	-138,213	-45,752	-183,965	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		239,612	88,521	328,133	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2024 To 12/31/2024	Worksheet E Part B Date/Time Prepared: 3/18/2025 4:57 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		604	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		49,228,868	2.00
3.00	OPPS or REH payments		32,266,670	3.00
4.00	Outlier payment (see instructions)		576,924	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		370,443	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		604	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		4,035	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)		4,035	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		4,035	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		3,431	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)		604	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)		33,214,037	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		5,272,541	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)		27,942,100	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
28.50	REH facility payment amount (see instructions)			28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		27,942,100	30.00
31.00	Primary payer payments		16,788	31.00
32.00	Subtotal (line 30 minus line 31)		27,925,312	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)		226,963	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		147,526	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		100,522	36.00
37.00	Subtotal (see instructions)		28,072,838	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-154	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		28,072,992	40.00
40.01	Sequestration adjustment (see instructions)		561,460	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		27,447,597	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)		63,935	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: 15-0109 Component CCN: 15-T109	Period: From 01/01/2024 To 12/31/2024	Worksheet E Part B Date/Time Prepared: 3/18/2025 4:57 pm
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)	74	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00	
3.00	OPPS or REH payments	172	3.00	
4.00	Outlier payment (see instructions)	0	4.00	
4.01	Outlier reconciliation amount (see instructions)	0	4.01	
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00	
6.00	Line 2 times line 5	0	6.00	
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00	
8.00	Transitional corridor payment (see instructions)	0	8.00	
9.00	Ancillary service other pass through costs including REH direct graduate medical education costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00	
10.00	Organ acquisitions	0	10.00	
11.00	Total cost (sum of lines 1 and 10) (see instructions)	74	11.00	
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges	667	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)	667	14.00	
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00	
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00	
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00	
18.00	Total customary charges (see instructions)	667	18.00	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	593	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)	74	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)	172	24.00	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)	0	25.00	
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)	0	26.00	
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	246	27.00	
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00	
28.50	REH facility payment amount (see instructions)		28.50	
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00	
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)	246	30.00	
31.00	Primary payer payments	0	31.00	
32.00	Subtotal (line 30 minus line 31)	246	32.00	
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00	
34.00	Allowable bad debts (see instructions)	0	34.00	
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00	
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00	
37.00	Subtotal (see instructions)	246	37.00	
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00	
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00	
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.75	N95 respirator payment adjustment amount (see instructions)	0	39.75	
39.97	Demonstration payment adjustment amount before sequestration	0	39.97	
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98	
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99	
40.00	Subtotal (see instructions)	246	40.00	
40.01	Sequestration adjustment (see instructions)	5	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	200	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)	41	43.00	
43.01	Balance due provider/program-PARHM (see instructions)		43.01	
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00	
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)	0	90.00	
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00	
92.00	The rate used to calculate the Time Value of Money	0.00	92.00	

Health Financial Systems		FRANCISCAN HEALTH LAFAYETTE		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2024	Worksheet E	
		Component CCN: 15-T109	To 12/31/2024	Part B	
		Title XVIII	Subprovider -	Date/Time Prepared:	
			IRF	3/18/2025 4:57 pm	
				PPS	
				1.00	
93.00	Time Value of Money (see instructions)			0	93.00
94.00	Total (sum of lines 91 and 93)			0	94.00
				1.00	
MEDICARE PART B ANCILLARY COSTS					
200.00	Part B Combined Billed Days				200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet E-1
Part I
Date/Time Prepared:
3/18/2025 4:57 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		30,255,706		27,370,897	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0	07/10/2024	76,700	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		76,700	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)		30,255,706		27,447,597	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		593,401		63,935	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		30,849,107		27,511,532	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 15-0109
 Component CCN: 15-T109

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 3/18/2025 4:57 pm

		Title XVIII		Subprovider - IRF		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,925,486		200	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,925,486		200	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		29,857		41	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,955,343		241	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: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet E-1
Part II
Date/Time Prepared:
3/18/2025 4:57 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: 15-0109 Component CCN: 15-T109	Period: From 01/01/2024 To 12/31/2024	Worksheet E-3 Part III Date/Time Prepared: 3/18/2025 4:57 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,589,174 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0000 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			157,924 3.00
4.00	Outlier Payments			334,633 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			9.639344 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			4,081,731 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,081,731 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,081,731 19.00
20.00	Deductibles			27,712 20.00
21.00	Subtotal (line 19 minus line 20)			4,054,019 21.00
22.00	Coinsurance			21,216 22.00
23.00	Subtotal (line 21 minus line 22)			4,032,803 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,032,803 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			3,261 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,036,064 32.00
32.01	Sequestration adjustment (see instructions)			80,721 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			3,925,486 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			29,857 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			334,633 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING ON OR BEFORE MAY 11, 2023 (THE END OF THE COVID-19 PHE)				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet E-3
Part VII
Date/Time Prepared:
3/18/2025 4:57 pm

		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
	COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		14,717,436		1.00
2.00	Medical and other services			23,760,055	2.00
3.00	Organ acquisition (certified transplant programs only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		14,717,436	23,760,055	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)		14,717,436	23,760,055	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonable Charges				
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		59,433,026	154,608,179	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)		59,433,026	154,608,179	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)		59,433,026	154,608,179	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		44,715,590	130,848,124	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)		14,717,436	23,760,055	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		14,717,436	23,760,055	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)		14,717,436	23,760,055	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		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)		14,717,436	23,760,055	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		14,717,436	23,760,055	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)		14,717,436	23,760,055	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		14,717,436	23,760,055	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2024 To 12/31/2024	Worksheet E-3 Part VII Date/Time Prepared: 3/18/2025 4:57 pm
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	48,228		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant programs only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	48,228	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	48,228	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	5,712	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	5,712	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	5,712	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	42,516	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)	5,712	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	5,712	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	42,516	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	5,712	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	5,712	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	5,712	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	5,712	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	5,712	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

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2024 To 12/31/2024	Worksheet E-5 Date/Time Prepared: 3/18/2025 4:57 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: 15-0109

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

Worksheet G

Date/Time Prepared:
3/18/2025 4:57 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	116,705,621	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	252,746,656	0	0	0	4.00
5.00	Other receivable	2,362,681	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-204,127,830	0	0	0	6.00
7.00	Inventory	6,702,211	0	0	0	7.00
8.00	Prepaid expenses	7,987,180	0	0	0	8.00
9.00	Other current assets	5,049,911	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)	187,426,430	0	0	0	11.00
FIXED ASSETS						
12.00	Land	18,914,187	0	0	0	12.00
13.00	Land improvements	5,042,487	0	0	0	13.00
14.00	Accumulated depreciation	-2,033,622	0	0	0	14.00
15.00	Buildings	329,152,793	0	0	0	15.00
16.00	Accumulated depreciation	-114,561,326	0	0	0	16.00
17.00	Leasehold improvements	18,187,602	0	0	0	17.00
18.00	Accumulated depreciation	-675,067	0	0	0	18.00
19.00	Fixed equipment	6,931,756	0	0	0	19.00
20.00	Accumulated depreciation	-1,593,012	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	90,312,940	0	0	0	23.00
24.00	Accumulated depreciation	-65,029,505	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	284,649,233	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	13,191,609	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	77,640,395	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	90,832,004	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	562,907,667	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	18,932,262	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,162,133	0	0	0	38.00
39.00	Payroll taxes payable	454,342	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	6,319,151	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	35,867,888	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	996,172	0	0	0	48.00
49.00	Other long term liabilities	8,963,014	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	9,959,186	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	45,827,074	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	517,080,593				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)	517,080,593	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	562,907,667	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0109

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

Worksheet G-1

Date/Time Prepared:
3/18/2025 4:57 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		468,898,546		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		48,182,047				2.00
3.00	Total (sum of line 1 and line 2)		517,080,593		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)		517,080,593		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)		517,080,593		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: 15-0109

Period:
From 01/01/2024
To 12/31/2024Worksheet G-2
Parts I & II
Date/Time Prepared:
3/18/2025 4:57 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	101,283,578		101,283,578	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	8,858,048		8,858,048	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)	110,141,626		110,141,626	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	38,202,314		38,202,314	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	17,610,458		17,610,458	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	55,812,772		55,812,772	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	165,954,398		165,954,398	17.00
18.00	Ancillary services	485,720,890	1,057,239,271	1,542,960,161	18.00
19.00	Outpatient services	32,866,843	157,139,611	190,006,454	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		9,268,392	9,268,392	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	30,485,251	30,485,251	26.00
27.00	PROFESSIONAL FEES	0	3,609,436	3,609,436	27.00
27.01	NRCC	144,486	0	144,486	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	684,686,617	1,257,741,961	1,942,428,578	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		389,952,581		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)		389,952,581		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0109

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

Worksheet G-3

Date/Time Prepared:
3/18/2025 4:57 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,942,428,578	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,549,685,717	2.00
3.00	Net patient revenues (line 1 minus line 2)	392,742,861	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	389,952,581	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,790,280	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	2,046,186	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	1,423,669	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	1,226,122	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.)	3,359,342	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	1,046,892	20.00
21.00	Rental of vending machines	32,443	21.00
22.00	Rental of hospital space	1,136,512	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	10,894,821	24.00
24.01	PROVIDER TAX	24,225,780	24.01
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	45,391,767	25.00
26.00	Total (line 5 plus line 25)	48,182,047	26.00
27.00	OTHER NON OPERATING	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)	48,182,047	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0109

Period:

Worksheet H

HHA CCN: 15-7124

From 01/01/2024

Date/Time Prepared:

To 12/31/2024

3/18/2025 4:57 pm

Home Health
Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		3,731	3,731	1.00
2.00	Capital Related - Movable Equipment		0		6,043	6,043	2.00
3.00	Plant Operation & Maintenance	0	0	0	39,229	39,229	3.00
4.00	Transportation	0	167,830	0	0	167,830	4.00
5.00	Administrative and General	918,837	2	129,358	40,344	1,088,541	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,672,782	4	0	0	1,672,786	6.00
7.00	Physical Therapy	1,001,219	2	0	0	1,001,221	7.00
8.00	Occupational Therapy	424,331	1	0	0	424,332	8.00
9.00	Speech Pathology	83,845	0	0	0	83,845	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	37,031	0	0	0	37,031	11.00
12.00	Supplies (see instructions)	0	0	0	62,230	62,230	12.00
13.00	Drugs	0	0	0	16	16	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	4,138,045	9	167,830	129,358	4,586,835	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	-3,731	0	0	0		1.00
2.00	Capital Related - Movable Equipment	-6,043	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	39,229	0	39,229		3.00
4.00	Transportation	0	167,830	0	167,830		4.00
5.00	Administrative and General	-8,482	1,080,059	0	1,080,059		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	-4	1,672,782	0	1,672,782		6.00
7.00	Physical Therapy	-2	1,001,219	0	1,001,219		7.00
8.00	Occupational Therapy	-1	424,331	0	424,331		8.00
9.00	Speech Pathology	0	83,845	0	83,845		9.00
10.00	Medical Social Services	0	0	0	0		10.00
11.00	Home Health Aide	0	37,031	0	37,031		11.00
12.00	Supplies (see instructions)	0	62,230	0	62,230		12.00
13.00	Drugs	-16	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Telemedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	-18,279	4,568,556	0	4,568,556		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 15-0109

Period:

Worksheet H-1

HHA CCN: 15-7124

From 01/01/2024

Part I

To 12/31/2024

Date/Time Prepared:

3/18/2025 4:57 pm

Home Health

PPS

Agency I

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	39,229	0	0	39,229		0	3.00
4.00	Transportation	167,830	0	0	0	167,830		4.00
5.00	Administrative and General	1,080,059	0	0	39,229	167,830	1,287,118	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,672,782	0	0	0	0	1,672,782	6.00
7.00	Physical Therapy	1,001,219	0	0	0	0	1,001,219	7.00
8.00	Occupational Therapy	424,331	0	0	0	0	424,331	8.00
9.00	Speech Pathology	83,845	0	0	0	0	83,845	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Home Health Aide	37,031	0	0	0	0	37,031	11.00
12.00	Supplies (see instructions)	62,230	0	0	0	0	62,230	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	4,568,556	0	0	39,229	167,830	4,568,556	24.00
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	1,287,118						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	656,136	2,328,918					6.00
7.00	Physical Therapy	392,720	1,393,939					7.00
8.00	Occupational Therapy	166,440	590,771					8.00
9.00	Speech Pathology	32,888	116,733					9.00
10.00	Medical Social Services	0	0					10.00
11.00	Home Health Aide	14,525	51,556					11.00
12.00	Supplies (see instructions)	24,409	86,639					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		4,568,556					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0109

Period:

Worksheet H-1

HHA CCN: 15-7124

From 01/01/2024

Part II

To 12/31/2024

Date/Time Prepared:

3/18/2025 4:57 pm

Home Health
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Agency 1 Reconciliation	Administrative & General (ACCUM. COST)		
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)						
		1.00	2.00						3.00
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00	
2.00	Capital Related - Movable Equipment		100			0		2.00	
3.00	Plant Operation & Maintenance	0	0	100		0		3.00	
4.00	Transportation (see instructions)	0	0	0	100			4.00	
5.00	Administrative and General	0	100	100	100	-1,287,118	3,281,438	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	0	1,672,782	6.00	
7.00	Physical Therapy	0	0	0	0	0	1,001,219	7.00	
8.00	Occupational Therapy	0	0	0	0	0	424,331	8.00	
9.00	Speech Pathology	0	0	0	0	0	83,845	9.00	
10.00	Medical Social Services	0	0	0	0	0	0	10.00	
11.00	Home Health Aide	0	0	0	0	0	37,031	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	62,230	12.00	
13.00	Drugs	0	0	0		0	0	13.00	
14.00	DME	0	0	0	0	0	0	14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	0	100	100	100	-1,287,118	3,281,438	24.00	
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	39,229	167,830		1,287,118	25.00	
26.00	Unit Cost Multiplier	0.000000	0.000000	392.290000	1,678.300000		0.392242	26.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0109

Period:

Worksheet H-2

HHA CCN: 15-7124

From 01/01/2024
To 12/31/2024Part I
Date/Time Prepared:
3/18/2025 4:57 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	MGMT INFO SYSTEMS	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	5.01	5.02	
1.00	Administrative and General	0	11,490	4,996	58,269	0	6,367	1.00
2.00	Skilled Nursing Care	2,328,918	139,298	60,573	705,588	0	77,095	2.00
3.00	Physical Therapy	1,393,939	83,513	36,315	423,017	0	46,219	3.00
4.00	Occupational Therapy	590,771	36,353	15,808	184,110	0	20,117	4.00
5.00	Speech Pathology	116,733	7,260	3,157	36,732	0	4,013	5.00
6.00	Medical Social Services	0	1,474	641	7,486	0	818	6.00
7.00	Home Health Aide	51,556	3,111	1,353	15,862	0	1,731	7.00
8.00	Supplies (see instructions)	86,639	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	4,568,556	282,499	122,843	1,431,064	0	156,360	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		PURCHASING	ADMITTING	PATIENT ACCOUNTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
		5.03	5.04	5.05	5A.05	5.06	7.00	
1.00	Administrative and General	4,949	0	244	86,315	17,986	14,810	1.00
2.00	Skilled Nursing Care	59,933	0	2,958	3,374,363	703,138	179,542	2.00
3.00	Physical Therapy	35,930	0	1,773	2,020,706	421,069	107,642	3.00
4.00	Occupational Therapy	15,637	0	771	863,567	179,948	46,856	4.00
5.00	Speech Pathology	3,120	0	154	171,169	35,668	9,357	5.00
6.00	Medical Social Services	635	0	31	11,085	2,310	1,900	6.00
7.00	Home Health Aide	1,348	0	66	75,027	15,634	4,010	7.00
8.00	Supplies (see instructions)	0	0	0	86,639	18,054	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	121,552	0	5,997	6,688,871	1,393,807	364,117	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0109

Period:

Worksheet H-2

HHA CCN: 15-7124

From 01/01/2024
To 12/31/2024Part I
Date/Time Prepared:
3/18/2025 4:57 pmHome Health
Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	5,979	0	7,484	13,294	203	1.00
2.00	Skilled Nursing Care	0	72,481	0	90,609	160,951	2,457	2.00
3.00	Physical Therapy	0	43,454	0	54,322	96,493	1,473	3.00
4.00	Occupational Therapy	0	18,915	0	23,644	41,998	641	4.00
5.00	Speech Pathology	0	3,777	0	4,716	8,380	128	5.00
6.00	Medical Social Services	0	767	0	962	1,708	26	6.00
7.00	Home Health Aide	0	1,619	0	2,034	3,607	55	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	146,992	0	183,771	326,431	4,983	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING PROGRAM	PHARMACY RESIDENCY	EMS EDUCATION	Subtotal	
		15.00	16.00	20.00	23.00	23.01	24.00	
1.00	Administrative and General	0	526	0	0	0	146,597	1.00
2.00	Skilled Nursing Care	0	6,370	0	0	0	4,589,911	2.00
3.00	Physical Therapy	0	3,819	0	0	0	2,748,978	3.00
4.00	Occupational Therapy	0	1,662	0	0	0	1,177,231	4.00
5.00	Speech Pathology	0	332	0	0	0	233,527	5.00
6.00	Medical Social Services	0	68	0	0	0	18,826	6.00
7.00	Home Health Aide	0	143	0	0	0	102,129	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	104,693	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	12,920	0	0	0	9,121,892	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0109

Period:

Worksheet H-2

HHA CCN: 15-7124

From 01/01/2024
To 12/31/2024Part I
Date/Time Prepared:
3/18/2025 4:57 pmHome Health
Agency I

PPS

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		25.00	26.00	27.00	28.00		
1.00	Administrative and General	0	146,597				1.00
2.00	Skilled Nursing Care	0	4,589,911	74,971	4,664,882		2.00
3.00	Physical Therapy	0	2,748,978	44,899	2,793,877		3.00
4.00	Occupational Therapy	0	1,177,231	19,228	1,196,459		4.00
5.00	Speech Pathology	0	233,527	3,814	237,341		5.00
6.00	Medical Social Services	0	18,826	307	19,133		6.00
7.00	Home Health Aide	0	102,129	1,668	103,797		7.00
8.00	Supplies (see instructions)	0	104,693	1,710	106,403		8.00
9.00	Drugs	0	0	0	0		9.00
10.00	DME	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0		13.00
14.00	Clinic	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	0	9,121,892	146,597	9,121,892		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.016333			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0109

Period:

Worksheet H-2

HHA CCN: 15-7124

From 01/01/2024
To 12/31/2024Part II
Date/Time Prepared:
3/18/2025 4:57 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINE S)	MGMT INFO SYSTEMS (MANHOURS)	PURCHASING (COSTED REQ UI SI)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00	4.00	5.01	5.02	5.03	
1.00	Administrative and General	421	421	168,491	0	3,050	3,575	1.00
2.00	Skilled Nursing Care	5,104	5,104	2,040,268	0	36,928	43,293	2.00
3.00	Physical Therapy	3,060	3,060	1,223,189	0	22,139	25,955	3.00
4.00	Occupational Therapy	1,332	1,332	532,369	0	9,636	11,296	4.00
5.00	Speech Pathology	266	266	106,213	0	1,922	2,254	5.00
6.00	Medical Social Services	54	54	21,647	0	392	459	6.00
7.00	Home Health Aide	114	114	45,867	0	829	974	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	10,351	10,351	4,138,044	0	74,896	87,806	20.00
21.00	Total cost to be allocated	282,499	122,843	1,431,064	0	156,360	121,552	21.00
22.00	Unit cost multiplier	27.291952	11.867742	0.345831	0.000000	2.087695	1.384325	22.00
Cost Center Description		ADMITTING (GROSS CHAR GES)	PATIENT ACCOUNTING (GROSS CHAR GES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.04	5.05	5A.06	5.06	7.00	8.00	
1.00	Administrative and General	377,386	377,386	0	86,315	421	0	1.00
2.00	Skilled Nursing Care	4,569,793	4,569,793	0	3,374,363	5,104	0	2.00
3.00	Physical Therapy	2,739,700	2,739,700	0	2,020,706	3,060	0	3.00
4.00	Occupational Therapy	1,192,400	1,192,400	0	863,567	1,332	0	4.00
5.00	Speech Pathology	237,897	237,897	0	171,169	266	0	5.00
6.00	Medical Social Services	48,484	48,484	0	11,085	54	0	6.00
7.00	Home Health Aide	102,732	102,732	0	75,027	114	0	7.00
8.00	Supplies (see instructions)	0	0	0	86,639	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	9,268,392	9,268,392		6,688,871	10,351	0	20.00
21.00	Total cost to be allocated	0	5,997		1,393,807	364,117	0	21.00
22.00	Unit cost multiplier	0.000000	0.000647		0.208377	35.176988	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0109

Period:

Worksheet H-2

HHA CCN: 15-7124

From 01/01/2024
To 12/31/2024Part II
Date/Time Prepared:
3/18/2025 4:57 pmHome Health
Agency I

PPS

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQ UISI)	PHARMACY (COSTED REQUIS.)	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	421	0	3,050	2,086	3,575	0	1.00
2.00	Skilled Nursing Care	5,104	0	36,928	25,255	43,293	0	2.00
3.00	Physical Therapy	3,060	0	22,139	15,141	25,955	0	3.00
4.00	Occupational Therapy	1,332	0	9,636	6,590	11,296	0	4.00
5.00	Speech Pathology	266	0	1,922	1,315	2,254	0	5.00
6.00	Medical Social Services	54	0	392	268	459	0	6.00
7.00	Home Health Aide	114	0	829	566	974	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	10,351	0	74,896	51,221	87,806	0	20.00
21.00	Total cost to be allocated	146,992	0	183,771	326,431	4,983	0	21.00
22.00	Unit cost multiplier	14.200754	0.000000	2.453682	6.372992	0.056750	0.000000	22.00
Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	NURSING PROGRAM (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	EMS EDUCATION (ASSIGNED TIME)			
		16.00	20.00	23.00	23.01			
1.00	Administrative and General	377,386	0	0	0			1.00
2.00	Skilled Nursing Care	4,569,793	0	0	0			2.00
3.00	Physical Therapy	2,739,700	0	0	0			3.00
4.00	Occupational Therapy	1,192,400	0	0	0			4.00
5.00	Speech Pathology	237,897	0	0	0			5.00
6.00	Medical Social Services	48,484	0	0	0			6.00
7.00	Home Health Aide	102,732	0	0	0			7.00
8.00	Supplies (see instructions)	0	0	0	0			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
19.50	Telemedicine	0	0	0	0			19.50
20.00	Total (sum of lines 1-19)	9,268,392	0	0	0			20.00
21.00	Total cost to be allocated	12,920	0	0	0			21.00
22.00	Unit cost multiplier	0.001394	0.000000	0.000000	0.000000			22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0109

Period:

Worksheet H-3

HHA CCN: 15-7124

From 01/01/2024
To 12/31/2024Part I
Date/Time Prepared:
3/18/2025 4:57 pm

				Title XVIII		Home Health Agency I	PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	4,664,882		4,664,882	10,588	440.58	1.00
2.00	Physical Therapy	3.00	2,793,877	0	2,793,877	8,009	348.84	2.00
3.00	Occupational Therapy	4.00	1,196,459	0	1,196,459	3,121	383.36	3.00
4.00	Speech Pathology	5.00	237,341	0	237,341	560	423.82	4.00
5.00	Medical Social Services	6.00	19,133		19,133	180	106.29	5.00
6.00	Home Health Aide	7.00	103,797		103,797	132	786.34	6.00
7.00	Total (sum of lines 1-6)		9,015,489	0	9,015,489	22,590		7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits			
					Part B			
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		23844	0	0			8.00
8.01	Skilled Nursing Care		26900	0	56			8.01
8.02	Skilled Nursing Care		29200	0	1,974			8.02
8.03	Skilled Nursing Care		45460	0	51			8.03
8.04	Skilled Nursing Care		99915	0	1,770			8.04
9.00	Physical Therapy		23844	0	0			9.00
9.01	Physical Therapy		26900	0	95			9.01
9.02	Physical Therapy		29200	0	1,893			9.02
9.03	Physical Therapy		45460	0	35			9.03
9.04	Physical Therapy		99915	0	1,332			9.04
10.00	Occupational Therapy		23844	0	0			10.00
10.01	Occupational Therapy		26900	0	22			10.01
10.02	Occupational Therapy		29200	0	757			10.02
10.03	Occupational Therapy		45460	0	10			10.03
10.04	Occupational Therapy		99915	0	514			10.04
11.00	Speech Pathology		23844	0	0			11.00
11.01	Speech Pathology		26900	0	0			11.01
11.02	Speech Pathology		29200	0	169			11.02
11.03	Speech Pathology		45460	0	3			11.03
11.04	Speech Pathology		99915	0	79			11.04
12.00	Medical Social Services		23844	0	0			12.00
12.01	Medical Social Services		26900	0	1			12.01
12.02	Medical Social Services		29200	0	38			12.02
12.03	Medical Social Services		45460	0	1			12.03
12.04	Medical Social Services		99915	0	27			12.04
13.00	Home Health Aide		23844	0	0			13.00
13.01	Home Health Aide		26900	0	0			13.01
13.02	Home Health Aide		29200	0	34			13.02
13.03	Home Health Aide		45460	0	0			13.03
13.04	Home Health Aide		99915	0	21			13.04
14.00	Total (sum of lines 8-13)			0	8,882			14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	106,403	0	106,403	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0109

Period:

Worksheet H-3

HHA CCN: 15-7124

From 01/01/2024
To 12/31/2024Part I
Date/Time Prepared:
3/18/2025 4:57 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	Program Visits			Cost of Services	Agency 1		
	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00		8.00	9.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	3,851	0	1,696,674		1.00
2.00	Physical Therapy	0	3,355	0	1,170,358		2.00
3.00	Occupational Therapy	0	1,303	0	499,518		3.00
4.00	Speech Pathology	0	251	0	106,379		4.00
5.00	Medical Social Services	0	67	0	7,121		5.00
6.00	Home Health Aide	0	55	0	43,249		6.00
7.00	Total (sum of lines 1-6)	0	8,882	0	3,523,299		7.00
Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
8.03	Skilled Nursing Care						8.03
8.04	Skilled Nursing Care						8.04
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
9.03	Physical Therapy						9.03
9.04	Physical Therapy						9.04
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
10.03	Occupational Therapy						10.03
10.04	Occupational Therapy						10.04
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
11.03	Speech Pathology						11.03
11.04	Speech Pathology						11.04
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
12.03	Medical Social Services						12.03
12.04	Medical Social Services						12.04
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
13.03	Home Health Aide						13.03
13.04	Home Health Aide						13.04
14.00	Total (sum of lines 8-13)						14.00
Cost Center Description		Program Covered Charges			Cost of Services		
		Part A	Part B		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
			6.00	7.00		8.00	9.00
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0109

Period:

Worksheet H-3

HHA CCN: 15-7124

From 01/01/2024
To 12/31/2024Part I
Date/Time Prepared:
3/18/2025 4:57 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Total Program Cost (sum of cols. 9-10)		
		12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION				
Cost Per Visit Computation				
1.00	Skilled Nursing Care	1,696,674		1.00
2.00	Physical Therapy	1,170,358		2.00
3.00	Occupational Therapy	499,518		3.00
4.00	Speech Pathology	106,379		4.00
5.00	Medical Social Services	7,121		5.00
6.00	Home Health Aide	43,249		6.00
7.00	Total (sum of lines 1-6)	3,523,299		7.00
Cost Center Description				
		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
8.04	Skilled Nursing Care			8.04
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
9.04	Physical Therapy			9.04
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
10.04	Occupational Therapy			10.04
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
11.04	Speech Pathology			11.04
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
12.04	Medical Social Services			12.04
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
13.04	Home Health Aide			13.04
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0109

Period:

Worksheet H-3

HHA CCN: 15-7124

From 01/01/2024
To 12/31/2024Part II
Date/Time Prepared:
3/18/2025 4:57 pmHome Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.264168	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.165210	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.173472	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.329131	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.149659	0	0	col. 2, line 16.00		5.00
5.01 Cost of Drugs 1	73.01	0.000000	0	0	col. 2, line 16.01		5.01

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109 HHA CCN: 15-7124	Period: From 01/01/2024 To 12/31/2024	Worksheet H-4 Part I-II Date/Time Prepared: 3/18/2025 4:57 pm	
		Title XVIII	Home Health Agency I	PPS	
		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	1,909,520	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	227,479	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	27,001	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	0	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	49,205	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	2,213,205	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	2,213,205	24.00
25.00	Coinsurance billed to program patients (from your records)		0	0	25.00
26.00	Net cost (line 24 minus line 25)		0	2,213,205	26.00
27.00	Allowable bad debts (from your records)			0	27.00
27.01	Adjusted reimbursable bad debts (see instructions)			0	27.01
28.00	Allowable bad debts for dual eligible (see instructions)			0	28.00
29.00	Total costs - current cost reporting period (see instructions)		0	2,213,205	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	0	30.99
31.00	Subtotal (see instructions)		0	2,213,205	31.00
31.01	Sequestration adjustment (see instructions)		0	44,264	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
31.75	Sequestration adjustment for non-claims based amounts (see instructions)		0	0	31.75
32.00	Interim payments (see instructions)		0	2,168,942	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 31.75, 32, and 33)		0	-1	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	35.00

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

Provider CCN: 15-0109

Period:

Worksheet H-5

HHA CCN: 15-7124

From 01/01/2024

Date/Time Prepared:

To 12/31/2024

3/18/2025 4:57 pm

Home Health
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		2,168,942	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		2,168,942	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1	6.02
7.00	Total Medicare program liability (see instructions)		0		2,168,941	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0109

Period:

Worksheet 0

Hospice CCN: 15-1563

From 01/01/2024
To 12/31/2024Date/Time Prepared:
3/18/2025 4:57 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		27,802	27,802	-27,802	0
2.00	CAP REL COSTS-MVBLE EQUIP*		475,209	475,209	-407,599	67,610
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0
4.00	ADMINISTRATIVE & GENERAL*	256,684	2,194,842	2,451,526	-11	2,451,515
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	0
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0
7.00	HOUSEKEEPING*	0	0	0	0	0
8.00	DIETARY*	0	0	0	0	0
9.00	NURSING ADMINISTRATION*	946,486	0	946,486	0	946,486
10.00	ROUTINE MEDICAL SUPPLIES*	0	20,795	20,795	0	20,795
11.00	MEDICAL RECORDS*	16,885	0	16,885	0	16,885
12.00	STAFF TRANSPORTATION*	0	0	0	0	0
13.00	VOLUNTEER SERVICE COORDINATION*	80,892	0	80,892	0	80,892
14.00	PHARMACY*	0	0	0	0	0
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	328,650	328,650	0	328,650
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES					
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0
26.00	PHYSICIAN SERVICES**	7,913	0	7,913	0	7,913
27.00	NURSE PRACTITIONER**	329,467	0	329,467	0	329,467
28.00	REGISTERED NURSE**	2,231,112	0	2,231,112	0	2,231,112
29.00	LPN/LVN**	32,122	0	32,122	0	32,122
30.00	PHYSICAL THERAPY**	0	0	0	0	0
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0
33.00	MEDICAL SOCIAL SERVICES**	244,452	0	244,452	0	244,452
34.00	SPIRITUAL COUNSELING**	302,201	0	302,201	0	302,201
35.00	DIETARY COUNSELING**	0	0	0	0	0
36.00	COUNSELING - OTHER**	0	0	0	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	306,803	0	306,803	0	306,803
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	0
39.00	PATIENT TRANSPORTATION**	0	385,061	385,061	0	385,061
40.00	IMAGING SERVICES**	0	0	0	0	0
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	130,381	130,381	-130,378	3
42.50	DRUGS CHARGED TO PATIENTS**	0	622,911	622,911	-622,911	0
43.00	OUTPATIENT SERVICES**	0	0	0	0	0
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0
62.00	FUNDRAISING*	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0
66.00	RESIDENTIAL CARE*	0	0	0	0	0
67.00	ADVERTISING*	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0
69.00	THRIFT STORE*	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0
100.00	TOTAL	4,755,017	4,185,651	8,940,668	-1,188,701	7,751,967

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0109

Period:

Worksheet 0

Hospice CCN: 15-1563

From 01/01/2024
To 12/31/2024Date/Time Prepared:
3/18/2025 4:57 pm

Hospice I

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	67,610	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	-338,188	2,113,327	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	946,486	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	20,795	10.00
11.00	MEDICAL RECORDS*	0	16,885	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	80,892	13.00
14.00	PHARMACY*	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	328,650	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	7,913	26.00
27.00	NURSE PRACTITIONER**	0	329,467	27.00
28.00	REGISTERED NURSE**	0	2,231,112	28.00
29.00	LPN/LVN**	0	32,122	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	244,452	33.00
34.00	SPIRITUAL COUNSELING**	0	302,201	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	306,803	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	385,061	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	3	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-338,188	7,413,779	100.00

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

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

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

Provider CCN: 15-0109

Period:

Worksheet 0-1

Hospice CCN: 15-1563

From 01/01/2024
To 12/31/2024Date/Time Prepared:
3/18/2025 4:57 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	7	0	7	0	7	27.00
28.00	REGISTERED NURSE	51	0	51	0	51	28.00
29.00	LPN/LVN	1	0	1	0	1	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	6	0	6	0	6	33.00
34.00	SPIRITUAL COUNSELING	7	0	7	0	7	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	7	0	7	0	7	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	9	9	0	9	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	3	3	0	3	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	14	14	-14	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	79	26	105	-14	91	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	7	27.00
28.00	REGISTERED NURSE	0	51	28.00
29.00	LPN/LVN	0	1	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	6	33.00
34.00	SPIRITUAL COUNSELING	0	7	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	7	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	9	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	3	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	91	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

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

Provider CCN: 15-0109

Period:

Worksheet 0-2

Hospice CCN: 15-1563

From 01/01/2024
To 12/31/2024Date/Time Prepared:
3/18/2025 4:57 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	7,869	0	7,869	0	7,869	26.00
27.00	NURSE PRACTITIONER	327,647	0	327,647	0	327,647	27.00
28.00	REGISTERED NURSE	2,218,784	0	2,218,784	0	2,218,784	28.00
29.00	LPN/LVN	31,944	0	31,944	0	31,944	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	243,101	0	243,101	0	243,101	33.00
34.00	SPIRITUAL COUNSELING	300,531	0	300,531	0	300,531	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	305,108	0	305,108	0	305,108	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	382,936	382,936	0	382,936	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	129,660	129,660	-129,660	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	619,470	619,470	-619,470	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	3,434,984	1,132,066	4,567,050	-749,130	3,817,920	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	7,869	26.00
27.00	NURSE PRACTITIONER	0	327,647	27.00
28.00	REGISTERED NURSE	0	2,218,784	28.00
29.00	LPN/LVN	0	31,944	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	243,101	33.00
34.00	SPIRITUAL COUNSELING	0	300,531	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	305,108	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	382,936	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	3,817,920	100.00

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

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

Provider CCN: 15-0109

Period:

Worksheet 0-3

Hospice CCN: 15-1563

From 01/01/2024
To 12/31/2024Date/Time Prepared:
3/18/2025 4:57 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	17	0	17	0	17	26.00
27.00	NURSE PRACTITIONER	704	0	704	0	704	27.00
28.00	REGISTERED NURSE	4,769	0	4,769	0	4,769	28.00
29.00	LPN/LVN	69	0	69	0	69	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	522	0	522	0	522	33.00
34.00	SPIRITUAL COUNSELING	646	0	646	0	646	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	656	0	656	0	656	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	820	820	0	820	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	279	279	-279	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	1,331	1,331	-1,331	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	7,383	2,430	9,813	-1,610	8,203	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	17	26.00
27.00	NURSE PRACTITIONER	0	704	27.00
28.00	REGISTERED NURSE	0	4,769	28.00
29.00	LPN/LVN	0	69	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	522	33.00
34.00	SPIRITUAL COUNSELING	0	646	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	656	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	820	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	8,203	100.00

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

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

Provider CCN: 15-0109

Period:

Worksheet 0-4

Hospice CCN: 15-1563

From 01/01/2024
To 12/31/2024Date/Time Prepared:
3/18/2025 4:57 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	27	0	27	0	27	26.00
27.00	NURSE PRACTITIONER	1,109	0	1,109	0	1,109	27.00
28.00	REGISTERED NURSE	7,508	0	7,508	0	7,508	28.00
29.00	LPN/LVN	108	0	108	0	108	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	823	0	823	0	823	33.00
34.00	SPIRITUAL COUNSELING	1,017	0	1,017	0	1,017	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	1,032	0	1,032	0	1,032	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	1,296	1,296	0	1,296	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	439	439	-439	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	2,096	2,096	-2,096	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	11,624	3,831	15,455	-2,535	12,920	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	27	26.00
27.00	NURSE PRACTITIONER	0	1,109	27.00
28.00	REGISTERED NURSE	0	7,508	28.00
29.00	LPN/LVN	0	108	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	823	33.00
34.00	SPIRITUAL COUNSELING	0	1,017	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	1,032	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	1,296	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	12,920	100.00

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

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

Provider CCN: 15-0109

Period:

Worksheet 0-5

Hospice CCN: 15-1563

From 01/01/2024
To 12/31/2024Date/Time Prepared:
3/18/2025 4:57 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	67,610	0	67,610	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	1,644,432	1,644,432	3.00
4.00	ADMINISTRATIVE & GENERAL	2,113,327	2,524,132	4,637,459	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	946,486	513,350	1,459,836	9.00
10.00	ROUTINE MEDICAL SUPPLIES	20,795	1,180	21,975	10.00
11.00	MEDICAL RECORDS	16,885	42,496	59,381	11.00
12.00	STAFF TRANSPORTATION	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	80,892	0	80,892	13.00
14.00	PHARMACY	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	328,650	0	328,650	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	91	0	91	50.00
51.00	HOSPICE ROUTINE HOME CARE	3,817,920	0	3,817,920	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	8,203	0	8,203	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	12,920	0	12,920	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	7,413,779	4,725,590	12,139,369	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period:

Worksheet 0-6

Hospice CCN: 15-1563

From 01/01/2024
To 12/31/2024Part I
Date/Time Prepared:
3/18/2025 4:57 pm

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0		1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	0		0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	67,610			67,610			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	1,644,432	0		0	1,644,432		3.00
4.00	ADMINISTRATIVE & GENERAL	4,637,459	0		0	0	4,637,459	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0		0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0	0	0	6.00
7.00	HOUSEKEEPING	0	0		0	0	0	7.00
8.00	DIETARY	0	0		0	0	0	8.00
9.00	NURSING ADMINISTRATION	1,459,836	0		0	0	1,459,836	9.00
10.00	ROUTINE MEDICAL SUPPLIES	21,975	0		0	0	21,975	10.00
11.00	MEDICAL RECORDS	59,381	0		0	0	59,381	11.00
12.00	STAFF TRANSPORTATION	0	0		0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	80,892	0		0	0	80,892	13.00
14.00	PHARMACY	0	0		0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	328,650	0		0	0	328,650	15.00
16.00	OTHER GENERAL SERVICE	0	0		0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		0	17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	91				0	91	50.00
51.00	HOSPICE ROUTINE HOME CARE	3,817,920				0	3,817,920	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	8,203	0		0	0	8,203	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	12,920	0		67,610	1,644,432	1,724,962	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0		0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0		0	0	0	61.00
62.00	FUNDRAISING	0	0		0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0		0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0		0	0	0	66.00
67.00	ADVERTISING	0	0		0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0		0	0	0	68.00
69.00	THRIFT STORE	0	0		0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	12,139,369	0		67,610	1,644,432	12,139,369	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period:

Worksheet 0-6

Hospice CCN: 15-1563

From 01/01/2024
To 12/31/2024Part I
Date/Time Prepared:
3/18/2025 4:57 pm

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	4,637,459						4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0			6.00
7.00	HOUSEKEEPING	0	0			0		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	902,427	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	13,584	0			0		10.00
11.00	MEDICAL RECORDS	36,708	0			0		11.00
12.00	STAFF TRANSPORTATION	0	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	50,005	0			0		13.00
14.00	PHARMACY	0	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	203,162	0			0		15.00
16.00	OTHER GENERAL SERVICE	0	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	56						50.00
51.00	HOSPICE ROUTINE HOME CARE	2,360,126						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	5,071	0		0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,066,320	0		0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0		0	0	0	66.00
67.00	ADVERTISING	0	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	4,637,459	0		0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period:

Worksheet 0-6

Hospice CCN: 15-1563

From 01/01/2024
To 12/31/2024Part I
Date/Time Prepared:
3/18/2025 4:57 pm

Descriptions		Hospice I					
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	2,362,263					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	35,559				10.00
11.00	MEDICAL RECORDS	0		96,089			11.00
12.00	STAFF TRANSPORTATION	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	130,897	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	98	1	4	0	3	50.00
51.00	HOSPICE ROUTINE HOME CARE	2,348,125	35,346	95,514	0	130,448	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	7,876	119	320	0	258	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	6,164	93	251	0	188	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	2,362,263	35,559	96,089	0	130,897	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period:

Worksheet 0-6

Hospice CCN: 15-1563

From 01/01/2024
To 12/31/2024Part I
Date/Time Prepared:
3/18/2025 4:57 pm

Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	0					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	531,812				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	22	0		275	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	528,629	0		9,316,108	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	1,773	0	0	23,620	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	1,388	0	0	2,799,366	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	531,812	0	0	12,139,369	100.00

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

Provider CCN: 15-0109

Period:

Worksheet 0-6

Hospice CCN: 15-1563

From 01/01/2024
To 12/31/2024Part II
Date/Time Prepared:
3/18/2025 4:57 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		100				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	100			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	0	-4,637,459	7,501,910	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	1,459,836	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	21,975	10.00
11.00	MEDICAL RECORDS	0	0	0	0	59,381	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	80,892	13.00
14.00	PHARMACY	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	328,650	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	91	50.00
51.00	HOSPICE ROUTINE HOME CARE			0	0	3,817,920	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	8,203	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	100	100	0	1,724,962	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	67,610	1,644,432		4,637,459	100.00
101.00	UNIT COST MULTIPLIER	0.000000	676.100000	16,444.320000		0.618170	101.00

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

Provider CCN: 15-0109

Period:

Worksheet 0-6

Hospice CCN: 15-1563

From 01/01/2024
To 12/31/2024Part II
Date/Time Prepared:
3/18/2025 4:57 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	0					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		48,291	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					2	50.00
51.00	HOSPICE ROUTINE HOME CARE					48,002	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	161	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	126	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0	0	2,362,263	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000	0.000000	48.917252	101.00

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

Provider CCN: 15-0109

Period:

Worksheet 0-6

Hospice CCN: 15-1563

From 01/01/2024
To 12/31/2024Part II
Date/Time Prepared:
3/18/2025 4:57 pm

Cost Center Descriptions		Hospice I				
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)
		10.00	11.00	12.00	13.00	14.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES	48,291				10.00
11.00	MEDICAL RECORDS		48,291			11.00
12.00	STAFF TRANSPORTATION			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	42,554	13.00
14.00	PHARMACY			0	0	0 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0 15.00
16.00	OTHER GENERAL SERVICE			0	0	0 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	2	2	0	1	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	48,002	48,002	0	42,408	0 51.00
52.00	HOSPICE INPATIENT RESPITE CARE	161	161	0	84	0 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	126	126	0	61	0 53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0 60.00
61.00	VOLUNTEER PROGRAM			0	0	0 61.00
62.00	FUNDRAISING			0	0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0 63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0 64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0 65.00
66.00	RESIDENTIAL CARE			0	0	0 66.00
67.00	ADVERTISING			0	0	0 67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0 68.00
69.00	THRIFT STORE			0	0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0 71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	35,559	96,089	0	130,897	0 100.00
101.00	UNIT COST MULTIPLIER	0.736348	1.989791	0.000000	3.076021	0.000000 101.00

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

Provider CCN: 15-0109

Period:

Worksheet 0-6

Hospice CCN: 15-1563

From 01/01/2024
To 12/31/2024Part II
Date/Time Prepared:
3/18/2025 4:57 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	48,291				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	2	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	48,002	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	161	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	126	0	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	531,812	0	0		100.00
101.00	UNIT COST MULTIPLIER	11.012652	0.000000	0.000000		101.00

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

Provider CCN: 15-0109

Period:

Worksheet 0-7

Hospice CCN: 15-1563

From 01/01/2024
To 12/31/2024

Date/Time Prepared:
3/18/2025 4:57 pm

			Hospice I			
			Charges by LOC (from Provider Records)			
Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	HCHC	HRHC	HIRC	
	0	1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.264168	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.165210	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.173472	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.149659	0	0	4.00
4.01	DIABETES CENTER	73.01	0.000000	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.111209	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.329131	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY - THERAPEUTIC	55.00	0.068799	0	0	9.00
10.00	ONCOLOGY	76.00	0.288457	0	0	10.00
10.01	ANTICOAGULATION	76.01	0.880242	0	0	10.01
10.02	INFUSION SERVICES	76.02	0.000000	0	0	10.02
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	10.98
11.00	Totals (sum of lines 1-11)					11.00
			Shared Service Costs by LOC			
Cost Center Descriptions	Charges by LOC (from Provider Records)	HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)
		5.00	6.00	7.00	8.00	9.00
ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	4.00
4.01	DIABETES CENTER	0	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED					5.00
6.00	LABORATORY	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER					8.00
9.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	9.00
10.00	ONCOLOGY	0	0	0	0	10.00
10.01	ANTICOAGULATION	0	0	0	0	10.01
10.02	INFUSION SERVICES	0	0	0	0	10.02
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	10.98
11.00	Totals (sum of lines 1-11)		0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0109

Period:

Worksheet 0-8

Hospice CCN: 15-1563

From 01/01/2024
To 12/31/2024Date/Time Prepared:
3/18/2025 4:57 pm

		Hospice I		
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL
		1.00	2.00	3.00
HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			275
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			2
3.00	Total average cost per diem (line 1 divided by line 2)			137.50
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)			
5.00	Program cost (line 3 times line 4)	2	0	
		275	0	
HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			9,316,108
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			48,002
8.00	Total average cost per diem (line 6 divided by line 7)			194.08
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)			
10.00	Program cost (line 8 times line 9)	46,674	180	
		9,058,490	34,934	
HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			23,620
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			161
13.00	Total average cost per diem (line 11 divided by line 12)			146.71
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)			
15.00	Program cost (line 13 times line 14)	151	4	
		22,153	587	
HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			2,799,366
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			126
18.00	Total average cost per diem (line 16 divided by line 17)			22,217.19
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)			
20.00	Program cost (line 18 times line 19)	39	48	
		866,470	1,066,425	
TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			12,139,369
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			48,291
23.00	Average cost per diem (line 21 divided by line 22)			251.38

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0109	Period: From 01/01/2024 To 12/31/2024	Worksheet L Parts I-III Date/Time Prepared: 3/18/2025 4:57 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,049,389	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		90,100	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)		102.34	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	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)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.53	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.79	8.00
9.00	Sum of lines 7 and 8		27.32	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.69	10.00
11.00	Disproportionate share adjustment (see instructions)		116,610	11.00
12.00	Total prospective capital payments (see instructions)		2,256,099	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