This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). OMB NO. 0938-0050 EXPIRES 09-30-2025 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION | Provider CCN: 15-0069 Worksheet S Peri od: From 01/01/2022 Parts I-III AND SETTLEMENT SUMMARY 12/31/2022 Date/Time Prepared: 5/24/2023 10:28 am PART I - COST REPORT STATUS Provi der 1. [ X ] Electronically prepared cost report Date: 5/24/2023 Time: 10:28 am ] Manually prepared cost report use only If this is an amended report enter the number of times the provider resubmitted this cost report Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no. [1] Cost Report Status 6. Date Received: 7. Contractor No. (2) Settled without Audit 8. [N] Initial Report for this Provider CCN (3) Settled with Audit 9. [N] Final Report for this Provider CCN (10. NPR Date: 11. Contractor's Vendor Code: 4. (2. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9. Contractor use only (3) Settled with Audit number of times reopened = 0-9.

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

(4) Reopened(5) Amended

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 KINGS DAUGHTERS HOSPITAL (15-0069) for the cost reporting period beginning 01/01/2022 and ending 12/31/2022 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 FINA	NCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONI C	
		1	2	SIGNATURE STATEMENT	
1	Jo	hn Price	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	John Price			2
3	Signatory Title	CF0			3
4	Date	(Dated when report is electronica			4

	·		Title	XVIII			
		Title V	Part A	Part B	HIT	Title XIX	
		1. 00	2.00	3. 00	4. 00	5. 00	
	PART III - SETTLEMENT SUMMARY						
1.00	HOSPI TAL	0	-134, 190	-42, 321	0	0	1.00
2.00	SUBPROVIDER - IPF	0	0	0		0	2.00
3.00	SUBPROVIDER - IRF	0	0	0		0	3.00
5.00	SWING BED - SNF	0	0	0		0	5.00
6.00	SWING BED - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	TOTAL	0	-134, 190	-42, 321	0	0	200.00
The ob	nove amounts represent "due to" or "due from"	the engliceble	nrogram for t	he element of	the charge comp	lov indianted	

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.

Health Financial Systems KINGS DAUGHTERS HOSPITAL In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0069 Peri od: Worksheet S-2 From 01/01/2022 Part I Date/Time Prepared: 12/31/2022 5/24/2023 10: 28 am 3.00 4.00 Hospital and Hospital Health Care Complex Address: Street: 1373 EAST SR 62 1.00 PO Box: 1.00 State: IN Zi p Code: 47250-2.00 City: MADISON County: JEFFERSON 2.00 Component Name CCN CBSA Provi der Date Payment System (P, T, 0, or N)
V | XVIII | XIX Certi fi ed Number Number Type 1.00 2.00 3.00 4.00 5.00 6.00 | 7.00 | 8.00 Hospital and Hospital-Based Component Identification: 3.00 KINGS DAUGHTERS 150069 99915 06/17/1966 Ν 3.00 HOSPI TAI Subprovi der - IPF 4.00 4.00 5.00 Subprovi der - IRF 5.00 6.00 Subprovider - (Other) 6.00 Swing Beds - SNF 7 00 7 00 Swing Beds - NF 8.00 8.00 9.00 Hospital-Based SNF 9.00 10.00 Hospi tal -Based NF 10.00 11.00 Hospi tal -Based OLTC 11.00 12.00 Hospital-Based HHA KINGS DAUGHTERS 157141 99915 03/08/1985 Ν Ρ Ν 12.00 HOSPITAL HHA 13.00 Separately Certified ASC 13.00 Hospi tal -Based Hospi ce 09/01/1995 14 00 KINGS DAUGHTERS 151535 99915 14 00 15.00 Hospital-Based Health Clinic - RHC 15.00 Hospital-Based Health Clinic - FQHC 16.00 17.00 Hospital -Based (CMHC) I 17.00 18.00 Renal Dialysis 18.00 19.00 Other 19.00 From: To: 1.00 2 00 20.00 Cost Reporting Period (mm/dd/yyyy) 01/01/2022 12/31/2022 20.00 21.00 Type of Control (see instructions) 21.00 2 1.00 2. 00 3.00 Inpatient PPS Information 22.00 Does this facility qualify and is it currently receiving payments for N 22.00 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. Did this hospital receive interim UCPs, including supplemental UCPs, for 22.01 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) 22.02 Is this a newly merged hospital that requires a final UCP to be N Ν 22.02 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. 22.03 Did this hospital receive a geographic reclassification from urban to Ν Ν 22 03 rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no

22.04

23 00

3

Ν

reporting period different from the method used in the prior cost reporting period? In column 2, enter "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

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

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

22.04 Did this hospital receive a geographic reclassification from urban to

23.00 Which method is used to determine Medicaid days on lines 24 and/or 25

yes or "N" for no.

ves or "N" for no.

"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.

Health Financial Systems KINGS DAUGHTERS HOSPITAL In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0069 Peri od: Worksheet S-2 From 01/01/2022 Part I Date/Time Prepared: 12/31/2022 5/24/2023 10: 28 am 1. 00 2.00 3.00 58.00 | If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5. 58.00 Pt. I 59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2 59.00 NAHE 413.85 Worksheet A Pass-Through Y/N Line # Qual i fi cati on Cri teri on 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 60 00 Υ 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. If line 60 is yes, complete columns 2 and 3 for each program. (see 60.01 23 00 1 instructions) Y/N LME Direct GME IME Direct GME 1.00 2.00 3.00 4. 00 5. 00 61.00 Did your hospital receive FTE slots under ACA 0 00 0.00 61.00 section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions) 61.01 Enter the average number of unweighted primary care 61.01 FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions) 61.02 Enter the current year total unweighted primary care 61.02 FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)
61.03 Enter the base line FTE count for primary care 61.03 and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions) Enter the number of unweighted primary care/or 61.04 61.04 surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions). Enter the difference between the baseline primary 61.05 61.05 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) 61.06 Enter the amount of ACA §5503 award that is being 61.06 used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions) Program Name Program Code Unwei ahted Unwei ahted IME FTE Count 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 0 00 0.00 61.10 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 61.20 61.20 Of the FTEs in line 61.05, specify each expanded 0.00 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 the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count 1.00 ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which 0.00 62.00 62.00 your hospital received HRSA PCRE funding (see instructions) 62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital 0.00 62.01 during in this cost reporting period of HRSA THC program. (see instructions)

Teaching Hospitals that Claim Residents in Nonprovider Settings

63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter

"Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)

63.00

N

Health Financial Systems	KINGS D	DAUGHTERS HOSPITAL		In Lieu	u of Form CMS-2	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMP				eriod: com 01/01/2022	Worksheet S-2 Part I Date/Time Pre	
			Unwei ghted FTEs	Unweighted FTEs in	5/24/2023 10: Ratio (col. 1/ (col. 1 +	28 am
			Nonprovi der Si te	Hospi tal	col . 2))	
5504 6 44 404 9			1.00	2. 00	3. 00	
Section 5504 of the ACA Base Year period that begins on or after a			-This base year	ris your cost	reporting	
64.00 Enter in column 1, if line 63 is in the base year period, the num resident FTEs attributable to rosettings. Enter in column 2 the resident FTEs that trained in your of (column 1 divided by (column)	s yes, or your faciliaber of unweighted now tations occurring in a number of unweighted our hospital. Enter in	ty trained residents n-primary care all nonprovider d non-primary care n column 3 the ratio	0.00	0.00	0. 000000	64.00
[5. (5. 5	Program Name	Program Code	Unwei ghted	Unwei ghted	Ratio (col.	
			FTEs Nonprovi der Si te	FTEs in Hospital	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	Unwei ghted	Ratio (col.	65. 00
			FTEs	FTEs in	1/ (col. 1 +	
			Nonprovi der	Hospi tal	col. 2))	
			Si te 1. 00	2. 00	3. 00	
Section 5504 of the ACA Current	Year FTE Residents i	n Nonprovider Setting				
beginning on or after July 1, 20 66.00 Enter in column 1 the number of		mu aana naal dant	0.00	0.00	0. 000000	44 00
FTEs attributable to rotations of Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 +	occurring in all nonpounce unweighted non-priman cal. Enter in column (	rovider settings. ry care resident 3 the ratio of	0.00	0.00	0. 000000	88.00
	Program Name	Program Code	Unwei ghted FTEs Nonprovi der	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	4 22	0.00	Si te	4.00	F 22	
67.00 Enter in column 1, the program	1. 00	2. 00	3.00	4. 00 0. 00	5. 00 0. 000000	67 00
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)			3.00	3. 00	2. 333300	

	Financial Systems KINGS DAUGHTERS HOSPITAL AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider (	CN: 15-0069	Period: From 01/01/20 To 12/31/20		S-2 Prepared:
				1. 00	
	<u>Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-4</u> For a cost reporting period beginning prior to October 1, 2022, did you MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Fi (August 10, 2022)?	obtain permis	sion from your		68. 00
			1	.00 2.00 3.	00
70. 00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it con	tain an IPF s	ubprovi der?	N	70.00
71. 00	Enter "Y" for yes or "N" for no.  If line 70 is yes: Column 1: Did the facility have an approved GME teach recent cost report filed on or before November 15, 2004? Enter "Y" for 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train resident program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for Column 3: If column 2 is Y, indicate which program year began during thi (see instructions)  Inpatient Rehabilitation Facility PPS	yes or "N" fo s in a new te yes or "N" fo	r no. (see eachi ng er no.		71.00
75. 00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it subprovider? Enter "Y" for yes and "N" for no.	contain an IR	F	N	75. 00
76. 00	If line 75 is yes: Column 1: Did the facility have an approved GME teach recent cost reporting period ending on or before November 15, 2004? Ente no. Column 2: Did this facility train residents in a new teaching progra CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: I indicate which program year began during this cost reporting period. (se	r "Y" for yes m in accordan f column 2 is	or "N" for ce with 42 Y,		76.00
				1. 00	
	Long Term Care Hospital PPS Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for Is this a LTCH co-located within another hospital for part or all of the "Y" for yes and "N" for no.		ng period? Ent	ter N	80. 00 81. 00
86. 00	TEFRA Providers Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Ent Did this facility establish a new Other subprovider (excluded unit) unde §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			no. N	85. 00 86. 00
	Is this hospital an extended neoplastic disease care hospital classified 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	under section	n	N	87.00
	1   1   1   1   1   1   1   1   1   1		Approved for Permanent Adjustmen (Y/N)	Approved	i t
	Column 1: Is this hospital approved for a permanent adjustment to the TE amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete 89. (see instructions)		N	2.00	0 88.00
	Column 2: Enter the number of approved permanent adjustments.	Wkst. A Lir	ne Effective	e Approved	1
		No.	Date	Permanen Adjustmer Amount Pe Discharg	t it er
89. 00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number	1.00	2. 00	3. 00	0 89.00
07.00	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.	0.			3, 37. 33
	Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.				
			V 1.00	XI X 2. 00	
90. 00	Title V and XIX Services  Does this facility have title V and/or XIX inpatient hospital services?	Enter "Y" for	· N	Y	90.00
91. 00	yes or "N" for no in the applicable column. Is this hospital reimbursed for title V and/or XIX through the cost repo	rt either in	N	Υ	91.00
92. 00	full or in part? Enter "Y" for yes or "N" for no in the applicable colum Are title XIX NF patients occupying title XVIII SNF beds (dual certifica			N	92.00
93. 00	instructions) Enter "Y" for yes or "N" for no in the applicable column. Does this facility operate an ICF/IID facility for purposes of title V $\alpha$	nd XIX? Enter	· N	N	93.00
94. 00	"Y" for yes or "N" for no in the applicable column. Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for	no in the	N	N	94. 00
95. 00	applicable column.  If line 94 is "Y", enter the reduction percentage in the applicable colu		0.00	0.00	95.00
	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for applicable column.	no in the	N	N	96. 00

Health Financial Systems KINGS DAUGHTERS HOSPITAL		In Lie	u of Form CMS-	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15		eriod: com 01/01/2022 o 12/31/2022		epared:
	<u> </u>	V 1. 00	XI X 2. 00	
98.00 Does title V or XIX follow Medicare (title XVIII) for the interns and resident stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for		Y Y	Y Y	98. 00
column 1 for title V, and in column 2 for title XIX.  98.01 Does title V or XIX follow Medicare (title XVIII) for the reporting of charges C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in columtitle XIX.		Y	Y	98. 01
98.02 Does title V or XIX follow Medicare (title XVIII) for the calculation of obser bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in coffor 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 hospit reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in 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 titl 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 disallow Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title column 2 for title XIX.		Y	Y	98. 05
98.06 Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wks Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, an 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	of payment			106.00
for outpatient services? (see instructions)  107.00 Column 1: If line 105 is Y, is this facility eligible for cost reimbursement f training programs? Enter "Y" for yes or "N" for no in column 1. (see instruct Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in approved medical education program in the CAH's excluded IPF and/or IRF unit(	ti ons) an	N		107. 00
Enter "Y" for yes or "N" for no in column 2. (see instructions)  108.00 s this a rural hospital qualifying for an exception to the CRNA fee schedule?  CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	. ,	N		108. 00
	upati onal 2.00	Speech	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	3. 00 N	N N	109.00
110.00 Did this hospital participate in the Rural Community Hospital Demonstration pr Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines applicable.	for no. I	f yes,	1. 00 N	110.00
		1.00	2. 00	
111.00 If this facility qualifies as a CAH, did it participate in the Frontier Commun Health Integration Project (FCHIP) demonstration for this cost reporting period "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter integration prong of the FCHIP demo in which this CAH is participating in column 1. If the response to column 1 is Y, enter integration prong of the FCHIP demo in which this CAH is participating in column 1. If the response to column 1 is Y, enter integration prong of the FCHIP demo in which this CAH is participating in column 1. If the response to column 1 is Y, enter integration prong of the FCHIP demo in which this CAH is participating in column 1. If the response to column 1 is Y, enter integration prong of the FCHIP demo in which this CAH is participating in column 1. If the response to column 1 is Y, enter integration prong of the FCHIP demo in which this CAH is participating in column 1. If the response to column 1 is Y, enter integration prong of the FCHIP demo in which this CAH is participating in column 1. If the response to column 1 is Y, enter integration prong of the FCHIP demo in which this CAH is participating in column 1. If the response to column 1 is Y, enter integration prong of the FCHIP demo in which this CAH is participating in column 1. If the response to column 1 is Y, enter integration prong of the FCHIP demo in which this CAH is participating in column 1. If the response to column 1 is Y, enter integration prong of the FCHIP demo in which this CAH is participating in column 1. If the response to column 1 is Y, enter integration prong of the FCHIP demo in which this CAH is participating in column 1. If the response to column 1 is Y, enter integration prong of the FCHIP demo in which this CAH is participating in column 1 is Y, enter integration prong of the FCHIP demo in which this CAH is participating in column 1 is Y, enter integration prong of the FCHIP demo in which this CAH is participating in the column 1 is Y, enter integration prong of the	od? Enter the umn 2.	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
113.00 Did this hospital participate in the Community Health Access and Rural Transformation (CHART) model for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no.	N			113. 00
Miscellaneous Cost Reporting Information  115.00 Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent	N			0115.00
for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on				
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.  116.00 s this facility classified as a referral center? Enter "Y" for yes or	Y			116. 00
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.	Y N			116. 00 117. 00

Health Financial Systems KINGS DAUGHTERS HOSPITAL In Lieu of Form C HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0069 Period: From 01/01/2022 To 12/31/2022 To 12/31/2022 Part I Date/Time 5/24/2023 Premiums Losses Insuranc 1.00 2.00 3.00 118.01 List amounts of malpractice premiums and paid losses: 1,129,327 0	S-2 Prepared: 10:28 am
Premi ums Losses I nsuranc 1.00 2.00 3.00 118.01 List amounts of mal practice premi ums and paid losses: 1,129,327 0	0118.01
1.00 2.00 3.00  118.01 List amounts of mal practice premiums and paid losses: 1,129,327 0	0118.01
118.01 List amounts of malpractice premiums and paid losses: 1,129,327 0	
118.01 List amounts of malpractice premiums and paid losses: 1,129,327 0	
	118. 02
118.02 Are mal practice 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.  119.00 DO NOT USE THIS LINE	119.00
120.00 s this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA Y Y §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)	120. 00
Enter in column 2, "Y" for yes or "N" for no.  121.00 Did this facility incur and report costs for high cost implantable devices charged to Y	121. 00
patients? Enter "Y" for yes or "N" for no.  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	122. 00
the Worksheet A line number where these taxes are included.  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.	123. 00
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.  Certified Transplant Center Information	
125.00 Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes N	125. 00
and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.  126.00 If this is a Medicare-certified kidney transplant program, enter the certification date	126. 00
in column 1 and termination date, if applicable, in column 2.  127.00  f this is a Medicare-certified heart transplant program, enter the certification date	127. 00
in column 1 and termination date, if applicable, in column 2.  128.00 of this is a Medicare-certified liver transplant program, enter the certification date	128. 00
in column 1 and termination date, if applicable, in column 2.	
129.00  f 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  f 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  f 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 134.00 If this is a hospital-based organ procurement organization (0PO), enter the 0PO number in column 1 and termination date, if applicable, in column 2.	133. 00 134. 00
ALL Providers	140.00
140.00 Are there any related organization or home office costs as defined in CMS Pub. 15-1, Y 189928 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)	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	ne
office and enter the home office contractor name and contractor number.  141.00 Name: NORTON HEALTHCARE INC   Contractor's Name: CGS   Contractor's Number: 15101	141. 00
142.00 Street: 234 E GRAY ST SUITE 225 PO Box:	142.00
143. 00 Ci ty: LOUI SVI LLE   State: KY   Zi p Code: 40202	143. 00
1.00  144.00 Are provider based physicians' costs included in Worksheet A?  Y	144. 00
1.00 2.00	
145.00  f 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.	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.	146. 00

Health Financial Systems	KI NGS DAUGHT	TERS HOSPITAL		In L	ieu of Form CMS	5-2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLI	EX IDENTIFICATION DATA	Provi der CC	CN: 15-0069	Period: From 01/01/20: To 12/31/20:		repared:
					1. 00	_
147.00 Was there a change in the statist	ical basis? Enter "Y" fo	r ves or "N" for	no no		1.00 N	147. 00
148.00Was there a change in the order o					N	148. 00
149.00 Was there a change to the simplif				or 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 provor charges? Enter "Y" for yes or						
155.00 Hospi tal		N	N	N	N	155. 00
156.00 Subprovi der - IPF		N	N	N	N	156. 00
157. 00 Subprovi der - IRF		N	N	N	N	157.00
158. 00 SUBPROVI DER 159. 00 SNF		N.		N.	N.	158.00
160. OO HOME HEALTH AGENCY		N N	N N	N N	N N	159. 00 160. 00
161.00CMHC		Į. N	N N	N N	N N	161.00
TOT. OO CIWITC			I IV	IV.	1.00	101.00
Multicampus					1.00	
165.00 Is this hospital part of a Multic Enter "Y" for yes or "N" for no.	ampus hospital that has	one or more camp	ouses in dif	ferent CBSAs?	N	165. 00
<u></u>	Name	County	State Z	ip 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)					0.0	00 166. 00
					1.00	
Health Information Technology (HI	T) incentive in the Amer	ican Recovery ar	nd Reinvestm	nent Act	1.00	
167.00 Is this provider a meaningful use					Υ	167. 00
168.00 If this provider is a CAH (line 1			e 167 is "Y	"), enter the		168. 00
reasonable cost incurred for the 168.01 If this provider is a CAH and is	not a meaningful user, d	oes this provide	er qualify f	or a hardship		168. 01
exception under §413.70(a)(6)(ii) 169.00 If this provider is a meaningful transition factor. (see instructi	user (line 167 is "Y") a				ne 9. <sup>4</sup>	99169.00
transition ractor. (see mistracti	0113)			Begi nni ng	Endi ng	
				1.00	2.00	
170.00 Enter in columns 1 and 2 the EHR period respectively (mm/dd/yyyy)	beginning date and endin	g date for the r	reporti ng			170. 00
				1.00	2.00	
171.00 If line 167 is "Y", does this prosection 1876 Medicare cost plans "Y" for yes and "N" for no in col 1876 Medicare days in column 2. (	reported on Wkst. S-3, P umn 1. If column 1 is ye	t. I, line 2, co	ol. 6? Enter	. N	2.00	0171.00

Health Financial Systems KINGS DAUGHTERS HOSPITAL In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE Provider CCN: 15-0069 Peri od: Worksheet S-2 From 01/01/2022 Part II Date/Time Prepared: 12/31/2022 5/24/2023 10:28 am Y/N Date 1.00 2.00 PART II - HOSPITAL AND HOSPITAL HEATHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format. COMPLETED BY ALL HOSPITALS Provider Organization and Operation 01/01/2022 1.00 Has the provider changed ownership immediately prior to the beginning of the cost Υ 1.00 reporting period? If yes, enter the date of the change in column 2. (see instructions) Date V/I 1.00 3.00 2.00 2.00 Has the provider terminated participation in the Medicare Program? If N 2 00 yes, enter in column 2 the date of termination and in column  $\hat{\textbf{3}},$  "V" for voluntary or "I" for involuntary. 3.00 Is the provider involved in business transactions, including management Ν 3.00 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/N Date Type 1.00 2.00 3.00 Financial Data and Reports Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, 4.00 Α 4.00 or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions. 5.00 Are the cost report total expenses and total revenues different from 5.00 Ν those on the filed financial statements? If yes, submit reconciliation Legal Oper. Y/N 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 N 6.00 the legal operator of the program? Are costs claimed for Allied Health Programs? If "Y" see instructions. 7 00 7 00 8.00 Were nursing programs and/or allied health programs approved and/or renewed during the Ν 8.00 cost reporting period? If yes, see instructions. Are costs claimed for Interns and Residents in an approved graduate medical education 9.00 9.00 program in the current cost report? If yes, see instructions. Was an approved Intern and Resident GME program initiated or renewed in the current 10.00 N 10.00 cost reporting period? If yes, see instructions. Are GME cost directly assigned to cost centers other than I & R in an Approved 11.00 Ν Teaching Program on Worksheet A? If yes, see instructions Y/N 1.00 Bad Debts Is the provider seeking reimbursement for bad debts? If yes, see instructions. 12.00 12.00 If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting Ν 13.00 13.00 period? If yes, submit copy. 14.00 If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see Ν 14.00 instructions. 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? N N 16.00 If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 . (see instructions) Was the cost report prepared using the PS&R Report for 04/12/2023 17.00 Υ 04/12/2023 Υ 17.00 totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions) If line 16 or 17 is yes, were adjustments made to PS&R 18.00 Ν 18.00 N 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. If line 16 or 17 is yes, were adjustments made to PS&R 19.00 Ν Ν Report data for corrections of other PS&R Report information? If yes, see instructions.

Heal th	Financial Systems KINGS DAUGHTE	ERS HOSPITAL		In Lie	u of Form CN	IS-2552-10		
	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provi der CCN: 15-0069 Per Fro		Worksheet S Part II Date/Time F 5/24/2023	S-2 Prepared:		
			iption	Y/N	Y/N			
20.00	LE Line 1/ and 17 in the property and the DCOD		0	1.00	3. 00 N	20.00		
20. 00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	IN	20.00		
		Y/N	Date	Y/N	Date			
	t 's	1.00 2.00 3.00						
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 (EXC	EPT CHILDRENS	HOSPI TALS)					
22.00	Capital Related Cost	a i patruati ana				22.00		
22. 00 23. 00	Have assets been relifed for Medicare purposes? If yes, se Have changes occurred in the Medicare depreciation expense			ring the cost		22. 00 23. 00		
20.00	reporting period? If yes, see instructions.	due to apprai	Sar S made ad	Trig the cost		20.00		
24. 00	If yes, see instructions							
25. 00	Have there been new capitalized leases entered into during	the cost repo	orting period	? If yes, see		25. 00		
26. 00	instructions.  Were assets subject to Sec. 2314 of DEFRA acquired during t instructions.	the cost report	ing period?	If yes, see		26. 00		
27. 00	Has the provider's capitalization policy changed during th copy.	ne cost reporti	ng period? I	f yes, submit		27. 00		
28. 00	Interest Expense							
	period? If yes, see instructions.							
29. 00								
30. 00	treated as a funded depreciation account? If yes, see instructions  Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.							
31. 00								
32. 00	Purchased Services 2.00 Have changes or new agreements occurred in patient care services furnished through contractual							
33. 00								
	no, see instructions. Provider-Based Physicians							
34.00	Were services furnished at the provider facility under an	arrangement wi	th provider-	based physicians?	Υ	34.00		
35. 00	If yes, see instructions. If line 34 is yes, were there new agreements or amended ex	disting agreeme	ents with the	provi der-based	N	35.00		
	physicians during the cost reporting period? If yes, see i	nstructi ons.						
				Y/N 1.00	<u>Date</u> 2.00			
	Home Office Costs			1.00	2.00			
	Were home office costs claimed on the cost report?					36.00		
37. 00	If line 36 is yes, has a home office cost statement been p If yes, see instructions.	prepared by the	home office	?		37.00		
38. 00	If line 36 is yes, was the fiscal year end of the home of			f		38. 00		
39. 00				es,		39. 00		
40. 00	see instructions. If line 36 is yes, did the provider render services to the instructions.	e home office?	If yes, see			40. 00		
	That with one.							
	1.00 2.00							
41 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.	LUCI A		GERBER		41.00		
42. 00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LI	_C			42. 00		
43. 00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502. 992. 3524		LGERBER@BLUEANI	DCO. COM	43. 00		

Heal th	Financial Systems	KINGS DAUGHTE	RS HOSPITAL		In Lieu	of Form CMS-2	2552-10
HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT	QUESTI ONNAI RE	Provider Co		Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Pre 5/24/2023 10:	pared:
			3	00			
	Cost Report Preparer Contact Information		0.	00			
41. 00	Enter the first name, last name and the ti held by the cost report preparer in column respectively.		SENIOR MANAGER				41. 00
	Enter the employer/company name of the cospreparer.	st report					42.00
43.00	Enter the telephone number and email addre report preparer in columns 1 and 2, respec						43. 00

 
 Heal th Fi nancial
 Systems
 KINGS DAUGHTERS
 HOSPITAL

 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX
 STATISTICAL DATA
 Provider
 Provi der CCN: 15-0069

				To	o 12/31/2022	Date/Time Pre 5/24/2023 10:	
						1/P Days /	20 4111
						0/P Visits /	
	0	Wl	N6 D1-	Dad Dave	CALLULATION	Trips	
	Component	Worksheet A Line No.	No. of Beds	Bed Days Available	CAH Hours	Title V	
		1. 00	2.00	3.00	4. 00	5. 00	
	PART I - STATISTICAL DATA						
1. 00	Hospital Adults & Peds. (columns 5, 6, 7 and	30. 00	37	13, 505	0. 00	0	1.00
	8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2						
	for the portion of LDP room available beds)						
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	
7.00	Total Adults and Peds. (exclude observation		37	13, 505	0. 00	0	7. 00
	beds) (see instructions)	04.00					
8.00	INTENSIVE CARE UNIT	31. 00	6	2, 190	0. 00	0	
9. 00 10. 00	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT						9.00
11. 00	SURGICAL INTENSIVE CARE UNIT						11.00
12. 00	OTHER SPECIAL CARE (SPECIFY)						12.00
13. 00	NURSERY	43.00				0	
14. 00	Total (see instructions)		43	15, 695	0. 00	0	14.00
15.00	CAH visits					0	15. 00
16.00	SUBPROVIDER - IPF						16.00
17. 00	SUBPROVI DER - I RF						17. 00
18. 00	SUBPROVI DER						18. 00
19. 00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21. 00	OTHER LONG TERM CARE	101 00				0	21.00
22. 00	HOME HEALTH AGENCY	101. 00				0	22. 00 23. 00
23. 00 24. 00	AMBULATORY SURGICAL CENTER (D. P. ) HOSPICE	116. 00	1	365			23.00
24. 00	HOSPICE (non-distinct part)	30.00	'	303			24. 00
25. 00	CMHC - CMHC	30.00					25.00
26. 00	RURAL HEALTH CLINIC						26.00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	89. 00	•			0	
27.00	Total (sum of lines 14-26)		44				27. 00
28. 00	Observation Bed Days					0	28. 00
29. 00	Ambul ance 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							33. 01
	Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	
		'	•	•	'	•	•

Provider CCN: 15-0069

Peri od: Worksheet S-3
From 01/01/2022 Part I
To 12/31/2022 Date/Time Prepared: 5/24/2023 10: 28 am

						5/24/2023 10:	28 am
		I/P Days	/ O/P Visits	/ Tri ps	Full Time I	Equi val ents	
	Component	Title XVIII	Title XIX	Total All	Total Interns		
				Pati ents	& Residents	Payrol I	
		6. 00	7. 00	8. 00	9. 00	10. 00	
	PART I - STATISTICAL DATA	0.007		7 000		<u> </u>	
1. 00	Hospital Adults & Peds. (columns 5, 6, 7 and	2, 897	1, 181	7, 032			1.00
	8 exclude Swing Bed, Observation Bed and						
	Hospice days) (see instructions for col. 2						
2 00	for the portion of LDP room available beds)	2 150	303				2.00
2. 00 3. 00	HMO and other (see instructions) HMO IPF Subprovider	2, 150	303				3.00
4. 00	·		0				4.00
	HMO I RF Subprovi der		-				1
5.00	Hospital Adults & Peds. Swing Bed SNF	۷	0	0			5.00
6. 00 7. 00	Hospital Adults & Peds. Swing Bed NF	2 007	-	_			6. 00 7. 00
7.00	Total Adults and Peds. (exclude observation	2, 897	1, 181	7,032			7.00
8. 00	beds) (see instructions)   INTENSIVE CARE UNIT	433	302	1, 310			8. 00
9. 00	CORONARY CARE UNIT	433	302	1,310			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11. 00	SURGICAL INTENSIVE CARE UNIT						11.00
12. 00	OTHER SPECIAL CARE (SPECIFY)						12.00
13. 00	NURSERY		509	843			13.00
14. 00	Total (see instructions)	3, 330	1, 992	9, 185	0. 00	718. 09	1
15. 00	CAH visits	3, 330	1, 772	9, 103	0.00	710.07	15.00
16. 00	SUBPROVI DER - I PF	o <sub>l</sub>	O	J			16.00
17. 00	SUBPROVI DER - I RF						17.00
18. 00	SUBPROVI DER						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	1, 767	260	5, 835	0. 00	13. 44	
23. 00	AMBULATORY SURGICAL CENTER (D. P.)	1					23. 00
24.00	HOSPI CE	21	0	34	0. 00	2. 17	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	o	0	0	0. 00	0.00	26. 25
27.00	Total (sum of lines 14-26)				0. 00	733. 70	27.00
28.00	Observation Bed Days		454	2, 818			28. 00
29.00	Ambul ance Trips	1, 585					29. 00
30.00	Employee discount days (see instruction)			223			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	72	114			32.00
32. 01	Total ancillary labor & delivery room			0			32. 01
	outpatient days (see instructions)						
33.00	LTCH non-covered days	0					33.00
33. 01	LTCH site neutral days and discharges	0					33. 01
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0			34.00

Provider CCN: 15-0069

Full Time   Equivalents   Nonpaid   Title V   Title XVIII   Title XIX   Total All   Patients   Title V   Title XVIII   Title XIX   Total All   Patients   Title V   Title XVIII   Title XIX   Total All   Patients   Title V   Title XVIII   Title XIX   Total All   Patients   Title V   Title XVIII   Title XIX   Total All   Patients   Title V   Title XVIII   Title XVIII   Title XVIX   Total All   Patients   Title V   Title XVIII   Title XVIX   Total All   Patients   Title XVIX   Total All   Total All   Total All   Title XVIX   Total All   Title XVIX   Total All   Total All   Total All   Title XVIX   Total All   Tot						12/31/2022	5/24/2023 10:	
Nonpaid   Workers   Title V   Title XVIII   Title XIX   Total All   Patients   Patients   Title XIX   Total All   Total All   Patients   Title XIX   Total All   Total All All All   Total All All   Total All All All   Total All All All All   Total All All All All All   Total All All All All All All All   Total All All All All All All All All All A			Full Time		Di sch	arges		
PART I - STATISTICAL DATA			Equi val ents			•		
DART I - STATISTICAL DATA		Component	Nonpai d	Title V	Title XVIII	Title XIX	Total All	
PART I - STATISTICAL DATA   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)   347   71   2.00   3.00   HMO IPF Subprovider   0   3.00   4.00   HMO IPF Subprovider   0   4.00   5.00   Hospital Adults & Peds. Swing Bed SNF   6.00   Hospital Adults & Peds. Swing Bed NF   6.00   7.00   Total Adults and Peds. (exclude observation beds)   INTENSIVE CARE UNIT   9.00   10.00   BURN INTENSIVE CARE UNIT   9.00   11.00   SUBPROVIDER   11.00   12.00   13.00   13.00   13.00   14.00   15.00   15.00   15.00   CAH visits   15.00   15.00   CAH visits   15.00   15.00   CAH visits   16.00   SUBPROVIDER   1FF   17.00   18.00   SUBPROVIDER   1FF   17.00   18.0			Workers				Pati ents	
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) 2.00 HM0 and other (see instructions) 3.00 HM0 IPF Subprovider 4.00 HM0 IPF Subprovider 6.00 Hospital Adults & Peds. Swing Bed SNF 6.00 Hospital Adults & Peds. Swing Bed NF 7.00 Total Adults and Peds. (exclude observation beds) (see instructions) 8.00 INTENSIVE CARE UNIT 9.00 CORONARY CARE UNIT 10.00 BURN INTENSIVE CARE UNIT 11.00 SURGICAL INTENSIVE CARE UNIT 12.00 OTHER SPECIAL CARE (SPECIFY) 13.00 NURSERY 15.00 CAH visits 16.00 SUBPROVIDER IPF 17.00 SUBPROVIDER 18.00 SUBPROVIDER 10.00 BURN INTENSIVE - IPF 17.00 SUBPROVIDER 10.00 SUBPROVIDER 10.00 SUBPROVIDER 10.00 SUBPROVIDER 11.00 SUBPROVIDER 11.00 SUBPROVIDER 11.00 SUBPROVIDER 11.00 SUBPROVIDER 12.00 SUBPROVIDER 13.00 SUBPROVIDER 15.00 SUBPROVIDER 16.00 SUBPROVIDER 17.00 SUBPROVIDER 17.00 SUBPROVIDER 17.00 SUBPROVIDER			11. 00	12. 00	13. 00	14. 00	15. 00	
8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)  2. 00 HM0 and other (see instructions)  3. 00 HM0 IPF Subprovider  4. 00 HM0 IPF Subprovider  5. 00 Hospital Adults & Peds. Swing Bed SNF  6. 00 Hospital Adults & Peds. Swing Bed NF  7. 00 Total Adults and Peds. (exclude observation beds) (ese instructions)  8. 00 INTENSIVE CARE UNIT  10. 00 BURN INTENSIVE CARE UNIT  10. 00 SURGICAL INTENSIVE CARE UNIT  11. 00 SURGICAL INTENSIVE CARE UNIT  12. 00 OTHER SPECIAL CARE (SPECIFY)  13. 00 Total (see instructions)  14. 00 Total (see instructions)  15. 00 CAH visits  15. 00 CAH visits  16. 00 SUBPROVIDER - IPF  17. 00 SUBPROVIDER  18. 00 SUBPROVIDER  18. 00 SUBPROVIDER								
Hospice days)(See instructions for col. 2   for the portion of LDP room available beds)	1.00			0	831	345	2, 048	1.00
For the portion of LDP room available beds) 2.00								
2.00 HM0 and other (see instructions) 3.00 HM0 IPF Subprovi der 4.00 HM0 IRF Subprovi der 5.00 Hospi tal Adults & Peds. Swing Bed SNF 6.00 Hospi tal Adults & Peds. Swing Bed NF 7.00 Total Adults and Peds. (exclude observation beds) (see instructions) 8.00 INTENSIVE CARE UNIT 9.00 CORONARY CARE UNIT 10.00 BURN INTENSIVE CARE UNIT 12.00 OTHER SPECIAL CARE (SPECIFY) 13.00 NURSERY 10.00 Total (see instructions) 10.00 SUBPROVIDER - IPF 17.00 SUBPROVIDER 18.00 SUBPROVIDER 19.00 SUB		Hospice days)(see instructions for col. 2						
3.00 HM0 IPF Subprovider 4.00 HM0 IRF Subprovider 5.00 Hospital Adults & Peds. Swing Bed SNF 6.00 Hospital Adults & Peds. Swing Bed NF 7.00 Total Adults and Peds. (exclude observation beds) (see instructions) 8.00 INTENSIVE CARE UNIT 9.00 CORONARY CARE UNIT 11.00 SURGICAL INTENSIVE CARE UNIT 12.00 OTHER SPECIAL CARE (SPECIFY) 13.00 NURSERY 14.00 Total (see instructions) 15.00 CAH visits 16.00 SUBPROVIDER - IPF 17.00 18.00 SUBPROVIDER - IRF 17.00 18.00 SUBPROVIDER 18.00 SUBPROVIDER 18.00 SUBPROVIDER 18.00 SUBPROVIDER 18.00 SUBPROVIDER 19.00 SUBPROVIDER 19.00 SUBPROVIDER 10.00 SUBPRO		for the portion of LDP room available beds)						
4.00 HM0 IRF Subprovider 5.00 Hospital Adults & Peds. Swing Bed SNF 6.00 Hospital Adults and Peds. (exclude observation beds) (see instructions)  8.00 INTENSIVE CARE UNIT 9.00 CORONARY CARE UNIT 11.00 SURGICAL INTENSIVE CARE UNIT 12.00 OTHER SPECIAL CARE (SPECIFY) 13.00 NURSERY 14.00 Total (see instructions)  0 4.00 5.00 6.00 7.00 6.00 7.00 8.00 1NTENSIVE CARE UNIT 10.00 11.00 12.00 13.00 NURSERY 13.00 14.00 Total (see instructions) 15.00 16.00 SUBPROVIDER 17.00 18.00 SUBPROVIDER 18.00 18.00 18.00 18.00 19.00 1	2.00	,			347	71		
5.00 Hospital Adults & Peds. Swing Bed SNF 6.00 Hospital Adults & Peds. Swing Bed NF 7.00 Total Adults and Peds. (exclude observation beds) (see instructions)  8.00 INTENSIVE CARE UNIT 9.00 CORONARY CARE UNIT 10.00 BURN INTENSIVE CARE UNIT 11.00 SURGICAL INTENSIVE CARE UNIT 12.00 OTHER SPECIAL CARE (SPECIFY) 13.00 NURSERY 14.00 Total (see instructions) 15.00 CAH visits 16.00 SUBPROVIDER 17.00 SUBPROVIDER 18.00 SUBPROVIDER 18.00 SUBPROVIDER 15.00 18.00 SUBPROVIDER 15.00 18.00 SUBPROVIDER 15.00 18.00 SUBPROVIDER	3.00	HMO IPF Subprovider				0		3.00
6.00 Hospital Adults & Peds. Swing Bed NF 7.00 Total Adults and Peds. (exclude observation beds) (see instructions) 8.00 INTENSIVE CARE UNIT 9.00 CORONARY CARE UNIT 10.00 BURN INTENSIVE CARE UNIT 11.00 SURGICAL INTENSIVE CARE UNIT 12.00 OTHER SPECIAL CARE (SPECIFY) 13.00 NURSERY 14.00 Total (see instructions) 0.00 0 831 345 2,048 14.00 15.00 CAH visits 16.00 SUBPROVIDER - IPF 17.00 SUBPROVIDER 18.00 SUBPROVIDER	4.00	HMO IRF Subprovider				0		4.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)  8.00 INTENSIVE CARE UNIT  9.00 CORONARY CARE UNIT  10.00 BURN INTENSIVE CARE UNIT  11.00 SURGICAL INTENSIVE CARE UNIT  12.00 OTHER SPECIAL CARE (SPECIFY)  13.00 NURSERY  14.00 Total (see instructions)  15.00 CAH visits  16.00 SUBPROVIDER - IPF  17.00 SUBPROVIDER  18.00 SUBPROVIDER  17.00  18.00 SUBPROVIDER  7.00  8.00  9.00	5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
Beds   (see instructions)	6.00	Hospital Adults & Peds. Swing Bed NF						6.00
8.00   INTENSIVE CARE UNIT	7.00	Total Adults and Peds. (exclude observation						7.00
9. 00   CORONARY CARE UNIT		beds) (see instructions)						
10.00 BURN INTENSIVE CARE UNIT 11.00 SURGICAL INTENSIVE CARE UNIT 12.00 OTHER SPECIAL CARE (SPECIFY) 13.00 NURSERY 14.00 Total (see instructions) 15.00 CAH visits 16.00 SUBPROVIDER - IPF 17.00 SUBPROVIDER - IRF 18.00 SUBPROVIDER 10.00 11.00 11.00 11.00 12.00 13.00 15.00 17.00 SUBPROVIDER - IRF 16.00 18.00 SUBPROVIDER	8.00	INTENSIVE CARE UNIT						8. 00
11. 00   SURGICAL INTENSIVE CARE UNIT   11. 00   12. 00   13. 00   14. 00   Total (see instructions)   0. 00   0   831   345   2, 048   14. 00   15. 00   CAH visits   15. 00   SUBPROVI DER - I PF   17. 00   SUBPROVI DER - I RF   18. 00   SUBPROVI DER   18. 00   18. 00   18. 00   18. 00   18. 00   18. 00   19	9.00	CORONARY CARE UNIT						9.00
12.00 OTHER SPECIAL CARE (SPECIFY) 13.00 NURSERY 14.00 Total (see instructions) 15.00 CAH visits 16.00 SUBPROVI DER - I PF 17.00 SUBPROVI DER - I RF 18.00 SUBPROVI DER 12.00 13.00 15.00 16.00 17.00 SUBPROVI DER 18.00 SUBPROVI DER 18.00	10.00	BURN INTENSIVE CARE UNIT						10.00
13.00 NURSERY 14.00 Total (see instructions) 0.00 0 831 345 2,048 14.00 15.00 CAH visits 16.00 SUBPROVIDER - I PF 17.00 SUBPROVIDER - I RF 18.00 SUBPROVIDER 18.00 SUBPROVIDER	11.00	SURGICAL INTENSIVE CARE UNIT						11.00
14. 00   Total (see instructions)   0. 00   0   831   345   2, 048   14. 00   15. 00   16. 00   SUBPROVI DER - I PF   16. 00   17. 00   SUBPROVI DER - I RF   17. 00   18. 00   SUBPROVI DER   18. 00   1	12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
15. 00 CAH vi si ts 16. 00 SUBPROVI DER - I PF 17. 00 SUBPROVI DER - I RF 18. 00 SUBPROVI DER 15. 00 16. 00 17. 00 18. 00 18. 00	13.00	NURSERY						13.00
16. 00   SUBPROVI DER - I PF   16. 00   17. 00   SUBPROVI DER - I RF   17. 00   18. 00   SUBPROVI DER   18. 00	14.00	Total (see instructions)	0.00	0	831	345	2, 048	14.00
17. 00   SUBPROVI DER - I RF   17. 00   18. 00   SUBPROVI DER   18. 00   18	15.00	CAH visits						15.00
18. 00 SUBPROVI DER 18. 00	16.00	SUBPROVIDER - IPF						16.00
	17.00	SUBPROVIDER - IRF						17.00
19.00 SKILLED NURSING FACILITY	18.00	SUBPROVI DER						18.00
177.00	19.00	SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY 20.00	20.00	NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE 21.00	21.00	OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY 0.00 22.00	22.00	HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	23.00	AMBULATORY SURGICAL CENTER (D. P.)						23.00
24. 00 HOSPICE 0. 00 24. 00	24.00	HOSPI CE	0.00					24.00
24.10 HOSPICE (non-distinct part)	24. 10	HOSPICE (non-distinct part)						24. 10
25. 00 CMHC - CMHC 25. 00	25.00	CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC 26.00	26.00	RURAL HEALTH CLINIC						26.00
26. 25   FEDERALLY QUALIFIED HEALTH CENTER 0. 00   26. 25	26. 25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26. 25
27.00 Total (sum of lines 14-26) 0.00 27.00	27.00	Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days 28.00	28.00	Observation Bed Days						28. 00
29.00 Ambulance Trips 29.00	29.00	Ambul ance Trips						29.00
30.00 Employee discount days (see instruction) 30.00	30.00	Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF	31.00	Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions) 32.00	32.00	Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room 32.01	32. 01							32. 01
outpatient days (see instructions)								
33.00 LTCH non-covered days 0 33.00	33.00	LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges 0 33.01	33. 01	LTCH site neutral days and discharges			0			33. 01
34.00   Temporary Expansion COVID-19 PHE Acute Care   34.00	34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

Health Financial Systems

KINGS DAUGHTERS HOSPITAL

Provider CCN: 15-0069

Period:
From 01/01/2022
To 12/31/2022
Part II
Date/Time Prepared:
5/24/2023 10: 28 am

Wkst. A Line
Number

Number

Reported

Number

Reported

Reported

Reported

Reported

Number

Reported

Number

Reported

Reported

Reported

Number

Reported

Rep

		Wkst. A Line Number	Amount Reported	Reclassificat ion of Salaries (from Wkst.	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	5/24/2023 10:   Average   Hourly Wage   (col. 4 ÷   col. 5)	28 aiii
		1. 00	2. 00	A-6) 3. 00	4.00	5. 00	6. 00	
	PART II - WAGE DATA SALARIES							-
1.00	Total salaries (see	200. 00	54, 589, 160	1, 098, 483	55, 687, 643	1, 526, 104. 00	36. 49	1.00
2. 00	instructions) Non-physician anesthetist Part		0	0	0	0. 00	0. 00	2.00
3. 00	A Non-physician anesthetist Part		343, 980	0	343, 980	2, 639. 00	130. 34	3.00
4. 00	B Physician-Part A - Administrative		39, 558	0	39, 558	173. 00	228. 66	4.00
4. 01 5. 00	Physicians - Part A - Teaching Physician and Non Physician-Part B		0 3, 784, 091	0		0. 00 15, 875. 00	0. 00 238. 37	
6. 00	Non-physician-Part B for hospital-based RHC and FQHC		0	0	О	0. 00	0.00	6.00
7. 00	services Interns & residents (in an approved program)	21. 00	0	0	0	0. 00	0. 00	7. 00
7. 01	Contracted interns and residents (in an approved		0	0	0	0. 00	0. 00	7. 01
8. 00	programs) Home office and/or related organization personnel		0	0	0	0. 00	0. 00	8. 00
9. 00	SNF	44.00	0	0	0	0.00	0.00	
10. 00	Excluded area salaries (see instructions) OTHER WAGES & RELATED COSTS		21, 216, 660	85, 205	21, 301, 865	473, 182. 00	45. 02	10.00
11. 00	Contract labor: Direct Patient		6, 776, 047	0	6, 776, 047	48, 138. 00	140. 76	11. 00
12. 00	Care Contract labor: Top level management and other management and administrative		0	0	0	0. 00	0. 00	12. 00
13. 00	services Contract Labor: Physician-Part A - Administrative		1, 610, 530	0	1, 610, 530	8, 505. 00	189. 36	13.00
14. 00	Home office and/or related organization salaries and		0	0	0	0. 00	0. 00	14.00
14. 01	wage-related costs Home office salaries		2, 061, 179	0	2, 061, 179	38, 206. 00	53. 95	14. 01
14. 02	Related organization salaries		0	0	0	0. 00	0.00	14. 02
15. 00	Home office: Physician Part A - Administrative		0	0	0	0. 00	0. 00	15.00
16. 00	Home office and Contract Physicians Part A - Teaching		0	0	0	0. 00	0. 00	16. 00
16. 01	Home office Physicians Part A		0	0	0	0. 00	0. 00	16. 01
16. 02	- Teaching Home office contract Physicians Part A - Teaching		0	0	0	0. 00	0. 00	16. 02
17. 00	WAGE-RELATED COSTS Wage-related costs (core) (see		8, 163, 722	0	8, 163, 722			17. 00
18. 00	instructions) Wage-related costs (other) (see instructions)							18. 00
19. 00	Excluded areas		5, 610, 688	0	5, 610, 688			19.00
20.00	Non-physician anesthetist Part		0 000	0	0			20.00
21. 00 22. 00	Non-physician anesthetist Part B Physician Part A -		88, 082 9, 866	0	88, 082 9, 866			21.00
22. 00	Administrative Physician Part A - Teaching		7, 000 0	0	7, 000			22.00
23. 00	Physician Part B		958, 970	Ö	958, 970			23.00
24. 00 25. 00	Wage-related costs (RHC/FQHC) Interns & residents (in an		0	0	0			24. 00 25. 00
25. 50	approved program) Home office wage-related (core)		432, 235	0	432, 235			25. 50
25. 51	Related organization wage-related (core)		0	0	0			25. 51
25. 52	Home office: Physician Part A - Administrative -		0	0	О			25. 52
	wage-related (core)	l						I

HOSPITAL WAGE INDEX INFORMATION Provider CCN: 15-0069 Peri od: Worksheet S-3 From 01/01/2022 Part II Date/Time Prepared: 12/31/2022 5/24/2023 10:28 am Wkst. A Line Amount Recl assi fi cat Adj usted Paid Hours Average Hourly Wage (col. 4 ÷ col. 5) Number Sal ari es Related to Reported ion of (col. 2 ± col. Sal ari es Salaries in (from Wkst. 3) col. 4 A-6) 1.00 2.00 3.00 4.00 5.00 6.00 25.53 Home office: Physicians Part A 0 25. 53 - Teaching - wage-related (core) OVERHEAD COSTS - DIRECT SALARIES 26.00 Employee Benefits Department 4.00 394, 841 -394, 841 0 0.00 0. 00 26.00 27.00 Administrative & General 5.00 5, 707, 838 1, 496, 624 7, 204, 462 238, 982. 00 30. 15 27.00 28.00 653, 554 653, 554 3, 119. 00 209. 54 28.00 Administrative & General under contract (see inst.) 29.00 Maintenance & Repairs 6.00 0.00 0.00 29.00 30.00 Operation of Plant 7.00 582, 919 0 582, 919 19, 237. 00 30. 30 30.00 . Laundry & Linen Service 8.00 29, 339 29, 339 2, 081. 00 14. 10 31.00 31.00 0 752, 986 32.00 Housekeepi ng 9.00 C 752, 986 49, 117. 00 15. 33 32.00 33.00 Housekeeping under contract 231, 819 231, 819 11, 022. 00 21.03 33.00 (see instructions) 34.00 Dietary 10.00 774, 310 -520, 349 253, 961 14, 042. 00 18. 09 34.00 35.00 Dietary under contract (see C 0.00 0.00 35.00 instructions) 36.00 Cafeteri a 11.00 0 520, 349 520, 349 28, 771. 00 18. 09 36.00 0.00 37.00 Maintenance of Personnel 12.00 0.00 37.00 0 Nursing Administration 12, 871. 00 13.00 38.00 38.00 535, 570 Ω 535, 570 41. 61 39.00 Central Services and Supply 14.00 79, 329 0 79, 329 5, 108. 00 15. 53 39.00 885, 785 885, 785 22, 747. 00 38. 94 40.00 Pharmacy 15.00 0 40.00 Medical Records & Medical Records Library 41.00 16.00 752, 888 0 752, 888 30, 422. 00 24. 75 41.00

0

0

0

0

0

0.00

0.00

0.00 42.00

0.00 43.00

17.00

18.00

42.00

Social Service

43.00 Other General Service

near th	Titianciai Systems		KINGS DAGGITL	NO HOOFFIAL		III LI C	u or rorm cw3-2	102-10
HOSPI T	AL WAGE INDEX INFORMATION			Provi der C	[	Period: From 01/01/2022 To 12/31/2022		pared:
		Worksheet A	Amount	Reclassi fi cat	Adjusted	Pai d Hours	1	20 4111
					.,		Average	
		Line Number	Reported	ion of	Sal ari es	Related to	Hourly Wage	
				Sal ari es	(col.2 ± col.	Salaries in	(col. 4 ÷	
				(from	3)	col. 4	col. 5)	
				Worksheet				
				A-6)				
		1. 00	2. 00	3. 00	4. 00	5. 00	6. 00	
	PART III - HOSPITAL WAGE INDEX	SUMMARY						
1.00	Net salaries (see		51, 346, 462	1, 098, 483	52, 444, 945	1, 521, 731. 00	34. 46	1.00
	instructions)							
2.00	Excluded area salaries (see		21, 216, 660	85, 205	21, 301, 86	473, 182. 00	45. 02	2.00
	instructions)							
3.00	Subtotal salaries (line 1		30, 129, 802	1, 013, 278	31, 143, 080	1, 048, 549. 00	29. 70	3.00
	minus line 2)							
4.00	Subtotal other wages & related		10, 447, 756	0	10, 447, 756	94, 849. 00	110. 15	4.00
	costs (see inst.)							
5.00	Subtotal wage-related costs		8, 605, 823	0	8, 605, 823	0.00	27. 63	5.00
	Land to the state of the state			I	I .		l l	

49, 183, 381

11, 381, 178

1, 013, 278

1, 101, 783

1, 143, 398. 00 437, 519. 00

50, 196, 659

12, 482, 961

6.00

7.00

43. 90

28. 53

(see inst.)
Total (sum of lines 3 thru 5)
Total overhead cost (see

instructions)

6.00

7.00

Health Financial Systems	KINGS DAUGHTERS HOSPITAL	In Lieu of Form CMS-2552-10
HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0069	Peri od: Worksheet S-3
		From 01/01/2022 Part IV
		To 12/21/2022   Doto/Time December of

PART IV - WAGE RELATED COSTS   1.00		To 12/31/2022	Date/Time Prep 5/24/2023 10:3	
PART IV - WAGE RELATED COSTS			1'	20 4111
PART IV - WAGE RELATED COSTS				
Part A - Core List RETIREMENT COST  1.00 401K Employer Contributions 2.00 Tax Shel tered Annuity (TSA) Employer Contribution 3.00 Nonqualified Defined Benefit Plan Cost (see instructions) 4.00 Qualified Defined Benefit Plan Cost (see instructions) 9 LAN ADMINISTRATIVE COSTS (Paid to External Organization)  5.00 401K/TSA Plan Administration fees 6.00 Legal/Accounting/Management Fees-Pension Plan 7.00 Employee Managed Care Program Administration Fees 9 Defined Benefit Plan Cost (see instructions) 9 Legal/Accounting/Management Fees-Pension Plan 9 O Employee Managed Care Program Administration Fees 9 D O T.00 HEALTH AND INSURANCE COST 8 O Health Insurance (Purchased or Self Funded) 8 O Health Insurance (Self Funded without a Third Party Administrator) 9 O Employee Managed Care Program Administrator) 9 O B O Health Insurance (Self Funded without a Third Party Administrator) 9 O B O B O O D O D O O O O O O O O O O O				
RETIREMENT COST		PART IV - WAGE RELATED COSTS		
1.00       401K Employer Contributions       2,063,961       1.00         2.00       Tax Shel tered Annuity (TSA) Employer Contribution       0       2.00         3.00       Nonqualified Defined Benefit Plan Cost (see instructions)       0       3.00         4.00       Qualified Defined Benefit Plan Cost (see instructions)       0       4.00         PLAN ADMINISTRATIVE COSTS (Paid to External Organization)       0       5.00         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 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 (Purchased)       0       8.04,783       8.02         8.03       Health Insurance (Purchased)       0       8.04,783       8.02         9.00       Prescription Drug Plan       860,425       9.00         10.00       Dental, Hearing and Vision Plan       10.00         11.00       Life Insurance (If employee is owner or beneficiary)       0       11.00		Part A - Core List		
2.00 Tax Sheltered Annuity (TSA) Employer Contribution 0 2.00 3.00 Nonqualified Defined Benefit Plan Cost (see instructions) 0 3.00 4.00 Qualified Defined Benefit Plan Cost (see instructions) 0 4.00  PLAN ADMINISTRATIVE COSTS (Paid to External Organization)  5.00 401K/TSA Plan Administration fees 0 5.00 6.00 Legal /Accounting/Management Fees-Pension Plan 0 6.00 7.00 Employee Managed Care Program Administration Fees 0 7.00  HEALTH AND INSURANCE COST  8.00 Health Insurance (Purchased or Self Funded) 0 8.01 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) 8,064,783 8.02 8.03 Health Insurance (Purchased) 0 8.03 9.00 Prescription Drug Plan 860,425 9.00 10.00 Dental, Hearing and Vision Plan 0 10.00 11.00 Life Insurance (If employee is owner or beneficiary) 0 11.00		RETIREMENT COST		
2.00 Tax Sheltered Annuity (TSA) Employer Contribution 0 2.00 3.00 Nonqualified Defined Benefit Plan Cost (see instructions) 0 3.00 4.00 Qualified Defined Benefit Plan Cost (see instructions) 0 4.00  PLAN ADMINISTRATIVE COSTS (Paid to External Organization)  5.00 401K/TSA Plan Administration fees 0 5.00 6.00 Legal /Accounting/Management Fees-Pension Plan 0 6.00 7.00 Employee Managed Care Program Administration Fees 0 7.00  HEALTH AND INSURANCE COST  8.00 Health Insurance (Purchased or Self Funded) 0 8.01 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) 8,064,783 8.02 8.03 Health Insurance (Purchased) 0 8.03 9.00 Prescription Drug Plan 860,425 9.00 10.00 Dental, Hearing and Vision Plan 0 10.00 11.00 Life Insurance (If employee is owner or beneficiary) 0 11.00	1.00	401K Employer Contributions	2, 063, 961	1.00
4.00   Qualified Defined Benefit Plan Cost (see instructions)   0     4.00	2.00			2.00
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   8.01   Health Insurance (Self Funded without a Third Party Administrator)   0   8.01   8.02   Health Insurance (Self Funded with a Third Party Administrator)   8.04,783   8.02   8.03   Health Insurance (Purchased)   0   8.03   9.00   Prescription Drug Plan   860,425   9.00   9.00   Dental, Hearing and Vision Plan   0   10.00   11.00   Life Insurance (If employee is owner or beneficiary)   0   11.00	3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	ol	3.00
5.00 401K/TSA Plan Administration fees 6.00 Legal / Accounting / Management Fees-Pension Plan 7.00 Employee Managed Care Program Administration Fees HEALTH AND INSURANCE COST 8.00 Health Insurance (Purchased or Self Funded) 8.01 Health Insurance (Self Funded without a Third Party Administrator) 8.02 Health Insurance (Self Funded with a Third Party Administrator) 8.03 Health Insurance (Purchased) 9.00 Prescription Drug Plan 10.00 Dental, Hearing and Vision Plan 11.00 Life Insurance (If employee is owner or beneficiary) 5.00 5.00 5.00 6.00 7.00 8.00 7.00 8.00 8.01 8.00 8.01 9.00 9.00 9.00 9.00 9.00 9.00 9.00 9	4.00	Qualified Defined Benefit Plan Cost (see instructions)	ol	4.00
5.00 401K/TSA Plan Administration fees 6.00 Legal / Accounting / Management Fees-Pension Plan 7.00 Employee Managed Care Program Administration Fees HEALTH AND INSURANCE COST 8.00 Health Insurance (Purchased or Self Funded) 8.01 Health Insurance (Self Funded without a Third Party Administrator) 8.02 Health Insurance (Self Funded with a Third Party Administrator) 8.03 Health Insurance (Purchased) 9.00 Prescription Drug Plan 10.00 Dental, Hearing and Vision Plan 11.00 Life Insurance (If employee is owner or beneficiary) 5.00 5.00 5.00 6.00 7.00 8.00 7.00 8.00 8.01 8.00 8.01 9.00 9.00 9.00 9.00 9.00 9.00 9.00 9		PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
7.00 Employee Managed Care Program Administration Fees 0 7.00  HEALTH AND INSURANCE COST  8.00 Health Insurance (Purchased or Self Funded) 0 8.01  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) 8,064,783 8.02  8.03 Health Insurance (Purchased) 0 8.00  9.00 Prescription Drug Plan 860,425 9.00  10.00 Dental, Hearing and Vision Plan 0 10.00  11.00 Life Insurance (If employee is owner or beneficiary) 0 11.00	5.00	401K/TSA Plan Administration fees	0	5.00
HEALTH AND INSURANCE COST  8.00 Heal th Insurance (Purchased or Self Funded)  8.01 Heal th Insurance (Self Funded without a Third Party Administrator)  8.02 Heal th Insurance (Self Funded with a Third Party Administrator)  8.03 Heal th Insurance (Purchased)  9.00 Prescription Drug Plan  10.00 Dental, Hearing and Vision Plan  11.00 Life Insurance (If employee is owner or beneficiary)	6.00	Legal /Accounting/Management Fees-Pension Plan	l ol	6.00
8.00 Health Insurance (Purchased or Self Funded)  8.01 Health Insurance (Self Funded without a Third Party Administrator)  8.02 Health Insurance (Self Funded with a Third Party Administrator)  8.03 Health Insurance (Purchased)  9.00 Prescription Drug Plan  10.00 Dental, Hearing and Vision Plan  11.00 Life Insurance (If employee is owner or beneficiary)  8.00  8.00  8.01  8.02  8.04,783  8.02  8.03  9.00  10.00	7.00		0	7.00
8.01 Health Insurance (Self Funded without a Third Party Administrator)  8.02 Health Insurance (Self Funded with a Third Party Administrator)  8.03 Health Insurance (Purchased)  9.00 Prescription Drug Plan  10.00 Dental, Hearing and Vision Plan  11.00 Life Insurance (If employee is owner or beneficiary)  0 8.01  8,064,783 8.02  0 8.03  860,425 9.00  10.00		HEALTH AND INSURANCE COST		
8.02 Health Insurance (Self Funded with a Third Party Administrator)  8.03 Health Insurance (Purchased)  9.00 Prescription Drug Plan  10.00 Dental, Hearing and Vision Plan  11.00 Life Insurance (If employee is owner or beneficiary)  8.04,783 8.02  8.02 8.03  9.00 0 8.03  10.00  10.00  11.00	8.00		0	8. 00
8.03 Health Insurance (Purchased) 9.00 Prescription Drug Plan 10.00 Dental, Hearing and Vision Plan 11.00 Life Insurance (If employee is owner or beneficiary)  0 8.03 860,425 9.00 10.00 11.00	8. 01	Health Insurance (Self Funded without a Third Party Administrator)	0	8. 01
9.00 Prescription Drug Plan 10.00 Dental, Hearing and Vision Plan 11.00 Life Insurance (If employee is owner or beneficiary) 860,425 9.00 0 10.00 11.00	8. 02	Health Insurance (Self Funded with a Third Party Administrator)	8, 064, 783	8. 02
10.00 Dental, Hearing and Vision Plan 11.00 Life Insurance (If employee is owner or beneficiary) 0 10.00 0 11.00	8.03	Health Insurance (Purchased)	0	8. 03
11.00 Life Insurance (If employee is owner or beneficiary) 0 11.00	9.00	Prescription Drug Plan	860, 425	9. 00
	10.00	Dental, Hearing and Vision Plan	0	10.00
12 00 Accident Insurance (If employee is owner or beneficiary)	11.00		0	11.00
12.00   Neer defit initial affect (if emproyee is owner or benefiterally)	12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
	13.00		145, 944	13.00
14.00 Long-Term Care Insurance (If employee is owner or beneficiary) 0 14.00	14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
	15.00		57, 733	
	16.00		0	16.00
Noncumul ati ve portion)				l
TAXES				
				18. 00
	20. 00		0	20.00
OTHER		F 111=11		
	21. 00		0	21.00
instructions))				
				22.00
=			ı "	23.00
	24. 00		14, 831, 329	24.00
Part B - Other than Core Related Cost	05.00			05.00
25. 00 OTHER WAGE RELATED COSTS (SPECIFY)	25.00	OTHER WAGE RELATED COSTS (SPECIFY)	l l	25. 00

Health Financial Systems	KINGS DAUGHTERS HOSPITAL	In Lie	u of Form CMS-2552-10
HOSPITAL CONTRACT LABOR AND BENEFIT COST		From 01/01/2022	Worksheet S-3 Part V Date/Time Prepared: 5/24/2023 10:28 am

		10 12/31/2022	Date/lime Pre 5/24/2023 10:	
	Cost Center Description	Contract	Benefit Cost	
		Labor		
		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	6, 776, 047		1.00
2.00	Hospi tal	6, 776, 047	14, 831, 329	2.00
3. 00	SUBPROVI DER - I PF			3.00
4. 00	SUBPROVI DER - I RF			4.00
5. 00	Subprovi der - (0ther)	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	Hospi tal -Based HHA	0	0	11.00
	AMBULATORY SURGICAL CENTER (D. P.) I			12.00
13. 00	Hospi tal -Based Hospi ce	0	0	13.00
14. 00	Hospital-Based Health Clinic RHC			14.00
	Hospital-Based Health Clinic FQHC			15.00
	Hospi tal -Based-CMHC			16.00
	RENAL DIALYSIS I			17.00
18. 00	Other	0	0	18. 00

Heal th	Financial Systems	KINGS DAUGHTE	RS HOSPITAL		In Lie	u of Form CMS-2	2552-10
HOME H	EALTH AGENCY STATISTICAL DATA		Provi der C		eriod: rom 01/01/2022	Worksheet S-4	
			Component	CCN: 15-7141 To		Date/Time Pre 5/24/2023 10:	
					Home Health	PPS	20 4111
					Agency I		
						00	
0. 00	County	Title V	Title XVIII	Title XIX	JEFFERSON Other	Total	0.00
		1.00	2. 00	3.00	4. 00	5. 00	
1. 00	HOME HEALTH AGENCY STATISTICAL DATA  Home Health Aide Hours	l ol	30	0	62	92	1.00
2. 00	Unduplicated Census Count (see instructions)	1 1	158. 00				2.00
				Number of Empl	oyees (Full Ti	me Equivalent)	
				01.66		<del></del>	
		Enter the number your normal		Staff	Contract	Total	
		0	)	1.00	2. 00	3. 00	
3. 00	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES Administrator and Assistant Administrator(s)		40. 00	0.00	0.00	0.00	3. 00
4. 00	Director(s) and Assistant Director(s)		10. 00	0. 00	0. 00	0.00	4. 00
5. 00 6. 00	Other Administrative Personnel Direct Nursing Service			5. 22 5. 51	0. 00 0. 00		5. 00 6. 00
7. 00	Nursing Supervisor			0.00	0.00		7.00
8. 00	Physical Therapy Service			2. 62	0.00		8.00
9. 00 10. 00	Physical Therapy Supervisor Occupational Therapy Service			0. 00 0. 66	0. 00 0. 00		9. 00 10. 00
11. 00	Occupational Therapy Supervisor			0. 00	0. 00	0. 00	11. 00
12. 00 13. 00	Speech Pathology Service Speech Pathology Supervisor			0. 02 0. 00	0. 00 0. 00		12. 00 13. 00
14. 00	Medical Social Service			0.00	0. 00		
15.00	Medical Social Service Supervisor			0.00	0.00		
16. 00 17. 00	Home Health Aide Home Health Aide Supervisor			0. 04 0. 00	0. 00 0. 00		16. 00 17. 00
18. 00	Other (specify)			0.00	0. 00		18. 00
						CBSA Data 1.00	
10.00	HOME HEALTH AGENCY CBSA CODES						10.00
19. 00 20. 00	Enter in column 1 the number of CBSAs where List those CBSA code(s) in column 1 serviced					99915	19. 00 20. 00
	first code).	Full Ep	al codos				
				LUPA Epi sodes	PEP Only	Total (cols.	
		Outliers 1.00	2.00	3 00	Epi sodes 4.00	1-4) 5. 00	
	PPS ACTIVITY DATA	1.00	2.00	3.00	4.00	5.00	
21.00	Skilled Nursing Visits	767	9	12	46		21.00
22. 00 23. 00	Skilled Nursing Visit Charges Physical Therapy Visits	202, 224 650	2, 376 7	3, 168 12	12, 144 52		22. 00 23. 00
24.00	Physical Therapy Visit Charges	153, 561	1, 665	2, 119	12, 308	169, 653	24. 00
25. 00 26. 00	Occupational Therapy Visits Occupational Therapy Visit Charges	169 44, 206	2, 096	0	16 4, 192	l	25. 00 26. 00
27. 00	Speech Pathology Visits	0	2,070	5	0	5	27. 00
28. 00 29. 00	Speech Pathology Visit Charges Medical Social Service Visits	0	0		0	1, 076 0	28. 00 29. 00
30.00	Medical Social Service Visits  Medical Social Service Visit Charges	0	0	-	0	0	30.00
31.00	Home Health Aide Visits	14	0		0		31.00
32. 00 33. 00	Home Health Aide Visit Charges Total visits (sum of lines 21, 23, 25, 27,	2, 145 1, 600	0 24		0 114	, , , , ,	32. 00 33. 00
	29, and 31)						
34. 00 35. 00	Other Charges Total Charges (sum of lines 22, 24, 26, 28,	0 402, 136	0 6, 137	-	0 28, 644	0 443, 280	34. 00 35. 00
	30, 32, and 34)		5, 157				
36. 00	Total Number of Episodes (standard/non outlier)	175		15	9	199	36. 00
37. 00	Total Number of Outlier Episodes		1		1		37. 00
38. 00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38. 00

Heal th	Financial Systems		KINGS DAUGHTE	ERS HOSPITAL		In Lie	eu of Form CMS-2	2552-10
	AL-BASED HOSPICE IDENTIFICATION	I DATA		Provi der C	CN: 15-0069	Peri od:	Worksheet S-9	
					. 45 4505	From 01/01/2022		
				Hospi ce CC	N: 15-1535	To 12/31/2022	Date/Time Pre 5/24/2023 10:	pared:
						Hospi ce I	3/24/2023 10.	20 aiii
		Undupl i cated				110001.00		
		Days						
		Title XVIII	Title XIX	Title XVIII	Title XIX	All Other	Total (sum of	
				Skilled	Nursi ng		cols. 1, 2 &	
				Nursi ng	Facility		5)	
				Facility				
	T	1. 00	2. 00	3.00	4. 00	5. 00	6. 00	
	PART I - ENROLLMENT DAYS FOR CO	OST REPORTING	PERIODS BEGINN	ING BEFORE OCT	OBER 1, 2015			
1.00	Hospice Continuous Home Care Hospice Routine Home Care							1.00
2. 00 3. 00				•				2.00 3.00
4. 00	Hospice Inpatient Respite Care Hospice General Inpatient Care							4.00
5. 00	Total Hospice Days							5.00
3.00	Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
6. 00	Number of patients receiving	KEI OKITIKO TEK	DEGITIMITING	DEFORE GOTOBE	1, 2010			6.00
0.00	hospi ce care							0.00
7.00	Total number of unduplicated							7.00
	Continuous Care hours billable							
	to Medicare							
8.00	Average Length of Stay (line 5							8. 00
	/ line 6)							
9. 00	Unduplicated census count							9. 00
NOTE:	Parts I and II, columns 1 and 2	also include	the days repor	ted in columns	3 and 4.			
				Title XVIII	Title XIX	Other	Total (sum of	
							col s. 1	
							through 3)	
				1.00	2.00	3. 00	4. 00	
	PART III - ENROLLMENT DAYS FOR	COST REPORTIN	G PERIODS BEGI	NNING ON OR AF	TER OCTOBER 1	•		
10.00	Hospice Continuous Home Care			0		0 0	1	
11. 00	Hospice Routine Home Care			1, 961	1	6 87		11.00
12.00	Hospice Inpatient Respite Care			0	1	0		
13.00	Hospice General Inpatient Care			21 1, 982		0 0 87	<b>.</b>	
14. 00	Total Hospice Days PART IV - CONTRACTED STATISTICA	NI DATA EOD CO	ST DEDODTING D					14.00
15. 00	Hospice Inpatient Respite Care		SI KEPUKITNG P	ERIODS BEGINNI		0 0 0		15. 00
	Hospice General Inpatient Care					0 0		
10.00	mospi de denerar impatrient dare			1	П	9	1 0	1 .0.00

	Financial Systems KINGS DAUGHTERS HOS				u of Form CMS-2	
HOSPI T	AL UNCOMPENSATED AND INDIGENT CARE DATA Pr	ovider CCN: 15-006		od: 01/01/2022	Worksheet S-1	0
			То	12/31/2022	Date/Time Pre 5/24/2023 10:	pared: 28 am
					1. 00	
	Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divi Medicaid (see instructions for each line)	ded by line 202 co	olumn 8)		0. 289976	1.00
2. 00	Net revenue from Medicaid				12, 250, 509	2.00
3. 00	Did you receive DSH or supplemental payments from Medicaid?	Υ	3.00			
4. 00	If line 3 is yes, does line 2 include all DSH and/or supplementa	1 3	edi cai d?		Υ	4.00
5. 00 5. 00	If line 4 is no, then enter DSH and/or supplemental payments fro Medicaid charges	m Medicald			0 59, 306, 490	
7. 00	Medicaid cost (line 1 times line 6)				17, 197, 459	
3. 00	Difference between net revenue and costs for Medicaid program (I	ine 7 minus sum of	flines:	2 and 5; if	4, 946, 950	1
	<pre>&lt; zero then enter zero) Children's Health Lagrange Program (CHLP) (see instructions for</pre>	acab Lina)				-
9. 00	Children's Health Insurance Program (CHIP) (see instructions for Net revenue from stand-alone CHIP	each fine)			0	9.00
10.00	Stand-alone CHIP charges				0	
11. 00	Stand-alone CHIP cost (line 1 times line 10)				0	1
12.00	Difference between net revenue and costs for stand-alone CHIP (I	ine 11 minus line	9; if <	zero then	0	12.00
	<pre>enter zero) Other state or local government indigent care program (see instr</pre>	uctions for each l	ine)			
13. 00	Net revenue from state or local indigent care program (Not inclu				0	13.00
14.00	Charges for patients covered under state or local indigent care	program (Not inclu	uded in	lines 6 or	0	14.00
15. 00	10)  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 indi	-				
	13; if < zero then enter zero)					
	Grants, donations and total unreimbursed cost for Medicaid, CHIP instructions for each line)	and state/local i	ndi gent	care progra	ms (see	
	Private grants, donations, or endowment income restricted to fun	9			-	17.00
18. 00 19. 00	Government grants, appropriations or transfers for support of ho Total unreimbursed cost for Medicaid , CHIP and state and local		arome (c	um of lines	0 4, 946, 950	
19.00	8, 12 and 16)	rnargent care proj	yı allıs (Si	uiii 01 1111es	4, 940, 950	19.00
		Uni nsur		Insured	Total (col. 1	
		pati en 1.00		pati ents 2.00	+ col . 2) 3.00	
	Uncompensated Care (see instructions for each line)	1.00		2.00	3.00	
20. 00	Charity care charges and uninsured discounts for the entire faci	lity 1,58	2, 274	196, 154	1, 778, 428	20.00
21. 00	(see instructions) Cost of patients approved for charity care and uninsured discoun	ts (see 45	8, 821	196, 154	654, 975	21 00
_ 1. 00	instructions)	10	0,021	170, 101	001,770	21.00
22. 00	Payments received from patients for amounts previously written o	ff as	0	0	0	22.00
23 00	charity care   Cost of charity care (line 21 minus line 22)	45	8, 821	196, 154	654, 975	23 00
	reserved sharrey care (17110 21 minute 17110 22)		0, 02.,	1707 101		20.00
24 00	Deep the amount on line 20 celumn 2, include charges for noticent	daya bayand a La	ath of	atav limit	1. 00 N	24.00
24. 00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?					
25. 00	<pre>Iffline 24 is yes, enter the charges for patient days beyond the  stay limit</pre>	indigent care pro	ogram's	length of	0	25.00
26. 00	Total bad debt expense for the entire hospital complex (see inst				2, 205, 885	1
27. 00	Medicare reimbursable bad debts for the entire hospital complex	•	)		152, 759	1
27. 01	Medicare allowable bad debts for the entire hospital complex (se Non-Medicare bad debt expense (see instructions)	e instructions)			235, 014 1, 970, 871	
		( :+	one)		653, 760	1
28. 00 29. 00	Cost of non-Medicare and non-reimbursable Medicare bad debt expe	nse (see instructi	0115)		055, 700	1 2 /. 00
29. 00 30. 00	Cost of non-Medicare and non-reimbursable Medicare bad debt expe Cost of uncompensated care (line 23 column 3 plus line 29) Total unreimbursed and uncompensated care cost (line 19 plus lin	`	0115)		1, 308, 735 6, 255, 685	30.00

	Financial Systems	KINGS DAUGHTERS		ON 45 00/0		u of Form CMS-2	2552-10
RECLAS	SSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE (	OF EXPENSES	Provi der C		Period: From 01/01/2022	Worksheet A	
					To 12/31/2022	Date/Time Pre	
	01.01	6.1	0.11	T. I. J. C. J.	D	5/24/2023 10:	28 am
	Cost Center Description	Sal ari es	0ther	+ col . 2)	Reclassificat ions (See	Reclassified Trial Balance	
				1 001. 2)	A-6)	(col . 3 +-	
					Í	col . 4)	
		1. 00	2. 00	3. 00	4. 00	5. 00	
1 00	GENERAL SERVICE COST CENTERS OO100 NEW CAP REL COSTS-BLDG & FIXT		11 252 400	11 252 40	0 227, 664	11 400 044	1 00
1. 00 1. 01	00101 NEW CAP REL COSTS-BLDG & FIXT HHA/HO		11, 252, 400	11, 252, 40	0 227, 664	11, 480, 064 3, 643	1. 00 1. 01
2. 00	00200 NEW CAP REL COSTS-MVBLE EQUIP		0	ó	0 0,043	0,043	2.00
3.00	00300 OTHER CAPITAL RELATED COSTS		0		0	0	3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	394, 841	14, 645, 855	1	· ·	14, 414, 548	4. 00
5.00	00500 ADMI NI STRATI VE & GENERAL	5, 707, 838	13, 729, 553	1		19, 497, 660	
7. 00 8. 00	OO7OO   OPERATION OF PLANT   OO8OO   LAUNDRY & LINEN SERVICE	582, 919 29, 339	3, 727, 655 303, 332	1		4, 310, 574 332, 671	7. 00 8. 00
9. 00	00900 HOUSEKEEPI NG	752, 986	458, 749	1		1, 211, 735	
10.00	01000 DI ETARY	774, 310	376, 504	1		377, 448	
11. 00	01100 CAFETERI A	0	0	1	0 773, 366	773, 366	
13.00	01300 NURSING ADMINISTRATION	535, 570	745	1		536, 315	
14. 00 15. 00	O1400   CENTRAL SERVI CES & SUPPLY   O1500   PHARMACY	79, 329 885, 785	-3, 484 10, 944, 337			75, 845 1, 463, 268	
16. 00	01600 MEDI CAL RECORDS & LI BRARY	752, 888	218, 100	1	· · ·	970, 950	
19. 00	01900 NONPHYSI CI AN ANESTHETI STS	0	210, 100	1	0 343, 980	343, 980	
23.00	02300 RADI OLOGY SCHOOL	155, 388	6, 815	162, 20		164, 803	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	5, 683, 305	2, 120, 903			5, 958, 406	
31. 00 43. 00	03100 I NTENSI VE CARE UNI T 04300 NURSERY	958, 419 0	711, 383 0		2 -4, 645 0 630, 033	1, 665, 157 630, 033	1
43.00	ANCI LLARY SERVI CE COST CENTERS	l ol		/	0 030, 033	030, 033	43.00
50.00	05000 OPERATI NG ROOM	2, 386, 483	9, 061, 311	11, 447, 79	4 -6, 329, 154	5, 118, 640	50.00
51.00	05100 RECOVERY ROOM	217, 928	257, 382	475, 31	0 -33, 413	441, 897	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0		1	0 779, 464	779, 464	
53.00	05300 ANESTHESI OLOGY	2, 112, 355	1, 072, 605			2, 732, 854	
54. 00 54. 01	05400   RADI OLOGY-DI AGNOSTI C   03630   ULTRA SOUND	3, 198, 583 137, 543	1, 580, 581 55, 408	1		4, 749, 605 190, 707	
54. 01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	82, 684	127, 549	1		138, 677	1
55. 00	05500 RADI OLOGY - THERAPEUTI C	0	0	)	0 0	0	1
55. 01	03480 ONCOLOGY	995, 387	1, 564, 743	2, 560, 13	0 -90, 652	2, 469, 478	
57. 00	05700 CT SCAN	205, 930	277, 981	1		473, 531	
58. 00 59. 00	05800   MAGNETI C RESONANCE I MAGING (MRI)   05900   CARDIAC CATHETERIZATION	197, 939	127, 207 0		6 -975 0 0	324, 171 0	1
60.00	06000 LABORATORY	1, 472, 247	3, 821, 735	1	-	3, 367, 425	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	302, 672	1		302, 672	
65.00	06500 RESPI RATORY THERAPY	730, 536	247, 104		0 -156, 044	821, 596	65.00
66.00	06600 PHYSI CAL THERAPY	1, 318, 186	149, 674	1		1, 384, 408	
67.00	06700 OCCUPATI ONAL THERAPY	249, 395	6, 488			253, 290	
68. 00 69. 00	06800  SPEECH PATHOLOGY   06900  ELECTROCARDI OLOGY	147, 676	2, 071 0		7 -619 0 0	149, 128 0	1
	03610 SLEEP LAB	188, 877	54, 447	1	-		
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 3, 635, 015	3, 635, 015	71.00
71. 01	07101 IV SOLUTIONS	0	0		0	0	
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		0 4, 007, 721	4, 007, 721	1
73. 00 76. 00	O7300   DRUGS CHARGED TO PATIENTS   O3140   CARDI OLOGY	521, 046	218, 501	739, 54	0 12, 355, 730 7 -18, 901	12, 355, 730 720, 646	
	07697 CARDIAC REHABILITATION	68, 264	4, 935			720, 040	
	OUTPATIENT SERVICE COST CENTERS			,		,	
90.00	09000 CLI NI C	74, 115	917	1		74, 777	
90. 01	09001 WOUND CARE CLINIC	253, 114	112, 178		· ·	305, 642	
	09100 EMERGENCY	1, 676, 683	4, 351, 922	6, 028, 60	5 -291, 150	5, 737, 455	
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500 AMBULANCE SERVICES	1, 671, 054	223, 722	1, 894, 77	6 -50, 796	1, 843, 980	95.00
	10100 HOME HEALTH AGENCY	1, 049, 290	84, 648			1, 123, 113	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0		0 0	0	102.00
112 00	SPECIAL PURPOSE COST CENTERS			\		0	112 00
	11300 INTEREST EXPENSE  11600 HOSPICE	77, 082	61, 128	138, 21	0 0 81, 487	219, 697	113.00
118.00		36, 325, 314	82, 259, 756				
	NONREI MBURSABLE COST CENTERS	337323731.1			5.57.55		
	19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	)	0 0		190. 00
	07950 OTHER NON-REI MBURSABLE	51, 421	118, 218			169, 639	
	07951   MOB   07952   PHYSI CI AN CLI NI CS	3, 058, 666 5, 309, 351	297, 454	1		3, 356, 120 6, 685, 246	
	07952 PHYSICIAN CLINICS 07953 PHYS PRAC BUS OFC	727, 310	1, 370, 161 11, 846	1		6, 685, 246 1, 316, 283	
194. 04	07954 MOB - MAIN CAMPUS	359, 521	-7, 506	1		352, 015	
194. 05	07955 ONCOLOGY - NONREI MBURSABLE	0	0		0 0	0	194. 05
	07956 KDH - MC FAMILY PRACTICE	2, 633, 663	164, 796			2, 655, 827	
194. 07	07957 KDH - MC ORTHOPEDICS	2, 495, 829	565, 516	3, 061, 34	5 0	3, 061, 345	1194.07

Health Financial Systems	KINGS DAUGHTERS	S HOSPITAL		In Lie	u of Form CMS-2	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE C	F EXPENSES	Provi der Co		Peri od:	Worksheet A	
				From 01/01/2022 Fo 12/31/2022		pared: 28 am
Cost Center Description	Sal ari es	0ther	Total (col. 1	Recl assi fi cat	Recl assi fi ed	
			+ col . 2)	ions (See	Trial Balance	
				A-6)	(col. 3 +-	
					col. 4)	
	1. 00	2. 00	3. 00	4. 00	5. 00	
194.08 07958 KDH - MC GENERAL SURGERY	1, 392, 208	163, 087	1, 555, 29	5 0	1, 555, 295	194. 08
194.09 07959 KDH - MC ENT	627, 871	29, 405	657, 27	-76, 410	580, 866	194. 09
194.10 07960 KDH - MC UROLOGY	84, 625	317, 348	401, 97	3 0	401, 973	194. 10
194.11 07961 KDH - MC OB/GYN	1, 523, 381	528, 588	2, 051, 969	-15, 282	2, 036, 687	194. 11
200.00   TOTAL (SUM OF LINES 118 through 199)	54, 589, 160	85, 818, 669	140, 407, 829	0	140, 407, 829	200. 00

Health Financial Systems KINGS DAUGRECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES Provi der CCN: 15-0069 

			To 12/31/2022 Date/Time Pre 5/24/2023 10:	
Cost Center Description	Adjustments	Net Expenses	0,21,2020 10.	20 4
	(See A-8)	For Allocation		
	6. 00	7. 00		
GENERAL SERVICE COST CENTERS	1 402 504	12 002 5/0		1 00
1.00   00100   NEW CAP REL COSTS-BLDG & FIXT 1.01   00101   NEW CAP REL COSTS-BLDG & FIXT HHA/HO	1, 402, 504 0	1		1.00 1.01
2. 00 O0200 NEW CAP REL COSTS-MVBLE EQUIP	0			2.00
3.00 00300 OTHER CAPITAL RELATED COSTS	0	o		3.00
4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT	-1, 242, 294			4. 00
5. 00 00500 ADMINISTRATIVE & GENERAL	3, 567, 817	23, 065, 477		5.00
7.00   00700   OPERATION OF PLANT 8.00   00800   LAUNDRY & LINEN SERVICE	0	1		7. 00 8. 00
9. 00   00900   HOUSEKEEPI NG	0	1, 211, 735		9.00
10. 00   01000   DI ETARY	0	377, 448		10.00
11. 00   01100   CAFETERI A	-267, 157			11. 00
13. 00 01300 NURSI NG ADMI NI STRATI ON	0			13.00
14.00   01400   CENTRAL SERVI CES & SUPPLY 15.00   01500   PHARMACY	0	75, 845 1, 463, 268		14. 00 15. 00
16. 00 01600 MEDICAL RECORDS & LIBRARY	-2, 666	1		16.00
19. 00 01900 NONPHYSI CLAN ANESTHETI STS	-343, 980			19. 00
23. 00 02300 RADI OLOGY SCHOOL	-43, 895	120, 908		23. 00
INPATIENT ROUTINE SERVICE COST CENTERS	4 054 000	4 707 07/		00.00
30.00   03000   ADULTS & PEDIATRICS 31.00   03100   INTENSIVE CARE UNIT	-1, 251, 330 0			30. 00 31. 00
43. 00   04300   NURSERY	0	1		43.00
ANCILLARY SERVICE COST CENTERS		333,333		
50.00 05000 OPERATING ROOM	0			50.00
51. 00   05100   RECOVERY ROOM	0			51.00
52.00   05200   DELIVERY ROOM & LABOR ROOM   53.00   05300   ANESTHESI OLOGY	0 -2, 732, 854	1 ,		52. 00 53. 00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	-2, 274, 434			54.00
54. 01   03630   ULTRA SOUND	0			54. 01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0			54.02
55. 00   05500   RADI OLOGY - THERAPEUTI C	0	0		55.00
55. 01   03480   ONCOLOGY 57. 00   05700   CT   SCAN	-843, 331 0	1, 626, 147 473, 531		55. 01 57. 00
58. 00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0	1		58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		59.00
60. 00   06000   LABORATORY	-184, 239			60.00
62. 00   06200   WHOLE BLOOD & PACKED RED BLOOD CELLS	0			62.00
65. 00   06500  RESPI RATORY THERAPY 66. 00   06600  PHYSI CAL THERAPY	0	821, 596 1, 384, 408		65. 00 66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	0	253, 290		67.00
68. 00 06800 SPEECH PATHOLOGY	0	149, 128		68.00
69. 00 06900 ELECTROCARDI OLOGY	0	1		69. 00
69. 01   03610   SLEEP LAB	-384	231, 994		69. 01
71.00 O7100 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.01 O7101 IV SOLUTIONS	0	1		71. 00 71. 01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	1		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0			73.00
76. 00   03140   CARDI OLOGY	0			76. 00
76. 97 O7697 CARDIAC REHABILITATION OUTPATIENT SERVICE COST CENTERS	0	72, 370		76. 97
90. 00 09000 CLINIC	0	74, 777		90.00
90. 01   09001   WOUND CARE CLINIC	0			90. 01
91. 00   09100   EMERGENCY	-687, 370	5, 050, 085		91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
95.00 OTHER REIMBURSABLE COST CENTERS 95.00 O9500 AMBULANCE SERVICES	-100, 551	1, 743, 429		95.00
101. 00 10100 HOME HEALTH AGENCY	-100, 551			101.00
102. 00 10200 OPI OI D TREATMENT PROGRAM	0			102.00
SPECIAL PURPOSE COST CENTERS				
113. 00 11300   NTEREST EXPENSE	0			113.00
116.00 11600 HOSPICE 118.00  SUBTOTALS (SUM OF LINES 1 through 11	0 7) -5, 004, 164			116. 00 118. 00
NONREI MBURSABLE COST CENTERS	-5,004,104	113, 232, 309		11 10.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0		190. 00
194.00 07950 OTHER NON-REIMBURSABLE	0			194. 00
194. 01 07951 MOB	0	3, 356, 120		194. 01
194. 02 07952 PHYSI CLAN CLINI CS	0	6, 685, 246		194. 02
194.03 07953 PHYS PRAC BUS OFC 194.04 07954 MOB - MAIN CAMPUS	0	1, 316, 283 352, 015		194. 03 194. 04
194. 05 07955 ONCOLOGY - NONREI MBURSABLE	0	352, 015		194.04
194.06 07956 KDH - MC FAMILY PRACTICE	0	_, _,		194. 06
194. 07 07957 KDH - MC ORTHOPEDICS	0			194. 07
194.08 07958 KDH - MC GENERAL SURGERY	0	1, 555, 295		194. 08

Health Financial Systems	KINGS DAUGHTERS	HOSPI TAL	In Lieu	u of Form CMS-2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL	BALANCE OF EXPENSES	Provider CCN: 15-0069	Peri od: From 01/01/2022 To 12/31/2022	Worksheet A  Date/Time Prepared: 5/24/2023 10:28 am

			5/24/2023 10:28 am
Cost Center Description	Adjustments	Net Expenses	
	(See A-8)	For	
		Allocation	
	6. 00	7.00	
194. 09 07959 KDH - MC ENT	0	580, 866	194. 09
194. 10 07960 KDH - MC UROLOGY	0	401, 973	194. 10
194.11 07961 KDH - MC OB/GYN	0	2, 036, 687	194. 11
200.00 TOTAL (SUM OF LINES 118 through 199)	-5, 004, 164	135, 403, 665	200. 00

Health Financial Systems RECLASSIFICATIONS Peri od: Worksheet A-6 From 01/01/2022 To 12/31/2022 Date/Time Prepared: 5/24/2023 10:28 am Provider CCN: 15-0069

					10 12/31/202	5/24/2023 10: 28 am
	2001.2001.00	Increases	0.1	0.11		
	Cost Center 2.00	Li ne # 3.00	Sal ary 4. 00	0ther 5.00		
	A - CAFETERIA	3.00	4.00	5.00		
1.00	CAFETERIA	11. 00	520, 349	253, 017		1.00
	0		520, 349	253, 017		
	B - MEDICAL IMAGING TIME					
1. 00 2. 00	RADI OLOGY SCHOOL	23. 00 194. 02	1, 921 15, 922	0		1.00
2.00	PHYSICIAN CLINICS	194.02	17, 843	0		2. 00
	C - DEPRECIATION	L	177010	<u> </u>		
1.00	NEW CAP REL COSTS-BLDG &	1. 01	0	3, 643		1.00
	FIXT_HHA/HO					
	D - NURSERY- L&D		0	3, 643		
1. 00	NURSERY	43.00	514, 674	115, 359		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52. 00	636, 744	142, 720		2.00
	0		1, 151, 418	258, 079		
	E - CRNA EXPENSE					
1. 00	NONPHYSI CI AN ANESTHETI STS		343, 980	0		1.00
	F - EMPLOYEE BENEFITS		343, 980	U		
1.00	ADMINISTRATIVE & GENERAL	5. 00	244, 512	0		1.00
2. 00		0.00	0	Ö		2.00
3. 00		0.00	0	0		3.00
4. 00			0	<u>0</u>		4.00
	G - PHYSICIAN BILLING AND COL	LECTIONS	244, 512	U		
1. 00	PHYS PRAC BUS OFC	194. 03	0	577, 127		1.00
	0			577, 127		
	I - MED/SURG SUPPLIES					
1. 00	MEDICAL SUPPLIES CHARGED TO	71. 00	0	3, 635, 015		1.00
2. 00	PATIENTS ADMINISTRATIVE & GENERAL	5. 00	0	22, 162		2.00
3. 00	RADI OLOGY SCHOOL	23. 00	o	679		3.00
4. 00		0.00	Ö	0		4.00
5.00		0. 00	0	0		5. 00
6. 00		0.00	0	0		6.00
7. 00 8. 00		0. 00 0. 00	0	0		7. 00 8. 00
9. 00		0.00	0	0		9.00
10.00		0. 00	o	Ö		10.00
11.00		0.00	О	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14. 00 15. 00		0. 00 0. 00	0	0		14. 00 15. 00
16. 00		0.00	ő	Ö		16.00
17. 00		0.00	Ö	Ö		17. 00
18.00		0. 00	0	0		18.00
19.00		0.00	0	0		19.00
20. 00 21. 00		0. 00 0. 00	0	0		20.00
21.00		0.00	0	0		22.00
23. 00		0. 00	o	Ö		23.00
24.00		0. 00	О	0		24.00
25.00		0.00	•	0		25. 00
	U LV SOLUTIONS		0	3, 657, 856		
1. 00	J - IV SOLUTIONS DRUGS CHARGED TO PATIENTS	73. 00	0	64, 716		1.00
2. 00	S. SSS SIMMOLD TO TATILINIS	0. 00	0	04, 710		2.00
3. 00		0.00	Ö	0		3.00
4. 00		0.00	0	0		4.00
5. 00		0.00	0	0		5.00
6. 00 7. 00		0. 00 0. 00	U	0		6.00
7. 00 8. 00		0.00	0	0		8.00
9. 00		0. 00	ő	ŏ		9.00
10.00		0.00	0	0		10.00
11. 00		0.00	0	0		11.00
	U I MDI ANTS		0	64, 716		
1. 00	K - IMPLANTS IMPL. DEV. CHARGED TO	72. 00	0	4, 007, 721		1.00
1.00	PATI ENTS	72.00	9			1.00
		+		4, 007, 721		

Health Financial Systems RECLASSIFICATIONS KINGS DAUGHTERS HOSPITAL In Lieu of Form CMS-2552-10 Provider CCN: 15-0069

Peri od: From 01/01/2022 To 12/31/2022 Worksheet A-6 Date/Time Prepared: 5/24/2023 10:28 am

					5/24/2023 10:28 am
		Increases			
	Cost Center	Li ne #	Sal ary	0ther	
	2. 00	3. 00	4. 00	5. 00	
	L - DRUGS				
1.00	DRUGS CHARGED TO PATIENTS	73. 00	0	12, 291, 014	1.00
2.00		0.00	o	0	2.00
3.00		0.00	o	0	3.00
4.00		0.00	o	0	4.00
5.00		0.00	ol	0	5.00
6.00		0.00	o	0	6.00
7. 00		0.00	o	0	7.00
8. 00		0.00	o	0	8.00
9. 00		0.00	o	0	9.00
10.00		0.00	o	0	10.00
11. 00		0.00	0	0	11.00
11.00		— <u> </u>	<del> </del>	12, 291, 014	11.00
	M - INSURANCE		<u> </u>	.2/2/./01.	
1.00	NEW CAP REL COSTS-BLDG &	1.00	0	231, 307	1.00
	FIXT				
	0			231, 307	
	N - HOME HEALTH DIRECTOR	<u> </u>	-1		
1.00	HOME HEALTH AGENCY	101.00	70, 662	0	1, 00
	0		70, 662	<u>o</u>	
	0 - HOSPICE	<u> </u>	,		
1.00	HOSPI CE	116. 00	81, 487	0	1.00
	0		81, 487	<u>0</u>	
	P - VACATION	<u> </u>			
1.00	ADMINISTRATIVE & GENERAL	5. 00	394, 841	0	1, 00
	0	— — <del></del> +	394, 841	<u>0</u>	
	Q - NORTON INTERCOMPANY SALA	RY	3717311	<u> </u>	
1.00	ADMINISTRATIVE & GENERAL	5. 00	857, 271	0	1.00
2. 00	MOB	194. 01	17, 445	0	2.00
3. 00	PHYSICIAN CLINICS	194. 02	17, 145	20, 745	3.00
5. 00	TOTALS	177.02	874, 716	20, 745	3.00
500 00	Grand Total: Increases		3, 699, 808	21, 365, 225	500.00
500.00	Joi and Total. Thereases	1	3, 077, 000	21, 303, 223	300.00

Health Financial Systems RECLASSIFICATIONS | Peri od: | Worksheet A-6 | From 01/01/2022 | To 12/31/2022 | Date/Time Prepared: Provi der CCN: 15-0069

	Cost Center	Decreases Li ne #			W	5/24/2023 10: 28	
		lino#					
	6 00	7.00	Sal ary 8. 00	0ther 9.00	Wkst. A-7 Ref. 10.00		
	6.00 A - CAFETERIA	7.00	8.00	9.00	10.00		
1.00	DI ETARY	10.00	520, 349	253, 017	0		1. 00
	0 — — — — —		520, 349	253, 017			
	B - MEDICAL IMAGING TIME						
1. 00	RADI OLOGY-DI AGNOSTI C	54. 00	17, 843	0		1	1.00
2. 00			0	0		:	2. 00
	C - DEPRECIATION		17, 843	0			
1. 00	NEW CAP REL COSTS-BLDG &	1.00	0	3, 643	9		1. 00
00	FIXT			0, 0.10			00
	0 — — — — —			3, 643			
	D - NURSERY- L&D						
1.00	ADULTS & PEDIATRICS	30.00	1, 151, 418	258, 079		1	1.00
2. 00			00 1, 151, 418	<u>0</u> 258, 079	0	-	2.00
	E - CRNA EXPENSE		1, 151, 418	258, 079			
1. 00	ANESTHESI OLOGY	53.00	343, 980	0	0		1. 00
	0		343, 980	0			
	F - EMPLOYEE BENEFITS						
1. 00	PHYSICIAN CLINICS	194. 02	0	10, 188		1	1.00
2.00	KDH - MC FAMILY PRACTICE	194. 06	0	142, 632			2.00
3. 00 4. 00	KDH - MC ENT	194. 09	0	76, 410 15, 282			3.00
4.00	KDH - MC OB/GYN	194.11	- — — <del>} </del>	1 <u>5, 2</u> 82 244, 512		'	4. 00
	G - PHYSICIAN BILLING AND COL	LECTI ONS	<u> </u>	217,012	1		
1.00	ADMINISTRATIVE & GENERAL	5. 00	0	577, 127	0		1. 00
	0		0	577, 127			
	I - MED/SURG SUPPLIES						
1.00	PHARMACY	15. 00	0	36, 408			1.00
2. 00 3. 00	MEDICAL RECORDS & LIBRARY ADULTS & PEDIATRICS	16. 00 30. 00	0	38 419, 464		1	2. 00 3. 00
4. 00	INTENSIVE CARE UNIT	31. 00	0	4, 585	-	1	4. 00
5. 00	OPERATI NG ROOM	50. 00	0	2, 296, 906		1	5. 00
6. 00	RECOVERY ROOM	51. 00	o	32, 625		1	6. 00
7.00	ANESTHESI OLOGY	53.00	0	83, 147	0	-	7.00
8.00	RADI OLOGY-DI AGNOSTI C	54.00	0	5, 178	0		8.00
9. 00	ULTRA SOUND	54. 01	0	2, 093		1	9.00
10.00	NUCLEAR MEDICINE -	54. 02	0	71, 252	0	10	0.00
11. 00	DI AGNOSTI C ONCOLOGY	55. 01	0	88, 099	0	1.	1. 00
	CT SCAN	57. 00	0	10, 380		4	2. 00
	MAGNETIC RESONANCE IMAGING	58. 00	o	975		1	3. 00
	(MRI)						
14.00	LABORATORY	60. 00	0	114, 783	0	14	4.00
	RESPI RATORY THERAPY	65. 00	0	80, 568		4	5.00
16. 00	PHYSI CAL THERAPY	66. 00	0	7, 900		1	6.00
	OCCUPATIONAL THERAPY	67. 00	0	2, 593		4	7.00
	SPEECH PATHOLOGY SLEEP LAB	68. 00 69. 01	0	619 10, 946		•	8. 00 9. 00
20. 00	CARDI OLOGY	76. 00	0	18, 901			0.00
21. 00	CARDI AC REHABI LI TATI ON	76. 97	o	829			1. 00
	CLINIC	90.00	O	255			2.00
23.00	WOUND CARE CLINIC	90. 01	0	53, 774	0		3.00
	EMERGENCY	91. 00	0	275, 782			4.00
25.00	AMBULANCE SERVICES	<u> </u>	0	39, 756		2!	5.00
	U LV SOLUTIONS		0	3, 657, 856			
1. 00	J - IV SOLUTIONS PHARMACY	15. 00	O	3, 060	0		1. 00
2. 00	ADULTS & PEDIATRICS	30. 00		16, 841			2. 00
3. 00	INTENSIVE CARE UNIT	31.00	ol	60			3. 00
4. 00	OPERATI NG ROOM	50. 00	ō	24, 527			4. 00
5.00	RECOVERY ROOM	51.00	o	788			5.00
6. 00	RADI OLOGY-DI AGNOSTI C	54.00	o	249			6.00
7. 00	ONCOLOGY	55. 01	0	2, 553		4	7.00
8. 00	RESPIRATORY THERAPY	65. 00	0	465	0		8.00
9. 00 10. 00	WOUND CARE CLINIC EMERGENCY	90. 01 91. 00	O	4 15, 368	0	4	9. 00 0. 00
	AMBULANCE SERVICES	91.00 95.00		15, 368			1. 00
11.00	0			64, 716		'	1.00
	K - IMPLANTS		<u>~</u> I	3.,,10			
1.00	OPERATING ROOM	50.00	0	4, 007, 721			1.00
	0		0	4, 007, 721			

RECLASSI FI CATI ONS

Provider CCN: 15-0069

Peri od: Worksheet A-6 From 01/01/2022 To 12/31/2022 Date/Time Prepared:

5/24/2023 10:28 am Decreases Cost Center 0ther Wkst. A-7 Ref. Li ne # Sal ary 10.00 6.00 7.00 8.00 9.00 - DRUGS 1.00 ADMINISTRATIVE & GENERAL 5.00 24, 119 1.00 15.00 10, 327, 386 0 2.00 PHARMACY 0 2.00 ANESTHESI OLOGY 0 3.00 53.00 24, 979 3.00 RADI OLOGY-DI AGNOSTI C 4.00 54.00 6, 289 4.00 0 5.00 ULTRA SOUND 54.01 151 0 5.00 NUCLEAR MEDICINE -0 6.00 54.02 304 6.00 DI AGNOSTI C 7.00 LABORATORY 0 0 60.00 1, 811, 774 7.00 8.00 RESPIRATORY THERAPY 65.00 0 75, 011 0 8.00 0 9.00 PHYSICAL THERAPY 66.00 4, 890 0 9.00 WOUND CARE CLINIC 10.00 90.01 5.872 0 10.00 11.00 AMBULANCE SERVICES 95. 00 10, 239 0 11.00 12, 291, 014 M - INSURANCE 1.00 EMPLOYEE BENEFITS DEPARTMENT 231, 307 1.00 4. 00 0 12 ō 231, 307 - HOME HEALTH DIRECTOR PHYSICAL THERAPY 1.00 1.00 66.00 70,662 0 0 70, 662 0 - HOSPICE 1.00 101. 00 81, 487 HOME HEALTH AGENCY 0 0 1.00 81, 487 0 P - VACATION 1.00 EMPLOYEE BENEFITS DEPARTMENT 4.00 394, 841 0 1.00 394, 841 Q - NORTON INTERCOMPANY SALARY 1.00 ADMINISTRATIVE & GENERAL 5.00 857, 271 0 1.00 2.00 мов 194. 01 17, 445 0 2.00 PHYSICIAN CLINICS 3.00 194.02 20, 745 0 3.00 TOTALS 20, 745 874, 716 500.00 Grand Total: Decreases 2, 601, 325 22, 463, 708 500.00

Provi der CCN: 15-0069

				أ	Го 12/31/2022	Date/Time Pre 5/24/2023 10:	
				Acqui si ti ons			
		Begi nni ng	Purchases	Donati on	Total	Disposals and	
		Bal ances				Retirements	
		1. 00	2.00	3.00	4. 00	5. 00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET	Γ BALANCES					
1.00	Land	3, 782, 692	1, 572, 689	(	1, 572, 689		1.00
2.00	Land Improvements	499, 557	0	(	0	499, 557	2.00
3.00	Buildings and Fixtures	119, 412, 547	0	(	0	34, 978, 936	3.00
4.00	Building Improvements	0	0	(	0	0	4.00
5.00	Fixed Equipment	0	0	(	0	0	5.00
6.00	Movable Equipment	64, 621, 268	0	(	0	54, 013, 454	6. 00
7.00	HIT designated Assets	0	0	(	0	0	7. 00
8.00	Subtotal (sum of lines 1-7)	188, 316, 064	1, 572, 689	(	1, 572, 689	89, 537, 547	8. 00
9.00	Reconciling Items	0	0	(	0	0	9. 00
10.00	Total (line 8 minus line 9)	188, 316, 064	1, 572, 689	(	1, 572, 689	89, 537, 547	10.00
		Endi ng	Ful I y				
		Bal ance	Depreci ated				
			Assets				
		6. 00	7. 00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET						
1.00	Land	5, 309, 781	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	84, 433, 611	0				3. 00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	10, 607, 814	0				6. 00
7.00	HIT designated Assets	0	0				7. 00
8.00	Subtotal (sum of lines 1-7)	100, 351, 206	0				8. 00
9.00	Reconciling Items	0	0				9. 00
10.00	Total (line 8 minus line 9)	100, 351, 206	0				10.00

Health Financial Systems	KINGS DAUGHTE	RS HOSPITAL		In Lie	u of Form CMS-2	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provi der Co		Peri od:	Worksheet A-7	
				rom 01/01/2022 o 12/31/2022		narod:
			'	0 12/31/2022	5/24/2023 10:	28 am
		SL	JMMARY OF CAPI	ΓAL		
Cost Center Description	Depreciation	Lease	Interest	Insurance	Taxes (see	
				(see	instructions)	
				instructions)		
	9. 00	10. 00	11. 00	12. 00	13. 00	
PART II - RECONCILIATION OF AMOUNTS FROM WOR						
1.00 NEW CAP REL COSTS-BLDG & FLXT	9, 022, 326	17, 669	2, 210, 863	0	1, 542	1.00
1.01 NEW CAP REL COSTS-BLDG & FLXT HHA/HO	0	0	(	0	0	1. 01
2.00 NEW CAP REL COSTS-MVBLE EQUIP	0	0	(	0	0	2.00
3.00 Total (sum of lines 1-2)	9, 022, 326	17, 669	2, 210, 863	0	1, 542	3.00
	SUMMARY 0	F CAPITAL				
Cost Center Description	0ther	Total (1)				
	Capi tal -Rel at					
	ed Costs (see	9 through 14)				
	instructions)					
	14, 00	15, 00				

		14.00	15.00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORK	KSHEET A, COLUM	N 2, LINES 1	and 2	
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	11, 252, 400		1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0		1. 01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00
3.00	Total (sum of lines 1-2)	0	11, 252, 400		3.00

Heal th	Financial Systems	KINGS DAUGHTE	RS HOSPITAL		In Lie	u of Form CMS-2	2552-10
RECON	CILIATION OF CAPITAL COSTS CENTERS		Provi der C		Period: From 01/01/2022 To 12/31/2022	Date/Time Prep 5/24/2023 10:	pared:
		COMF	PUTATION OF RA	TIOS	ALLOCATION OF	OTHER CAPITAL	
	Cost Center Description	Gross Assets	Capi tal i zed Leases	Gross Assets for Ratio	Ratio (see instructions)	Insurance	
			Leases	(col. 1 -	Tristructions)		
		1.00	2.00	col . 2) 3.00	4. 00	5. 00	
	PART III - RECONCILIATION OF CAPITAL COSTS C	1. 00	2. 00	3.00	4.00	5.00	
1. 00	NEW CAP REL COSTS-BLDG & FIXT	89, 743, 392	0	89, 743, 39	0. 894293	0	1. 00
1. 00	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	09, 743, 392	0		0. 000000	- 1	1. 00
2. 00	NEW CAP REL COSTS-BEDG & TTAT TIMATIO	10, 607, 814	0	10, 607, 81		0	2. 00
3. 00	Total (sum of lines 1-2)	100, 351, 206	0	100, 351, 20			3. 00
3.00	Total (Sam of Tries 12)		TION OF OTHER (			F CAPI TAL	3.00
		, rezoont	TON OF OTTIER	5711 1 171L	JOHNIN II C	0/11/1/12	
	Cost Center Description	Taxes	Other	Total (sum of	Depreciation	Lease	
			Capi tal -Rel at	cols. 5			
			ed Costs	through 7)			
		6. 00	7. 00	8. 00	9. 00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS C						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0		9, 018, 683	-8, 611	1.00
1. 01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	1	3, 643	0	1. 01
2. 00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	1	0	0	2. 00
3.00	Total (sum of lines 1-2)	0	0		9, 022, 326	-8, 611	3. 00
			St	JMMARY OF CAPI	IAL		
	Cost Center Description	Interest	Insurance	Taxes (see	Other	Total (2)	
			(see		Capi tal -Rel at		
			instructions)	,	ed Costs (see		
			,		instructions)	g ,	
		11. 00	12. 00	13.00	14.00	15. 00	
	PART III - RECONCILIATION OF CAPITAL COSTS C						
1.00	NEW CAP REL COSTS-BLDG & FIXT	2, 150, 760	231, 307	1		12, 882, 568	1.00
1. 01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	1	0	3, 643	1. 01
2. 00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		0	0	2. 00
3. 00	Total (sum of lines 1-2)	2, 150, 760	231, 307	1, 54	2 1, 488, 887	12, 886, 211	3. 00

Worksheet A-8 From 01/01/2022 12/31/2022 Date/Time Prepared: 5/24/2023 10:28 am Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted Basis/Code Cost Center Line # Cost Center Description Amount Wkst. A-7 (2) Ref. 1.00 2.00 3.00 4.00 5.00 1.00 Investment income - NEW CAP -60, 103 NEW CAP REL COSTS-BLDG & 1.00 11 1.00 REL COSTS-BLDG & FLXT (chapter lfi xt 1.01 Investment income - NEW CAP ONEW CAP REL COSTS-BLDG & 1.01 0 1.01 REL COSTS-BLDG & FIXT HHA/HO FIXT HHA/HO (chapter 2) 2.00 Investment income - NEW CAP ONEW CAP REL COSTS-MVBLE 2.00 2.00 REL COSTS-MVBLE EQUIP (chapter FOUL P 3.00 Investment income - other 0 0.00 0 3.00 (chapter 2) 4.00 Trade, quantity, and time 0.00 4.00 discounts (chapter 8) 5.00 Refunds and rebates of 0 00 5.00 expenses (chapter 8) 6.00 Rental of provider space by -26, 280 NEW CAP REL COSTS-BLDG & 1.00 10 6.00 В suppliers (chapter 8) FLXT 7.00 Tel ephone services (pay -1, 722 ADMINISTRATIVE & GENERAL 7.00 5.00 Α stations excluded) (chapter 8.00 Tel evi si on and radi o servi ce Α -21, 661 ADMINISTRATIVE & GENERAL 5.00 8.00 (chapter 21) 9 00 Parking lot (chapter 21) 0.00 9.00 10.00 Provi der-based physici an A-8-2 -7, 363, 461 0 10.00 adj ustment 11.00 Sale of scrap, waste, etc. 0.00 11.00 0 (chapter 23) Related organization A-8-1 9, 969, 268 12.00 12.00 transactions (chapter 10) 13 00 Laundry and linen service 0 00 0 13 00 Cafeteria-employees and guests -267, 157 CAFETERI A 11.00 14.00 14.00 В 15.00 Rental of quarters to employee 0.00 15.00 and others Sale of medical and surgical 16.00 16.00 0 0.00 supplies to other than pati ents 17.00 Sale of drugs to other than 0.00 17.00 0 pati ents 18.00 Sale of medical records and В -2.666 MEDICAL RECORDS & LIBRARY 16.00 18 00 abstracts Nursing and allied health 0 0.00 19.00 education (tuition, fees, books. etc.) 20 00 Vending machines 0.000 20.00 21.00 Income from imposition of 0.00 21.00 interest, finance or penalty charges (chapter 21) Interest expense on Medicare 22.00 0 22.00 0.00 overpayments and borrowings to repay Medicare overpayments 23.00 Adjustment for respiratory ORESPIRATORY THERAPY 65.00 23.00 A-8-3 therapy costs in excess of limitation (chapter 14) Adjustment for physical OPHYSICAL THERAPY 24.00 A - 8 - 366,00 24.00 therapy costs in excess of limitation (chapter 14) 25.00 Utilization review 0 \*\*\* Cost Center Deleted \*\*\* 114.00 25.00 physicians' compensation (chapter 21) Depreciation - NEW CAP REL ONEW CAP REL COSTS-BLDG & 26.00 1.00 26.00 COSTS-BLDG & FLXT FLXT ONEW CAP REL COSTS-BLDG & 26.01 Depreciation - NEW CAP REL 1.01 26.01 COSTS-BLDG & FLXT HHA/HO FIXT HHA/HO Depreciation - NEW CAP REL ONEW CAP REL COSTS-MVBLE 27 00 27 00 2 00 COSTS-MVBLE EQUIP FQUI P 28.00 Non-physician Anesthetist -343, 980 NONPHYSICIAN ANESTHETISTS 19.00 28.00 29.00 Physicians' assistant -484, 849 ADULTS & PEDIATRICS 30.00 29.00

Heal th	Financial Systems		KINGS DAUGHTE	RS HOSPITAL	In Lie	u of Form CMS-2	2552-10
	ADJUSTMENTS TO EXPENSES				eri od:	Worksheet A-8	
				F	rom 01/01/2022		
					o 12/31/2022	Date/Time Pre 5/24/2023 10:	epared:
				Expense Classification on	Workshoot A	3/24/2023 10.	ZO AIII
				To/From Which the Amount is			
					to be maj deted		
					T		
	Cost Center Description	Basis/Code	Amount	Cost Center	Li ne #	Wkst. A-7	
		(2)	2. 00	3.00	4. 00	Ref. 5.00	
30. 00	Adjustment for occupational	A-8-3		OCCUPATI ONAL THERAPY	4.00	5.00	30.00
30.00	therapy costs in excess of	A-0-3		CCCOPATIONAL THERAPT	07.00		30.00
	limitation (chapter 14)						
30. 99	Hospice (non-distinct) (see		0	ADULTS & PEDIATRICS	30.00		30, 99
00. 77	instructions)			7.502.70 @ 7.257711111 00	00.00		00.77
31.00	Adjustment for speech	A-8-3	0	SPEECH PATHOLOGY	68. 00		31.00
	pathology costs in excess of						
	limitation (chapter 14)						
32.00	CAH HIT Adjustment for		0		0.00	0	32.00
	Depreciation and Interest	_				_	
33.00	RADI OLOGY TUITI ON	В		RADI OLOGY SCHOOL	23. 00		1 00.00
33. 01	AMBULANCE REVENUE	В		AMBULANCE SERVICES	95. 00	l	33. 01
33. 02 33. 03	ADVERTI SI NG	A A		ADMINISTRATIVE & GENERAL	5. 00 4. 00	0	7 00.02
33. 03	SELF-INSURANCE HOSPITAL ASSOCIATION FEES	A A		EMPLOYEE BENEFITS DEPARTMENT ADMINISTRATIVE & GENERAL	4. 00 5. 00		33. 03
33. 04	HAF MEDICALD	A		ADMINISTRATIVE & GENERAL	5. 00		33.04
33. 06	PHYSICIAN RECRUITMENT	A		ADMINISTRATIVE & GENERAL	5. 00		
33. 07	PHYSICIAN LAB SALARY OFFSET	Ä		LABORATORY	60.00	•	
33. 08	PHYSICIAN LAB BENEFIT OFFSET	Ä		EMPLOYEE BENEFITS DEPARTMENT			33.08
33. 09	CRNA BENEFIT OFFSET	Ä		EMPLOYEE BENEFITS DEPARTMENT		•	
33. 10	PA BENEFIT OFFSET	A		EMPLOYEE BENEFITS DEPARTMENT		•	33. 10
33. 11	DONATIONS	A		ADMINISTRATIVE & GENERAL	5. 00	•	33. 11
33. 12	MISC REVENUE MGMT FEES	В	623, 853	ADMINISTRATIVE & GENERAL	5. 00	0	33. 12
	1	I .	1	1	1	i	1

-5, 004, 164

50.00

50.00 TOTAL (sum of lines 1 thru 49)

(Transfer to Worksheet A, column 6, line 200.)

<sup>(1)</sup> 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.

Heal th	Financial Systems	KI NGS DAUGHT	ERS HOSPITAL	In Lie	u of Form CMS-	2552-10
STATEME	ENT OF COSTS OF SERVICES FROM	RELATED ORGANIZATIONS AND HO		Peri od:	Worksheet A-8	3-1
OFFICE	COSTS			From 01/01/2022		nanad.
				To 12/31/2022	Date/Time Pre 5/24/2023 10:	
	Li ne No.	Cost Center	Expense Items	Amount of	Amount	
			,	Allowable Cost	Included in	
					Wks. A, column	
					5	
	1. 00	2. 00	3. 00	4. 00	5. 00	
	A. COSTS INCURRED AND ADJUST	MENTS REQUIRED AS A RESULT OF	TRANSACTIONS WITH RELATED O	RGANIZATIONS OR	CLAIMED HOME	
	OFFICE COSTS:					
1. 00		NEW CAP REL COSTS-BLDG & FIX		323, 689	0	1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX	CAPITAL RELATED COSTS - MME	1, 165, 198	0	2.00
3.00	5. 00	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE AND GENERAL	8, 480, 381	0	3.00
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4).			9, 969, 268	0	5.00
	Transfer column 6, line 5 to					

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

			Related Organization(s) and/	or Home Office	
Symbol (1)	Name	Percentage of	Name	Percentage of	
		Ownershi p		Ownershi p	
1. 00	2. 00	3.00	4. 00	5. 00	
B. INTERRELATIONSHIP TO RELATE	FED ORGANIZATION(S) AND/OR HO	ME 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	В	0.00 NORTON HEALTHCA 100.00	6.00
7. 00		0.00	7.00
8. 00		0.00	8. 00
9. 00		0.00	9.00
10.00		0.00	10.00
100.00	G. Other (financial or		100.00
	non-financial) specify:		

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

Worksheet A-8, column 2,

line 12.

- 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
- 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 provi der.

Heal th	Financial Syste	ems	KI	NGS DAUGHTERS	HOSPI TAL		In Lieu	u of Form CMS	-2552-10
STATEME	NT OF COSTS OF	SERVICES FROM	I RELATED ORGANIZATI	ONS AND HOME	Provi der	CCN: 15-0069	Peri od:	Worksheet A-	-8-1
OFFICE	COSTS						From 01/01/2022	D . I . /T' D	
							To 12/31/2022	Date/Time Pr 5/24/2023 10	
	Net	Wkst. A-7 Ref.						37 247 2023 10	7. 20 am
	Adjustments								
	(col. 4 minus								
	col. 5)*								
	6. 00	7. 00							
	A. COSTS INCURI	RED AND ADJUST	MENTS REQUIRED AS A	RESULT OF TR	ANSACTI ONS	S WITH RELATED	ORGANI ZATI ONS OR	CLAIMED HOME	
	OFFICE COSTS:								
1.00	323, 689	14	1						1.00
2.00	1, 165, 198	14	1						2.00
3. 00	8, 480, 381	0							3.00
4.00	0	0							4.00
5.00	9, 969, 268								5.00
* The	amounts on line	es 1-4 (and sul	bscripts as appropr	ate) are tra	nsferred i	n detail to Wo	rksheet A, column	6, lines as	
appropr	iate. Positive a	amounts increas	se cost and negative	e amounts dec	rease cost	. For related o	organization or ho	me office cos	st which
has not	been posted to	o Worksheet A,	columns 1 and/or 2	the amount	allowable	should be indi	cated in column 4	of this par	t
	Related Orga	ani zati on(s)							
	and/or Ho	me Office							
	Type of	Busi ness							

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			7.00
8.00			8.00
8. 00 9. 00			9.00
10.00			10.00
10. 00 100. 00		1	100.00

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

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

6. 00

- 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 organi zati on.
- 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

| Period: | Worksheet A-8-2 | From 01/01/2022 | To 12/31/2022 | Date/Time Prepared: Provi der CCN: 15-0069

					-	Го 12/31/2022	Date/Time Pre 5/24/2023 10:	
	Wkst. A Line #	Cost Center/Physician	Total	Professi onal	Provi der	RCE Amount	Physi ci an/Prov	
		I denti fi er	Remuneration	Component	Component		ider Component	
				•			Hours	
	1. 00	2.00	3. 00	4. 00	5. 00	6. 00	7. 00	
1.00		ADMINISTRATIVE & GENERAL	11, 378	0	11, 378	211, 500	22	1.00
2.00	30.00	ADULTS & PEDIATRICS	766, 481	766, 481	0	211, 500	0	2.00
3.00	53. 00	ANESTHESI OLOGY	2, 735, 847	2, 713, 230	22, 617	239, 400	26	3.00
4.00		RADI OLOGY-DI AGNOSTI C	2, 274, 434	2, 274, 434	0	271, 900	0	4.00
5.00	55. 01	ONCOLOGY	847, 805	841, 555	6, 250	211, 500	44	5.00
6.00	60.00	LABORATORY	150, 036	0	150, 036	260, 300	805	6.00
7.00	69. 01	SLEEP LAB	13, 094	0	13, 094	211, 500	125	7. 00
8.00	91. 00	EMERGENCY	1, 465, 853	11, 609	1, 454, 244	211, 500	7, 656	8. 00
9.00	95. 00	AMBULANCE SERVICES	476	0	476	211, 500	3	9. 00
10.00	0.00		0	0	0	0	0	10.00
200.00			8, 265, 404		1, 658, 095			200.00
	Wkst. A Line #	Cost Center/Physician	Unadjusted RCE		Cost of	Provi der	Physician Cost	
		I denti fi er	Limit	Unadjusted RCE			of Malpractice	
				Li mi t	Conti nui ng	Share of col.	Insurance	
					Educati on	12		
	1. 00	2. 00	8. 00	9. 00	12. 00	13. 00	14. 00	
1. 00		ADMINISTRATIVE & GENERAL	2, 237	112	0			1.00
2. 00		ADULTS & PEDIATRICS	0	0	-		· ·	2. 00
3. 00		ANESTHESI OLOGY	2, 993				0	3. 00
4.00		RADI OLOGY-DI AGNOSTI C	0	0	0	0	0	4.00
5. 00		ONCOLOGY	4, 474	224	0	0	0	5. 00
6. 00		LABORATORY	100, 741	5, 037	0	0	0	6. 00
7.00		SLEEP LAB	12, 710	636	0	0	0	7.00
8. 00		EMERGENCY	778, 483	38, 924	0	0	0	8.00
9. 00	95.00	AMBULANCE SERVICES	305	15 0	0	0	0	9.00
10.00	0.00		001 043	ı	0	0	"	
200.00	Wkst. A Line #	Cost Center/Physician	901, 943 Provi der	Adiusted RCE	RCE	Adjustment	U	200.00
	WKSt. A LITTE #	I denti fi er	Component	Limit	Di sal I owance	Auj us tillerit		
		i denti i i ei	Share of col.	LIIIII	DI Sai i Owalice			
			14					
	1. 00	2.00	15. 00	16. 00	17. 00	18. 00		
1. 00	5. 00	ADMINISTRATIVE & GENERAL	0		9, 141	9, 141		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	766, 481		2.00
3.00	53. 00	ANESTHESI OLOGY	0	2, 993	19, 624	2, 732, 854		3.00
4.00	54.00	RADI OLOGY-DI AGNOSTI C	0	0	0	2, 274, 434		4.00
5.00	55. 01	ONCOLOGY	0	4, 474	1, 776	843, 331		5.00
6.00	60.00	LABORATORY	0	100, 741	49, 295	49, 295		6.00
7.00	69. 01	SLEEP LAB	0	12, 710	384	384		7. 00
8.00	91. 00	EMERGENCY	0	778, 483	675, 761	687, 370	]	8.00
9.00	95. 00	AMBULANCE SERVICES	0	305	171	171		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	901, 943	756, 152	7, 363, 461		200.00

| Peri od: | Worksheet B | From 01/01/2022 | Part | | To | 12/31/2022 | Date/Time Prepared: Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provi der CCN: 15-0069

				To	12/31/2022	Date/Time Pre 5/24/2023 10:	
			CAPI	TAL RELATED CO	STS	37 247 2023 10.	20 4111
	Cost Center Description	Net Expenses	NEW BLDG &	NEW BLDG &	NEW MVBLE	EMPLOYEE	
	·	for Cost	FIXT	FIXT HHA/HO	EQUI P	BENEFITS	
		Allocation (from Wkst A				DEPARTMENT	
		col. 7)	1. 00	1. 01	2. 00	4 00	
	GENERAL SERVICE COST CENTERS	0 [	1.00	1.01	2.00	4. 00	
1.00	00100 NEW CAP REL COSTS-BLDG & FLXT	12, 882, 568	12, 882, 568				1.00
1. 01 2. 00	00101 NEW CAP REL COSTS-BLDG & FIXT HHA/HO 00200 NEW CAP REL COSTS-MVBLE EQUIP	3, 643 0	0	3, 643	o		1. 01 2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	13, 172, 254	0	0	o	13, 172, 254	4.00
5. 00 7. 00	00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT	23, 065, 477 4, 310, 574	1, 522, 468 1, 423, 502	0	0	1, 651, 031 141, 330	5. 00 7. 00
8.00	00800 LAUNDRY & LINEN SERVICE	332, 671	66, 349	0	ō	7, 113	8. 00
9. 00 10. 00	00900 HOUSEKEEPI NG 01000 DI ETARY	1, 211, 735 377, 448	116, 302 219, 062	0	0	182, 564 61, 574	9. 00 10. 00
11.00	01100 CAFETERI A	506, 209	88, 593	0	ő	126, 160	11.00
13. 00 14. 00		536, 315 75, 845	70, 944 107, 773	0	0	129, 851 19, 234	13. 00 14. 00
15. 00	1	1, 463, 268	80, 099	Ö	ő	214, 761	15. 00
16.00	1	968, 284	10, 165		0	182, 540 0	
19. 00 23. 00	1	120, 908	0 23, 010		0	38, 140	19. 00 23. 00
20.00	INPATIENT ROUTINE SERVICE COST CENTERS	4 707 07/	4 000 001			004 047	20.00
30. 00 31. 00		4, 707, 076 1, 665, 157	1, 332, 821 58, 273	0	0	981, 217 232, 372	30. 00 31. 00
43.00	04300 NURSERY	630, 033	68, 054	0	O	124, 784	
50. 00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM	5, 118, 640	641, 765	O	ol	578, 610	50. 00
51.00	05100 RECOVERY ROOM	441, 897	47, 864	0	О	52, 837	51.00
52. 00 53. 00		779, 464	0 4, 525	0	0	154, 380 428, 748	
54.00		2, 475, 171	377, 380	Ö	Ö	771, 180	
54. 01 54. 02	1 1	190, 707 138, 677	0 16, 813	_	0	33, 348 20, 047	54. 01 54. 02
55. 00		136, 677	10, 813	0	0	20, 047	55. 00
55. 01 57. 00	1 1	1, 626, 147	426, 323	0	0	241, 335	55. 01
58.00		473, 531 324, 171	31, 155 37, 595		0	49, 928 47, 991	57. 00 58. 00
59.00	1 1	0	0		0	0	59.00
60. 00 62. 00	1 1	3, 183, 186 302, 672	217, 182 9, 712	0	0	324, 233 0	60. 00 62. 00
65.00		821, 596	41, 668	0	o	177, 121	65.00
66. 00 67. 00	1 1	1, 384, 408 253, 290	431, 684 49, 431	0	0	302, 466 60, 467	66. 00 67. 00
68.00	06800 SPEECH PATHOLOGY	149, 128	11, 696		0	35, 804	
69. 00 69. 01	06900 ELECTROCARDI OLOGY 03610 SLEEP LAB	231, 994	0 29, 206	0	ol ol	0 45, 794	69. 00 69. 01
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3, 635, 015	0	0	ō	0	71. 00
	1 1	0 4, 007, 721	0	0	0	0	71. 01 72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	12, 355, 730	0	0	ő	0	73.00
76. 00 76. 97		720, 646 72, 370	210, 499 24, 472		0	126, 329 16, 551	
70. 77	OUTPATIENT SERVICE COST CENTERS	72, 370				10, 331	70. 77
90. 00 90. 01	1 1	74, 777 305, 642	26, 456 56, 532		0	17, 969 61, 368	90. 00 90. 01
91. 00		5, 050, 085	483, 134		ő	406, 517	91.00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92.00
	09500 AMBULANCE SERVICES	1, 743, 429	164, 723	0	0	405, 152	95. 00
	0 10100 HOME HEALTH AGENCY 0 10200 OPIOID TREATMENT PROGRAM	1, 123, 113 0	0	· ·	0	251, 779	101. 00 102. 00
102.00	SPECIAL PURPOSE COST CENTERS	U <sub>L</sub>	O	0	U <sub>I</sub>	U	102.00
	0 11300   NTEREST EXPENSE 0 11600 HOSPI CE	210 407	0	77/	0	20 444	113.00
118.00	1 1	219, 697 113, 232, 369	0 8, 527, 230	776 3, 643	0	38, 446 8, 741, 071	
100.00	NONRE MBURSABLE COST CENTERS 0 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	2	04 177				190. 00
	0 07950 OTHER NON-REIMBURSABLE	169, 639	26, 177 0	0 0	0	12, 467	
194. 01	1 07951 MOB	3, 356, 120	1, 832, 245	0	o	745, 812	
	2 07952 PHYSICIAN CLINICS 3 07953 PHYS PRAC BUS OFC	6, 685, 246 1, 316, 283	960, 559 34, 427	0	0	1, 286, 099 176, 338	
194.04	4 07954 MOB - MAIN CAMPUS	352, 015	0		O	87, 167	194. 04
194.05	5 07955 ONCOLOGY - NONREI MBURSABLE	0	0	0	이	0	194. 05

Health Financial Systems	KINGS DAUGHTERS HOSPITAL	In Lieu of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS	Provi der CCN: 15-0069	Period: Worksheet B From 01/01/2022 Part I To 12/31/2022 Pate/Time Prepared:

				0 12/01/2022	5/24/2023 10:	
		CAPI	TAL RELATED CO	STS		
Cost Center Description	Net Expenses	NEW BLDG &	NEW BLDG &	NEW MVBLE	EMPLOYEE	
	for Cost	FLXT	FIXT HHA/HO	EQUI P	BENEFITS	
	Allocation (from Wkst A				DEPARTMENT	
	col. 7)					
	0	1. 00	1. 01	2. 00	4. 00	
194.06 07956 KDH - MC FAMILY PRACTICE	2, 655, 827	1, 501, 930	0	0	638, 539	194. 06
194. 07 07957 KDH - MC ORTHOPEDICS	3, 061, 345	0	0	0	605, 121	194. 07
194.08 07958 KDH - MC GENERAL SURGERY	1, 555, 295	0	0	0	337, 545	194. 08
194.09 07959 KDH - MC ENT	580, 866	0	0	0	152, 229	194. 09
194.10 07960 KDH - MC UROLOGY	401, 973	0	0	0	20, 518	194. 10
194.11 07961 KDH - MC OB/GYN	2, 036, 687	0	0	0	369, 348	194. 11
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)	135, 403, 665	12, 882, 568	3, 643	0	13, 172, 254	202. 00

Provi der CCN: 15-0069

Peri od: Worksheet B From 01/01/2022 Part I To 12/31/2022 Date/Time Prepared: 5/24/2023 10:28 am

Cost Center Description						5/24/2023 10:	28 am
DEFECULT SERVICE ONLY - STREETS   1.00   1	Cost Center Description	Subtotal				HOUSEKEEPI NG	
CREBERT SERVICE ONT CENTERS   1.00						2 22	
1.00   1.00		4A	5.00	7.00	8. 00	9.00	
1.01   0.000		1		1			
2.00   00000   DUCOUN   DUCOUN							1
4. 00   00000   DEPLOYEE BERKET IS DEPARTMENT   26, 238, 976   26, 238, 976   7, 287, 621   5, 100   1							
5.00 000000 ADMINISTRATIVE & GENERAL 22, 238 970							
2,00   COUND OFFERT FOR OFFERT FIRE   5,875, 406   1,412, 218   7,297, 624   551,025   1,987,987   67,000   6000 PRINTERS FIRE FIRE   1,510,401   13,607,404   48,707   60,000   1,987,987   1,987,987   1,000   1,987,987   1,000   1,987,987   1,000   1,0	4.00   00400   EMPLOYEE BENEFITS DEPARTMENT						
8.00   000000 LAURDRY S. LINEN SERVICE   406, 138   97, 619   46, 073   551, 825   7, 90, 00   000000 DILETARY   1, 90, 90, 100, 00   1, 90, 90, 100, 100, 100, 100, 100, 100		26, 238, 976	26, 238, 976				5.00
8.00   000000 LAURDRY S. LINEN SERVICE   406, 138   97, 619   46, 073   551, 825   7, 90, 00   000000 DILETARY   1, 90, 90, 100, 00   1, 90, 90, 100, 100, 100, 100, 100, 100	7.00 00700 OPERATION OF PLANT	5, 875, 406	1, 412, 218	7, 287, 624			
9.00   0.0000   DUSENCER IN   1.510, 601   323, 300   84, 266   0   1.579, 507   9.00   11.00   0.01000   0.01100							8.00
10.00   010000 DIFTARY   688. (B84   158, 178   158, 721   0   7, 350   10.0							
11.00   01100   CAFFTERIA   77.0, 967   173, 791   64, 190   0   11.00   13.			l '	1			
13.00   0300  MURSING ABUN INSTRATION   737, 110   177, 172   51, 102   0   1.0   13.0   15.0   0   15.0   0   17.8   17.8   128   422, 585   58, 055   0   22, 544   15.0   0   16.0			l '	1	· ·		1
14.00   01400   CENTRAL SERVICES & SUPPLY   202, 852   48, 758   78, 087   0   17, 817   14, 00   15.00   01500   MERICAL RECORDS & LIBRARY   1, 150, 090   279, 056   0, 16, 00   0, 16, 10, 00   0.00   0					0		
15.00   01500   PHABMACY   1, 758, 128   422, 585   58, 038   0   23, 544   15, 00   10, 00					0		
16.00   01400   MEDICAL RECORDS & LIBRARY   1.160.989   279.066   7.365   0   0   10.00   19			l '	1	0		1
19.00   1900   INDAPPINSIC LAW AMESTHETISTS   182,058   43,760   16,672   195,520   195,520   190,000   10,00					0		1
0.2000   RANDILO (DAY SCHOOL)   142, 658   43, 760   16, 672   0   14, 655   23 00			279,056	1	0		
IMPATILENT BOUTTHE SERVICE COST CENTERS   7,021,114			0	_	0		
30.00		182, 058	43, 760	16, 672	0	14, 635	23. 00
31.00   03100   INTERSI VE CARE UNIT   1,955, 802   470,090   42,221   0   92,266   31,000							
43.00   04300   NURSERY   627, 871   197, 786   49, 300   11, 685   3, 818   43.00		7, 021, 114	1, 687, 602	965, 694	195, 520	643, 957	30.00
43.00   04300   NURSERY   627, 871   197, 786   49, 300   11, 685   3, 818   43.00	31.00 03100 INTENSIVE CARE UNIT	1, 955, 802	470, 099	42, 221	0	99, 266	31.00
MICL LARY SERVICE COST CENTERS 50.00   05000   05100   0FEATI INC ROOM		822, 871	197, 786	49, 309	11, 085	3, 818	43.00
50.00			, , , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , , ,		
13.0   03100   RECOUSEY ROOM   1.3, 788   0   51.00   52.00   03200   DELIVERY ROOM   1.4, 714   21.6, 35   52.00   03200   DELIVERY ROOM   1.3, 714   21.6, 35   52.00   03200   ANESTHESI OLOGY   433, 273   104, 142   3, 279   0   0, 39   20, 999   54.00   03.00   ANESTHESI OLOGY   03.00   224, 055   53, 854   0   3, 952   10, 817   54.01   03630   ULTRA SOUND   224, 055   53, 854   0   3, 952   10, 817   54.01   03630   ULTRA SOUND   224, 055   53, 854   0   3, 952   10, 817   54.01   03630   ULTRA SOUND   27, 200   03500   RADI OLOGY - THERAPEUTI C   2.00   03500		6 339 015	1 523 652	464 990	86 310	177 533	50.00
52.00   05200   DELIVERY ROOM & LABOR ROOM   933, B44   224, 460   0   13, 714   21, 635   52.00   05300   05400   ARSTHESI DLOY   3431, 273   104, 142   3, 279   0   0   53.00   53.00   05300   ARSTHESI DLOY   3431, 273   104, 142   3, 279   0   0   53.00   53.00   05400   ARSTHESI DLOY   340, 273, 430   36, 339   20, 999   54.00   0   0   0   0   0   0   0   0   0							
53.00   05300   ARESTRESI DLOGY   433, 273   104, 142   3, 279   0   0   53.00   54.00   05400   ARBOSTIC   3, 623, 731   871, 004   274, 340   36, 339   20, 999   54.00   54.00   36300   MILTAR SOUND   224, 055   53, 854   10.817   54.01   54.02   33500   MILTAR SOUND   224, 055   53, 854   10.817   54.01   55.00   05500   RADI OLOGY - THERAPEUTI C   0   0   0   0   0   0   0   0   0							
54. 00   05400  RADIOLOGY-DI AGNOSTIC   3, 623, 731   871, 004   273, 430   36, 339   20, 999   54. 00   54. 01   03430  ULTRA SOURCE   TIESPA   54. 02   03450  NUCLERA MEDICINE - DI AGNOSTIC   175, 537   42, 1992   12, 182   1, 530   0   54. 02   05. 00   55. 00   0550, 00   0500  RADIOLOGY   1, 529, 805   551, 341   308, 892   18, 490   91, 630   55. 01   05500  07500  OT SCAN   1, 500   0750   0750   07500  OT SCAN   1, 500   0750   0750   07500  OT SCAN   1, 500   0750				1	·	l .	1
19.4   0.   0.03430   ULTRA SOUND   1.08   1.0   1.5   1.5   1.5   0.   0.   0.   0.   0.   0.   0.					J		1
54. 02   03450   NUCLEAR MEDICINE - DI AGNOSTIC   175, 537							
55. 00   05500   ASDIOLOGY - THERAPEUTIC   0 0 0 0 0 9 5.0.0							
55   0   03490   ONCOLOCY   0   04   07   05   05   05   05   05   05   05		175, 537	42, 192	12, 182	1, 530		
57. 00   05700   CT SCAN   554, 614   133, 308   22, 574   20, 023   45, 815   57. 05   59. 00   05900   CARDILAC CATHETER IZATION   0   0   0   0   0   0   59. 00   59. 00   05900   CARDILAC CATHETER IZATION   0   0   0   0   0   0   59. 00   05900   CARDILAC CATHETER IZATION   0   0   0   0   0   0   59. 00   05900   CARDILAC CATHETER IZATION   0   0   0   0   0   0   0   59. 00   05900   CARDILAC CATHETER IZATION   0   0   0   0   0   0   0   0   0	55. 00   05500   RADI OLOGY - THERAPEUTI C	0	0	0	0		
58. 00   OSBOO   MAGNETIC RESONANCE I IMAGI NO (MRI )		2, 293, 805	551, 341	308, 892	18, 490	91, 630	55. 01
59.00   0.6900   CARDI AC CATHETERI ZATI ON   0   0   0   0   0   0   0   0   0	57. 00   05700   CT   SCAN	554, 614	133, 308	22, 574	20, 023	45, 815	57.00
59.00   05900   CARDINAC CATHETERIZATION   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	409, 757	98, 490	27, 240	3, 991	0	58.00
60.00   Occoor   LABORATORY   Co.			1	1	. 0	0	59.00
62.00   06200   WHOLE BLOOD & PACKED RED BLOOD CELLS   312, 384   75, 085   7, 037   0   0   62, 00   66.00   06600   06600   PSEP) RATORY THERAPY   2, 118, 558   509, 219   312, 776   15, 983   35, 634   66, 00   67.00   06700   06700   06200   06200   06200   06200   06200   06200   06200   06200   06200   06200   68.00   06800   SPECH PATHOLOCY   196, 628   47, 262   8, 475   0   0   69, 00   69.00   06900   LECTROCARRIOLOGY   0   0   0   0   0   0   69.01   03600   LELET LAB   306, 994   73, 789   21, 161   1, 299   1, 273   69, 01   71.00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   3, 635, 015   873, 716   0   0   0   0   0   0   72.00   07200   IMPL. DEV. CHARGED TO PATIENTS   4, 007, 721   963, 300   0   0   0   0   0   0   73.00   07300   DRUGS CHARGED TO PATIENTS   12, 355, 730   2, 969, 876   0   0   0   0   0   0   76.00   03140   CARDIOLOGY   113, 393   27, 255   17, 731   0   17, 001   77.00   03140   CARDIOLOGY   113, 393   27, 255   17, 731   0   17, 001   78.00   03140   CARDIOLOGY   1, 057, 474   254, 176   152, 516   25, 053   33, 725   76, 00   79.00   09000   CLINIC   113, 393   27, 255   17, 731   0   17, 001   79.00   09000   CLINIC   113, 393   27, 255   17, 731   0   7, 000   79.00   09000   CLINIC   119, 202   28, 652   19, 169   0   7, 000   79.00   09000   CLINIC   13, 393   40, 960   1, 064   26, 725   90, 01   79.00   09000   CLINIC   142, 345   119, 350   8, 338   0   95, 00   79.00   09000   CLINIC   150, 151   152, 151   19, 350   8, 338   0   95, 00   79.00   09000   09000   09000   09000   09000   09000   09000   79.00   09000   09000   09000   09000   09000   09000   79.00   09000   09000   09000   09000   09000   09000   79.00   09000   09000   09000   09000   09000   09000   79.00   09000   09000   09000   09000   09000   09000   79.00   09000   09000   09000   09000   09000   79.00   09000   09000   09000   09000   09000   79.00   09000   09000   09000   09000   09000   79.00   09000   090000   09000   09000   09000   79.00   09000   090000   09000   09000   09000   7		3 724 601	895 249	157 359	0	28 634	
65. 00 06500 RESPIRATORY THERAPY  6. 00 10 0600 PHYSI CAL THERAPY  7. 118, 558 509, 219  8. 00 0800 PHYSI CAL THERAPY  8. 118, 558 509, 219  8. 00 0800 SPECCH PATHOLOGY  9. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			l '				1
66.00   06600   PHYSI CAL THERAPY   2,118,558   509,219   312,776   15,983   35,634   66.00   67.00   67.00   06700   0CCUPATIONAL THERAPY   363,188   87,296   35,815   0   0   0   67.00   68.00   68.00   06800   SPECCH PATHOLOGY   0   0   0   0   0   0   0   0   0					0		
67:00   06700   06700   06700   06700   06700   068:00   068:00   068:00   068:00   068:00   068:00   068:00   069:00   071:00   071:00   071:00   071:00   071:00   071:00   071:00   071:00   071:00   071:00   071:00   072:00			i '	1	15 002		
68.00   068.00   08600   SPEECH PATHOLOGY   196, 628   47, 262   8, 475   0   0   68.00   09.00   06900   ELECTROCARDI OLOGY   0   0   0   0   0   0   09.01   03610   SLEEP LAB   306, 994   73, 789   21, 161   1, 299   1, 273   69, 01   171.00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   3, 635, 015   873, 716   0   0   0   0   0   0   171.01   07101   V SOLUTIONS   0   0   0   0   0   0   0   0   172.00   07200   IMPL. DEV. CHARGED TO PATIENTS   4, 007, 721   963, 300   0   0   0   0   0   73.00   173.00   07300   DRUGS CHARGED TO PATIENTS   12, 355, 730   2, 969, 876   0   0   0   0   0   73.00   176.00   03140   CARDI OLOGY   1, 057, 474   254, 176   152, 516   25, 053   33, 725   76.00   176.97   07697   CARDI AC REHABILLITATION   113, 393   27, 255   17, 731   0   17, 817   76.97   177.00   07900   CLINIC   423, 542   101, 803   40, 960   1, 064   26, 725   90.01   179.00   09000   CLINIC   423, 542   101, 803   40, 960   1, 064   26, 725   90.01   179.00   09000   MBULANGED SERVICES   2, 313, 304   556, 028   119, 350   8, 338   0   95.00   179.00   09000   MBELRACKED SERVICES   2, 313, 304   556, 028   119, 350   8, 338   0   95.00   179.00   09000   MBELRACKED SERVICES   2, 313, 304   556, 028   119, 350   8, 338   0   95.00   179.00   070000   070000   070000   070000   070000   070000   070000   070000   070000			l '	1	·		
69.00   0900   0900   0900   00   00   00			l '	1		<b>l</b>	1
69.01   03610   SLEEP LAB   306, 994   73, 789   21, 161   1, 299   1, 273   69, 01     71.00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS   3, 635, 015   873, 716   0 0 0 0 0 0 0 71. 00     71.01   07101   V SOLUTIONS   0 0 0 0 0 0 0 72. 00     72.00   07200   IMPL. DEV. CHARGED TO PATIENTS   4, 007, 721   963, 300 0 0 0 0 0 0 72. 00     73.00   07300   DRUGS CHARGED TO PATIENTS   12, 355, 730   2, 969, 876   0 0 0 0 73. 00     76.00   03140   CARDIOLOGY   1, 057, 474   254, 176   152, 516   25, 053   33, 725   76. 00     76.97   07697   CARDIA CREHABILITATION   113, 393   27, 255   17, 731   0   17, 817     76.97   07697   CARDIA CREHABILITATION   113, 393   27, 255   17, 731   0   17, 817     77.00   07900   WOUND CARE CLINIC   119, 202   28, 652   19, 169   0   7, 000     90.01   09001   WOUND CARE CLINIC   423, 542   101, 803   40, 960   1, 064   26, 725   90. 01     90.01   09001   WOUND CARE CLINIC   423, 542   101, 803   40, 960   1, 064   26, 725   90. 01     90.01   09001   WOUND CARE CLINIC   5, 939, 736   1, 427, 681   350, 054   86, 465   237, 347   91. 00     90.00   09000   OSEPRATION BEDS (NON-DISTINCT PART)   0   0   0   0   0   0   0     07000   0700		196, 628	47, 262	1	0		
71. 00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS   3,635,015   873,716   0   0   0   0   0   71. 01   71. 01   7101   1V SOLUTIONS   0   0   0   0   0   0   72. 01   72. 00   7200   1MPL. DEV. CHARGED TO PATIENTS   4,007,721   963,300   0   0   0   0   0   72. 01   72. 00   73		0	0	_	0		1
71.01   07101   1V SOLUTIONS   0   0   0   0   0   0   0   71.01     72.00   07200   IMPL. DEV. CHARGED TO PATIENTS   4,007,721   263,300   0   0   0   0   0   72.00     73.00   07300   DRUGS CHARGED TO PATIENTS   12,355,730   2,969,876   0   0   0   0   0   72.00     74.00   03140   CARDI OLOGY   1,057,474   254,176   152,516   25,053   33,725   76.00     75.97   OVERTIENT SERVICE COST CENTERS   113,393   27,725   17,731   0   17,817     76.97   OVERTIENT SERVICE COST CENTERS   113,393   40,960   1,064   26,725   90.01     90.01   09001   WOUND CARE CLINIC   423,542   101,803   40,960   1,064   26,725   90.01     91.00   09100   EMERGENCY   5,939,736   1,427,681   350,054   86,465   237,347   91.00     92.00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   0   0   0   0   0     07HER REI MBURSABLE COST CENTERS   113,304   556,028   119,350   8,338   0   95.00     101.00   10100   HOME HEALTH AGENCY   1,377,759   331,160   69,310   0   0   0   0     09.00   10200   OPIOI DI TREATMENT PROGRAM   0   0   0   0   0   0   0   0     09.01   OPIOI DI TREATMENT PROGRAM   0   0   0   0   0   0   0   0     102.00   10200   OPIOI DI TREATMENT PROGRAM   0   0   0   0   0   0   0   0   0     103.00   104.00   HOME HEALTH AGENCY   258,919   62,234   18,765   0   0   0   0   0   0   0     104.00   10900   GFTF, FLOWER, COFFEE SHOP, & CANTEEN   258,919   62,234   18,765   0   0   0   0   0   0   0   0   0					1, 299		1
72. 00   07200   IMPL DEV. CHARGED TO PATIENTS   4,007,721   963,300   0   0   0   72. 00		3, 635, 015	873, 716	0	0	0	71.00
73. 00 07300   DRUGS CHARGED TO PATIENTS   12, 355, 730   2, 969, 876   0   0   0   73. 00   76. 00 03140   CARDI OLOGY   1, 057, 474   254, 176   152, 516   25, 533   33, 725   76. 00   76. 07 07697   CARDI AC REHABI LITATION   113, 393   27, 255   17, 731   0   17, 817    0 090.00   OUTPATIENT SERVICE COST CENTERS   0 0 09000   CLINIC   119, 202   28, 652   19, 169   0   7, 000   0 090.01   09001   WOUND CARE CLINIC   423, 542   101, 803   40, 960   1, 064   26, 725   90. 01   0 09100   EMERGENCY   5, 939, 736   1, 427, 681   350, 054   86, 465   237, 347   0 0 09100   EMERGENCY   5, 939, 736   1, 427, 681   350, 054   86, 465   237, 347   0 0 09100   ABBULANCE SERVICES   2, 313, 304   556, 028   119, 350   8, 338   0   95. 00   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	71. 01  07101 IV SOLUTIONS	0	0	0	0	0	71.01
76. 00 03140 CARDI OLOGY 0767 CARDI AC REHABILITATION 113, 393 27, 255 177, 731 0 17, 817 76, 97 OZARDI AC REHABILITATION 113, 393 27, 255 177, 731 0 17, 817 76, 97 OZARDI AC REHABILITATION 113, 393 27, 255 177, 731 0 17, 817 76, 97 OZARDI AC REHABILITATION 117, 817 77, 91 01, 80, 90, 90, 90, 90, 90, 90, 90, 90, 90, 9	72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	4, 007, 721	963, 300	0	0	0	72.00
76. 97 07697   07697	73.00 07300 DRUGS CHARGED TO PATIENTS	12, 355, 730	2, 969, 876	0	0	0	73.00
76. 97 07697   07697	76. 00 03140 CARDI OLOGY	1, 057, 474	254, 176	152, 516	25, 053	33, 725	76.00
OUTPATIENT SERVICE COST CENTERS   119, 202   28, 652   19, 169   0   7, 000   90, 00   90, 00   10, 000					·		1
90. 00		,		,		,	1
90. 01   09001   WOUND CARE CLINIC   423,542   101,803   40,960   1,064   26,725   90. 01   91. 00   09200   BEREROKY   5,939,736   1,427,681   350,054   86,465   237,347   91. 00   92. 00   092000   09200   09200   09200   092000   092000   092000   092000   092000   092000   092000		110 202	28 652	10 160	n	7 000	90 00
91. 00   09100   EMERGENCY   5, 939, 736   1, 427, 681   350, 054   86, 465   237, 347   91. 00   92.00   0BSERVATI ON BEDS (NON-DISTINCT PART)   0   0   0   0   0   0   0   0   0							
92. 00   09200   0BSERVATI ON BEDS (NON-DISTINCT PART)   0   0   0   0   0   0   0   0   0					·		1
OTHER REIMBURSABLE COST CENTERS   2, 313, 304   556, 028   119, 350   8, 338   0   95.00   101.00   10100   HOME HEALTH AGENCY   1, 377, 759   331, 160   69, 310   0   0   101.00   102.00   102.00   102.00   101   TREATMENT PROGRAM   0   0   0   0   0   0   0   102.00   0   0   0   0   0   0   0   0   0			1	350, 054	86, 465	237, 347	1
95. 00		0					92.00
101. 00				1			
102.00   10200   0PI OI D TREATMENT PROGRAM   0   0   0   0   0   102.00							
SPECIAL PURPOSE COST CENTERS   113. 00   11300   INTEREST EXPENSE   258, 919   62, 234   18, 765   0   0   116. 00	101.00 10100 HOME HEALTH AGENCY	1, 377, 759	331, 160	69, 310	0		
113. 00 11600   11600   11600   HOSPI CE   SUBTOTALS (SUM OF LINES 1 through 117)   104, 445, 848   18, 797, 925   4, 131, 971   542, 939   1, 567, 257   118. 00   NONREI MBURSABLE COST CENTERS   104, 00   107950   07150   07950   07150   07950	102.00 10200 OPIOLD TREATMENT PROGRAM	0	0	0	0	0	102. 00
116. 00	SPECIAL PURPOSE COST CENTERS						
118.00   SUBTOTALS (SUM OF LINES 1 through 117)   104, 445, 848   18,797, 925   4, 131, 971   542, 939   1, 567, 257   118.00	113. 00 11300 I NTEREST EXPENSE						113.00
118.00   SUBTOTALS (SUM OF LINES 1 through 117)   104, 445, 848   18,797, 925   4, 131, 971   542, 939   1, 567, 257   118.00		258, 919	62, 234	18. 765	0	0	
NONRE   MBURSABLE   COST   CENTERS   COST   COST   CENTERS   COST   CENTERS   COST   COST   COST   COST			l '	1			
190. 00   190. 0		101, 110, 010	10,777,720	1, 101, 771	012, 707	1,007,207	110.00
194. 00 07950 OTHER NON-REI MBURSABLE  182, 106 43, 771 0 0 0 194. 00 194. 01 07951 MOB 5, 934, 177 1, 426, 345 1, 327, 549 1, 232 0 194. 01 194. 02 07952 PHYSI CI AN CLI NI CS 8, 931, 904 2, 146, 881 695, 971 2, 508 129, 173 194. 02 194. 03 07953 PHYS PRAC BUS OFC 1, 527, 048 367, 043 24, 944 0 0 194. 03 194. 04 07954 MOB - MAI N CAMPUS 439, 182 105, 562 0 0 0 26, 725 194. 04 194. 05 07955 ONCOLOGY - NONREI MBURSABLE 0 0 0 0 26, 725 194. 04 194. 06 07956 KDH - MC FAMI LY PRACTI CE 4, 796, 296 1, 152, 843 1, 088, 222 58 73, 813 194. 06 194. 08 07958 KDH - MC ORTHOPEDI CS 3, 666, 466 881, 275 0 785 43, 906 194. 07 194. 08 07958 KDH - MC GENERAL SURGERY 1, 892, 840 454, 965 0 1, 243 36, 907 194. 08 194. 09 07959 KDH - MC ENT 733, 095 176, 207 0 0 20, 362 194. 09		26 177	6 202	18 067	n	n	100 00
194. 01 07951 MOB 5, 934, 177 1, 426, 345 1, 327, 549 1, 232 0 194. 01 194. 02 194. 02 07952 PHYSI CI AN CLI NI CS 8, 931, 904 2, 146, 881 695, 971 2, 508 129, 173 194. 02 194. 04 07954 MOB - MAI N CAMPUS 439, 182 105, 562 0 0 0 26, 725 194. 04 194. 05 07955 0 NOCLOGY - NONREI MBURSABLE 0 0 0 0 0 0 194. 05 194. 06 07956 KDH - MC FAMI LY PRACTI CE 4, 796, 296 1, 152, 843 1, 088, 222 58 73, 813 194. 06 194. 07 1945 KDH - MC ORTHOPEDI CS 3, 666, 466 881, 275 0 785 WCH - MC GENERAL SURGERY 1, 892, 840 454, 965 0 1, 243 36, 907 194. 08 194. 09 07959 KDH - MC ENT 733, 095 176, 207 0 0 0 20, 362 194. 09			l '	1	-		
194. 02     07952     PHYSI CI AN CLI NI CS     8, 931, 904     2, 146, 881     695, 971     2, 508     129, 173     194. 02       194. 03     07953     PHYS PRAC BUS OFC     1, 527, 048     367, 043     24, 944     0     0     194. 03       194. 05     07955     MOB - MAI N CAMPUS     439, 182     105, 562     0     0     0     26, 725     194. 04       194. 05     07955     ONCOLOGY - NONREI MBURSABLE     0     0     0     0     0     0     194. 05       194. 06     07956     KDH - MC FAMI LY PRACTI CE     4, 796, 296     1, 152, 843     1, 088, 222     58     73, 813     194. 05       194. 08     07957     KDH - MC ORTHOPEDI CS     3, 666, 466     881, 275     0     785     43, 906     194. 07       194. 08     07958     KDH - MC GENERAL SURGERY     1, 892, 840     454, 965     0     1, 243     36, 907     194. 08       194. 09     07959     KDH - MC ENT     733, 095     176, 207     0     0     20, 362     194. 09			l '			<b>l</b>	
194. 03 07953 PHYS PRAC BUS OFC 1, 527, 048 367, 043 24, 944 0 0 194. 03 194. 04 07954 MOB - MAI N CAMPUS 439, 182 0 0 0 0 26, 725 194. 04 194. 05 07955 ONCOLOGY - NONREI MBURSABLE 0 0 0 0 0 0 194. 05 194. 06 07956 KDH - MC FAMI LY PRACTI CE 4, 796, 296 1, 152, 843 1, 088, 222 58 73, 813 194. 06 194. 07 194. 08 07958 KDH - MC GENERAL SURGERY 1, 892, 840 454, 965 0 1, 243 36, 907 194. 08 194. 09 07959 KDH - MC ENT 733, 095 176, 207 0 0 20, 362 194. 09						•	
194. 04     07954     MOB - MAIN CAMPUS     439, 182     105, 562     0     0     26, 725     194. 04       194. 05     07955     ONCOLOGY - NONREI MBURSABLE     0     0     0     0     194. 05       194. 06     07956     KDH - MC FAMI LY PRACTI CE     4, 796, 296     1, 152, 843     1, 088, 222     58     73, 813     194. 06       194. 08     07958     KDH - MC ORTHOPEDI CS     3, 666, 466     881, 275     0     785     43, 906     194. 07       194. 09     07959     KDH - MC GENERAL SURGERY     1, 892, 840     454, 965     0     1, 243     36, 907     194. 08       194. 09     07959     KDH - MC ENT     733, 095     176, 207     0     0     20, 362     194. 09				1			
194. 05 07955 ONCOLOGY - NONREI MBURSABLE 0 0 0 0 0 194. 05 194. 06 194. 06 07956 KDH - MC FAMI LY PRACTI CE 4, 796, 296 1, 152, 843 1, 088, 222 58 73, 813 194. 06 194. 07 07957 KDH - MC ORTHOPEDI CS 3, 666, 466 881, 275 0 785 43, 906 194. 07 194. 08 07958 KDH - MC GENERAL SURGERY 1, 892, 840 454, 965 0 1, 243 36, 907 194. 08 194. 09 07959 KDH - MC ENT 733, 095 176, 207 0 0 20, 362 194. 09					0	•	
194. 06     07956     KDH - MC     FAMI LY PRACTI CE     4, 796, 296     1, 152, 843     1, 088, 222     58     73, 813     194. 06       194. 07     07957     KDH - MC     ORTHOPEDI CS     3, 666, 466     881, 275     0     785     43, 906     194. 07       194. 08     07958     KDH - MC     GENERAL SURGERY     1, 892, 840     454, 965     0     1, 243     36, 907     194. 08       194. 09     07959     KDH - MC     ENT     733, 095     176, 207     0     0     20, 362     194. 09				I	0		
194. 07   07957   KDH - MC ORTHOPEDI CS     3, 666, 466     881, 275     0     785     43, 906   194. 07       194. 08   07958   KDH - MC GENERAL SURGERY     1, 892, 840     454, 965     0     1, 243     36, 907   194. 08       194. 09   07959   KDH - MC ENT     733, 095     176, 207     0     0     20, 362   194. 09				1	0	•	1
194. 08 07958 KDH - MC GENERAL SURGERY     1,892,840     454,965     0     1,243     36,907 194.08       194. 09 07959 KDH - MC ENT     733,095     176,207     0     0     20,362 194.09	194.06 07956 KDH - MC FAMILY PRACTICE	4, 796, 296	1, 152, 843	1, 088, 222	58	73, 813	194. 06
194. 08 07958 KDH - MC GENERAL SURGERY     1,892,840     454,965     0     1,243     36,907 194.08       194. 09 07959 KDH - MC ENT     733,095     176,207     0     0     20,362 194.09	194.07 07957 KDH - MC ORTHOPEDICS	3, 666, 466	881, 275	0	785	43, 906	194. 07
194. 09 07959 KDH - MC ENT 733, 095 176, 207 0 0 20, 362 194. 09				1			
				1			
77. 10[07.700] M. Oriozoof G. Oriozof G. Oriozoof G. Oriozoof G. Oriozoof G. Oriozoof G. Oriozoof G. Oriozoof G. Oriozof G. O				1			
		122, 171	101,000	1 0		1 21,010	1. 7 10

Health Financial Systems	KINGS DAUGHTERS HOSPITAL	In Lieu of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS	Provi der CCN: 15-0069	Peri od: Worksheet B From 01/01/2022 Part I Date/Time Prepared: Da

						5/24/2023 10:	28 alli
	Cost Center Description	Subtotal	ADMI NI STRATI V	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	
			E & GENERAL	PLANT	LINEN SERVICE		
		4A	5. 00	7. 00	8. 00	9. 00	
194. 11 07961	KDH - MC OB/GYN	2, 406, 035	578, 317	0	3, 060	34, 998	194. 11
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)	135, 403, 665	26, 238, 976	7, 287, 624	551, 825	1, 957, 957	202.00

Provider CCN: 15-0069

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 01/01/2022 Part I
To 12/31/2022 Date/Time Prepared: 5/24/2023 10:28 am

				12/31/2022	5/24/2023 10:	
Cost Center Description	DI ETARY	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	
			ADMI NI STRATI O N	SERVICES & SUPPLY		
	10.00	11. 00	13.00	14. 00	15. 00	
GENERAL SERVICE COST CENTERS						
1. 00 00100 NEW CAP REL COSTS-BLDG & FLXT						1.00
1. 01   00101   NEW CAP REL COSTS-BLDG & FLXT HHA/HO						1.01
2.00   00200   NEW CAP REL COSTS-MVBLE EQUIP 4.00   00400   EMPLOYEE BENEFITS DEPARTMENT						2.00 4.00
5. 00   00500 ADMINISTRATIVE & GENERAL						5.00
7. 00   00700   OPERATION OF PLANT						7.00
8. 00 00800 LAUNDRY & LINEN SERVICE						8.00
9. 00   00900   HOUSEKEEPI NG						9. 00
10. 00 01000 DI ETARY	982, 619					10.00
11. 00   01100   CAFETERI A	0	958, 443				11.00
13.00 O1300 NURSING ADMINISTRATION	0	16, 057	981, 741			13.00
14. 00   01400   CENTRAL SERVICES & SUPPLY	0	6, 372	0	353, 886	0 004 540	14.00
15. 00 01500 PHARMACY	0	28, 377	0	841	2, 291, 510	15.00
16. 00 O1600 MEDI CAL RECORDS & LI BRARY 19. 00 O1900 NONPHYSI CI AN ANESTHETI STS	0	37, 952	0	240 0	0	16. 00 19. 00
23. 00   02300   RADI OLOGY   SCHOOL		5, 796	0	26	0	23.00
I NPATIENT ROUTINE SERVICE COST CENTERS	<u> </u>	3, 170	<u> </u>	20[		23.00
30. 00 03000 ADULTS & PEDIATRICS	921, 067	175, 448	405, 386	6, 601	0	30.00
31.00 03100 INTENSIVE CARE UNIT	61, 552	31, 728		25	0	31.00
43. 00 04300 NURSERY	0	18, 674	43, 147	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50. 00   05000   OPERATI NG ROOM	0	96, 704	223, 441	31, 667	0	50.00
51. 00   05100   RECOVERY ROOM	0	7, 384	17, 061	139	0	51.00
52.00   05200   DELIVERY ROOM & LABOR ROOM   53.00   05300   ANESTHESIOLOGY	0	23, 102 11, 064	53, 380 0	0 840	0	52. 00 53. 00
53. 00   05300  ANESTHESI OLOGY 54. 00   05400  RADI OLOGY-DI AGNOSTI C		74, 422	0	1, 490	0	54.00
54. 01   03630   ULTRA   SOUND		4, 147	0	927	0	54. 01
54. 02 03450 NUCLEAR MEDICINE - DIAGNOSTIC		2, 431	Ö	121	0	54. 02
55. 00   05500 RADI OLOGY - THERAPEUTI C	o	0	0	О	0	55.00
55. 01 03480 ONCOLOGY	0	35, 252	0	845	0	55. 01
57.00   05700   CT   SCAN	0	9, 163	0	4, 214	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	6, 312	0	478	0	58. 00
59. 00   05900   CARDI AC CATHETERI ZATI ON	0	0	0	0	0	59.00
60. 00   06000   LABORATORY	0	78, 998	0	1, 861	0	60.00
62. 00   06200   WHOLE BLOOD & PACKED RED BLOOD CELLS   65. 00   06500   RESPIRATORY THERAPY		30, 261	0	200	0	62. 00 65. 00
66. 00   06600   PHYSI CAL THERAPY		48, 201	0	280	0	66.00
67. 00 06700 OCCUPATI ONAL THERAPY		7, 524	0	200	0	67.00
68. 00 06800 SPEECH PATHOLOGY	o	4, 523	o o	0	0	68. 00
69. 00 06900 ELECTROCARDI OLOGY	O	0	0	0	0	69.00
69. 01   03610   SLEEP LAB	0	6, 783	0	21	0	69. 01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	134, 728	0	71.00
71. 01   07101   I V   SOLUTIONS	0	0	0	0	0	71. 01
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	148, 543	0	72.00
73. 00   07300   DRUGS CHARGED TO PATI ENTS 76. 00   03140   CARDI OLOGY	0	21, 579	0	5, 268	2, 291, 510	73.00
76. 00   03140   CARDI OLOGY 76. 97   07697   CARDI AC   REHABI LI TATI ON		4, 273		296 21	0	76. 00 76. 97
OUTPATIENT SERVICE COST CENTERS	ا م	4, 273	<u> </u>	21	0	70. 77
90. 00 09000 CLINIC	0	2, 561	0	3	0	90.00
90. 01 09001 WOUND CARE CLINIC	O	9, 682	О	178	0	90. 01
91. 00 09100 EMERGENCY	0	71, 851	166, 017	2, 277	0	91.00
92.00 O9200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS			T			
95. 00 09500 AMBULANCE SERVI CES	0	81, 822		299	0	95.00
101. 00 10100 HOME HEALTH AGENCY 102. 00 10200 OPIOID TREATMENT PROGRAM	0	0	0	1, 000		101.00
SPECIAL PURPOSE COST CENTERS	U U	0	<u> </u>	0	U	102. 00
113. 00 11300 I NTEREST EXPENSE						113. 00
116. 00 11600 H0SPI CE	o	0	О	1, 546	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	982, 619	958, 443	981, 741	344, 977	2, 291, 510	
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0		190. 00
194.00 07950 OTHER NON-REIMBURSABLE	0	0	0	0		194. 00
194. 01 07951 MOB	0	0	0	763		194. 01
194. 02 07952 PHYSI CLAN CLINI CS	0	0	0	3, 013		194. 02
194. 03 07953 PHYS PRAC BUS OFC	0	0	0	395		194. 03 194. 04
194. 04 07954 MOB - MAIN CAMPUS 194. 05 07955 ONCOLOGY - NONREIMBURSABLE		0		199		194. 04 194. 05
194.06 07956 KDH - MC FAMILY PRACTICE		0	0	842		194. 05
194. 07 07957 KDH - MC ORTHOPEDICS		0		1, 239		194. 00
194. 08 07958 KDH - MC GENERAL SURGERY	o	0	i	935		194. 08
194. 09 07959 KDH - MC ENT	Ö	Ö		245		194. 09

Health Financial Systems	KINGS DAUGHTERS HOSPITAL	In Lieu of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS	Provi der CCN: 15-0069	Peri od: Worksheet B From 01/01/2022 Part I To 12/31/2022 Date/Time Prepared:

					5/24/2023 10:	28 am
Cost Center Description	DI ETARY	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	
			ADMI NI STRATI O	SERVICES &		
			N	SUPPLY		
	10. 00	11. 00	13.00	14.00	15.00	
194. 10 07960 KDH - MC UROLOGY	0	0	0	365	0	194. 10
194.11 07961 KDH - MC OB/GYN	0	0	0	913	0	194. 11
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)	982, 619	958, 443	981, 741	353, 886	2, 291, 510	202.00

Provi der CCN: 15-0069

| Peri od: | Worksheet B | From 01/01/2022 | Part | To 12/31/2022 | Date/Time Prepared:

CASE CONTROL PROCESS   TRANSPORT   MRESTREETS   AND MERSTREETS   AND MER					To	12/31/2022	Date/Time Pre 5/24/2023 10:	
ADDITION   COST & PROST		Cost Center Description				Subtotal	Intern &	
GRIFFINAL STRUCE COST CRIVITES   16,00   19,00   23,00   24,00   29,00   10,				ANESTHETISTS	SCH00L			
ERRENC SENSITE COST EMPLIES   16.00   19.00   23.00   24.00   25.00			El Diviki					
CEMENT SERVICE COST CENTERS			1/ 00	10.00	22.22	0.4.00		
1.00   10000 RAX CAP REL COSTS-BUDG & FIXT   1.00		GENERAL SERVICE COST CENTERS	16.00	19.00	23.00	24.00	25.00	
2.00	1. 00							1.00
4.00   00-000   IMPLOYEE BEWEFTS DEPARTMENT								
DOSED  AUMINISTRATIVE ACCEPTANT   CONTINUES   CONTIN								1
2.00 007000   DORENTION OF PLANT								1
0.00   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000								1
10.00   10000 (DETARY		1						1
11.00   0100   CAFETERIA     11.00   13.00   1	9.00	00900 HOUSEKEEPI NG						9. 00
13.00   01300   MURSING ADMINISTRATION     12.00   15.00   1								1
14. 00   01400 (ENTRAL SERVICES & SUPPLY   1. 485.002   15.00   10500 (NEDICAL RECORDS & LIBRARY   1. 485.002   12.00   10900 (NEDICAL RECORDS & LIBRARY   1. 485.002   12.00   10900 (NEDICAL RECORDS & LIBRARY   1. 485.002   12.00   12.059.726   13.00								1
15.00								1
16. 00   10   10   10   10   10   10   10								1
23. 00			1, 485, 602					
INPATI_ENT_ROUTINE_SERVICE_COST_CENTERS   0 0 0 12, 059, 726 0 30, 00   31, 00   300, 00   310			_	0				1
30.00	23. 00		0		262, 947			23.00
31.00   03100   NITERSY VE CARE UNIT	20 00		27 227	0		12 050 726	0	20.00
3.0   0.4300 NURSERY								
50.00								1
15.1 0.0   OSTOO  RECOVERY ROOM   2.57, 789   0   0   771, 853   0.51, 0.0   32.00   0.5200   DELIVERY ROOM & LABOR ROOM   0.423, 0.0   0.530, 0.0   0.530, 0.0   0.530, 0.0   0.530, 0.0   0.530, 0.0   0.530, 0.0   0.530, 0.0   0.530, 0.0   0.530, 0.0   0.530, 0.0   0.530, 0.0   0.530, 0.0   0.530, 0.0   0.530, 0.0   0.530, 0.0   0.530, 0.0   0.530, 0.0   0.540, 0.0   0.540, 0.0   0.540, 0.0   0.540, 0.0   0.540, 0.0   0.540, 0.0   0.550, 0.0								
1.20								
1.53.00   05300   MASTHESI OLOGY   31, 636   0   0   584, 234   0   53, 00   54, 00   10360   ABOLDICAPY JA ARONSTIC   26, 774   0   262, 947   5, 191, 136   0   54, 01   03630   ULTRA SOUND   7, 570   0   0   0   305, 322   0   54, 01   03630   ULTRA SOUND   7, 570   0   0   0   0   0   0   0   0   0							-	1
54.00   Os400   RADIOLOGY-DIAGNOSTIC   26,774   0   262,947   5,191,136   0   54.00					-			1
94-01   03630   ULTRA SOUND   7, 570   0   0   305, 322   0   54, 01   55.00   05500   NOLDICIAR MEDICINE - DI ACNOSTIC   13, 514   0   0   0   0   0   0   55.01   03480   ONCOLOGY   7   HERAPEUTIC   0   0   0   0   0   55, 00   55.01   03480   ONCOLOGY   31, 896   0   0   0   3, 332, 151   0   55, 01   57.00   05700   CT SCAN   73, 337   0   0   863, 048   0   57, 00   59.00   05900   CARDILLO RESONANCE I MAGI NG (MRI )   16, 890   0   0   0   0   55, 05   59.00   05900   CARDILLO CATHETET ZATI ON   0   0   0   0   55, 05   60.00   05900   CARDILLO CATHETET ZATI ON   0   0   0   0   55, 05   60.00   05900   LABRORATORY   163, 684   0   0   0   5, 503, 386   0   60, 00   60.00   06000   LABRORATORY   163, 684   0   0   0   5, 503, 386   0   60, 00   60.00   06000   RESPIRATORY   HERAPY   29, 249   0   0   1, 380, 254   0   65, 00   66.00   06500   RESPIRATORY   HERAPY   35, 922   0   0   3, 076, 573   0   66, 00   66.00   06500   PENSI CALL THERAPY   6, 330   0   0   500, 155   0   67, 00   68.00   06500   OSCORO   COLURATIONAL THERAPY   6, 330   0   0   500, 155   0   67, 00   69.00   06900   ELECTROCARDIOLOGY   0   0   0   0   0   0   0   69.01   03610   SEEPL ABB   0   0   0   0   0   0   0   0   69.01   03610   SEEPL ABB   0   0   0   0   0   0   0   0   69.01   03610   SEEPL ABB   0   0   0   0   0   0   0   0   69.01   07100   IND LAL SUPPLIEES CHARGED TO PATIENTS   60, 643   0   0   0   0   0   0   0   0   69.01   07100   IND LAL SUPPLIES CHARGED TO PATIENTS   60, 643   0   0   0   0   0   0   0   0   71.01   07100   IND LAL SUPPLIES CHARGED TO PATIENTS   83, 070   0   0   5, 203, 34   0   71, 01   72.00   07200   IMPL. DEV. CHARGED TO PATIENTS   83, 070   0   0   5, 203, 34   0   72, 00   73.00   07300   ORIGINS CHARGED TO PATIENTS   80, 083   0   0   0   1, 79, 268   0   0   74.00   07500   ORIGINA CHARGED TO PATIENTS   80, 083   0   0   0   1, 79, 268   0   0   74.00   07500   ORIGINA CHARGED TO PATIENTS   80, 083   0   0   0   1, 79, 268   0   75.00   07500   07500   07500   07500   07500   07500   0					_		-	1
55.00   05500   RADIO LOCY - THERAPEUTI C				0			0	1
55.0   03480   0NCOLOGY   31, 896		1	13, 514		0	247, 507	0	
57. 00   05700   CT SCAN		1	· · · · · · · · · · · · · · · · · · ·			0		1
SBR. 00   OSBOO   MAGNETI C RESONANCE I MAGI NG (MRI )		1					-	1
59.00   05900   CARDIAC CATHETERI ZATION   0   0   0   0   0   0   0   0   0		1						1
60.0 0 6000 LABORATORY 62.00 162.00 WHOLE BLOOD & PACKED RED BLOOD CELLS 63.00 165.00 065.00 WHOLE BLOOD & PACKED RED BLOOD CELLS 65.00 165.00 165.00 17.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					_		-	1
65.00   06500   RESPI RATORY THERAPY   29, 249   0   0   1, 380, 354   0   65.00   66.00   06600   PHYSI CAL THERAPY   35, 922   0   0   3, 076, 573   0   66.00   67.00   06700   06700   06700   06700   06700   0700   68.00   06800   SPEECH PATHOLOGY   3, 334   0   0   260, 222   0   68.00   69.00   06900   ELECTROCARDI OLLOGY   0   0   0   0   0   69.01   03610   SLEEP LAB   6, 361   0   0   417, 681   0   69.00   71.00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   60, 643   0   0   4704, 102   0   71.00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   83, 070   0   0   0   0   0   0   71.00   07101   V SOLUTIONS   0   0   0   0   0   0   72.00   07200   IMPL. Dev. CHARGED TO PATI ENTS   83, 070   0   0   0   5, 202, 634   0   72, 00   73.00   07300   0700   CAL SUPPLIES CHARGED TO PATI ENTS   840, 835   0   0   18, 083, 219   0   73, 00   76.00   03140   CARDI OLOGY   47, 869   0   0   1, 592, 688   0   76, 00   76.97   07697   CARDI AC REHABILLITATION   2, 972   0   0   183, 462   0   76, 97   000   07000   CULINIC   7, 120   0   0   611, 074   0   90.01   90.00   09000   CULINIC   7, 120   0   0   611, 074   0   90.01   90.01   09000   00000   CULINIC   7, 120   0   0   611, 074   0   90.01   91.00   09100   EMERGENCY   0   0   0   1, 779, 229   0   0   91.00   09500   AMBULANCE SERVICES   26, 259   0   0   0   3, 105, 400   0   95.00   95.00   09500   AMBULANCE SERVICES   26, 259   0   0   0   3, 105, 400   0   95.00   116.00   11000   HOME HEALTH AGENCY   0   0   0   0   1, 779, 229   0   101.00   117.00   07100   HOME TREATMENT PROGRAM   0   0   0   0   0   0   0   0    NONREI MBURSABLE COST CENTERS   0   0   0   0   255, 877   0   194, 00   194, 00   07952   PHYSI CI AN CLINICS   0   0   0   0   0   0   0   0   194, 00   194, 00   07952   PHYSI CI AN CLINICS   0   0   0   0   0   1, 199, 450   0   194, 00   194, 00   07953   PHYSI CI AN CLINICS   0   0   0   0   0   1, 199, 450   0   194, 00   194, 00   07955   NONEI MBURSABLE   0   0   0   0   0   0   1, 194, 00   194, 00   07955   PHYSI CI AN C			163, 684	0	0	5, 050, 386	0	1
66. 00   06-600   PHYSI CAL THERAPY   35, 922   0   0   3, 076, 573   0   66, 00   67. 00   06-700   00CUPRATI ONAL THERAPY   6, 330   0   0   500, 155   0   67, 00   68. 00   06-800   SPEECH PATHOLOGY   0   0   0   0   0   0   0   69. 00   06-900   ELECTROCARDI OLOGY   0   0   0   0   0   0   0   69. 01   036-710   SELECTROCARDI OLOGY   0   0   0   0   0   0   0   71. 00   07-100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   60, 643   0   0   4, 704, 102   0   71, 00   71. 01   07-101   VI SOLUTI ONS   0   0   0   0   0   0   0   73. 00   07-200   IMPL   DEV. CHARGED TO PATI ENTS   83, 070   0   0   5, 202, 634   0   72, 00   73. 00   07-300   DRUGS CHARGED TO PATI ENTS   460, 835   0   0   18, 083, 219   0   73, 00   74. 00   03140   CARDI OLOGY   47, 869   0   0   1, 592, 688   0   76, 90   75. 07   07-697   CARDI AC REHABI LI TATI ON   2, 972   0   0   183, 462   0   76, 97   76. 00   037-000   MOUND CARE CLI NI C   7, 120   0   0   611, 074   0   90, 01   79. 00   09-000   WOUND CARE CLI NI C   7, 120   0   0   611, 074   0   90, 01   79. 00   09-000   09-								1
67.00   06700   05CUIPATI ONAL THERAPY   6, 330   0   0   500, 155   0   67, 00   88.00   06800   SPEECH PATHOLOGY   3, 334   0   0   0   260, 222   0   68.00   69.01   03610   SLEEP LAB   6, 361   0   0   417, 681   0   69.01   71.00   70700   MEDICAL SUPPLIES CHARGED TO PATIENTS   60, 643   0   0   47, 041   02   07.10   71.01   07101   V SOLUTI ONS   0   0   0   0   0   0   0   71.01   07101   V SOLUTI ONS   0   0   0   0   0   0   0   73.00   07200   IMPL. DEV. CHARGED TO PATIENTS   83, 070   0   0   5, 202, 634   0   72.00   73.00   07300   DRUGS CHARGED TO PATIENTS   460, 835   0   0   18, 083, 219   0   73.00   76.00   03140   CARDI OLOGY   47, 869   0   0   1, 592, 688   0   76.00   76.97   07697   CARDIAC REHABELLI TATION   2, 972   0   0   183, 462   0   76.97   79.00   09000   CLINIC C   189   0   0   176, 776   0   90.00   79.00   09000   WOUND CARE CLINIC   7, 120   0   0   176, 776   0   90.01   79.00   09000   WOUND CARE CLINIC   7, 120   0   0   176, 776   0   90.01   79.00   09000   WOUND CARE CLINIC   7, 120   0   0   1, 779, 229   0   101.00   79.00   09000   WOUND CARE CLINIC   7, 120   0   0   0   3, 105, 400   0   95.00   79.00   09000   WOUND CARE CLINIC   7, 120   0   0   0   0   1, 779, 229   0   101.00   79.00   09000   WOUND CARE CLINIC   7, 120   0   0   0   0   0   0   0   79.00   09000   WOUND CARE CLINIC   7, 120   0   0   0   0   0   0   0   79.00   09000   WOUND CARE CLINIC   7, 120   0   0   0   0   0   0   0   79.00   09000   WOUND CARE CLINIC   7, 120   0   0   0   0   0   0   0   0   79.00   09000   WOUND CARE CLINIC   7, 120   0   0   0   0   0   0   0   0   0					-		-	1
68. 00   06800   SPEECH PATHOLOGY   3, 334   0   0   260, 222   0   68. 00   69. 00   06900   ELECTROCARDIOLOGY   0   0   0   0   0   0   69. 01   03610   SLEEP LAB   6, 361   0   0   417, 681   0   69. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   60, 643   0   0   4, 704, 102   0   71. 00   71. 01   07101   IV SOLUTIONS   0   0   0   0   0   0   0   71. 01   07101   IV SOLUTIONS   0   0   0   0   0   0   0   71. 01   07101   IV SOLUTIONS   0   0   0   0   0   0   0   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   83, 070   0   0   5, 202, 634   0   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   460, 835   0   0   18, 083, 219   0   73. 00   76. 00   03140   CARDIOLOGY   47, 869   0   0   1, 592, 688   0   76. 00   76. 07   07697   CARDI AC REHABI LITATI ON   2, 972   0   0   183, 462   0   76. 90   76. 97   07697   CARDI AC REHABI LITATI ON   2, 972   0   0   176, 776   0   90. 00   79. 01   099001   WOUND CARE CLINIC   7, 120   0   0   611, 074   0   90. 01   99. 00   099002   DEBERGENCY   106, 435   0   0   8, 387, 863   0   91. 00   99. 00   099000   DEBERGENCY   106, 435   0   0   3, 105, 400   0   92. 00   00   099000   DEBERGENCY   0   0   0   1, 779, 209   0   101. 00   00   07000   DEBERGENCY   0   0   0   0   1, 779, 209   0   101. 00   0100   000   000   DEBERGENCY   0   0   0   0   1, 779, 209   0   101. 00   0101   000   000   DEBERGENCY   0   0   0   0   0   0   0   0102   000   000   000   000   000   000   000   000   0102   000   000   000   000   000   000   000   000   000   0102   000   000   000   000   000   000   000   000   000   000   0102   000					_		-	1
69.00   06900   LELCTROCARDIOLOGY   0   0   0   0   0   0   0   0   0					-		-	
69.01   03610   SLEEP LAB			0	-	~	0	-	1
71. 01   07101   V SOLUTIONS   0 0 0 0 0 0 77. 01   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   83,070 0 0 0 5,202,634 0 72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   460,835 0 0 18,083,219 0 73. 00   76. 97   07300   CARDIOLOGY   47,869 0 0 0 1,592,688 0 76. 00   76. 97   07597   CARDIOLOGY   47,869 0 0 0 1,592,688 0 76. 00   76. 97   07597   CARDIOLOGY   47,869 0 0 0 13,462 0 76. 97   OUTPATIENT SERVICE COST CENTERS   90. 00   09000   UNIVERSITY   00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	69. 01	03610 SLEEP LAB	6, 361	0	0	417, 681	0	1
72.00   07200   IMPL. DEV. CHARGED TO PATI ENTS   83,070   0   0   5,202,634   0   72.00   73.00   07300   DRUGS CHARGED TO PATI ENTS   460,835   0   0   18,083,219   0   73.00   73.00   07300   DRUGS CHARGED TO PATI ENTS   460,835   0   0   1,592,688   0   76.00   76.97   07697 (CARDI AC REHABI LI TATI ON   2,972   0   0   183,462   0   76.97   07697 (CARDI AC REHABI LI TATI ON   2,972   0   0   176,776   0   90.00   09000   CLI NI C   189   0   0   176,776   0   90.00   09001   WOUND CARE CLI NI C   7,120   0   0   611,074   0   90.01   91.00   09001   WOUND CARE CLI NI C   7,120   0   0   611,074   0   90.01   91.00   09200   DBSERVATI ON BEDS (NON-DI STI NCT PART)   0   92.00   09200   DBSERVATI ON BEDS (NON-DI STI NCT PART)   0   95.00   09000   AMBULANCE SERVI CES   26,259   0   0   3,105,400   0   95.00   101.00   HOME HEALTH AGENCY   0   0   0   1,779,229   0   101.00   1010   HOME HEALTH AGENCY   0   0   0   0   1,779,229   0   101.00   102.00   0910   D TREATMENT PROGRAM   0   0   0   0   0   102.00   13.00   1010   HOME HEALTH AGENCY   0   0   0   0   0   102.00   1010   1010   HOME HEALTH AGENCY   0   0   0   0   0   102.00   1010   1								1
73. 00   07300   DRUGS CHARGED TO PATIENTS				0	0		-	
76. 00   03140  CARDI OLOGY				0	0			
76. 97   07697   CARDI AC REHABI LI TATI ON   2,972   0   0   183, 462   0   76. 97					-			
90. 00				0	0		0	76. 97
90. 01								
91. 00								
92. 00								
OTHER REIMBURSABLE COST CENTERS   95.00   O9500   AMBULANCE SERVI CES   26,259   O   O   0   3,105,400   O   95.00			100, 433			0, 307, 003		
101. 00   10100   HOME   HEALTH   AGENCY   0   0   0   0   1,779,229   0   101. 00   102. 00   102.00   10200   OPI 0I D   TREATMENT   PROGRAM   0   0   0   0   102. 00   102. 00   SPECIAL   PURPOSE   COST   CENTERS			I.		<b>'</b>			
102.00   10200   OPI 0I D TREATMENT PROGRAM   O   O   O   O   O   102.00			26, 259					
SPECIAL PURPOSE COST CENTERS   113.00   11300   INTEREST EXPENSE   0   0   341,464   0   116.00   116.00   116.00   116.00   116.00   116.00   116.00   SUBTOTALS (SUM OF LINES 1 through 117)   1,485,602   0   262,947   93,440,649   0   118.00								
113. 00 116.00 116.00 116.00 116.00 118.00  SUBTOTALS (SUM OF LINES 1 through 117)  NONREI MBURSABLE COST CENTERS  190. 00 190.00 194. 00 194. 00 195. 00 196. 00 197. 10 197. 00 197. 10 197. 00 197. 00 197. 00 197. 00 197. 00 197. 00 197. 00 197. 10 197. 00 197. 00 197. 00 197. 00 197. 00 197. 00 197. 00 197. 10 197. 00 197. 00 197. 00 197. 00 197. 00 197. 00 197. 00 197. 112, 077 197. 00 197. 0	102.00		0	0	0	0	0	102.00
116. 00   11600   HOSPI CE   0   341, 464   0   116. 00   118. 00   NONREI MBURSABLE COST CENTERS   190. 00   19000   GI FT, FLOWER, COFFEE SHOP, & CANTEEN   0   0   0   0   51, 436   0   190. 00   194. 00   194. 01   194. 01   194. 01   194. 02   194. 02   194. 02   194. 03   197. 07951   194. 03   197. 07952   194. 03   197. 07953   194. 04   197. 07954   MOB - MAI N CAMPUS   0   0   0   0   0   17, 197. 40   194. 04   194. 04   194. 05   07955   ONCOLOGY - NONREI MBURSABLE   0   0   0   0   0   17, 197. 40   194. 05   194. 06   07956   KDH - MC FAMI LY PRACTICE   0   0   0   0   7, 112, 074   0   194. 06	113 00							113 00
118.00   SUBTOTALS (SUM OF LINES 1 through 117)   1,485,602   0   262,947   93,440,649   0   118.00			0		0	341, 464	0	
190. 00   19000   GIFT, FLOWER, COFFEE SHOP, & CANTEEN   0   0   0   51, 436   0   190. 00   194. 00   194. 00   194. 00   0   0   225, 877   0   194. 00   194. 01   194. 01   194. 02   194. 01   194. 02   194. 03   194. 03   194. 04   194. 04   194. 04   194. 05   194. 05   194. 06   194. 06   194. 06   194. 06   194. 06   194. 06   194. 06   194. 06   194. 06   194. 06   194. 06   194. 07954   194. 06	118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1, 485, 602	0	262, 947	93, 440, 649	0	118. 00
194. 00   07950   OTHER NON-REI MBURSABLE			_	_				
194. 01   07951   MOB   0   0   8, 690, 066   0   194. 01   194. 02   07952   PHYSI CI AN CLI NI CS   0   0   0   11, 909, 450   0   194. 02   194. 03   07953   PHYS PRAC BUS OFC   0   0   0   1, 919, 430   0   194. 03   194. 04   07954   MOB - MAI N CAMPUS   0   0   0   0   571, 668   0   194. 04   194. 05   07955   0NCOLOGY - NONREI MBURSABLE   0   0   0   0   0   194. 05   194. 06   07956   KDH - MC FAMI LY PRACTI CE   0   0   0   0   7, 112, 074   0   194. 06   0   0   0   0   0   0   0   0   0			0	0	0			
194. 02 07952 PHYSI CI AN CLI NI CS 0 0 11, 909, 450 0 194. 02 194. 03 07953 PHYS PRAC BUS OFC 0 0 0 1, 919, 430 0 194. 03 194. 04 07954 MOB - MAI N CAMPUS 0 0 0 571, 668 0 194. 04 194. 05 07955 ONCOLOGY - NONREI MBURSABLE 0 0 0 0 7, 112, 074 0 194. 06 07956 KDH - MC FAMI LY PRACTI CE 0 0 0 7, 112, 074			0	0	0			
194. 03     07953     PHYS PRAC BUS OFC     0     0     1, 919, 430     0   194. 03       194. 04     07954     MOB - MAIN CAMPUS     0     0     571, 668     0   194. 04       194. 05     07955     ONCOLOGY - NONREI MBURSABLE     0     0     0     0     0   194. 05       194. 06     07956     KDH - MC FAMI LY PRACTI CE     0     0     0     7, 112, 074     0   194. 06			0	n				
194. 04 07954 MOB - MAIN CAMPUS 0 0 571, 668 0 194. 04 194. 05 07955 ONCOLOGY - NONREI MBURSABLE 0 0 0 0 194. 05 194. 06 07956 KDH - MC FAMILY PRACTICE 0 0 0 7, 112, 074 0 194. 06			0	ő	Ö			
194. 06 07956 KDH - MC FAMILY PRACTICE 0 0 7, 112, 074 0 194. 06			0	o	0			
			0	0	0	0		
יוסא פאר איז			0					
	174.07	O 1351 KUII - NIC ONTHOFLUICS	1 0	ı O	١	4, 373, 071	0	1174.07

Health Financial Systems	KINGS DAUGHTERS I	HOSPI TAL	In Lie	u of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der 0	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/24/2023 10:28 am

					5/24/2023 10:	28 am
Cost Center Description	MEDI CAL	NONPHYSI CI AN	RADI OLOGY	Subtotal	Intern &	
·	RECORDS &	ANESTHETI STS	SCH00L		Resi dents	
	LI BRARY				Cost & Post	
					Stepdown	
					Adjustments	
	16. 00	19. 00	23. 00	24. 00	25. 00	
194.08 07958 KDH - MC GENERAL SURGERY	0	0	0	2, 386, 890	0	194. 08
194. 09 07959 KDH - MC ENT	0	0	0	929, 909	0	194. 09
194. 10 07960 KDH - MC UROLOGY	0	0	0	549, 222	0	194. 10
194. 11 07961 KDH - MC OB/GYN	0	0	0	3, 023, 323	0	194. 11
200.00 Cross Foot Adjustments		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)	1, 485, 602	0	262, 947	135, 403, 665	0	202.00

Peri od: Worksheet B From 01/01/2022 Part I To 12/31/2022 Date/Time Prepared: 5/24/2023 10: 28 am Provider CCN: 15-0069

				5/24/2023 10:	
		Cost Center Description	Total		
			26. 00		
4 00		AL SERVICE COST CENTERS			4
1. 00 1. 01		NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-BLDG & FIXT HHA/HO			1.00
2. 00		NEW CAP REL COSTS-BEDG & TTXT HIMATIO			2.00
4.00	1	EMPLOYEE BENEFITS DEPARTMENT			4.00
5. 00	1	ADMINISTRATIVE & GENERAL			5.00
7.00	1	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8. 00
9. 00		HOUSEKEEPI NG			9. 00
10.00		DI ETARY			10.00
11.00	1	CAFETERI A			11.00
13. 00 14. 00	1	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY			13. 00 14. 00
15. 00	1	PHARMACY			15.00
16. 00	1	MEDICAL RECORDS & LIBRARY			16.00
19.00	1	NONPHYSICIAN ANESTHETISTS			19.00
23.00	02300	RADI OLOGY SCHOOL			23. 00
		IENT ROUTINE SERVICE COST CENTERS			4
30.00	1	ADULTS & PEDIATRICS	12, 059, 726		30.00
31.00	1	INTENSIVE CARE UNIT	2, 747, 313 1, 152, 031		31.00
43. 00		NURSERY   LARY SERVICE COST CENTERS	1, 152, 031		43.00
50.00		OPERATING ROOM	9, 087, 595		50.00
51.00		RECOVERY ROOM	771, 853		51.00
52.00	1	DELIVERY ROOM & LABOR ROOM	1, 276, 598		52.00
53.00	05300	ANESTHESI OLOGY	584, 234		53.00
54.00		RADI OLOGY-DI AGNOSTI C	5, 191, 136		54.00
54. 01	1	ULTRA SOUND	305, 322		54. 01
54. 02		NUCLEAR MEDICINE - DIAGNOSTIC	247, 507		54.02
55. 00 55. 01	1	RADI OLOGY - THERAPEUTI C ONCOLOGY	0 3, 332, 151		55. 00 55. 01
57. 00		CT SCAN	863, 048		57.00
58.00	1	MAGNETIC RESONANCE IMAGING (MRI)	563, 158		58.00
59.00	1	CARDI AC CATHETERI ZATI ON	0		59.00
60.00	06000	LABORATORY	5, 050, 386		60.00
62.00		WHOLE BLOOD & PACKED RED BLOOD CELLS	405, 695		62.00
65.00		RESPI RATORY THERAPY	1, 380, 354		65.00
66.00	1	PHYSI CAL THERAPY	3, 076, 573		66.00
67. 00 68. 00	1	OCCUPATIONAL THERAPY SPEECH PATHOLOGY	500, 155 260, 222		67. 00 68. 00
69. 00	1	ELECTROCARDI OLOGY	200, 222		69.00
69. 01	1	SLEEP LAB	417, 681		69. 01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4, 704, 102		71.00
71. 01	07101	IV SOLUTIONS	0		71. 01
72.00		IMPL. DEV. CHARGED TO PATIENTS	5, 202, 634		72.00
73.00		DRUGS CHARGED TO PATIENTS	18, 083, 219		73.00
76. 00 76. 97		CARDI OLOGY CARDI AC REHABI LI TATI ON	1, 592, 688		76. 00 76. 97
70. 97		TIENT SERVICE COST CENTERS	183, 462		10.97
90.00		CLINIC	176, 776		90.00
90. 01		WOUND CARE CLINIC	611, 074		90. 01
91.00	09100	EMERGENCY	8, 387, 863		91.00
92.00		OBSERVATION BEDS (NON-DISTINCT PART)			92.00
05.00		REIMBURSABLE COST CENTERS	0 405 400		4
		AMBULANCE SERVICES HOME HEALTH AGENCY	3, 105, 400		95.00
		OPIOID TREATMENT PROGRAM	1, 779, 229 0		101. 00 102. 00
102.00		AL PURPOSE COST CENTERS	<u> </u>		1102.00
113.00		INTEREST EXPENSE			113.00
116.00	11600	HOSPI CE	341, 464		116.00
118.00	-	SUBTOTALS (SUM OF LINES 1 through 117)	93, 440, 649		118. 00
		IMBURSABLE COST CENTERS			4
		GIFT, FLOWER, COFFEE SHOP, & CANTEEN	51, 436		190.00
		OTHER NON-REIMBURSABLE	225, 877		194.00
194. 01	1	PHYSICIAN CLINICS	8, 690, 066 11, 909, 450		194. 01 194. 02
		PHYS PRAC BUS OFC	1, 919, 430		194. 02
		MOB - MAIN CAMPUS	571, 668		194. 04
		ONCOLOGY - NONREI MBURSABLE	0		194. 05
		KDH - MC FAMILY PRACTICE	7, 112, 074		194. 06
		KDH - MC ORTHOPEDICS	4, 593, 671		194. 07
		KDH - MC GENERAL SURGERY	2, 386, 890		194. 08
	1	KDH - MC LIBOLOGY	929, 909		194. 09
		KDH - MC UROLOGY   KDH - MC OB/GYN	549, 222 3, 023, 323		194. 10 194. 11
174. [	10/701	INDIT - INIO OD/OTN	3,023,323		1174.11

Heal th Fir	nancial Systems	KINGS DAUGHTERS	HOSPI TAL		In Lie	u of Form CMS-	2552-10
COST ALLO	CATION - GENERAL SERVICE COSTS		Provi der	CCN: 15-0069	Peri od: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Pre 5/24/2023 10:	
	Cost Center Description	Total 26, 00					
200. 00 201. 00 202. 00	Cross Foot Adjustments Negative Cost Centers TOTAL (sum lines 118 through 201)	0 0 135, 403, 665					200. 00 201. 00 202. 00

| Peri od: | Worksheet B | From 01/01/2022 | Part | I | To 12/31/2022 | Date/Time Prepared: | Part | | P Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0069

			To	12/31/2022	Date/Time Pre 5/24/2023 10:	
		CAPI	ITAL RELATED CO	STS	1072172020 101	
Cost Center Description	Directly	NEW BLDG &	NEW BLDG &	NEW MVBLE	Subtotal	
	Assigned New	FIXT	FIXT HHA/HO	EQUI P		
	Capi tal Related Costs					
	0	1.00	1. 01	2. 00	2A	
GENERAL SERVICE COST CENTERS						
1.00   00100   NEW CAP REL COSTS-BLDG & FIXT 1.01   00101   NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1. 00 1. 01
2. 00   00200 NEW CAP REL COSTS-BEDG & TTXT TIMATIO						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1
5. 00 00500 ADMINI STRATI VE & GENERAL	1, 488, 887	1, 522, 468		0	3, 011, 355	1
7.00   00700   OPERATION OF PLANT 8.00   00800   LAUNDRY & LINEN SERVICE	0	1, 423, 502 66, 349		0	1, 423, 502 66, 349	1
9. 00   00900   HOUSEKEEPI NG		116, 302	1	o	116, 302	1
10. 00 01000 DI ETARY	0	219, 062	1	o	219, 062	1
11. 00   01100   CAFETERI A 13. 00   01300   NURSI NG   ADMI NI STRATI ON	0	88, 593	1	0	88, 593	1
13. 00   01300   NURSI NG ADMI NI STRATI ON 14. 00   01400   CENTRAL SERVI CES & SUPPLY		70, 944 107, 773	1	0	70, 944 107, 773	1
15. 00 01500 PHARMACY	o	80, 099	1	Ö	80, 099	1
16. 00 01600 MEDICAL RECORDS & LIBRARY	0	10, 165		0	10, 165	
19. 00 O1900 NONPHYSI CLAN ANESTHETI STS 23. 00 O2300 RADI OLOGY SCHOOL	0	0 23, 010	_	0	0 23, 010	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS	<u> </u>	23,010	0	<u> </u>	23,010	23.00
30. 00 03000 ADULTS & PEDIATRICS	0	1, 332, 821	1	0	1, 332, 821	1
31. 00 03100 INTENSIVE CARE UNIT	0	58, 273		0	58, 273	1
43. 00   04300   NURSERY   ANCI LLARY SERVICE COST CENTERS	0	68, 054	0	0	68, 054	43.00
50. 00 05000 OPERATING ROOM	0	641, 765	0	0	641, 765	50.00
51. 00   05100   RECOVERY   ROOM	0	47, 864	1	0	47, 864	1
52.00   05200   DELIVERY ROOM & LABOR ROOM   53.00   05300   ANESTHESIOLOGY	0	0 4, 525	0	0	0 4, 525	
54. 00   05400   RADI OLOGY-DI AGNOSTI C		377, 380		0	377, 380	1
54. 01   03630   ULTRA SOUND	0	0	0	0	0	1
54. 02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	16, 813		0	16, 813	1
55. 00   05500   RADI OLOGY - THERAPEUTI C 55. 01   03480   ONCOLOGY	0	426, 323	0	0	0 426, 323	
57. 00 05700 CT SCAN	0	31, 155	1	Ö	31, 155	1
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	37, 595	1	0	37, 595	1
59. 00   05900   CARDI AC   CATHETERI ZATI ON   60. 00   06000   LABORATORY	0	217 102	1	0	217 192	1
62. 00   06200   WHOLE BLOOD & PACKED RED BLOOD CELLS		217, 182 9, 712	1	0	217, 182 9, 712	1
65. 00 06500 RESPIRATORY THERAPY	O	41, 668	1	Ō	41, 668	1
66. 00   06600   PHYSI CAL THERAPY	0	431, 684	1	0	431, 684	1
67. 00   06700 OCCUPATI ONAL THERAPY 68. 00   06800 SPEECH PATHOLOGY	0	49, 431 11, 696	1	0	49, 431 11, 696	1
69. 00   06900   ELECTROCARDI OLOGY		0		ő	0	1
69. 01   03610   SLEEP LAB	0	29, 206		o	29, 206	1
71.00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS 71.01   07101   IV SOLUTIONS	0	0	0	0	0	
72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS		0		0	0	1
73. 00 07300 DRUGS CHARGED TO PATIENTS	O	0	Ō	Ō	0	1
76. 00   03140   CARDI OLOGY	0	210, 499	1	0	210, 499	1
76. 97 O7697 CARDIAC REHABILITATION OUTPATIENT SERVICE COST CENTERS	0	24, 472	0	0	24, 472	76. 97
90. 00 09000 CLI NI C	0	26, 456	0	0	26, 456	90.00
90. 01 09001 WOUND CARE CLINIC	0	56, 532		0	56, 532	
91. 00   09100   EMERGENCY 92. 00   09200   0BSERVATION BEDS (NON-DISTINCT PART)	0	483, 134	0	0	483, 134 0	1
OTHER REIMBURSABLE COST CENTERS					0	72.00
95. 00 09500 AMBULANCE SERVICES	0	164, 723		0	164, 723	95.00
101. 00 10100 HOME HEALTH AGENCY	0	0	2, 867	0		101.00
102. 00 10200 OPI OLD TREATMENT PROGRAM  SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	102.00
113. 00 11300   NTEREST EXPENSE						113.00
116. 00 11600 HOSPI CE	0	0	776	o		116. 00
118. 00 SUBTOTALS (SUM OF LINES 1 through 117)	1, 488, 887	8, 527, 230	3, 643	0	10, 019, 760	118. 00
NONREIMBURSABLE COST CENTERS  190. 00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	l ol	26, 177	l ol	ol	26. 177	190. 00
194.00 07950 OTHER NON-REIMBURSABLE	o	0	o o	ő		194.00
194. 01 07951 MOB	0	1, 832, 245	1	O	1, 832, 245	
194. 02 07952  PHYSICIAN CLINICS 194. 03 07953  PHYS PRAC BUS OFC	0	960, 559 34, 427	1	0	960, 559 34 427	194. 02 194. 03
194.04 07954 MOB - MAIN CAMPUS		0		ol		194. 03
194. 05 07955 ONCOLOGY - NONREI MBURSABLE	0	0	0	О		194. 05
194.06 07956 KDH - MC FAMILY PRACTICE	0	1, 501, 930	0	0	1, 501, 930	194.06

Health Financial Systems	KINGS DAUGHTERS HOSPITAL	In Lieu of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS	Provi der CCN: 15-0069	Peri od: Worksheet B
		From 01/01/2022   Part

				0 12/31/2022	5/24/2023 10:	
		CAPI	TAL RELATED CO	OSTS		
Cost Center Description	Di rectly	NEW BLDG &	NEW BLDG &	NEW MVBLE	Subtotal	
	Assigned New	FLXT	FLXT HHA/HO	EQUI P		
	Capi tal					
	Related Costs					
	0	1. 00	1. 01	2. 00	2A	
194. 07 07957 KDH - MC ORTHOPEDICS	0	0	0	0	0	194. 07
194.08 07958 KDH - MC GENERAL SURGERY	0	0	0	0	0	194. 08
194.09 07959 KDH - MC ENT	0	0	0	0	0	194. 09
194. 10 07960 KDH - MC UROLOGY	0	0	0	0	0	194. 10
194. 11 07961 KDH - MC OB/GYN	0	0	0	0	0	194. 11
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	1, 488, 887	12, 882, 568	3, 643	0	14, 375, 098	202.00

Provider CCN: 15-0069

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 01/01/2022 Part II
To 12/31/2022 Date/Time Prepared: 5/24/2023 10:28 am

				0 12/31/2022	5/24/2023 10:	
Cost Center Description	EMPLOYEE	ADMI NI STRATI V	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	
	BENEFITS DEPARTMENT	E & GENERAL	PLANT	LINEN SERVICE		
	4. 00	5.00	7.00	8. 00	9. 00	
GENERAL SERVICE COST CENTERS						
1. 00   00100   NEW CAP REL COSTS-BLDG & FIXT						1.00
1. 01   00101   NEW CAP REL COSTS-BLDG & FLXT HHA/HO						1.01
2.00   OO200   NEW CAP REL COSTS-MVBLE EQUIP 4.00   OO400   EMPLOYEE BENEFITS DEPARTMENT	0					2.00 4.00
5. 00   00500   ADMI NI STRATI VE & GENERAL	0	3, 011, 355				5.00
7. 00   00700   OPERATION OF PLANT	0	162, 073				7.00
8. 00   00800 LAUNDRY & LINEN SERVICE	0	11, 203		88, 011		8.00
9. 00   00900   HOUSEKEEPI NG	Ö	41, 670			176, 306	9.00
10. 00   01000 DI ETARY	0	18, 153	34, 533	0	688	10.00
11. 00   01100   CAFETERI A	0	19, 888	13, 966	0	0	11.00
13.00 O1300 NURSING ADMINISTRATION	0	.,		0	0	13.00
14. 00   01400   CENTRAL SERVICES & SUPPLY	0	5, 596		0	1, 604	14.00
15. 00 01500 PHARMACY	0	48, 498		0	2, 120	15.00
16. 00   01600   MEDI CAL RECORDS & LI BRARY 19. 00   01900   NONPHYSI CI AN ANESTHETI STS	0	32, 026	1, 602 0	0	0	16. 00 19. 00
23. 00   02300   RADI OLOGY SCHOOL			3, 627	0	1, 318	23.00
INPATIENT ROUTINE SERVICE COST CENTERS		3,022	3,021	<u> </u>	1, 510	25.00
30. 00 03000 ADULTS & PEDIATRICS	0	193, 677	210, 107	31, 185	57, 985	30.00
31.00 03100 INTENSIVE CARE UNIT	0	53, 951	9, 186	0	8, 938	31.00
43. 00 04300 NURSERY	0	22, 699	10, 728	1, 768	344	43.00
ANCILLARY SERVICE COST CENTERS	_					
50. 00   05000   OPERATING ROOM	0	.,			15, 986	50.00
51. 00   05100   RECOVERY ROOM 52. 00   05200   DELIVERY ROOM & LABOR ROOM	0			2, 198 2, 187	0 1, 948	51.00 52.00
53. 00   05300   ANESTHESI OLOGY	0	11, 952	1	2, 167	1, 946	53.00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	0	1	1	5, 796	1, 891	54.00
54. 01   03630   ULTRA SOUND	0			630	974	54. 01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0		1	244	0	54.02
55. 00   05500   RADI OLOGY - THERAPEUTI C	0	0	0	0	0	55.00
55. 01   03480   0NC0L0GY	0	63, 275			8, 251	55. 01
57. 00   05700   CT   SCAN	0	15, 299		3, 193	4, 125	57.00
58. 00   05800   MAGNETI C RESONANCE I MAGING (MRI)	0	11, 303		637	0	58.00
59. 00   05900   CARDI AC   CATHETERI ZATI ON 60. 00   06000   LABORATORY	0	102 742	0	0	0	59. 00 60. 00
62.00   06200   WHOLE BLOOD & PACKED RED BLOOD CELLS				0	2, 578 0	62.00
65. 00 06500 RESPIRATORY THERAPY	0			0	0	65.00
66. 00   06600   PHYSI CAL THERAPY	0	58, 440		2, 549	3, 209	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0	10, 019		0	0	67.00
68. 00 06800 SPEECH PATHOLOGY	0	5, 424	1, 844	0	0	68. 00
69. 00 06900 ELECTROCARDI OLOGY	0	0	0	0	0	69.00
69. 01   03610   SLEEP LAB	0	8, 468		207	115	69. 01
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	100, 272	1	0	0	71.00
71. 01   07101   IV SOLUTIONS 72. 00   07200   MPL. DEV. CHARGED TO PATIENTS		0 110, 553	_	0	0	71. 01 72. 00
73. 00 07300 DRUGS CHARGED TO PATIENTS			1	0	0	73.00
76. 00 03140 CARDI OLOGY	0		1	3, 996		76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0					•
OUTPATIENT SERVICE COST CENTERS						
90. 00   09000   CLI NI C	0				630	90.00
90. 01   09001   WOUND CARE CLINIC	0				2, 407	
91. 00 09100 EMERGENCY	0	163, 848	76, 162	13, 790	21, 372	91.00
92. 00 O9200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92.00
95. 00 09500 AMBULANCE SERVI CES	0	63, 812	25, 967	1, 330	0	95.00
101. 00 10100 HOME HEALTH AGENCY	0					101.00
102.00 10200 OPI OI D TREATMENT PROGRAM	0					102.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116. 00 11600 HOSPI CE	0	· ·				116.00
118. 00 SUBTOTALS (SUM OF LINES 1 through 117)	0	2, 157, 385	898, 996	86, 595	141, 124	1118.00
NONREIMBURSABLE COST CENTERS  190. 00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	722	4, 127	0	0	190. 00
194. 00 07950  OTHER NON-REI MBURSABLE	0	5, 023		0		194.00
194. 01 07951 MOB	0	l .		196		194. 01
194. 02 07952 PHYSI CI AN CLI NI CS	0	246, 387			11, 631	
194. 03 07953 PHYS PRAC BUS OFC	0	42, 124		0		194. 03
194.04 07954 MOB - MAIN CAMPUS	0	12, 115		0		194. 04
194. 05 07955 ONCOLOGY - NONREI MBURSABLE	0	0	_	0		194. 05
194. 06 07956 KDH - MC FAMILY PRACTICE	0	132, 306				194.06
194. 07 07957 KDH - MC ORTHOPEDICS	0		1	125	3, 954	194.07
194. 08 07958 KDH - MC GENERAL SURGERY 194. 09 07959 KDH - MC ENT	0				3, 323	194. 08 194. 09
17 1. 97 07 797  ND11 - INIO LINI		1 20, 222	0	U	1,034	1174.07

Health Financial Systems	KINGS DAUGHTERS HOSPITAL	In Lieu of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 15-0069	Period: Worksheet B From 01/01/2022 Part II To 12/31/2022 Date/Time Prepared:

						5/24/2023 10:	28 am_
Cost Center De	scription	EMPLOYEE	ADMI NI STRATI V	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	
		BENEFITS	E & GENERAL	PLANT	LINEN SERVICE		
		DEPARTMENT					
		4. 00	5. 00	7. 00	8. 00	9. 00	
194. 10 07960 KDH - MC UROLO	GY	0	11, 654	0	0	2, 235	194. 10
194. 11 07961 KDH - MC OB/GY	N	0	66, 370	0	488	3, 151	194. 11
200.00 Cross Foot Adj	ustments						200.00
201.00 Negative Cost	Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum Lir	es 118 through 201)	0	3, 011, 355	1, 585, 575	88. 011	176, 306	202.00

| Peri od: | Worksheet B | From 01/01/2022 | Part | I | To 12/31/2022 | Date/Time Prepared: | Part | | P Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provi der CCN: 15-0069

			To	12/31/2022	Date/Time Pre 5/24/2023 10:	pared: 28 am
Cost Center Description	DI ETARY	CAFETERI A	NURSI NG ADMI NI STRATI O N	CENTRAL SERVI CES & SUPPLY	PHARMACY	
	10.00	11. 00	13.00	14.00	15. 00	
GENERAL SERVI CE COST CENTERS						4 00
1.00 O0100 NEW CAP REL COSTS-BLDG & FIXT 1.01 O0101 NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1. 00 1. 01
2. 00   00200   NEW CAP REL COSTS-MVBLE EQUIP						2. 00
4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00   00500   ADMINISTRATIVE & GENERAL 7.00   00700   OPERATION OF PLANT						5. 00 7. 00
8. 00   00800   LAUNDRY & LINEN SERVICE						8. 00
9. 00   00900   HOUSEKEEPI NG	070 404					9.00
10. 00   01000   DI ETARY 11. 00   01100   CAFETERI A	272, 436	122, 447				10. 00 11. 00
13. 00 01300 NURSI NG ADMI NI STRATI ON	o o	2, 051	104, 512			13. 00
14. 00 01400 CENTRAL SERVI CES & SUPPLY	0	814		132, 776	447.005	14.00
15. 00   01500   PHARMACY 16. 00   01600   MEDI CAL RECORDS & LI BRARY	0	3, 625 4, 849		316 90	147, 285 0	15. 00 16. 00
19. 00 01900 NONPHYSI CI AN ANESTHETI STS	o o	0		0	0	19.00
23. 00 02300 RADI OLOGY SCHOOL	0	740	0	10	0	23. 00
I NPATI ENT ROUTI NE SERVI CE COST CENTERS  30. 00 03000 ADULTS & PEDI ATRI CS	255, 370	22, 415	43, 156	2, 477	0	30.00
31.00 03100 INTENSIVE CARE UNIT	17, 066	4, 053		9	0	31.00
43. 00 04300 NURSERY	0	2, 386	4, 593	0	0	43.00
ANCILLARY SERVICE COST CENTERS 50. 00 05000 OPERATING ROOM	0	12, 355	23, 787	11, 881	0	50.00
51.00   05100   RECOVERY ROOM	O	943	1, 816	52	0	51.00
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0	2, 951	5, 683	0	0	52.00
53. 00   05300   ANESTHESI OLOGY 54. 00   05400   RADI OLOGY-DI AGNOSTI C	0	1, 414 9, 508		315 559	0	53. 00 54. 00
54. 01   03630   ULTRA SOUND	0	530		348	0	54. 01
54. 02   03450   NUCLEAR MEDICINE - DIAGNOSTIC	0	311 0	0	45 0	0	54.02
55. 00   05500   RADI OLOGY - THERAPEUTI C 55. 01   03480   ONCOLOGY	0	4, 504	· ·	317	0	55. 00 55. 01
57. 00 05700 CT SCAN	O	1, 171	Ō	1, 581	0	57. 00
58. 00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	806 0		179	0	58.00
59. 00   05900   CARDI AC   CATHETERI ZATI ON 60. 00   06000   LABORATORY	0	10, 092	_	0 698	0	59. 00 60. 00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	O	0	0	0	0	62. 00
65. 00 06500 RESPIRATORY THERAPY	0	3, 866		75 105	0	65.00
66. 00   06600   PHYSI CAL THERAPY 67. 00   06700   OCCUPATI ONAL THERAPY	0	6, 158 961	0	105 1	0	66. 00 67. 00
68.00 06800 SPEECH PATHOLOGY	0	578	0	О	0	68. 00
69. 00   06900   ELECTROCARDI OLOGY	0	0	0	0	0	69.00
69. 01   03610   SLEEP LAB 71. 00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS	0	867 0		8  50, 549	0	69. 01 71. 00
71. 01 07101 IV SOLUTIONS	0	0	0	0	0	71. 01
72.00   07200   IMPL. DEV. CHARGED TO PATIENTS 73.00   07300   DRUGS CHARGED TO PATIENTS	0	0	0	55, 733	147 205	72.00
76. 00   07300 DR0GS CHARGED TO PATTENTS	0	2, 757		1, 977 111	147, 285 0	73. 00 76. 00
76. 97 07697 CARDI AC REHABI LI TATI ON	0	546		8	0	76. 97
OUTPATIENT SERVICE COST CENTERS  90. 00 09000 CLINIC		327	l ol	1	0	90.00
90. 01   09001   WOUND CARE CLINIC	0	1, 237		67	0	90.00
91. 00   09100   EMERGENCY	0	9, 179	17, 673	854	0	91.00
92. 00 O9200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92.00
95. 00 09500 AMBULANCE SERVICES	0	10, 453	0	112	0	95. 00
101.00 10100 HOME HEALTH AGENCY	0	0		375		101. 00
102.00 10200 OPI OLD TREATMENT PROGRAM SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	102. 00
113. 00 11300   NTEREST EXPENSE						113. 00
116. 00 11600 HOSPI CE	0	0		580		116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	272, 436	122, 447	104, 512	129, 433	147, 285	118.00
190.00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0		0		190. 00
194. 00 07950 OTHER NON-REI MBURSABLE	0	0	_	0		194. 00
194. 01 07951 MOB 194. 02 07952 PHYSICIAN CLINICS	0	0	0	286 1, 131		194. 01 194. 02
194. 03 07953 PHYS PRAC BUS OFC		0		148	0	194. 03
194. 04 07954 MOB - MAIN CAMPUS	0	0	0	75		194. 04
194. 05 07955  ONCOLOGY - NONREIMBURSABLE 194. 06 07956  KDH - MC FAMILY PRACTICE	0	0	0	0 316		194. 05 194. 06
194.07 07957 KDH - MC ORTHOPEDICS		0	Ö	465	0	194. 07
194. 08 07958 KDH - MC GENERAL SURGERY	0	0		351		194. 08
194. 09 07959  KDH - MC ENT	0	0	0	92	0	194. 09

Health Financial Systems	KINGS DAUGHTERS HOSPITAL	In Lieu of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS	Provi der CCN: 15-0069	Peri od: Worksheet B From 01/01/2022 Part II To 12/31/2022 Date/Time Prepared:

						5/24/2023 10:	28 am
	Cost Center Description	DI ETARY	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	
				ADMI NI STRATI O	SERVICES &		
				N	SUPPLY		
		10. 00	11. 00	13. 00	14. 00	15. 00	
194. 10 07960	KDH - MC UROLOGY	0	0	0	137	0	194. 10
194. 11 07961	KDH - MC OB/GYN	0	0	0	342	0	194. 11
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)	272 436	122 447	104 512	132 776	147 285	202 00

| Period: | Worksheet B | From 01/01/2022 | Part | I | To | 12/31/2022 | Date/Time | Prepared: Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0069

					To 12/31/2022	Date/Time Pre	
	Cost Center Description	MEDI CAL RECORDS &	NONPHYSI CI AN ANESTHETI STS	RADI OLOGY SCHOOL	Subtotal	5/24/2023 10:   Intern &   Residents	ZO dili
		LI BRARY	AWESTHETTSTO	Jonese		Cost & Post Stepdown	
						Adjustments	
	GENERAL SERVICE COST CENTERS	16. 00	19. 00	23.00	24. 00	25. 00	
1. 00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1. 01	00101 NEW CAP REL COSTS-BLDG & FIXT HHA/HO 00200 NEW CAP REL COSTS-MVBLE EQUIP						1.01
2. 00 4. 00	00400 EMPLOYEE BENEFITS DEPARTMENT						2.00 4.00
5.00	00500 ADMINISTRATIVE & GENERAL						5.00
7. 00 8. 00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE						7. 00 8. 00
9. 00	00900 HOUSEKEEPI NG						9. 00
10. 00 11. 00	01000 DI ETARY 01100 CAFETERI A						10. 00 11. 00
13.00	01300 NURSING ADMINISTRATION						13.00
14. 00 15. 00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY						14. 00 15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY	48, 732					16.00
19.00	01900 NONPHYSI CI AN ANESTHETI STS	0	0		_		19.00
23.00	02300 RADI OLOGY SCHOOL I NPATI ENT ROUTI NE SERVI CE COST CENTERS	0		33, 72	/		23.00
30.00	03000 ADULTS & PEDIATRICS	1, 224			2, 150, 417	0	1
31. 00 43. 00	03100 I NTENSI VE CARE UNI T 04300 NURSERY	436 175			159, 716 110, 747	0	
10.00	ANCILLARY SERVICE COST CENTERS						
50. 00 51. 00	05000 OPERATING ROOM 05100 RECOVERY ROOM	4, 730 845			1, 000, 300 76, 231	0	1
52. 00	05200 DELIVERY ROOM & LABOR ROOM	212			38, 741	0	1
53.00	05300 ANESTHESI OLOGY	1, 037			19, 956	0	
54. 00 54. 01	05400 RADI OLOGY-DI AGNOSTI C 03630 ULTRA SOUND	878 248			555, 463 8, 911	0   0	54. 00 54. 01
54. 02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	443			25, 348	0	54. 02
55. 00 55. 01	05500 RADI OLOGY - THERAPEUTI C 03480 ONCOLOGY	0 1, 046			0 573, 871	0	55. 00 55. 01
57. 00	05700 CT SCAN	2, 404			63, 839	0	57.00
58. 00 59. 00	05800 MAGNETIC RESONANCE IMAGING (MRI) 05900 CARDIAC CATHETERIZATION	554 0			57, 001 0	0	
60.00	06000 LABORATORY	5, 366			372, 896		60.00
62. 00 65. 00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 06500 RESPIRATORY THERAPY	367 959			20, 227 81, 836	0	62. 00 65. 00
66. 00	06600 PHYSI CAL THERAPY	1, 178			571, 374	0	66.00
67.00	06700 OCCUPATI ONAL THERAPY	207			68, 411	0	
68. 00 69. 00	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	109			19, 651	0	
69. 01	03610 SLEEP LAB	209			43, 684	0	
71. 00 71. 01	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07101 V SOLUTIONS	1, 988 0			152, 809 0	0	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2, 723	•		169, 009	0	72.00
73. 00 76. 00	07300 DRUGS CHARGED TO PATIENTS 03140 CARDI OLOGY	15, 139 1, 569			505, 283 284, 322		
	07697 CARDIAC REHABILITATION	97			33, 713		
90 00	OUTPATIENT SERVICE COST CENTERS  O9000 CLINIC	6			34, 879	0	90.00
90. 01	09001 WOUND CARE CLINIC	233			81, 241	0	1
	09100 EMERGENCY	3, 489			789, 501	0	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS					0	92.00
	09500 AMBULANCE SERVI CES	861			267, 258		95.00
	10100 HOME HEALTH AGENCY 10200 OPIOID TREATMENT PROGRAM	0			56, 327 0		101. 00 102. 00
	SPECIAL PURPOSE COST CENTERS						
	11300   NTEREST EXPENSE 11600   HOSPI CE	0			12, 581	0	113. 00 116. 00
118. 00	SUBTOTALS (SUM OF LINES 1 through 117)	48, 732	0		0 8, 405, 543		118.00
190 00	NONREIMBURSABLE COST CENTERS 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0			31, 026	0	190. 00
194.00	07950 OTHER NON-REIMBURSABLE	0			5, 023	0	194. 00
	07951 MOB 207952 PHYSICIAN CLINICS	0			2, 285, 258 1, 371, 531		194. 01 194. 02
194.0	3 07953 PHYS PRAC BUS OFC	0			1, 371, 531 82, 126		194. 02
194.04	O7954 MOB - MAIN CAMPUS	0			14, 597	0	194.04
	07955 ONCOLOGY - NONREIMBURSABLE 07956 KDH - MC FAMILY PRACTICE	0			0 1, 877, 973		194. 05 194. 06
	07957 KDH - MC ORTHOPEDICS	0			105, 683		194. 07

Health Financial Systems	KINGS DAUGHTERS HOSPITAL	In Lieu of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Peri od: Worksheet B From 01/01/2022 Part II To 12/31/2022 Date/Time Prepared:

					5/24/2023 10:	28 am_
Cost Center Description	MEDI CAL	NONPHYSI CI AN	RADI OLOGY	Subtotal	Intern &	
	RECORDS &	ANESTHETI STS	SCH00L		Resi dents	
	LI BRARY				Cost & Post	
					Stepdown	
					Adjustments	
	16. 00	19. 00	23. 00	24. 00	25. 00	
194.08 07958 KDH - MC GENERAL SURGERY	0			56, 086	0	194. 08
194. 09 07959 KDH - MC ENT	0			22, 148	0	194. 09
194.10 07960 KDH - MC UROLOGY	0			14, 026	0	194. 10
194. 11 07961 KDH - MC OB/GYN	0			70, 351	0	194. 11
200.00 Cross Foot Adjustments		0	33, 727	33, 727	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	48, 732	0	33, 727	14, 375, 098	0	202. 00

| In Lieu of Form CMS-2552-10 | Period: Worksheet B | From 01/01/2022 Part II | To 12/31/2022 Date/Time Prepared: 5/24/2023 10: 28 am Provider CCN: 15-0069

				5/24/2023 10:	
		Cost Center Description	Total		
			26. 00		
4 00		AL SERVICE COST CENTERS			4 00
1. 00 1. 01		NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-BLDG & FIXT HHA/HO			1.00 1.01
2. 00		NEW CAP REL COSTS-BEDG & TTXT THATTO			2.00
4. 00	1	EMPLOYEE BENEFITS DEPARTMENT			4.00
5. 00	1	ADMINISTRATIVE & GENERAL			5.00
7.00	1	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8. 00
9. 00		HOUSEKEEPI NG			9. 00
10.00		DI ETARY			10.00
11.00	1	CAFETERI A			11.00
13. 00 14. 00	1	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY			13. 00 14. 00
15. 00	1	PHARMACY			15.00
16. 00		MEDICAL RECORDS & LIBRARY			16.00
19.00		NONPHYSICIAN ANESTHETISTS			19.00
23.00	02300	RADI OLOGY SCHOOL			23. 00
		IENT ROUTINE SERVICE COST CENTERS			
30.00		ADULTS & PEDIATRICS	2, 150, 417		30.00
31. 00 43. 00		INTENSIVE CARE UNIT	159, 716		31.00
43.00		NURSERY   LARY SERVICE COST CENTERS	110, 747		43.00
50.00		OPERATING ROOM	1, 000, 300		50.00
51.00		RECOVERY ROOM	76, 231		51.00
52.00		DELIVERY ROOM & LABOR ROOM	38, 741		52.00
53.00	05300	ANESTHESI OLOGY	19, 956		53.00
54.00		RADI OLOGY-DI AGNOSTI C	555, 463		54.00
54. 01	1	ULTRA SOUND	8, 911		54. 01
54. 02 55. 00		NUCLEAR MEDICINE - DIAGNOSTIC RADIOLOGY - THERAPEUTIC	25, 348 0		54.02
55. 00	1	ONCOLOGY - THERAPEUTIC	573, 871		55. 00 55. 01
57. 00		CT SCAN	63, 839		57.00
58. 00	1	MAGNETIC RESONANCE IMAGING (MRI)	57, 001		58.00
59.00	1	CARDI AC CATHETERI ZATI ON	0		59.00
60.00	06000	LABORATORY	372, 896		60.00
62.00		WHOLE BLOOD & PACKED RED BLOOD CELLS	20, 227		62.00
65.00	1	RESPI RATORY THERAPY	81, 836		65.00
66.00	1	PHYSI CAL THERAPY	571, 374		66.00
67. 00 68. 00		OCCUPATIONAL THERAPY SPEECH PATHOLOGY	68, 411 19, 651		67. 00 68. 00
69. 00		ELECTROCARDI OLOGY	17,031		69.00
69. 01		SLEEP LAB	43, 684		69. 01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	152, 809		71.00
		IV SOLUTIONS	0		71. 01
		IMPL. DEV. CHARGED TO PATIENTS	169, 009		72.00
73.00		DRUGS CHARGED TO PATIENTS	505, 283		73.00
76. 00 76. 97		CARDI OLOGY CARDI AC REHABI LI TATI ON	284, 322 33, 713		76. 00 76. 97
70. 77		TIENT SERVICE COST CENTERS	33, 713		70.77
90.00		CLI NI C	34, 879		90.00
90. 01		WOUND CARE CLINIC	81, 241		90. 01
91.00		EMERGENCY	789, 501		91.00
92.00		OBSERVATION BEDS (NON-DISTINCT PART)			92.00
95 00		REIMBURSABLE COST CENTERS  AMBULANCE SERVICES	267, 258		95.00
		HOME HEALTH AGENCY	56, 327		101.00
		OPIOID TREATMENT PROGRAM	0		102.00
	SPECI	AL PURPOSE COST CENTERS			
		INTEREST EXPENSE			113. 00
		HOSPI CE	12, 581		116. 00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8, 405, 543		118. 00
100 00		IMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP, & CANTEEN	21 024		190. 00
		OTHER NON-REIMBURSABLE	31, 026 5, 023		194.00
194. 00	1	1	2, 285, 258		194. 01
	1	PHYSICIAN CLINICS	1, 371, 531		194. 02
		PHYS PRAC BUS OFC	82, 126		194. 03
	1	MOB - MAIN CAMPUS	14, 597		194. 04
		ONCOLOGY - NONREI MBURSABLE	0		194. 05
		KDH - MC FAMILY PRACTICE	1, 877, 973		194.06
		KDH - MC ORTHOPEDICS	105, 683		194.07
		KDH - MC GENERAL SURGERY KDH - MC ENT	56, 086 22, 148		194. 08 194. 09
	1	KDH - MC UROLOGY	14, 026		194. 09
		KDH - MC OB/GYN	70, 351		194. 10
	1		,		

Health Fin	ancial Systems	KINGS DAUGHTER	S HOSPI TAL	In Lie	u of Form CMS-	2552-10
ALLOCATI ON	N OF CAPITAL RELATED COSTS		Provider CCN: 15-0069	From 01/01/2022	Worksheet B Part II Date/Time Pre 5/24/2023 10:	epared: 28 am
	Cost Center Description	Total				
		26. 00				
200.00	Cross Foot Adjustments	33, 727				200.00
201.00	Negati ve Cost Centers	0				201.00
202. 00	TOTAL (sum lines 118 through 201)	14, 375, 098				202.00

Heal th Financial Systems KINGS DAUGHTERS HOSPITAL In Lieu of Form CMS-2552-10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0069
Period:
From 01/01/2022
To 12/31/2022
Date/Time Prepared:
5/24/2023 10: 28 am

COST Content Description					Т	o 12/31/2022	Date/Time Pre 5/24/2023 10:	
FIXT   SCRUMP   FREETY   FRE			CAPI	TAL RELATED CO	OSTS		37 247 2023 10.	20 4111
FIXT   SOURCE   FIXT   SOURCE   SOURC		Coot Conton Decement on	NEW DLDC 9	NEW DLDC 0	NEW MADLE	EMDL OVEE	Daganailiatia	
		cost center bescription						
SEMERAL SERVICE OST.CENTERS			FEET)	FEET)	FEET)	,		
1.00			1.00	4.04	0.00		E.A.	
0.000   NUMBER CAP NEL CESTS -BLIDE & FIXT   1.01   1.01   1.01   1.00   1.01		GENERAL SERVICE COST CENTERS	1.00	1.01	2.00	4.00	) DA	
2.00 00000 RNN CAP REL COSTS-MANGLE SOULP 4.00 00000 EURIC PUTCH SERRET IS DEPARTMENT 5.00 00000 ANN IN STRATIVE & CEREBAL 4.07,378 0 0 0 6,809,62126,238,976 5,00 7.00 00000 ROMAIN STRATIVE & CEREBAL 4.07,378 0 0 0 0 752,986 7.00 00000 ROMAIN STRATIVE & CEREBAL 4.07,378 0 0 0 0 752,986 7.00 00000 ROMAIN STRATIVE & CEREBAL 4.07,378 0 0 0 0 253,646 0 0 9,00 7.00 00000 ROMAIN STRATIVE & CEREBAL 4.07,378 0 0 0 0 253,646 0 0 9,00 7.00 00000 ROMAIN STRATIVE & CEREBAL 7.00 000000 ROMAIN STRATIVE STRATIVE & CEREBAL 7.00 00000 ROMAIN STRATIVE & CEREBAL 7.00 00000 ROMAIN STRATIVE STRATIVE & CEREBAL 7.00 00000 ROMAIN STRATIVE STRATIVE & CEREBAL 7.00 00000 ROMAIN STRATIVE STRATIVE STRATIVE & CEREBAL 7.00 00000 ROMAIN STRATIVE STRATIVE STRATIVE & CEREBAL 7.00 00000 ROMAIN STRATIVE	1.00		370, 078					1.00
4.00   00000 DEMPLOYEE BEREFITS DEPARTWENT   0   0   5.8.29, 0.29   -2.6.238, 976   5.00   0.00000 ORMINISTRATIVE & CEMERAL   43, 736   0   0   6.809, 919   -2.6.238, 976   0   7.00   0.000000 ORMINISTRATIVE & CEMERAL   43, 736   0   0   6.809, 919   0   7.00   0.00000 DISTANCE   1.00000 DISTANCE   1.00000 DISTANCE   1.0000 DISTANCE			0	3, 492				
0.000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0			0	0	1			
7.00   DOZGO   PERATIN OF PLANT   40, 993   0   582, 919   0 7, 00   7.00   DOZGO   AURINOY & LIRBO   KENTEC   1, 1906   0   0   22, 339   0 8, 00   7.00   DOZGO   BULISK FEP INK   3, 141   0   0   725, 948   0   0   0   7.00   DOZGO   BULISK FEP INK   4, 241   0   0   725, 948   0   0   0   7.00   DOZGO   BULISK FEP INK   4, 241   0   0   0   233, 948   0   0   7.00   DOZGO   BULISK FEP INK   4, 241   0   0   0   233, 948   0   0   7.00   DOZGO   BULISK FEP INK   4, 241   0   0   0   0   233, 948   0   0   7.00   DOZGO   BULISK FEP INK   4, 241   0   0   0   0   0   7.00   DOZGO   BULISK FEP INK   4, 241   0   0   0   0   0   7.00   DOZGO   BULISK FEP INK   4, 241   0   0   0   0   0   7.00   DOZGO   BULISK FEP INK   4, 241   0   0   0   0   7.00   DOZGO   BULISK FEP INK   5, 241   0   0   0   7.00   DOZGO   BULISK FEP INK   5, 241   0   0   0   7.00   DOZGO   BULISK FEP INK   5, 241   0   0   0   7.00   DOZGO   BULISK FEP INK   5, 241   0   0   0   7.00   DOZGO   BULISK FEP INK   5, 241   0   0   0   7.00   DOZGO   BULISK FEP INK   5, 241   0   0   0   7.00   DOZGO   BULISK FEP INK   5, 241   0   0   0   7.00   DOZGO   BULISK FEP INK   5, 241   0   0   0   7.00   DOZGO   BULISK FEP INK   5, 241   0   0   7.00   DOZGO   BULISK FEP INK   5, 241   0   0   7.00   DOZGO   BULISK FEP INK   5, 241   0   0   7.00   DOZGO   BULISK FEP INK   5, 241   0   0   7.00   DOZGO   BULISK FEP INK   5, 241   0   0   7.00   DOZGO   BULISK FEP INK   5, 241   0   0   7.00   DOZGO   BULISK FEP INK   5, 241   0   0   7.00   DOZGO   BULISK FEP INK   5, 241   0   0   7.00   DOZGO   BULISK FEP INK   5, 241   0   0   7.00   DOZGO   BULISK FEP INK   5, 241   0   0   7.00   DOZGO   BULISK FEP INK   5, 241   0   0   7.00   DOZGO   BULISK FEP INK   5, 241   0   0   7.00   DOZGO   BULISK FEP INK   5, 241   0   0   7.00   DOZGO   BULISK FEP INK   5, 241   0   0   7.00   DOZGO   BULISK FEP INK   5, 241   0   0   7.00   DOZGO   BULISK FEP INK   5, 241   0   0   7.00   DOZGO   BULISK FEP INK   5, 241   0   0   7.00   DOZGO   BULISK FEP INK   5, 2			43.736	_			l .	
0.000   0.00000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.000000   0.0000000   0.00000000				_				1
10.00   10000   ETARY   6.793   0   253,961   0   10.00   11.00   11000   CAFETRIA   2.2 545   0   0   533,570   0   13.00		l		_	_		l .	1
11.00   01100   CAFETERIA   2.645   0   0   520, 349   0   1   00   14   00   15   00   14   00   16   00   17   00   00   17   00   00   00		l					l .	
13.00   01300   MIRSH NG ADM IN STRATION   2.038   0   0   7.79, 329   0   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   15.00   1				-		·		1
15.00   01500   PHARMACY   2.301   0   0   885, 785   0   15.00   19		1		_			l .	1
16.00   1000   MEDICAL RECORDS & LIBRARY   292   0   0   752, 888   0   10.00   23.00   0.0000   0.000   0.0000   0.0000   0.0000				0				1
19.00   01900   MORPHYSICI AN AMESTHETISTS				-				1
23.00			1	Ŭ				
0.000   0.3000   ADULTS A PEDIATRICS   38, ZBB   0   0   4, 047, 038   0   30. 00   31. 00   3300   0.4300   INTENSIVE CASE UNIT   1, 674   0   0   958, 419   0   31. 00   31. 00   3300   0.4300   UNISSIRY   1, 955   0   0   514, 674   0   43. 00   0.000   0.000   0.00000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.00000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.00000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.00000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.00000   0.0000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.000000   0.00000000			_					
31.00   03100   NITENSI VE CARE UNIT								
43.00   0.4300   NURSERY   1.955   0   0   514, 674   0   43.00			•		1			1
ANCILLARY SERVICE COST CENTERS			•		1	·		1
51.00	43.00		1, 755			314,014		, 43.00
52 00   05200   DELLIVERY ROOM & LABOR ROOM   0   0   636, 744   0   52, 00   53, 00   6300   ARSTHESI LOCGY   130   0   0   1,768, 375   0   53, 00   54, 00   05400   ARSTHESI LOCGY   130   0   0   0   3, 180, 740   0   54, 00   54, 00   0   0   0   0   0   3, 180, 740   0   54, 00   0   0   0   0   0   0   0   0   0					1	· · ·		1
53.00   05300   ANESTHESI OLOGY   130   0   1.768, 375   0   53.00   54.01   03630   ULTRA SOUND   0   0   0   137, 543   0   54.01   54.02   03630   ULTRA SOUND   0   0   0   137, 543   0   54.01   55.00   05500   RADI OLOGY - THERAPEUTI C   0   0   0   0   0   0   55.00   55.00   05500   RADI OLOGY - THERAPEUTI C   0   0   0   0   0   0   55.00   57.00   05500   RADI OLOGY - THERAPEUTI C   0   0   0   0   0   0   55.00   57.00   05500   RADI OLOGY - THERAPEUTI C   0   0   0   0   0   55.00   57.00   05500   RADI OLOGY - THERAPEUTI C   0   0   0   0   0   55.00   57.00   05700   CT SCAN   895   0   0   0   0   0   0   57.00   58.00   03600   MAGNETIC RESONANCE IMAGI NG (MRI )   1.080   0   0   197, 939   0   58.00   58.00   03600   MAGNETIC RESONANCE IMAGI NG (MRI )   1.080   0   0   1,337, 303   0   60.00   59.00   036900   CARDI AC CATHETERI ZATI ON   0   0   0   0   59.00   60.00   036000   LARDRATORY   6.239   0   0   1,337, 303   0   60.00   60.00   036000   MAGNETIC RESONANCE THERAPY   1,197   0   0   730, 536   0   65.00   60.00   036000   PESPI RATORY THERAPY   1,2401   0   0   730, 536   0   65.00   60.00   036000   PESPI RATORY THERAPY   1,2401   0   0   1,247, 524   0   60.00   60.00   036000   PESPI RATORY THERAPY   1,420   0   0   249, 395   0   67.00   60.00   036000   PESPI RATORY THERAPY   1,420   0   0   1,47, 676   0   68.00   60.00   036000   SPEECH PATHOLOGY   336   0   0   0   0   0   0   60.00   046000   PESPI RATORY   1,420   0   0   0   0   0   0   60.00   046000   PESPI RATORY   0   0   0   0   0   0   0   60.00   05000   DELECTROCARDIOLOGY   0   0   0   0   0   0   60.00   05000   DELECTROCARDIOLOGY   0   0   0   0   0   0   60.00   05000   DELECTROCARDIOLOGY   0   0   0   0   0   0   60.00   05000   DRUSS CHARGED TO PATI ENTS   0   0   0   0   0   0   0   60.00   05000   DRUSS CHARGED TO PATI ENTS   0   0   0   0   0   0   0   60.00   05000   DRUSS CHARGED TO PATI ENTS   0   0   0   0   0   0   0   60.00   05000   DRUSS CHARGED TO PATI ENTS   0   0   0   0   0   0   0   0   60.00						·		
54.00				0	_		l .	
54. 02   03450   NUCLEAR MEDICINE - DIAGNOSTIC   483   0   0   82,664   0   54,02   55. 00   0550   NADIOLOGY - THERAPEUTIC   0   0   0   0   0   55,00   55. 00   0550   NADIOLOGY - THERAPEUTIC   0   0   0   0   0   0   55,00   55. 00   0550   NADIOLOGY - THERAPEUTIC   0   0   0   0   995,387   0   55,00   58. 00   05800   NASENTIC RESONANCE IMMGING (MRI)   1,080   0   0   197,999   0   58,00   59. 00   05900   CARDIA CCATHETERIZATION   0   0   0   0   0   0   0   59. 00   05900   CARDIA CCATHETERIZATION   0   0   0   0   0   0   0   60. 00   06000   LABORATORY   6,239   0   0   1,337,303   0   60,00   62. 00   06200   WHOLE BLOOD & PACKED RED BLOOD CELLS   279   0   0   0   730,536   0   65,00   65. 00   06500   RESPIRATORY THERAPY   1,197   0   0   730,536   0   65,00   66. 00   06600   PRISCIAL THERAPY   12,401   0   0   1,247,524   0   66,00   67. 00   06700   OCCUPATIONAL THERAPY   1,420   0   0   249,395   0   67,00   68. 00   06800   SPECH PATHOLOGY   336   0   0   147,676   0   68,00   69. 01   03610   SLEED LAB   839   0   0   188,877   0   69,00   69. 01   03610   SLEED LAB   839   0   0   188,877   0   69,00   69. 01   03610   SLEED LAB   839   0   0   0   0   0   71,00   71. 00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   0   71,00   71. 01   071011   V SOLUTIONS   0   0   0   0   0   72,00   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   72,00   73. 00   07300   IMPL DEV CHARGED TO PATIENTS   0   0   0   0   0   0   0   74. 00   07300   IMPL DEV CHARGED TO PATIENTS   0   0   0   0   0   0   75. 00   07400   IMPL DEV CHARGED TO PATIENTS   0   0   0   0   0   0   76. 97   07477 (ASROLOGA   CARRILLA STANCE   CARRILLA STANCE		l	1	Ö	•		l .	
55. 00   05500   RADI OLOGY - THERAPEUTI C			-	_			l .	
10.2480   ONCOLOGY			1	_	_	,	l .	
57.00   05700   CT SCAN   SC		l	_	_		-		
59, 00   05900   CARDIAC CATHETERI ZATION			1	_			l .	
60.00   06000   LABORATORY			1, 080	0		,	l .	
62.00   06.200   06.200   06.00   06.200   0   0   0   0   0   0   0   0   0		l	0	0				
65.00   06500   RESPI RATORY THERAPY   1.197   0   0   730,536   0   65.00   66.00   06600   PHYSI CAL THERAPY   12,401   0   0   1,247,524   0   66.00   67.00   06700   OCCUPATI ONAL THERAPY   1,420   0   0   249,395   0   67.00   68.00   06800   SPECH PATHOLOGY   336   0   0   147,676   0   68.00   69.01   03600   ELECTROCARDI OLOGY   0   0   0   0   0   0   0   69.01   03600   ELECTROCARDI OLOGY   0   0   0   0   0   0   0   69.01   03600   ELECTROCARDI OLOGY   0   0   0   0   0   0   69.01   03610   SLEEP LAB   839   0   0   188,877   0   69.01   71.00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   0   0   0   71.01   07101   I V SOLUTI ONS   0   0   0   0   0   0   71.00   71.02   07200   IMPL. DEV. CHARGED TO PATIENTS   0   0   0   0   0   0   0   72.00   73.00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   0   0   73.00   76.00   03140   CARROED TO PATIENTS   0   0   0   0   0   0   0   73.00   76.00   03140   CARROED TO PATIENTS   0   0   0   0   0   0   0   73.00   76.00   03140   CARROED TO PATIENTS   0   0   0   0   0   0   0   0   76.00   03140   CARROED TO PATIENTS   0   0   0   0   0   0   0   76.00   03140   CARROED TO PATIENTS   0   0   0   0   0   0   0   76.00   03140   CARROED TO PATIENTS   0   0   0   0   0   0   0   76.00   03140   CARROED TO PATIENTS   0   0   0   0   0   0   76.00   03140   CARROED TO PATIENTS   0   0   0   0   0   0   76.00   03140   CARROED TO PATIENTS   0   0   0   0   0   0   76.00   03140   CARROED TO PATIENTS   0   0   0   0   0   0   76.00   03140   CARROED TO PATIENTS   0   0   0   0   0   0   77.00   07300   0				-				1
67.00   06700   0500   06700   0500   06700   0500   06700   068.00   06800			1	0	Ō	730, 536		1
68. 00   06800   SPEECH PATHOLOGY   336   0   0   147,676   0   68. 00   69. 00   06900   ELECTROCARDIOLOGY   0   0   0   0   0   0   69. 01   03610   SLEEP LAB   839   0   0   188,877   0 69. 01   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   0   0   71. 01   07101   IV SOLUTIONS   0   0   0   0   0   0   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   0   0   0   0   0   73. 00   07300   RUGS CHARGED TO PATIENTS   0   0   0   0   0   0   76. 07   074010   CARDIOLOGY   6. 047   0   0   521,046   0   76. 00   76. 07   07497   CARDI AC REHABILLITATION   703   0   0   68,264   0   76. 97   76. 07   07497   CARDI AC REHABILLITATION   703   0   0   68,264   0   76. 97   79. 00   09000   CLINIC   760   0   74,115   0   90. 01   79. 00   09000   CLINIC   760   0   74,115   0   90. 01   79. 00   09000   CHECKENCY   13,879   0   0   1,676,683   0   91. 00   79. 00   09000   EMERGENCY   13,879   0   0   1,671,054   0   95. 00   70. 00   09500   AMBULANCE SERVI CES   4,732   0   0   1,671,054   0   95. 00   70. 00   09500   AMBULANCE SERVI CES   4,732   0   0   1,671,054   0   95. 00   70. 00   09500   AMBULANCE SERVI CES   4,732   0   0   1,671,054   0   95. 00   70. 00   09500   AMBULANCE SERVI CES   4,732   0   0   1,671,054   0   95. 00   70. 00   09500   AMBULANCE SERVI CES   4,732   0   0   1,671,054   0   95. 00   70. 00   09500   AMBULANCE SERVI CES   4,732   0   0   1,671,054   0   95. 00   70. 00   09500   AMBULANCE SERVI CES   4,732   0   0   1,671,054   0   95. 00   70. 00   09500   00   00   00   00   00   0				_	_			
69.00   06900   03610   SLEETROCARDI OLOGY   0   0   0   0   0   0   0   0   0				0				
69. 01   03610   SLEEP LAB   839			336	0	_			
71. 01   07101   V SOLUTIONS			839	Ö				
72. 00   07200   IMPL   DEV CHARGED TO PATIENTS   0   0   0   0   0   0   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   0   0   76. 00   03140   CARDI OLOGY   6,047   0   0   521,046   0   76. 00   76. 90   07697   CARDI AC REHABI LI TATI ON   703   0   0   68,264   0   76. 97   00   09000   CLI NI C   760   0   0   74,115   0   90. 00   90. 01   09001   WOUND CARE CLINI C   1,624   0   0   253,114   0   90. 01   91. 00   09000   CLI NI C   1,624   0   0   253,114   0   90. 01   92. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART)   92. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART)   92. 00   010   010100   HOME   HEALTH AGENCY   0   2,748   0   1,671,054   0   95. 00   102. 00   10200   OPI OLD TREATMENT PROGRAM   0   0   0   0   0   0   113. 00   11300   INTEREST EXPENSE   113. 00   114. 00   11600   HOSPI CE   SUBTOTALS (SUM OF LINES 1 through 117)   244, 962   3,492   0   36,052,561   -26,238,976   119. 00   19000   GI FT, FLOWER, COFFEE SHOP, & CANTEEN   752   0   0   0   51,421   0   194. 01   194. 01   07951   MOB   158,0569   0   194. 01   194. 02   07952   PHYSI CI AN CLINICS   27,594   0   0   5,304,528   0   194. 02   194. 04   07954   MOB   AMIN CAMPUS   0   0   0   0   727,310   0   194. 03   194. 04   07954   MOB   AMIN CAMPUS   0   0   0   0   0   0   194. 04   194. 04   07954   MOB   AMIN CAMPUS   0   0   0   0   0   0   194. 04   194. 04   07954   MOB   AMIN CAMPUS   0   0   0   0   0   0   194. 04   194. 04   07954   MOB   AMIN CAMPUS   0   0   0   0   0   0   194. 04   194. 04   07954   MOB   AMIN CAMPUS   0   0   0   0   0   0   194. 04   194. 04   07954   MOB   AMIN CAMPUS   0   0   0   0   0   0   194. 04   194. 04   07954   MOB   AMIN CAMPUS   0   0   0   0   0   0   0   0   194. 04   194. 04   07954   MOB   AMIN CAMPUS   0   0   0   0   0   0   0   0   194. 04   194. 04   07954   MOB   AMIN CAMPUS   0   0   0   0   0   0   0   0   0			0	0	0	0		
73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 73. 00 76. 00 03140 CARDI OLOGY 6, 047 0 0 0 521, 046 0 76. 00 76. 97 07697 CARDI OLOGY 703 0 0 68, 264 0 76. 00 76. 97 07697 CARDI AC REHABILLITATION 703 0 0 68, 264 0 76. 97 0UTPATIENT SERVICE COST CENTERS  90. 00 09000 CLINIC 76. 00 0 74, 115 0 90. 01 90. 01 09001 WOUND CARE CLINIC 1, 624 0 0 0 253, 114 0 90. 01 91. 00 09100 EMERGENCY 13, 879 0 0 1, 676, 683 0 91. 00 92. 00 09200 DBSERVATI ON BEDS (NON-DISTINCT PART) 92. 00 09200 DBSERVATI ON BEDS (NON-DISTINCT PART) 95. 00 09500 AMBULANCE SERVICES 4, 732 0 0 1, 671, 054 0 95. 00 101. 00 10100 HOME HEALTH AGENCY 0 2,748 0 1,038, 465 0 101. 00 102. 00 10200 OPIOLD TREATMENT PROGRAM 0 0 0 0 1, 671, 054 0 95. 00 09501 ALTHOUGH HEALTH AGENCY 0 1,038, 465 0 101. 00 113. 00 11300 INTEREST EXPENSE 113. 00 116. 00 11600 HOSPI CE SUST CENTERS  113. 00 11300 INTEREST EXPENSE 113. 00 116. 00 11600 HOSPI CE SUST CENTERS  119. 00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN 752 0 0 0 158, 569 0 116. 00 194. 00 07950 OTHER NON-REI MBURSABLE COST CENTERS  190. 00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN 752 0 0 0 0 0 1, 421 0 194. 00 194. 00 07950 OTHER NON-REI MBURSABLE COST CENTERS  190. 00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN 752 0 0 0 0 0 1, 421 0 194. 00 194. 01 07951 MOB 52, 635 0 0 5, 304, 528 0 194. 00 194. 01 07951 MOB - MAI N CAMPUS 0 0 0 5, 304, 528 0 194. 02 194. 02 07952 PHYSI CI AN CLINICS 27, 594 0 0 5, 304, 528 0 194. 02 194. 04 07954 MOB - MAI N CAMPUS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	0	0	0		
76. 00			0	)   0	0	0		
OUTPATIENT SERVICE COST CENTERS   90.00   09000  CLINIC   760   0   0   74,115   0   90.00	76.00	03140 CARDI OLOGY	6, 047	_				1
90. 00	76. 97		703	0	0	68, 264	0	76. 97
90. 01	00 00		760	0		7/ 115	1 0	00 00
91. 00   09100   EMERGENCY   09200   OBSERVATION BEDS (NON-DISTINCT PART)   0   0   1,676,683   0   91. 00   92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   92. 00   OTHER REIMBURSABLE COST CENTERS   95. 00   O9500   AMBULANCE SERVI CES   4,732   0   0   1,671,054   0   95. 00   O10. 00   O10100   HOME HEALTH AGENCY   0   2,748   0   1,038,465   0   101. 00   O10200   OPI OI D TREATMENT PROGRAM   0   0   0   0   O   O   O2. 00   O2.				0				
OTHER REIMBURSABLE COST CENTERS   4,732				0	•		l .	
95. 00	92.00							92.00
101. 00	95 00		A 732	Γ 0	1 0	1 671 054	1 0	95.00
102.00   10200   OPI OI D TREATMENT PROGRAM   O   O   O   O   O   O   O   O   O			1					
113. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 118. 00 SUBTOTALS (SUM OF LINES 1 through 117) SUBTOTALS (SUM OF LINES 1 through 117)  NONREI MBURSABLE COST CENTERS  190. 00 1900 OG IFT, FLOWER, COFFEE SHOP, & CANTEEN 194. 00 1950 OTHER NON-REI MBURSABLE 194. 01 1950 OFTHER NON-REI MBURSABLE 1950 OFTHER NON-REI MBURSABLE 1960 OFTHER NON-REI MBURSABLE 1970 OFTHER NON-REI MBURSABLE 1970 OFTHER NON-REI MBURSABLE 1980 OFTHER NON-REI MBURSABLE 1994. 01 1995 OFTHER NON-REI MBURSABLE 1996 OFTHER NON-REI MBURSABLE 1997 OFTHER NON-REI MBURSABLE 1998 OFTHE	102.00		0		1	0	0	102.00
116. 00	110.00				1		I	1112 00
118.00   SUBTOTALS (SUM OF LINES 1 through 117)   244,962   3,492   0   36,052,561   -26,238,976   118.00   NONREI MBURSABLE COST CENTERS			0	744	_	158 569	l .	
NONRE   MBURSABLE   COST   CENTERS     190. 00   19000   G  FT, FLOWER, COFFEE   SHOP, & CANTEEN   752   0   0   0   0   190. 00   190. 00   194. 00   194. 00   194. 01   194			244, 962		l .		l .	
194. 00   07950   OTHER NON-REIMBURSABLE		NONREI MBURSABLE COST CENTERS						
194. 01     07951     MOB     52, 635     0     0     3, 076, 111     0 194. 01       194. 02     07952     PHYSI CI AN CLI NI CS     27, 594     0     0     5, 304, 528     0 194. 02       194. 03     07953     PHYS PRAC BUS OFC     989     0     0     727, 310     0 194. 03       194. 04     07954     MOB - MAI N CAMPUS     0     0     359, 521     0 194. 04			1	-				
194. 02     07952     PHYSI CI AN CLI NI CS     27, 594     0     0     5, 304, 528     0 194. 02       194. 03     07953     PHYS PRAC BUS OFC     989     0     0     727, 310     0 194. 03       194. 04     07954     MOB - MAI N CAMPUS     0     0     0     359, 521     0 194. 04			_	_	1			
194. 03   07953   PHYS   PRAC   BUS   0FC   989   0   0   727, 310   0   194. 03   194. 04   07954   MOB - MAI N   CAMPUS   0   0   0   359, 521   0   194. 04				ő	Ö			
	194. 03	07953 PHYS PRAC BUS OFC	989	0	0	727, 310	0	
174. 00 0/7500  01800 LOUT - 18018KE1 MIDUKSADLE   U  U  U  U  U  U  194. 05				0	0			
	194. 05	U/755  UNCULUUI - NUNKEI MBUKSABLE	1 0	<u> </u>	<u>'I</u>	1 0	1 0	1194. 05

Health Financial Systems	KINGS DAUGHTERS HOSPITAL	In Lieu of Form CMS-2552-10
COST ALLOCATION - STATISTICAL BASIS	Provi der CCN: 15-0069	Period: Worksheet B-1

				T	o 12/31/2022	Date/Time Pre 5/24/2023 10:	
		CAPI	TAL RELATED CO	OSTS			
	Cost Center Description	NEW BLDG &	NEW BLDG &	NEW MVBLE	EMPLOYEE	Reconciliatio	
		FLXT	FIXT HHA/HO	EQUI P	BENEFI TS	n	
		(SQUARE	(SQUARE	(SQUARE	DEPARTMENT		
		FEET)	FEET)	FEET)	(GROSS		
					SALARI ES)		
		1. 00	1. 01	2. 00	4. 00	5A	
•	KDH - MC FAMILY PRACTICE	43, 146	0	0	2, 633, 663	_	194. 06
•	KDH - MC ORTHOPEDICS	0	0	0	2, 495, 829	_	194. 07
	KDH - MC GENERAL SURGERY	0	0	0	1, 392, 208	_	194. 08
•	KDH - MC ENT	0	0	0	627, 871	_	194. 09
	KDH - MC UROLOGY	0	0	0	84, 625		194. 10
	KDH - MC OB/GYN	0	0	0	1, 523, 381		194. 11
200. 00	Cross Foot Adjustments						200.00
201. 00	Negative Cost Centers			_			201.00
202. 00	Cost to be allocated (per Wkst. B,	12, 882, 568	3, 643	0	13, 172, 254		202. 00
	Part I)	0.4.04.04.0	4 040040		0.040450		
203.00	Unit cost multiplier (Wkst. B, Part I)	34. 810413	1. 043242	0. 000000	0. 242453		203.00
204. 00	Cost to be allocated (per Wkst. B,				0		204.00
205 00	Part II)				0 000000		205. 00
205. 00	Unit cost multiplier (Wkst. B, Part				0. 000000		205.00
206. 00	NAHE adjustment amount to be allocated						206. 00
200.00	(per Wkst. B-2)						200.00
207. 00	NAHE unit cost multiplier (Wkst. D,						207. 00
	Parts III and IV)						

Heal th Financial Systems KINGS DAUGHTERS HOSPITAL In Lieu of Form CMS-2552-10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0069
Period: From 01/01/2022
To 12/31/2022 Date/Time Prepared: 5/24/2023 10: 28 am

			To	12/31/2022	Date/Time Pre 5/24/2023 10:	pared: 28 am
Cost Center Description	ADMINISTRATIV E & GENERAL (ACCUM.	OPERATION OF PLANT (SQUARE	LAUNDRY & LINEN SERVICE (POUNDS OF	HOUSEKEEPI NG (HOURS OF SERVI CE)	DI ETARY (MEALS SERVED)	20 am
	COST) 5. 00	FEET) 7. 00	LAUNDRY) 8.00	9. 00	10.00	
GENERAL SERVICE COST CENTERS	0.00	7.00	0.00	7, 00	10100	
1.00   00100   NEW CAP REL COSTS-BLDG & FIXT   1.01   00101   NEW CAP REL COSTS-BLDG & FIXT   HHA/HO   2.00   00200   NEW CAP REL COSTS-MVBLE EQUIP						1.00 1.01 2.00
4.00   00400   EMPLOYEE BENEFITS DEPARTMENT 5.00   00500   ADMINISTRATIVE & GENERAL 7.00   00700   OPERATION OF PLANT 8.00   00800   LAUNDRY & LINEN SERVICE	109, 164, 689 5, 875, 406 406, 133	288, 941 1, 906	351, 607			4. 00 5. 00 7. 00 8. 00
9. 00 00900 HOUSEKEEPI NG 10. 00 01000 DI ETARY 11. 00 01100 CAFETERI A	1, 510, 601 658, 084 720, 962	3, 341 6, 293 2, 545	0 0	3, 077 12 0	44, 492 0	9. 00 10. 00 11. 00
13. 00   01300   NURSI NG   ADMI NI STRATI ON 14. 00   01400   CENTRAL   SERVI CES & SUPPLY 15. 00   01500   PHARMACY	737, 110 202, 852 1, 758, 128	2, 038 3, 096 2, 301	0 0	0 28 37	0 0 0	13. 00 14. 00 15. 00
16. 00   01600   MEDI CAL RECORDS & LI BRARY 19. 00   01900   NONPHYSI CI AN ANESTHETI STS 23. 00   02300   RADI OLOGY SCHOOL   I NPATI ENT ROUTI NE SERVI CE COST CENTERS	1, 160, 989 0 182, 058	292 0 661	0 0	0 0 23	0 0	16. 00 19. 00 23. 00
30. 00   03000   ADULTS & PEDIATRICS 31. 00   03100   INTENSIVE CARE UNIT	7, 021, 114 1, 955, 802	38, 288 1, 674		1, 012 156	41, 705 2, 787	30. 00 31. 00
43. 00 04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	822, 871	1, 955	7, 063	6	0	43.00
50. 00   05000   0PERATING ROOM 51. 00   05100   RECOVERY ROOM	6, 339, 015 542, 598	18, 436 1, 375		279 0	0	50. 00 51. 00
52. 00   05200   DELIVERY ROOM & LABOR ROOM 53. 00   05300   ANESTHESI OLOGY	933, 844 433, 273	0 130	8, 738 0	34 0	0	52. 00 53. 00
54. 00   05400   RADI OLOGY-DI AGNOSTI C 54. 01   03630   ULTRA SOUND	3, 623, 731 224, 055	10, 841 0	23, 154 2, 518	33 17	0	54. 00 54. 01
54. 02 03450 NUCLEAR MEDICINE - DIAGNOSTIC 55. 00 05500 RADIOLOGY - THERAPEUTIC	175, 537 0	483 0	975 0	0	0	54. 02 55. 00
55. 01   03480   0NCOLOGY 57. 00   05700   CT   SCAN	2, 293, 805 554, 614	12, 247 895	11, 781 12, 758	144 72	0	55. 01 57. 00
58.00   05800   MAGNETIC RESONANCE IMAGING (MRI) 59.00   05900   CARDIAC CATHETERIZATION	409, 757 0	1, 080 0	0	0 0	0	58. 00 59. 00
60. 00   06000   LABORATORY 62. 00   06200   WHOLE BLOOD & PACKED RED BLOOD CELLS	3, 724, 601 312, 384	6, 239 279		45 0	0	60. 00 62. 00
65. 00   06500   RESPI RATORY   THERAPY 66. 00   06600   PHYSI CAL   THERAPY	1, 040, 385 2, 118, 558	1, 197 12, 401	0 10, 184	0 56	0	65. 00 66. 00
67. 00   06700   0CCUPATI ONAL THERAPY 68. 00   06800   SPEECH PATHOLOGY	363, 188 196, 628	1, 420 336	0	0	0	67. 00 68. 00
69. 00   06900   ELECTROCARDI OLOGY 69. 01   03610   SLEEP LAB	306, 994	0 839	0 828	0 2	0	69. 00 69. 01
71.00 O7100 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.01 O7101 IV SOLUTIONS	3, 635, 015	0	0	0	0	71.00
72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS 73. 00   07300   DRUGS CHARGED TO PATIENTS	4, 007, 721 12, 355, 730	0	0	0	0	72.00
76. 00   03140   CARDI OLOGY 76. 97   07697   CARDI AC   REHABI LI TATI ON   OUTPATI ENT   SERVI CE   COST   CENTERS	1, 057, 474 113, 393	6, 047 703		53 28	0	76. 00 76. 97
90. 00   09000  CLINI C 90. 01   09001  WOUND CARE CLINI C	119, 202 423, 542	760 1, 624		11 42	0	90. 00 90. 01
91.00   09100   EMERGENCY 92.00   09200   OBSERVATION BEDS (NON-DISTINCT PART)	5, 939, 736	13, 879		373	0	91. 00 92. 00
OTHER REIMBURSABLE COST CENTERS  95.00   09500   AMBULANCE SERVI CES	2, 313, 304	4, 732	5, 313	O	0	95.00
101. 00 10100 HOME HEALTH AGENCY 102. 00 10200 OPI OI D TREATMENT PROGRAM	1, 377, 759	2, 748 0	0	0	0	101.00 102.00
SPECIAL PURPOSE COST CENTERS  113. 00   11300   I NTEREST EXPENSE						113. 00
116.00 11600 HOSPI CE 118.00 SUBTOTALS (SUM OF LINES 1 through 117)	258, 919 78, 206, 872	744 163, 825		0 2, 463	0 44, 492	116. 00
NONREI MBURSABLE COST CENTERS  190. 00   19000   GI FT, FLOWER, COFFEE SHOP, & CANTEEN	26, 177	752	0	0	0	190. 00
194. 00 07950  OTHER NON-REIMBURSABLE 194. 01 07951  MOB	182, 106 5, 934, 177	0 52, 635	785	0 0	0	194. 00 194. 01
194.02 07952 PHYSICIAN CLINICS 194.03 07953 PHYS PRAC BUS OFC	8, 931, 904 1, 527, 048	27, 594 989		203 0	0	194. 02 194. 03
194.04 07954 MOB - MAIN CAMPUS 194.05 07955 ONCOLOGY - NONREIMBURSABLE	439, 182 0	0	0	42 0	0	194. 04 194. 05
194.06 07956 KDH - MC FAMILY PRACTICE 194.07 07957 KDH - MC ORTHOPEDICS	4, 796, 296 3, 666, 466	43, 146 0	500	116 69	0	194. 06 194. 07
194.08 07958 KDH - MC GENERAL SURGERY	1, 892, 840	0	792	58	0	194. 08

Health Financial Systems	KINGS DAUGHTERS HOSPITAL	In Lieu of Form CMS-2552-10
COST ALLOCATION - STATISTICAL BASIS	Provi der CCN: 15-0069	Peri od: Worksheet B-1
		From 01/01/2022

Cost Center Description   ADMINISTRATIV   OPERATION OF   LAUNDRY & HOUSEKEEPING   DIET   DIET	LS
F O CENEDAL DIANT LINEN CEDVICE (HOUDE OF ME	
E & GENERAL   PLANT   LINEN SERVICE   (HOURS OF   (ME/	
(ACCUM.   (SQUARE   (POUNDS OF   SERVICE)   SERV	<u>-</u> D)
COST) FEET) LAUNDRY)	
5.00 7.00 8.00 9.00 10.	00
194. 09 07959 KDH - MC ENT   733, 095  0  0  32	0 194. 09
194. 10 07960 KDH - MC UROLOGY 422, 491  0  0  39	0 194. 10
194. 11 07961 KDH - MC 0B/GYN 2, 406, 035  0  1, 950  55	0 194. 11
200.00 Cross Foot Adjustments	200.00
201.00 Negative Cost Centers	201.00
202.00   Cost to be allocated (per Wkst. B,   26,238,976   7,287,624   551,825   1,957,957	82, 619 202. 00
Part I)	
203.00   Unit cost multiplier (Wkst. B, Part I)   0.240361   25.221841   1.569437   636.320117   22.	085296 203. 00
204.00   Cost to be allocated (per Wkst. B, 3,011,355 1,585,575 88,011 176,306 2	72, 436 204. 00
Part II)	
205.00 Unit cost multiplier (Wkst. B, Part   0.027585   5.487539   0.250311   57.298018   6.	123258 205. 00
206.00 NAHE adjustment amount to be allocated	206. 00
(per Wkst. B-2)	
207.00 NAHE unit cost multiplier (Wkst. D,	207. 00
Parts III and IV)	

In Lieu of Form CMS-2552-10 Health Financial Systems KINGS DAUGHTERS HOSPITAL COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0069 Peri od: Worksheet B-1 From 01/01/2022 12/31/2022 Date/Time Prepared: 5/24/2023 10:28 am Cost Center Description CAFETERI A NURSI NG CENTRAL PHARMACY MEDI CAL ADMI NI STRATI O SERVICES & (COSTED RECORDS & (MEALS SERVED) Ν **SUPPLY** REQUIS.) LI BRARY (DI RECT (COSTED (GROSS NRSING HRS) REQUIS.) CHARGES) 11. 00 13. 00 14.00 15.00 16.00 GENERAL SERVICE COST CENTERS 00100 NEW CAP REL COSTS-BLDG & FIXT 1.00 1.00 00101 NEW CAP REL COSTS-BLDG & FIXT HHA/HO 1.01 1 01 2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP 2.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 00500 ADMINISTRATIVE & GENERAL 5.00 5.00 00700 OPERATION OF PLANT 7.00 7 00 8.00 00800 LAUNDRY & LINEN SERVICE 8.00 9.00 00900 HOUSEKEEPI NG 9.00 01000 DI ETARY 10.00 10.00 11.00 01100 CAFETERI A 768, 290 11.00 13.00 01300 NURSING ADMINISTRATION 12, 871 340, 594 13.00 01400 CENTRAL SERVICES & SUPPLY 5, 108 9, 547, 908 14.00 14.00 C 22, 747 01500 PHARMACY 15.00 C 22, 695 100 15.00 16.00 01600 MEDICAL RECORDS & LIBRARY 30, 422 6, 484 0 316, 222, 947 16.00 C 01900 NONPHYSICIAN ANESTHETISTS 19.00 C 0 0 19.00 0 02300 RADI OLOGY SCHOOL 23.00 4,646 706 0 0 23.00 INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS 30.00 140, 640 140, 640 178, 093 7, 947, 463 30.00 03100 INTENSIVE CARE UNIT 0 2, 833, 230 31.00 25, 433 25, 433 672 31.00 04300 NURSERY <u>14, 969</u> 43.00 14.969 1, 136, 959 43.00 ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM 77, 518 77, 518 854, 375 30, 711, 657 50.00 5, 489, 325 51 00 05100 RECOVERY ROOM 5.919 5, 919 3, 757 0 51 00 05200 DELIVERY ROOM & LABOR ROOM 0 52.00 18, 519 18, 519 1, 375, 741 52.00 Ω 53.00 05300 ANESTHESI OLOGY 8,869 22, 655 0 6, 734, 009 53.00 05400 RADI OLOGY-DI AGNOSTI C 54.00 59, 657 0 40, 209 0 0 5, 698, 962 54.00 03630 ULTRA SOUND 54 01 3 324 Ω 25 018 1, 611, 345 54 01 03450 NUCLEAR MEDICINE - DIAGNOSTIC 54.02 1, 949 C 3, 262 2, 876, 569 54.02 05500 RADIOLOGY - THERAPEUTIC 55.00 55.00 0 0 0 0 55.01 03480 ONCOLOGY 28, 258 22, 811 6, 789, 172 55.01 05700 CT SCAN 7.345 113, 688 57 00 0 15, 610, 285 57 00 05800 MAGNETIC RESONANCE IMAGING (MRI) 58.00 5,060 0 12, 908 3, 595, 172 58.00 o 05900 CARDI AC CATHETERI ZATI ON 59.00 59.00 34, 841, 116 60.00 06000 LABORATORY 63, 325 0 50, 204 0 0 60.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 2, 381, 724 62.00 Ω C 0 62.00 65.00 06500 RESPIRATORY THERAPY 24, 257 5, 401 6, 225, 800 65.00 66.00 06600 PHYSI CAL THERAPY 38, 638 7,565 0 0 7, 646, 189 66.00 06700 OCCUPATI ONAL THERAPY 1, 347, 312 6,031 67.00 42 67.00 06800 SPEECH PATHOLOGY 68.00 3,626 Ω 709, 619 68 00 69.00 06900 ELECTROCARDI OLOGY 0 0 0 0 0 69.00 03610 SLEEP LAB 1, 353, 930 69.01 5.437 0 555 69.01 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 3, 635, 015 12, 908, 297 71.00 0 0 71.00 71.01 07101 IV SOLUTIONS 0 0 0 0 71.01 72 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 4,007,721 0 17, 682, 058 72.00 98, 094, 703 07300 DRUGS CHARGED TO PATIENTS 0 100 73.00 73.00 0 142, 137 03140 CARDI OLOGY 76.00 17.298 C 7, 976 0 10, 189, 179 76.00 07697 CARDIAC REHABILITATION 563 632, 630 76.97 3, 425 76.97 OUTPATIENT SERVICE COST CENTERS 40, 227 90.00 09000 CLINIC 2.053 86 0 90.00 90.01 09001 WOUND CARE CLINIC 7, 761 4.804 0 1, 515, 571 90.01 91.00 09100 EMERGENCY 57, 596 57, 596 61, 431 0 22, 655, 351 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 95. 00 09500 AMBULANCE SERVICES 65, 589 0 8,056 0 5, 589, 352 95.00 101.00 10100 HOME HEALTH AGENCY 0 101.00 26, 992 0 102.00 10200 OPI OID TREATMENT PROGRAM 0 0 102.00 0 0 0 SPECIAL PURPOSE COST CENTERS 113.00 11300 INTEREST EXPENSE 113 00 116. 00 11600 HOSPI CE 41,716 0 116.00 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 768, 290 340, 594 9, 307, 597 100 316, 222, 947 118. 00 NONREIMBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN 0 0 0 190. 00 C 194. 00 07950 OTHER NON-REIMBURSABLE 0 0 0 0 0 194.00 194. 01 07951 MOB 0 0 20, 578 0 194. 01 Ω 194. 02 07952 PHYSICIAN CLINICS 0 0 81, 298 0 0 194. 02 194. 03 07953 PHYS PRAC BUS OFC o 0 194.03 0 0 0 10,645 194. 04 07954 MOB - MAIN CAMPUS 0 0 0 194. 04 5, 363

0

0 194.05

0 194.06

0 194. 07

0

0

0

22, 708

33, 423

194. 05 07955 ONCOLOGY - NONREI MBURSABLE

194.06 07956 KDH - MC FAMILY PRACTICE

194. 07 07957 KDH - MC ORTHOPEDICS

| Peri od: | Worksheet B-1 | From 01/01/2022 | To 12/31/2022 | Date/Time Prepared:

				''	0 12/31/2022	5/24/2023 10:	
	Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	
		(MEALS	ADMI NI STRATI O	SERVICES &	(COSTED	RECORDS &	
		SERVED)	N	SUPPLY	REQUIS.)	LI BRARY	
			(DI RECT	(COSTED		(GROSS	
			NRSI NG HRS)	REQUIS.)		CHARGES)	
		11. 00	13. 00	14. 00	15. 00	16. 00	
194. 08 07958	KDH - MC GENERAL SURGERY	0	0	25, 223	0	0	194. 08
194. 09 07959	KDH - MC ENT	0	0	6, 609	0	0	194. 09
•	KDH - MC UROLOGY	0	0	9, 837	0		194. 10
194. 11 07961	KDH - MC OB/GYN	0	0	24, 627	0	0	194. 11
200. 00	Cross Foot Adjustments						200. 00
201. 00	Negative Cost Centers						201. 00
202. 00	Cost to be allocated (per Wkst. B,	958, 443	981, 741	353, 886	2, 291, 510	1, 485, 602	202. 00
	Part I)						
203. 00	Unit cost multiplier (Wkst. B, Part I)	1. 247502			22, 915. 100000		
204. 00	Cost to be allocated (per Wkst. B,	122, 447	104, 512	132, 776	147, 285	48, 732	204. 00
	Part II)						
205. 00	Unit cost multiplier (Wkst. B, Part	0. 159376	0. 306852	0. 013906	1, 472. 850000	0. 000154	205. 00
	[11]						
206. 00	NAHE adjustment amount to be allocated						206. 00
	(per Wkst. B-2)						
207. 00	NAHE unit cost multiplier (Wkst. D,						207. 00
	Parts III and IV)						

In Lieu of Form CMS-2552-10 Health Financial Systems KINGS DAUGHTERS HOSPITAL

COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0069 Peri od: Worksheet B-1 From 01/01/2022 12/31/2022 Date/Time Prepared: 5/24/2023 10:28 am Cost Center Description NONPHYSI CI AN RADI OLOGY **ANESTHETI STS** SCH00L (ASSI GNED (ASSI GNED TIME) TIME) 19.00 23.00 GENERAL SERVICE COST CENTERS 00100 NEW CAP REL COSTS-BLDG & FIXT 1.00 00101 NEW CAP REL COSTS-BLDG & FIXT HHA/HO 1 01 1 01 00200 NEW CAP REL COSTS-MVBLE EQUIP 2.00 2.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 5.00 00500 ADMINISTRATIVE & GENERAL 5.00 00700 OPERATION OF PLANT 7.00 7 00 8.00 00800 LAUNDRY & LINEN SERVICE 8.00 9 00 00900 HOUSEKEEPI NG 9 00 01000 DI ETARY 10.00 10.00 01100 CAFETERI A 11.00 11.00 13.00 01300 NURSING ADMINISTRATION 13.00 14.00 01400 CENTRAL SERVICES & SUPPLY 14.00 01500 PHARMACY 15.00 15.00 01600 MEDICAL RECORDS & LIBRARY 16.00 16.00 01900 NONPHYSICIAN ANESTHETISTS 19.00 19.00 02300 RADI OLOGY SCHOOL 23.00 100 23.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 0 0 30.00 03100 INTENSIVE CARE UNIT 0 31.00 0 31.00 04300 NURSERY 0 43.00 43.00 0 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0 0 50.00 05100 RECOVERY ROOM 51.00 0000000000000000000000000 0 51.00 05200 DELIVERY ROOM & LABOR ROOM 52.00 0 52 00 05300 ANESTHESI OLOGY 53.00 Ω 53.00 54. 00 05400 RADI OLOGY-DI AGNOSTI C 100 54.00 54.01 03630 ULTRA SOUND 0 54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC 54.02 0 54.02 55.00 05500 RADI OLOGY - THERAPEUTI C 0 55.00 03480 ONCOLOGY 55.01 0 55.01 57 00 05700 CT SCAN 0 57 00 05800 MAGNETIC RESONANCE IMAGING (MRI) 58.00 0 58.00 59.00 05900 CARDIAC CATHETERIZATION 0 59.00 06000 LABORATORY 60.00 0 60.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 0 62 00 62 00 06500 RESPIRATORY THERAPY 65.00 0 65.00 06600 PHYSI CAL THERAPY 66.00 66.00 67.00 06700 OCCUPATI ONAL THERAPY 0 67.00 06800 SPEECH PATHOLOGY 0 68 00 68 00 69.00 06900 ELECTROCARDI OLOGY 0 69.00 69.01 03610 SLEEP LAB 0 69.01 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.00 0 71.00 71.01 07101 IV SOLUTIONS 0 71.01 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0 73.00 0 03140 CARDI OLOGY 0 76.00 76.00 07697 CARDIAC REHABILITATION 76.97 0 0 76.97 OUTPATIENT SERVICE COST CENTERS 0 90.00 09000 CLI NI C 0 90.00 09001 WOUND CARE CLINIC 90.01 0 0 90.01 91.00 09100 EMERGENCY 0 Ω 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 OTHER REIMBURSABLE COST CENTERS 95. 00 09500 AMBULANCE SERVICES 0 0 95.00 101.00 10100 HOME HEALTH AGENCY 0 101.00 0 102.00 10200 OPI OI D TREATMENT PROGRAM 0 0 102.00 SPECIAL PURPOSE COST CENTERS 113.00 11300 INTEREST EXPENSE 113.00 116. 00 11600 HOSPI CE 116.00 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 0 100 118.00 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN 190.00 0 0 194. 00 07950 OTHER NON-REI MBURSABLE 194.00 00000000 0 194. 01 07951 MOB 0 194.01 194. 02 07952 PHYSICIAN CLINICS 194. 02 0 194. 03 07953 PHYS PRAC BUS OFC 0 194.03 194. 04 07954 MOB - MAIN CAMPUS 0 194.04 194. 05 07955 ONCOLOGY - NONREI MBURSABLE 0 194. 05 194.06 07956 KDH - MC FAMILY PRACTICE 0 194.06 194. 07 07957 KDH - MC ORTHOPEDICS 194.07 0 194.08 07958 KDH - MC GENERAL SURGERY 194.08

Health Financial Systems	KINGS DAUGHTERS HOSPITAL	In Lieu of Form CMS-2552-10
COST ALLOCATION - STATISTICAL BASIS	Provi der CCN: 15-0069	Peri od: Worksheet B-1
		From 01/01/2022

				10	4/2023 10:28 am
	Cost Center Description	NONPHYSI CI AN ANESTHETI STS (ASSI GNED TI ME) 19.00	RADI OLOGY SCHOOL (ASSI GNED TIME) 23.00		
194. 09 07959	KDH - MC ENT	0	0		194. 09
194. 10 07960	KDH - MC UROLOGY	0	0		194. 10
194. 11 07961	KDH - MC OB/GYN	0	0		194. 11
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)	0	262, 947		202. 00
203. 00	Unit cost multiplier (Wkst. B, Part I)	0. 000000	2, 629. 470000		203.00
204. 00	Cost to be allocated (per Wkst. B, Part II)	0	33, 727		204. 00
205. 00	Unit cost multiplier (Wkst. B, Part	0. 000000	337. 270000		205. 00
206. 00	NAHE adjustment amount to be allocated (per Wkst. B-2)		0		206. 00
207. 00	NÄHE unit cost multiplier (Wkst. D, Parts III and IV)		0. 000000		207. 00

MPATIENT ROUTINE SERVICE COST CENTERS   1.00   2.00   3.00   4.00   5.00   1.00   5.					To 12/31/2022		pared:
Total Cost			Ti +Lo	YVLLL	Hospi tal		28 am
NAME   COST CENTER   DISTRICT ROUTH & SERVICE COST CENTERS   DISTRICT ROUTH & SERVICE ROUTH & SERVIC			11110	: AVIII		FF3	
INPATIENT ROUTINE SERVICE COST CENTERS   1.00   2.00   3.00   4.00   5.00	Cost Center Description	(from Wkst.		Total Costs	RCE	Total Costs	
INPATIENT ROUTINE SERVICE COST CENTERS   12,059,726   12,059,726   0, 12,059,726   0, 31,00   0,300   0,001   0,000   0,001   0,000		col. 26)					
30.00   03000   ADULTS & PEDI ATRIC S   12, 059, 726   12, 059, 726   30, 00   310, 00   1700   NITERS IVE CARE UNIT		1. 00	2. 00	3. 00	4. 00	5. 00	
33.00	INPATIENT ROUTINE SERVICE COST CENTERS						
ABOOL   ABOO	30. 00 03000 ADULTS & PEDIATRICS	12, 059, 726		12, 059, 726	0	12, 059, 726	30.00
ANCILLARY SERVICE COST CENTERS   50.00   SO0.00   OPERATIN ROOM   9,087,595   50.00   ST. 00   ST. 00   OS. 00   OPERATIN ROOM   1,776,598   50.00   ST. 00   OS. 0	31.00 03100 INTENSIVE CARE UNIT	2, 747, 313		2, 747, 313	s o	2, 747, 313	31.00
SOLID   GOODO   GENTING ROOM   9,087,595   9,087,595   0   9,087,595   51.00   51.00   51.00   62.00   RCDVERY ROOM   771,853   771,853   771,853   771,853   51.00   52.00   052.00	43. 00 04300 NURSERY	1, 152, 031		1, 152, 031	ıl o	1, 152, 031	43.00
15.0   0510   RECOVERY ROOM   ALABOR ROOM   7771, 853   771, 853   771, 853   0   771, 853   1.00	ANCILLARY SERVICE COST CENTERS						
15.0   0510   RECOVERY ROOM   ALABOR ROOM   7771, 853   771, 853   771, 853   0   771, 853   1.00		9, 087, 595		9, 087, 595	0	9, 087, 595	50.00
1.276, 598   1.276, 598   1.276, 598   0   1.276, 598   2.20   63.00   55.00   55.00	51. 00 05100 RECOVERY ROOM	771, 853					51.00
S3.0   0   0   0   0   0   0   0   0   0		•					
54.00   05400   RADIOLOGY-DI AGNOSTIC   5,191,136   30,5322   0   305,322   30,532   30,552							1
54.01   03430   ULTRA SOUND		1					1
54. Q2 03450 NUCLEAR MEDIC INE - DI AGNOSTIC 247, 507 0 247, 507 55, 00 555, 00 05500 (ADD IOLOGY - THERAPEUTI C 0 0 0 0 0 0 55, 00 0 55, 00 0500 (ADD IOLOGY - THERAPEUTI C 0 0 0 0 0 0 55, 00 0 55, 00 0 0500 (ADD IOLOGY - THERAPEUTI C 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
55. 00   05500   RADIOLOGY - THERAPEUTIC   0   3, 332, 151   3, 332, 151   3, 332, 151   3, 332, 151   3, 332, 151   3, 332, 151   3, 332, 375   55. 00   55		1					1
55. 01   0348D   0MCOLOCY   3, 332, 151   3, 332, 151   1, 776   3, 333, 927   55. 01   05700   CT SCAN   863, 048   863, 048   863, 048   57. 00   05800   MAGNETIC RESONANCE IMAGING (MRI)   563, 158   563, 158   0   563, 158   58. 00   05900   CARDIAC CATHETERI ZATION   0   0   0   0   0   0   0   0   0		1				·	1
57. 00   05700   CT SCAN   863, 048   863, 048   0   863, 048   57. 00		3 332 151			-	-	
58. 00   05800   MAGNETIC RESONANCE IMAGING (MRI)   563, 158   0   0   504, 158   58. 00   05900   CARDIAC CATHETERIZATION   0   0   0   0   0   0   59. 00   06. 00   06000   LABORATORY   5,050, 386   49,295   5,099, 681   60. 00   60. 00   06000   LABORATORY   5,050, 386   405,695   405,695   405,695   405,695   62. 00   66. 00   066500   RESPIRATORY THERAPY   1,380,354   0							1
59,00   05900   CARDIAC CATHETERIZATION   0   0   0   0   59,00		•				·	
60. 00 0000 LABORATORY		1					1
62.00   06200   WHOLE BLOOD & PACKED RED BLOOD CELLS   405, 695   405, 695   0 405, 695   62.00   65.00   06500   RESPIRATORY THERAPY   3, 076, 573   0 3, 076, 574   0 3, 076		1				-	
65. 00   06500   RESPIRATORY THERAPY   1, 380, 354   0   1, 380, 354   0   1, 380, 354   65. 00   66. 00   06600   PHYSI CAL THERAPY   3, 076, 573   0   3, 076, 573   0   3, 076, 573   0   67. 00   06700   05000   06700   05000   05000   05000   05000   68. 00   06800   SPEECH PATHOLOGY   260, 222   0   260, 222   0   260, 222   0   69. 00   06900   ELECTROCARDIOLOGY   0   0   0   0   69. 01   03610   SLEEP LAB   417, 681   417, 681   384   418, 065   69. 01   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   4, 704, 102   4, 704, 102   0   4, 704, 102   71. 00   71. 01   07101   IV SOLUTIONS   0   0   0   0   0   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   5, 202, 634   5, 202, 634   0   5, 202, 634   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   18, 083, 219   18, 083, 219   0   18, 083, 219   76. 00   03140   CARDIOLOGY   1, 592, 688   1, 592, 688   0   1, 592, 688   76. 00   76. 97   07697   CARDIAC REHABILITATION   183, 462   183, 462   0   183, 462   00   079000   LINI C   0   176, 776   0   176, 776   0   90. 01   09001   WOUND CARE CLINI C   611, 074   611, 074   0   611, 074   90. 01   91. 00   09000   CLINI C   0   176, 776   0   176, 776   0   0   92. 00   09000   CLINI C   0   176, 776   0   176, 776   0   0   92. 00   09000   CLINI C   0   176, 776   0   176, 776   0   0   91. 00   09000   CLINI C   0   176, 776   0   0   176, 776   0   92. 00   09000   0000							1
66. 00   06600   PHYSICAL THERAPY   3,076,573   0   3,076,573   0   3,076,573   0   60.00   67. 00   06700   OCCUPATI ONAL THERAPY   500,155   0   500,155   0   500,155   0   68. 00   06800   SPEECH PATHOLOGY   260,222   0   260,222   0   260,222   0   260,222   0   260,222   69. 00   06900   ELECTROCARDI OLOGY   0   0   0   0   0   0   0   0   69. 01   03610   SLEEP LAB   417,681   384   418,065   69. 01   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   4,704,102   4,704,102   0   4,704,102   0   0   0   71. 01   07101   IV SOLUTI ONS   0   0   0   0   0   71. 01   07101   IV SOLUTI ONS   0   0   0   0   0   71. 01   07200   IMPL. DEV. CHARGED TO PATI ENTS   5,202,634   5,202,634   0   5,202,634   72. 00   76. 00   03140   CARDI OLOGY   1,592,688   1,592,688   0   1,592,688   76. 00   76. 00   03140   CARDI OLOGY   1,592,688   1,592,688   0   1,592,688   76. 00   76. 00   03140   CARDI OLOGY   1,592,688   1,592,688   0   1,592,688   76. 00   76. 00   07697   CARDI AC REHABILI TATI ON   183,462   0   183,462   0   183,462   76. 90   09000   CLINI C   176,776   0   176,776   0   176,776   0   79. 00   09001   WOUND CARE CLINI C   611,074   611,074   0   611,074   0   611,074   0   79. 00   09001   WOUND CARE CLINI C   611,074   611,074   0   611,074   0   611,074   0   79. 00   09000   OBSERVATI ON BEDS (NON-DI STI NCT PART)   3,450,190   3,450,190   3,450,190   3,450,190   0   70   09000   WOUND LARE ENRYLOGE COST CENTERS   113.00   1100   1000   HOME HEALTH AGENCY   1,779,229   1,77		•	_				1
67. 00   06700   OCCUPATI ONAL THERAPY   500, 155   0   500, 155   0   500, 155   67. 00   68. 00   06800   SPECCH PATHOLOGY   260, 222   0   260, 222   0   260, 222   68. 00   69. 00   06900   ELECTROCARDI OLOGY   0   0   0   0   0   0   69. 01   03610   SLEEP LAB   417, 681   417, 681   384   418, 065   69. 01   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   4, 704, 102   4, 704, 102   0   4, 704, 102   71. 00   71. 01   07101   IV SOLUTI ONS   0   0   0   0   0   72. 00   07200   IMPL DEV. CHARGED TO PATIENTS   5, 202, 634   5, 202, 634   0   5, 202, 634   73. 00   07300   DRUGS CHARGED TO PATIENTS   18, 083, 219   18, 083, 219   0   18, 083, 219   76. 00   03140   CARBI OLOGY   1, 592, 688   1, 592, 688   0   1, 592, 688   76. 97   76. 90   03140   CARBI OLOGY   183, 462   183, 462   0   183, 462   76. 97   09000   CLURI NC   09000   WOUND CARE CLINIC   611, 074   611, 074   0   611, 074   90. 01   79. 00   09000   WOUND CARE CLINIC   611, 074   611, 074   0   611, 074   90. 01   79. 00   09000   BMERGENCY   8, 387, 863   8, 387, 863   675, 761   9, 063, 624   91. 00   79. 00   09000   OSERIVATI ON BEDS (NON-DI STI NCT PART)   3, 450, 190   3, 450, 190   79. 00   09000   OHIOR HEALTH AGENCY   1, 779, 229   1, 779, 229   11. 00   79. 00   10200   OPI OL TREATMENT PROGRAM   0   0   0   0   70   01000   ONE HEALTH AGENCY   1, 779, 229   1, 779, 229   11. 00   79. 00   10300   ONE HEALTH AGENCY   1, 779, 229   1, 779, 229   11. 00   79. 00   10300   ONE HEALTH AGENCY   1, 779, 229   1, 779, 229   11. 00   79. 00   10300   ONE HEALTH AGENCY   1, 779, 229   1, 779, 229   1, 779, 229   11. 00   79. 00   10300   ONE HEALTH AGENCY   1, 779, 229   1, 779, 229   1, 779, 229   10. 00   79. 01   10300   ONE HEALTH AGENCY   1, 779, 229   1, 779, 229   1, 779, 229   1, 779, 237, 850   79. 00   10300   ONE HEALTH AGENCY   3, 41, 464   341, 464   341, 464   341, 464   341, 464   341, 464   341, 464   341, 464   341, 464   341, 464   341, 464   341, 464   341, 464   341, 464   341, 464   341, 464   341, 464   341,							1
68.00   06800   SPEECH PATHOLOGY   260, 222   0   260, 222   0   260, 222   0   69.00   69.01   06900   ELECTROCARDI OLOGY   0   0   0   0   69.00   69.01   03610   SLEEP LAB   417, 681   417, 681   384   418, 065   69.01   71.00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   4, 704, 102   4, 704, 102   0   4, 704, 102   0   71.01   07101   IV SOLUTI ONS   0   0   0   0   72.00   07200   IMPL. DEV. CHARGED TO PATIENTS   5, 202, 634   5, 202, 634   0   5, 202, 634   73.00   07300   DRUGS CHARGED TO PATIENTS   18, 083, 219   18, 083, 219   0   18, 083, 219   76.00   03140   CARDI OLOGY   1, 592, 688   1, 592, 688   0   1, 592, 688   76.00   76.97   07697   CARDI AC REHABILITATION   183, 462   183, 462   0   183, 462   76.90   0010   09000   CLI NI C   176, 776   0   176, 776   0   79.01   09000   CLI NI C   09000   CLI NI C   611, 074   611, 074   611, 074   79.00   09100   EMERGENCY   8, 387, 863   8, 387, 863   675, 761   9, 063, 649   41.00   79.00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART)   3, 450, 190   3, 450, 190   70.01   09000   PODI DI TREATMENT PROGRAM   0   0   0   70.02   09000   OPI OLD TREATMENT PROGRAM   0   0   0   70.03   0000   OPI OLD TREATMENT PROGRAM   0   0   0   70.04   0000   OPI OLD TREATMENT PROGRAM   0   0   0   70.05   0000   OPI OLD TREATMENT PROGRAM   0   0   0   70.00   0000   OPI OLD TREATMENT PROGRAM   0   0   0   70.00   0000   OPI OLD TREATMENT PROGRAM   0   0   0   70.00   0000   OPI OLD TREATMENT PROGRAM   0   0   0   70.00   0000   OPI OLD TREATMENT PROGRAM   0   0   0   70.00   0000   OPI OLD TREATMENT PROGRAM   0   0   0   70.00   0000   OPI OLD TREATMENT PROGRAM   0   0   0   70.00   0000   OPI OLD TREATMENT PROGRAM   0   0   0   70.00   0000   OPI OLD TREATMENT PROGRAM   0   0   0   70.00   0000   OPI OLD TREATMENT PROGRAM   0   0   0   70.00   0000   OPI OLD TREATMENT PROGRAM   0   0   0   70.00   0000   OPI OLD TREATMENT PROGRAM   0   0   0   70.00   0000   0000   0000   0000   0000   0000   0000   0000   0000   0000   0000   0000   0000   0000   0000   0000			-				1
69. 00 06900 ELECTROCARDI OLOGY 0 0 0 0 0 0 69. 00 69. 01 03610 SLEEP LAB 417, 681 417, 681 384 418, 065 69. 01 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 4, 704, 102 4, 704, 102 0 4, 704, 102 71. 00 71. 01 07101 IV SOLUTIONS 0 0 0 0 0 71. 01 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 5, 202, 634 5, 202, 634 0 5, 202, 634 72. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 18, 083, 219 18, 083, 219 0 18, 083, 219 73. 00 76. 00 03140 CARDI OLOGY 1, 592, 688 1, 592, 688 0 1, 592, 688 76. 00 76. 97 07697 CARDI AC REHABI LITATI ON 183, 462 183, 462 0 183, 462 76. 97 0019ATI ENT SERVICE COST CENTERS  90. 00 09000 CLI NI C 176, 776 176, 776 0 176, 776 0 176, 776 0 176, 776 90. 00 90. 01 09001 WOUND CARE CLI NI C 611, 074 611, 074 0 611, 074 90. 01 91. 00 09100 EMERGENCY 8, 387, 863 8, 387, 863 675, 761 9, 063, 624 91. 00 92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) 3, 450, 190 3, 450, 190 0 0THER REI MBURSABLE COST CENTERS  95. 00 09200 AMBULANCE SERVI CES 3, 105, 400 3, 105, 400 171 3, 105, 571 101. 00 10100 HOME HEALTH AGENCY 1, 779, 229 1, 779, 229 1, 779, 229 101. 00 0100 0100 DI TREATMENT PROGRAM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0				1
69. 01 03610 SLEEP LAB 417, 681 417, 681 384 418, 065 69. 01 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 4, 704, 102 0 0 0 0 0 71. 01 72. 00 07200 I MPL. DEV. CHARGED TO PATI ENTS 5, 202, 634 5, 202, 634 0 5, 202, 634 72. 00 73. 00 07300 DRUGS CHARGED TO PATI ENTS 18, 083, 219 18, 083, 219 0 18, 083, 219 73. 00 76. 00 03140 CARDI OLOGY 1, 592, 688 1, 592, 688 0 1, 592, 688 76. 00 76. 97 07697 CARDI AC REHABI LI TATI ON 183, 462 183, 462 0 183, 462 0 183, 462 90. 00 09000 CLI NI C 176, 776 176, 776 0 176, 776 0 176, 776 90. 00 91. 00 09000 DEMERGENCY 8, 387, 863 8, 387, 863 675, 761 9, 063, 624 91. 00 92. 00 09200 DESERVATI ON BEDS (NON-DI STI NCT PART) 3, 450, 190 3, 450, 190 0 10100 HOME HEALTH AGENCY 1, 779, 229 101. 00 101. 00 10100 HOME HEALTH AGENCY 1, 779, 229 17, 779, 229 101. 00 1020 OPI DI TREATMENT PROGRAM 0 0 99. 839, 839, 839, 839, 839, 845, 190 3, 450, 190 0 113. 00 201. 00 Less Observati on Beds 3, 450, 190 3, 450, 190 3, 450, 190 0 200. 00 201. 00 Less Observati on Beds 3, 450, 190 3, 450, 190 3, 450, 190 0 3, 450, 190 0 3, 450, 190 0 101. 00 201. 00 Less Observation Beds 3, 450, 190 3, 450, 190 3, 450, 190 0 3, 450, 190 0 10. 00 201. 00 Less Observation Beds 3, 450, 190 3, 450, 190 3, 450, 190 0 3, 450, 190 0 10. 00 201. 00 Less Observation Beds 3, 450, 190 3, 450, 190 3, 450, 190 0 10. 00 201. 00 Less Observation Beds 3, 450, 190 3, 450, 190 3, 450, 190 0 10. 00 201. 00 Less Observation Beds 3, 450, 190 3, 450, 190 0 10. 00 201. 00 Less Observation Beds 3, 450, 190 3, 450, 190 0 10. 00 201. 00 Less Observation Beds 3, 450, 190 3, 450, 190 0 10. 00 201. 00 Less Observation Beds 3, 450, 190 3, 450, 190 0 10. 00 201. 00 Less Observation Beds 3, 450, 190 0 3, 450, 190 0 10. 00 201. 00 Less Observation Beds 3, 450, 190 0 3, 450, 190 0 10. 00 201. 00 Less Observation Beds 3, 450, 190 0 3, 450, 190 0 10. 00 201. 00 Less Observation Beds 3, 450, 190 0 3, 450, 190 0 10. 00 201. 00 Less Observation Beds 201 00 00 00 00 00 00 00 00 00 00 00 00 0		200, 222	0				1
71. 00		417 (01			-	_	l
71. 01						·	1
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 5, 202, 634 72. 00 733. 00 07300 DRUGS CHARGED TO PATIENTS 18, 083, 219 18, 083, 219 0 18, 083, 219 73. 00 07300 DRUGS CHARGED TO PATIENTS 18, 083, 219 18, 083, 219 0 18, 083, 219 73. 00 073. 00		4, 704, 102					1
73. 00 07300 DRUGS CHARGED TO PATIENTS 18,083,219 18,083,219 0 18,083,219 73. 00 76. 00 03140 CARDI OLOGY 1,592,688 1,592,688 0 1,592,688 76. 00 76. 97 07697 CARDI AC REHABILITATION 183,462 0 183,462 0 183,462 76. 97  90. 00 09700 CLINIC 0 176,776 0 176,776 0 176,776 90. 00  90. 01 09001 WOUND CARE CLINIC 611,074 611,074 0 611,074 90. 01  91. 00 09100 EMERGENCY 8,387,863 8,387,863 8,387,863 675,761 9,063,624 91. 00  92. 00 09200 DRSERVATION BEDS (NON-DISTINCT PART) 3,450,190 3,450,190 92. 00  07500 MBULANCE SERVICES 3,105,400 3,105,400 171 3,105,571 95. 00  101. 00 10100 HOME HEALTH AGENCY 1,779,229 1,779,229 1,779,229 101. 00  102. 00 10200 OPIOID TREATMENT PROGRAM 0 0 0  SPECIAL PURPOSE COST CENTERS  113. 00 11300 INTEREST EXPENSE 113. 00  113. 00 11600 HOSPICE 341,464 341,464 341,464 116. 00  200. 00 Subtotal (see instructions) 96,890,839 0 96,890,839 747,011 97,637,850 200. 00  201. 00 Less Observation Beds 3,450,190 3,450,190 3,450,190 201. 00		5 202 (24			-	_	
76. 00 03140 CARDI OLOGY							1
76. 97							
OUTPATIENT SERVICE COST CENTERS   90.00   09000   CLINIC   176,776   176,776   0   176,776   90.00   90.01   09001   WOUND CARE CLINIC   611,074   611,074   0   611,074   90.01   91.00   09100   EMERGENCY   8,387,863   8,387,863   8,387,863   675,761   9,063,624   91.00   92.00   09200   09SERVATION BEDS (NON-DISTINCT PART)   3,450,190   3,450,190   92.00   0000							
90. 00   09000   CLINIC   176, 776   176, 776   0   176, 776   90. 00   09001   WOUND CARE CLINIC   611, 074   611, 074   0   611, 074   90. 01   91. 00   09100   EMERGENCY   8, 387, 863   8, 387, 863   8, 387, 863   675, 761   9, 063, 624   91. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   3, 450, 190   3, 450, 190   92. 00   OTHER REIMBURSABLE COST CENTERS   95. 00   09500   AMBULANCE SERVICES   3, 105, 400   3, 105, 400   171   3, 105, 571   95. 00   101. 00   10100   HOME HEALTH AGENCY   1, 779, 229   1, 779, 229   1, 779, 229   101. 00   102. 00   ODIOID TREATMENT PROGRAM   0   0   0   0   102. 00   ODIOID TREATMENT PROGRAM   0   0   0   0   102. 00   ODIOID TREATMENT PROGRAM   0   0   0   0   0   0   0   0   0		183, 462		183, 462	2  0	183, 462	76. 97
90. 01   09001   WOUND CARE CLINIC   611, 074   90. 01   91. 00   09100   EMERGENCY   8, 387, 863   8, 387, 863   8, 387, 863   675, 761   9, 063, 624   91. 00   92. 00   O9200   OBSERVATION BEDS (NON-DISTINCT PART)   3, 450, 190   3, 450, 190   92. 00   OTHER REIMBURSABLE COST CENTERS   95. 00   O9500   AMBULANCE SERVI CES   3, 105, 400   3, 105, 400   171   3, 105, 571   95. 00   O9500   AMBULANCE SERVI CES   1, 779, 229   1, 779, 229   101. 00   OUT   1000   OUT   1			1		.11		
91. 00   09100   EMERGENCY   8, 387, 863   8, 387, 863   675, 761   9, 063, 624   91. 00   09200   OBSERVATI ON BEDS (NON-DISTINCT PART)   3, 450, 190   3, 450, 190   92. 00   OTHER REIMBURSABLE COST CENTERS   95. 00   09500   AMBULANCE SERVI CES   3, 105, 400   3, 105, 400   171   3, 105, 571   95. 00   101. 00   10100   HOME HEALTH AGENCY   1, 779, 229   1, 779, 229   101. 00   102.00   OPI OI D TREATMENT PROGRAM   0   0   0   0   102. 00   OSPECIAL PURPOSE COST CENTERS   113. 00   11300   INTEREST EXPENSE   341, 464   341, 464   116. 00   200. 00   Subtotal (see instructions)   96, 890, 839   0   96, 890, 839   747, 011   97, 637, 850   200. 00   201. 00   Less Observation Beds   3, 450, 190   3, 450, 190   201. 00						·	
92. 00   09200   OBSERVATI ON BEDS (NON-DISTINCT PART)   3,450,190   3,450,190   3,450,190   92.00							1
OTHER REI MBURSABLE COST CENTERS  95. 00 09500 AMBULANCE SERVI CES 3, 105, 400 3, 105, 400 171 3, 105, 571 95. 00  101. 00 10100 HOME HEALTH AGENCY 1, 779, 229 1, 779, 229 1, 779, 229 101. 00  102. 00 10200 OPI 0I D TREATMENT PROGRAM 0 0 0 102. 00  SPECI AL PURPOSE COST CENTERS  113. 00 11300 I NTEREST EXPENSE 341, 464 341, 464 116. 00  200. 00 Subtotal (see instructions) 96, 890, 839 0 96, 890, 839 747, 011 97, 637, 850 200. 00  201. 00 Less Observation Beds 3, 450, 190 3, 450, 190 201. 00							
95. 00   09500   AMBULANCE SERVI CES   3, 105, 400   3, 105, 400   171   3, 105, 571   95. 00   101. 00   10100   HOME   HEALTH   AGENCY   1, 779, 229   1, 779, 229   101. 00   102. 00   10200   OPI OI D   TREATMENT   PROGRAM   0   0   0   102. 00   OPI OI D   TREATMENT   PROGRAM   0   0   0   102. 00   OPI OI D   TREATMENT   PROGRAM   0   0   0   0   102. 00   OPI OI D   TREATMENT   PROGRAM   0   0   0   0   0   102. 00   OPI OI D   TREATMENT   PROGRAM   0   0   0   0   0   0   0   0   0		3, 450, 190		3, 450, 190		3, 450, 190	92.00
101. 00   10100   HOME   HEALTH   AGENCY   1,779, 229   1,779, 229   101. 00   102. 00   10200   OPI OI D   TREATMENT   PROGRAM   0   0   0   102. 00   102. 00   SPECIAL   PURPOSE   COST   CENTERS   113. 00   11300   INTEREST   EXPENSE   113. 00   11600   HOSPI   CE   341, 464   341, 464   116. 00   200. 00   Subtotal (see instructions)   96, 890, 839   0   96, 890, 839   747, 011   97, 637, 850   200. 00   201. 00   Less   Observation   Beds   3, 450, 190   3, 450, 190   201. 00		1					
102.00   10200   OPI 0I D TREATMENT PROGRAM   O   O   102.00		1					1
SPECIAL PURPOSE COST CENTERS   113.00   11300   INTEREST EXPENSE   114.00   116.00   11600   HOSPI CE   341,464   341,464   116.00   200.00   Subtotal (see instructions)   96,890,839   0 96,890,839   747,011   97,637,850   200.00   201.00   Less Observation Beds   3,450,190   3,450,190   3,450,190   201.00							
113. 00		0		(	)	0	102.00
116. 00     116.00     HOSPI CE     341, 464     341, 464     341, 464     116. 00       200. 00     Subtotal (see instructions)     96, 890, 839     0     96, 890, 839     747, 011     97, 637, 850 200. 00       201. 00     Less Observation Beds     3, 450, 190     3, 450, 190     3, 450, 190     3, 450, 190							
200. 00     Subtotal (see instructions)     96, 890, 839     0     96, 890, 839     747, 011     97, 637, 850 200.00       201. 00     Less Observation Beds     3, 450, 190     3, 450, 190     3, 450, 190							1
201. 00 Less Observation Beds 3, 450, 190 3, 450, 190 3, 450, 190 201. 00							
	200.00 Subtotal (see instructions)	96, 890, 839	0	96, 890, 839	747, 011	97, 637, 850	200.00
202. 00   Total (see instructions)   93, 440, 649  0  93, 440, 649  747, 011  94, 187, 660 202. 00							
	202.00   Total (see instructions)	93, 440, 649	0	93, 440, 649	747, 011	94, 187, 660	202. 00

Title XVII					Γο 12/31/2022	Date/Time Pre 5/24/2023 10:	pared:
MART LEVE ROUTINE SERVICE COST CENTERS   1.00   7.00   8.00   10.00			Title	: XVIII	Hospi tal		20 4111
Inpatient   Outpatient   Outpatient   Total (col. 6   cost or 0 ther Ratio   Ratio   Inpatient   Ratio							
INPATIENT ROUTINE SERVICE COST CENTERS	Cost Center Description	Inpati ent		Total (col. 6	Cost or Other	TEFRA	
INPATIENT ROUTINE SERVICE COST CENTERS   7, 947, 463   7, 947, 463   30, 00   30000   ADULTS & PEDIATRICS   7, 947, 463   2, 833, 230   31, 00	•	'	'	+ col. 7)	Ratio	I npati ent	
INPATIENT ROUTINE SERVICE COST CENTERS   30.00   33.00   33.00   AULTS & PEDIATRICS   3.00   33.00   33.00   AULTS & PEDIATRICS   3.00   33.00   33.00   AURTS   VEDIATRICS   31.00   33.00   33.00   AURTS   VEDIATRICS   31.00   33.00   AURTS   VEDIATRICS   31.00   33.00   AURTS   VEDIATRICS   31.00   AURTS   VEDIATRICS   AURTS   AURT						Rati o	
30. 00		6. 00	7.00	8. 00	9. 00	10.00	
31. 00   03100   INTERSIVE CASE UNIT   2, 833, 230   2, 833, 230   31. 00   AR							
A3 .00     A30.00	30. 00   03000   ADULTS & PEDIATRICS	7, 947, 463		7, 947, 46	3		30.00
ANCILLARY SERVICE COST CENTERS							1
50.00   OSDOO  OPERATI NG ROOM   6,340,287   24,371,370   30,711,657   0.299901   0.000000   51.00   51.00   51.00   OSDOO  RECOVERY ROOM   1,160,580   4,328,745   4,328,745   1,375,741   0.279735   0.000000   52.00   052.00   OSDOO  DELLYERY ROOM & LABOR ROOM   1,366,344   9,377   1,375,741   0.279735   0.000000   53.00   OSDOO  AMESTHESI DLOGY   2,055,513   4,678,496   4,		1, 136, 959		1, 136, 959	9		43.00
1.1							
1.306, 304   9, 377   1, 375, 741   0, 927935   0, 000000   52, 00   53, 00   54, 00   55,					1		1
S3.00   05300   AMESTHESI DLOCY   2, 055, 513   4, 678, 496   6, 734, 009   0, 086,759   0, 000000   53, 00					1		1
S4.00   05400   RADIOLOGY-DIAGNOSTIC   894, 452   4, 804, 510   5, 698, 962   0. 910891   0. 000000   54, 01   54.01   03430   ULTRA SOUND   129, 882   1, 481, 485   1, 481, 435   0. 189483   0. 000000   54, 01   54.02   03450   NUCLEAR MEDICINE - DIAGNOSTIC   72, 043   2, 804, 526   2, 876, 569   0. 086042   0. 000000   0. 000000   55, 01   03480   0NCOLOGY - THERAPEUTIC   0 0 0 0 0 0. 000000   0. 0000000   0. 000000   0. 000000					1		1
54. 01   03630   ILTRA SOUND							1
S4.50   03450   NUCLEAR MEDICINE - DI AGNOSTIC   72, 043   2, 804, 526   2, 876, 569   0, 086042   0, 000000   55, 00   0550   80500   RADIOLOGY - THERAPEUTIC   72, 393   6, 716, 779   6, 789, 172   0, 490804   0, 000000   55, 01   75, 00   05700   CT SCAN   1, 863, 308   17, 46, 977   15, 610, 285   0, 055287   0, 000000   57, 00   0, 000000   0, 00							1
55.00   05500   RADIOLOGY - THERAPEUTIC							1
55. 01   03480   ONCOLOGY   72, 393   6, 716, 779   6, 789, 172   0, 490804   0, 000000   55, 01		1 .1	2, 804, 526				1
57.00   05700   CT SCAN   1,863,308   13,746,977   15,610,285   0.055287   0.000000   57.00   58.00   05800   MAGNETIC RESONANCE IMAGING (MRI)   209,929   3,385,243   3,595,172   0.156643   0.000000   59.00   0.0000000   0.0000000   0.00000000		١	0	1			
58.00   05800   MAGNETIC RESONANCE IMAGING (MRI)   209,929   3,385,243   3,595,172   0.156643   0.000000   58.00   0.000000   0.000000   0.000000   59.00   0.0000000   0.00000000							
59.00   05900   CARDIAC CATHETERIZATION   0 0 0 0 0 0 0 0 0 0000000   59.00							
60. 00   06000   LABORATORY   4, 485, 324   30, 355, 792   34, 841, 116   0. 144955   0. 000000   60. 00   62. 00   06200   WHOLE BLOOD & PACKED RED BLOOD CELLS   1, 087, 052   1, 294, 672   2, 381, 724   0. 170337   0. 000000   65. 00   65. 00   06500   RESPIRATORY THERAPY   3, 943, 183   2, 282, 617   6, 225, 800   0. 221715   0. 000000   65. 00   66. 00   06600   PHYSI CAL THERAPY   752, 149   6, 894, 040   7, 646, 189   0. 402367   0. 000000   66. 00   67. 00   06700   0CCUPATI ONAL THERAPY   397, 125   950, 187   1, 347, 312   0. 371224   0. 000000   67. 00   68. 00   06800   SPEECH PATHOLOGY   158, 071   551, 548   709, 619   0. 366707   0. 000000   68. 00   69. 00   06900   ELECTROCARDI OLOGY   0   0   0   0. 0000000   0. 000000   0. 000000   69. 01   03610   SLEEP LAB   0   1, 353, 930   1, 353, 930   0. 308495   0. 000000   69. 01   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   4, 940, 443   7, 967, 854   12, 908, 297   0. 364425   0. 000000   71. 00   71. 01   07101   1V SOLUTI ONS   0   0   0   0. 0000000   0. 000000   71. 01   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   5, 829, 663   11, 852, 995   17, 682, 058   0. 294232   0. 000000   72. 00   73. 00   07300   DRIGS CHARGED TO PATI ENTS   24, 216, 118   73, 878, 585   98, 094, 703   0. 184345   0. 000000   72. 00   76. 97   07697   CARDI OLOGY   1. 557, 284   8, 631, 895   10, 189, 179   0. 156312   0. 000000   76. 00   79. 00   09000   CLI NI C   12, 905   1, 502, 666   1, 515, 571   0. 403197   0. 000000   90. 01   79. 00   09000   0000   00000   0000000000		1					
62.00   06200   WHOLE BLOOD & PACKED RED BLOOD CELLS   1,087,052   1,294,672   2,381,724   0.170337   0.000000   62.00   65.00   06500   RESPIRATORY THERAPY   3,943,183   2,282,617   6,25,800   0.221715   0.000000   65.00   66.00   06600   PHYSI CAL THERAPY   752,149   6,894,040   7,646,189   0.402367   0.000000   66.00   67.00   06700   0CCUPATI ONAL THERAPY   397,125   950,187   1,347,312   0.371224   0.000000   67.00   68.00   06800   SPECH PATHOLOGY   158,071   551,548   709,619   0.366707   0.000000   69.00   69.01   03610   SLEEP LAB   0   1,353,930   1,353,930   0.308495   0.000000   69.01   71.00   7100   MEDICAL SUPPLIES CHARGED TO PATIENTS   4,940,443   7,967,854   12,908,297   0.364425   0.000000   71.01   72.00   07200   IMPL. DEV. CHARGED TO PATIENTS   5,829,063   11,852,995   17,682,058   0.294232   0.000000   73.00   76.00   07300   DRUGS CHARGED TO PATIENTS   24,216,118   73,878,585   98,094,703   0.184345   0.000000   73.00   76.00   03140   CARDI OLOGY   1,557,284   8,631,895   10,189,179   0.156312   0.000000   76.00   76.97   07697   CARDI AC REHABLLI TATION   545   632,085   632,630   0.289999   0.000000   76.07   79.00   09000   UNIDA CARE CLINIC   12,905   1,502,666   1,515,571   0.403197   0.000000   90.01   79.00   09000   WOUND CARE CLINIC   12,905   1,502,666   1,515,571   0.403197   0.000000   90.01   79.00   09000   WOUND CARE CLINIC   12,905   1,502,666   1,515,571   0.403197   0.000000   90.01   79.00   09000   WOUND CARE CLINIC   12,905   1,502,666   1,515,571   0.403197   0.000000   90.01   79.00   09000   WOUND CARE CLINIC   12,905   1,502,666   1,515,571   0.403197   0.000000   90.01   79.00   09000   WOUND CARE CLINIC   12,905   1,502,666   1,515,571   0.403197   0.000000   90.01   79.00   09000   WOUND CARE CLINIC   12,905   1,502,666   1,515,571   0.403197   0.000000   90.01   79.00   09000   WOUND CARE CLINIC   12,905   1,502,666   1,515,571   0.403197   0.000000   90.01   79.00   09000   WOUND CARE CLINIC   1,547,183   1,547,183   1,547,183   1,547,183   1,547,183   1,547		١	O	1			
65.00   06500   RESPIRATORY THERAPY   3, 943, 183   2, 282, 617   6, 225, 800   0, 221715   0, 000000   65.00   66.00   06600   PHYSI CAL THERAPY   752, 149   6, 894, 040   7, 646, 189   0, 402367   0, 000000   66.00   67.00   06700   0CCUPATI ONAL THERAPY   397, 125   950, 187   1, 347, 312   0, 371224   0, 000000   67.00   68.00   06800   SPEECH PATHOLOGY   158, 071   551, 548   709, 619   0, 366707   0, 000000   68.00   69.00   06900   ELECTROCARDI OLOGY   0   0   0, 000000   0, 000000   69.00   69.01   03610   SLEEP LAB   0   1, 353, 930   1, 353, 930   0, 308495   0, 000000   69.01   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   4, 940, 443   7, 967, 854   12, 908, 297   0, 364425   0, 000000   71.00   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   5, 829, 063   11, 852, 995   17, 682, 058   0, 294232   0, 000000   71.00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   24, 216, 118   73, 878, 585   98, 094, 703   0, 184345   0, 000000   73.00   76. 97   07697   CARDI AC REHABI LI TATI ON   545   632, 085   632, 630   0, 289999   0, 000000   76.00   76. 90   0.00   09000   CLI NI C   0   40, 227   40, 227   4, 394461   0, 000000   90.01   79. 00   09000   ELRRGENCY   3, 296, 780   19, 358, 571   22, 655, 351   0, 370238   0, 000000   90.01   79. 00   09000   DERRGENCY   3, 296, 780   19, 358, 571   22, 655, 351   0, 370238   0, 000000   90.00   76. 97   07HER REIMBURSABLE COST CENTERS   0   5, 589, 352   5, 589, 352   0, 555592   0, 000000   90.00   76. 00   09000   DI DI TREATMENT PROGRAM   0   0   0   0   0   0   0   76. 00   09000   DI DI TREATMENT PROGRAM   0   0   0   0   0   0   76. 00   09000   0910   DI TREATMENT PROGRAM   0   0   0   0   0   0   0   0   76. 00   09000   0910   DI TREATMENT PROGRAM   0   0   0   0   0   0   0   0   76. 00   09000   0910   DI TREATMENT PROGRAM   0   0   0   0   0   0   0   0   0							
66. 00   06600   PHYSICAL THERAPY   752, 149   6, 894, 040   7, 646, 189   0. 402367   0. 000000   66. 00   67. 00   06700   OCCUPATI ONAL THERAPY   397, 125   950, 187   1, 347, 312   0. 371224   0. 000000   67. 00   68. 00   06800   SPEECH PATHOLOGY   158, 071   551, 548   709, 619   0. 366707   0. 000000   68. 00   69. 00   06900   ELECTROCARDI OLOGY   0   0   0   0. 000000   0. 000000   69. 01   69. 01   03610   SLEEP LAB   0   1, 353, 930   1, 353, 930   0. 308495   0. 000000   71. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   4, 940, 443   7, 967, 854   12, 908, 297   0. 364425   0. 000000   71. 00   71. 01   07101   IV SOLUTIONS   0   0   0   0. 000000   0. 000000   0. 000000   71. 01   72. 00   07200   IMPL DEV. CHARGED TO PATIENTS   5, 829, 063   11, 852, 995   17, 682, 058   0. 294232   0. 000000   72. 00   76. 00   03140   CARDI OLOGY   1, 557, 284   8, 631, 895   10, 189, 179   0. 156312   0. 000000   76. 00   76. 00   03140   CARDI OLOGY   1, 557, 284   8, 631, 895   10, 189, 179   0. 156312   0. 000000   76. 97   76. 00   07697   CARDI AC REHABILI TATI ON   545   632, 085   632, 630   0. 289999   0. 000000   76. 97   77. 00   07000   WOUND CARE CLINIC   12, 905   1, 502, 666   1, 515, 571   0. 403197   0. 000000   90. 01   79. 00   09000   OBSERVATION BEDS (NON-DISTINCT PART)   527, 609   3, 442, 682   3, 970, 291   0. 869002   0. 000000   92. 00   70. 01   09010   MERGENCY   0   1, 547, 183   1, 547, 183   0. 000000   95. 00   70. 01   1000   DIO TREATMENT PROGRAM   0   0   0   0   0   70. 0200   OPIO DI TREATMENT PROGRAM   0   0   0   0   70. 01   1000   DI TREATMENT PROGRAM   0   0   0   0   70. 01   1000   DI TREATMENT PROGRAM   0   0   0   0   70. 01   1000   DI TREATMENT PROGRAM   0   0   0   0   70. 01   1000   DI TREATMENT PROGRAM   0   0   0   0   70. 01   1000   DI TREATMENT PROGRAM   0   0   0   0   70. 01   1000   0   0   0   0   0   0   0							
67. 00   06700   OCCUPATI ONAL THERAPY   397, 125   950, 187   1, 347, 312   0. 371224   0. 000000   67. 00   68. 00   06800   SPECCH PATHOLOGY   158, 071   551, 548   709, 619   0. 366707   0. 000000   69. 00   69. 01   03610   SLEEP LAB   0   0   1, 353, 930   1, 353, 930   0. 308495   0. 000000   69. 01   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   4, 940, 443   7, 967, 854   12, 908, 297   0. 364425   0. 000000   71. 01   72. 00   07200   IMPL DEV. CHARGED TO PATIENTS   5, 829, 063   11, 852, 995   17, 682, 058   0. 294232   0. 000000   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   24, 216, 118   73, 878, 585   98, 094, 703   0. 184345   0. 000000   76. 07   76. 97   07697 (CARDI OLOGY   1, 557, 284   8, 631, 895   10, 189, 179   0. 156312   0. 000000   76. 97   76. 97   07697 (CARDI ACREDI A							1
68. 00   06800   SPEECH PATHOLOGY   158, 071   551, 548   709, 619   0.366707   0.000000   68. 00   69. 00   06900   ELECTROCARDI OLOGY   0 0 0 0 0.000000   69. 00   71. 00   03610   SLEEP LAB   0 0 1, 353, 930   1.353, 930   0.308495   0.000000   69. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   4, 940, 443   7, 967, 854   12, 908, 297   0.364425   0.000000   71. 00   71. 01   07101   IV SOLUTI ONS   0 0 0 0.000000   0.000000   71. 01   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   24, 216, 118   73, 878, 585   98, 094, 703   0.184345   0.000000   73. 00   76. 00   07300   DRUGS CHARGED TO PATI ENTS   24, 216, 118   73, 878, 585   98, 094, 703   0.184345   0.000000   76. 00   76. 00   07400   IMPL. DEV. CHARGED TO PATI ENTS   24, 216, 118   73, 878, 585   98, 094, 703   0.184345   0.000000   76. 00   76. 00   07400   IMPL. DEV. CHARGED TO PATI ENTS   24, 216, 118   73, 878, 585   98, 094, 703   0.184345   0.000000   73. 00   76. 00   07400   IMPL. DEV. CHARGED TO PATI ENTS   24, 216, 118   73, 878, 585   98, 094, 703   0.184345   0.000000   76. 00   76. 00   07400   IMPL. DEV. CHARGED TO PATI ENTS   24, 216, 118   73, 878, 585   98, 094, 703   0.184345   0.000000   76. 00   76. 00   07400   IMPL. DEV. CHARGED TO PATI ENTS   24, 216, 118   73, 878, 585   98, 094, 703   0.184345   0.000000   76. 00   76. 00   07400   IMPL. DEV. CHARGED TO PATI ENTS   24, 216, 118   73, 878, 585   98, 094, 703   0.184345   0.000000   76. 00   76. 00   07400   IMPL. DEV. CHARGED TO PATI ENTS   24, 216, 118   73, 878, 585   98, 094, 703   0.184345   0.000000   77. 00   76. 00   07400   IMPL. DEV. CHARGED TO PATI ENTS   24, 216, 118   73, 878, 585   98, 094, 703   0.184345   0.000000   77. 00   77. 00   07500   IMPL. DEV. CHARGED TO PATI ENTS   24, 216, 118   73, 878, 585   98, 094, 703   0.184345   0.000000   77. 00   78. 00   07507   IMPL. DEV. CHARGED TO PATI ENTS   24, 216, 118   73, 878, 585   98, 094, 703   0.184345   0.000000   77. 00   79. 00   09000   000000000000000000000000							
69. 00   06900   ELECTROCARDI OLOGY   0   0   0   0   0   0   0   0   0							1
69. 01   03610   SLEEP LAB   0   1,353,930   1,353,930   0.308495   0.000000   69. 01   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   4,940,443   7,967,854   12,908,297   0.364425   0.000000   71. 00   0.000000   71. 00   0.000000   72. 00   0.000000   72. 00   73. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   5,829,063   11,852,995   17,682,058   0.294232   0.000000   72. 00   73. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   24,216,118   73,878,585   98,094,703   0.184345   0.000000   73. 00   76. 00   76. 97   07697   CARDI AC REHABI LI TATI ON   545   632,085   632,630   0.289999   0.000000   76. 97   000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.00000000		1					
71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   4,940,443   7,967,854   12,908,297   0.364425   0.000000   71. 00   71. 01   1V SOLUTIONS   0   0   0.000000   0.000000   71. 01   72. 00   72. 00   72. 00   1MPL. DEV. CHARGED TO PATIENTS   5,829,063   11,852,995   17,682,058   0.294232   0.000000   72. 00   73. 00   7		-1	O	1			1
71. 01   07101   IV SOLUTIONS		ı "I					
72. 00		1, 740, 443	7, 707, 054 N	12, 700, 27			1
73. 00 07300 DRUGS CHARGED TO PATIENTS		5 829 063	11 852 995	17 682 05			
76. 00							1
76. 97							
OUTPATIENT SERVICE COST CENTERS   O   40, 227   40, 227   4. 394461   0. 000000   90. 00							1
90. 00   09000   CLINIC   0   40, 227   40, 227   4.394461   0.000000   90.00   90.01							1
90. 01   09001   WOUND CARE CLINIC   12, 905   1, 502, 666   1, 515, 571   0. 403197   0. 000000   90. 01   91. 00   09100   EMERGENCY   3, 296, 780   19, 358, 571   22, 655, 351   0. 370238   0. 000000   91. 00   92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   527, 609   3, 442, 682   3, 970, 291   0. 869002   0. 000000   92. 00   07   07   07   07   07   07   07		O	40, 227	40, 22	4. 394461	0.000000	90.00
91. 00   09100   EMERGENCY   3, 296, 780   19, 358, 571   22, 655, 351   0. 370238   0. 000000   91. 00   92. 00   09200   OBSERVATI ON BEDS (NON-DISTINCT PART)   527, 609   3, 442, 682   3, 970, 291   0. 869002   0. 000000   92. 00   071   071   071   072   073   074		12, 905					
92. 00   09200   OBSERVATI ON BEDS (NON-DISTINCT PART)   527, 609   3, 442, 682   3, 970, 291   0. 869002   0. 000000   92. 00					1		1
OTHER REI MBURSABLE COST CENTERS   95.00   95.00   AMBULANCE SERVI CES   0   5,589,352   5,589,352   0.555592   0.000000   95.00   101.00   10100   HOME   HEALTH   AGENCY   0   1,547,183   1,547,183   101.00   102.00   OPI OI D   TREATMENT   PROGRAM   0   0   0   0   0   0   0   0   0							
101. 00   10100   HOME   HEALTH   AGENCY   0   1,547,183   1,547,183   101. 00   102. 00   10200   OPI 0I D   TREATMENT   PROGRAM   0   0   0   0   0   0   102. 00		· · · · ·					1
101. 00   10100   HOME   HEALTH   AGENCY   0   1,547,183   1,547,183   101. 00   102. 00   10200   OPI 0I D   TREATMENT   PROGRAM   0   0   0   0   0   102. 00   102.	95. 00 09500 AMBULANCE SERVI CES	0	5, 589, 352	5, 589, 35	0. 555592	0.000000	95.00
SPECIAL PURPOSE COST CENTERS   113.00   11300   INTEREST EXPENSE   113.00   11600	101.00 10100 HOME HEALTH AGENCY	o	1, 547, 183	1, 547, 183	3		101.00
113. 00	102.00 10200 OPIOID TREATMENT PROGRAM	o	0				102.00
116. 00   11600   HOSPI CE	SPECIAL PURPOSE COST CENTERS						1
200.00   Subtotal (see instructions)   77, 286, 054   244, 949, 418   322, 235, 472   200.00   201.00   Less Observation Beds   201.00	113. 00 11300 I NTEREST EXPENSE						113.00
201.00 Less Observation Beds 201.00	116. 00 11600 H0SPI CE	0	495, 051	495, 05	1		
	200.00 Subtotal (see instructions)	77, 286, 054	244, 949, 418	322, 235, 47	2		200.00
202.00   Total (see instructions)   77,286,054   244,949,418   322,235,472   202.00							
	202.00 Total (see instructions)	77, 286, 054	244, 949, 418	322, 235, 47	2		202.00

Heal th Financial Systems KINGS DAUGHTERS HOSPITAL In Lieu of Form CMS-2552-10

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0069
Period: From 01/01/2022 From 01/01/2022 To 12/31/2022 Date/Time Prepared: 5/24/2023 10: 28 am

				5/24/2023 10: 28 am
		Title XVIII	Hospi tal	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
43. 00 04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS				
50.00   05000   OPERATING ROOM	0. 295901			50.00
51.00   O5100   RECOVERY ROOM	0. 140610			51.00
52.00   05200   DELIVERY ROOM & LABOR ROOM	0. 927935			52.00
53. 00   05300   ANESTHESI OLOGY	0. 089673			53.00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	0. 910891			54.00
54. 01   03630   ULTRA SOUND	0. 189483			54. 01
54. 02   03450 NUCLEAR MEDICINE - DIAGNOSTIC	0. 086042			54. 02
55. 00 05500 RADI OLOGY - THERAPEUTI C	0. 000000			55.00
55. 01 03480 ONCOLOGY	0. 491065			55. 01
57. 00 05700 CT SCAN	0. 055287			57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 156643			58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000000			59.00
60. 00 06000 LABORATORY	0. 146370			60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0. 170337			62.00
65. 00 06500 RESPIRATORY THERAPY	0. 221715			65. 00
66. 00   06600 PHYSI CAL THERAPY	0. 402367			66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0. 371224			67. 00
68. 00 06800 SPEECH PATHOLOGY	0. 366707			68.00
69. 00 06900 ELECTROCARDI OLOGY	0. 000000			69.00
69. 01   03610   SLEEP LAB	0. 308779			69. 01
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 364425			71.00
71. 01   07101   IV SOLUTIONS	0. 000000			71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 294232			72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0. 184345			73.00
76. 00   03140   CARDI OLOGY	0. 156312			76.00
76. 97 O7697 CARDIAC REHABILITATION	0. 289999			76. 97
OUTPATIENT SERVICE COST CENTERS	0.207777			75.77
90. 00 09000 CLI NI C	4. 394461			90.00
90. 01   09001   WOUND CARE CLINIC	0. 403197			90. 01
91. 00 09100 EMERGENCY	0. 400065			91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 869002			92.00
OTHER REIMBURSABLE COST CENTERS	0.007002			72.00
95. 00 09500 AMBULANCE SERVICES	0. 555623			95.00
101.00 10100 HOME HEALTH AGENCY	0.000020			101.00
102.00 10200  OPI OI D TREATMENT PROGRAM				102.00
SPECIAL PURPOSE COST CENTERS				102.00
113. 00 11300 I NTEREST EXPENSE				113. 00
116. 00 11600 HOSPI CE				116.00
200.00 Subtotal (see instructions)				200.00
201.00 Less Observation Beds				201.00
202.00 Total (see instructions)				202. 00
[10tal (500 Filsti dott 615)				1202.00

				o 12/31/2022	Date/Time Pre 5/24/2023 10:	pared:
		Ti tl	e XIX	Hospi tal	Cost	20 4111
				Costs		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Di sal I owance	Total Costs	
	1. 00	2.00	3.00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS	1.00	2.00	3.00	4.00	3.00	
30. 00 03000 ADULTS & PEDIATRICS	12, 059, 726		12, 059, 726	0	12, 059, 726	30.00
31. 00   03100   NTENSI VE CARE UNI T	2, 747, 313		2, 747, 313		2, 747, 313	31.00
43. 00   04300   NURSERY	1, 152, 031		1, 152, 031		1, 152, 031	43.00
ANCI LLARY SERVICE COST CENTERS	1, 132, 031		1, 132, 031	<u> </u>	1, 132, 031	1 43.00
50. 00 05000 OPERATING ROOM	9, 087, 595		9, 087, 595	o o	9, 087, 595	50.00
51. 00   05100   RECOVERY   ROOM	771, 853		771, 853		771, 853	
52. 00 05200 DELIVERY ROOM & LABOR ROOM	1, 276, 598		1, 276, 598		1, 276, 598	52.00
53. 00   05300   ANESTHESI OLOGY	584, 234		584, 234		603, 858	1
54. 00 05400 RADI OLOGY-DI AGNOSTI C	5, 191, 136		5, 191, 136		5, 191, 136	1
54. 01   03630   ULTRA SOUND	305, 322		305, 322		305, 322	54. 01
54. 02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	247, 507		247, 507		247, 507	54. 02
55. 00 05500 RADI OLOGY - THERAPEUTI C	247, 307		247,307		247, 307	55. 00
55. 01   03480   ONCOLOGY	3, 332, 151		3, 332, 151	_	3, 333, 927	55. 01
57. 00 05700 CT SCAN	863, 048		863, 048		863, 048	57. 00
58.00   05800   MAGNETIC RESONANCE I MAGING (MRI)	563, 158		563, 158		563, 158	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0 0 0		303, 130		0 0	59.00
60. 00 06000 LABORATORY	5, 050, 386		5, 050, 386	_	5, 099, 681	60.00
62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	405, 695		405, 695		405, 695	62.00
65. 00 06500 RESPIRATORY THERAPY	1, 380, 354	0			1, 380, 354	65.00
66. 00   06600   PHYSI CAL THERAPY	3, 076, 573	0			3, 076, 573	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	500, 155	0	500, 155		500, 155	67.00
68. 00 06800 SPEECH PATHOLOGY	260, 222	n	260, 222		260, 222	68.00
69. 00 06900 ELECTROCARDI OLOGY	0	Ĭ	200, 222		0	69.00
69. 01   03610   SLEEP LAB	417, 681		417, 681	_	418, 065	69. 01
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4, 704, 102		4, 704, 102		4, 704, 102	71.00
71. 01   07101   IV SOLUTIONS	1, 701, 102		1, 701, 102		0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	5, 202, 634		5, 202, 634	o	5, 202, 634	
73. 00 07300 DRUGS CHARGED TO PATIENTS	18, 083, 219		18, 083, 219		18, 083, 219	73.00
76. 00 03140 CARDI OLOGY	1, 592, 688		1, 592, 688		1, 592, 688	1
76. 97 07697 CARDI AC REHABI LI TATI ON	183, 462		183, 462		183, 462	1
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLI NI C	176, 776		176, 776	0	176, 776	90.00
90. 01   09001   WOUND CARE CLINIC	611, 074	•	611, 074		611, 074	90. 01
91. 00 09100 EMERGENCY	8, 387, 863		8, 387, 863		9, 063, 624	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	3, 450, 190		3, 450, 190		3, 450, 190	92.00
OTHER REIMBURSABLE COST CENTERS						
95. 00 09500 AMBULANCE SERVICES	3, 105, 400		3, 105, 400	171	3, 105, 571	95.00
101.00 10100 HOME HEALTH AGENCY	1, 779, 229		1, 779, 229		1, 779, 229	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0				0	102.00
SPECIAL PURPOSE COST CENTERS	<b>'</b>					
113. 00 11300   NTEREST EXPENSE						113.00
116. 00 11600 HOSPI CE	341, 464		341, 464		341, 464	116.00
200.00 Subtotal (see instructions)	96, 890, 839	0			97, 637, 850	
201.00 Less Observation Beds	3, 450, 190		3, 450, 190		3, 450, 190	201.00
202.00 Total (see instructions)	93, 440, 649	0				
	•	•	•			•

Title XIX   Hospital   Cost   Cost Center Description   Total (See   Testa   Testa   Total (See   Testa   T						From 01/01/2022 To 12/31/2022	Part I Date/Time Pre	pared:
Inpatient   Outpatient   Total (col.     Cost or Other   Ratio   Partient   Ratio     Cost or Other   Ratio   Ratio     Cost or Other   Ratio   Ratio     Cost or Other   Ratio   Cost or Other   Cost or Other   Ratio   Cost or Other   Cost or Ot				Ti +I	o VIV	Hospi tal		28 alli
Inpatient   Outpatient   Outpatient   Total (col. 6   Cost or Other   Ratio					e vi v	поѕрі таі	COST	
INPATIENT ROUTINE SERVICE COST CENTERS		Cost Contor Description	Innationt		Total (col 4	Cost or Other	TEEDA	
INPATIENT ROUTINE SERVICE COST CENTERS		cost center bescription	Tripati ent	outpatrent				
INPATIENT ROUTINE SERVICE COST CENTERS   7, 947, 463   7, 947, 463   30, 00   3300, 00   100, 00   300,					+ (01. 7)	Ratio		
INPATIENT ROUTINE SERVICE COST CENTERS   30.00   33.00   33.00   AURICS REPOLATRICS   7,947,463   3.1.00   33.00   33.00   AURICS REPOLATRICS   7,947,463   2,833,230   33.00   33.00   AURICS REPOLATRICS   1,136,959   1,136,959   1,136,959   1,136,959   33.00   33.00   AURICS REPOLATRICS   1,136,959   1,			6.00	7 00	8 00	9 00		
30.00   03000   ADULTS & PEDI ATRIC S   7, 947, 463   2, 947, 463   30.00   31.00   0300   INTERSI VE CARE UNIT   2, 833, 230   2, 833, 230   31.00   30.00   30.00   ASSERTY   1, 136, 959   1, 136, 959   44.00   30.00	I NPAT	TENT ROUTINE SERVICE COST CENTERS	0.00	7.00	0.00	7. 00	10.00	
33. 00   03100   INTERSIVE CARE UNIT   2,833,230   2,833,230   31.00   ARCILLARY SERVICE COST CONTERS   1,136,959   1,136,959   1,136,959   3.00   ARCILLARY SERVICE COST CONTERS   1,136,959   1,136,959   3.00   ARCILLARY SERVICE COST CONTERS   3.00   3.0			7, 947, 463		7, 947, 46	3		30.00
A3. 00   O4300   NURSERY								
ANCILLARY SERVICE COST CENTERS   Service   Cost Centers   Service   Cost Centers   Service   Cost Centers   Service   Servic			1 ' '					
50.00   05000  OPERATI ING ROOM   6, 340, 287   24, 371, 370   30, 711, 657   0. 299901   0. 000000   50.00   051.00   051.00   051.00   051.00   052.00	ANCI L	LARY SERVICE COST CENTERS	, , , ,		,	,		
S2-00   05200   DELIVERY ROOM & LABOR ROOM   1, 366, 364   9, 377   1, 375, 741   0, 927935   0, 000000   52. 00			6, 340, 287	24, 371, 370	30, 711, 65	7 0. 295901	0.000000	50.00
S3.00   05300   ARSTHESI OLOGY   2, 055, 513   4, 678, 496   6, 734, 009   0, 086759   0, 000000   53.00	51.00 05100	RECOVERY ROOM	1, 160, 580	4, 328, 745	5, 489, 32	0. 140610	0.000000	51.00
S4.00   05400   RADIOLOGY-DI AGNOSTIC   894, 452   4, 804, 510   5, 698, 962   0. 910891   0. 0000000   54.00	52.00 05200	DELIVERY ROOM & LABOR ROOM	1, 366, 364	9, 377	1, 375, 74	0. 927935	0.000000	52.00
S4. 01   03430   ULTRA SOUND	53.00 05300	ANESTHESI OLOGY	2, 055, 513	4, 678, 496	6, 734, 00	9 0. 086759	0.000000	53.00
54. 02 03450 NUCLEAR MEDIC INE - DI AGNOSTIC 72, 043 2, 804, 526 2, 876, 569 0, 0.86042 0, 0.00000 55, 00 0550 RADIOLOGY - THERAPEUTIC 0 0 0 0 0, 0.00000 0, 0.000000 55, 00 055, 00 0550 RADIOLOGY - THERAPEUTIC 0 0 0 0, 0.00000 0, 0.00000 55, 00 055, 00 0570 CT SCAN 1, 22, 333 6, 716, 779 6, 789, 172 0, 490804 0, 0.00000 55, 01 0570 CT SCAN 1, 22, 331, 746, 977 15, 610, 285 0, 0.55287 0, 0.00000 58, 00 05800 MAGNETIC RESONANCE IMAGING (MRI) 209, 929 3, 385, 243 3, 595, 172 0, 156643 0, 0.00000 58, 00 05900 CARDIA CATHETERI ZATI ON 0 0 0, 0.000000 0, 0.000000 58, 00 05000 (LABORATORY 4, 485, 324 30, 355, 792 34, 841, 116 0, 144955 0, 0.00000 60, 00 0, 0.000000 1, 0.00000 1, 0.00000 1, 0.000000 1, 0.000000 1, 0.000000 1, 0.00000 1, 0.000000 1,	54.00 05400	RADI OLOGY-DI AGNOSTI C	894, 452	4, 804, 510	5, 698, 96	0. 910891	0.000000	54.00
55. 00   05.500   RABIOLOGY - THERAPEUTIC	54. 01 03630	ULTRA SOUND	129, 882	1, 481, 463	1, 611, 34	0. 189483	0.000000	54. 01
55.00   05500   RABIOLOGY - THERAPEUTIC	54. 02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	72, 043	2, 804, 526	2, 876, 56	9 0. 086042	0.000000	54. 02
55. 01   03480   0NCOLOGY	55. 00 05500	RADI OLOGY - THERAPEUTI C	1	0		0. 000000	0.000000	55.00
57.00   05700   CT SCAN   1,863,308   13,746,977   15,610,285   0.055287   0.000000   57.00			72, 393	6, 716, 779	6, 789, 17	0. 490804	0.000000	55. 01
58.00   05800   MAGNETIC RESONANCE IMAGING (MRI)   209, 929   3, 385, 243   3, 595, 172   0. 156643   0. 000000   59. 00   0. 000000   0. 000000   59. 00   0. 000000   0. 000000   59. 00   0. 000000   0. 000000   59. 00   0. 000000   0. 000000   59. 00   0. 000000   0. 000000   59. 00   0. 000000   0. 000000   59. 00   0. 000000   0. 000000   59. 00   0. 000000   0. 000000   69. 00   0. 000000   0. 000000   69. 00   0. 0000000   69. 00   0. 0000000   69. 00   0. 0000000   69. 00   0. 0000000   69. 00   0. 0000000   69. 00   0. 00000000   69. 00			1 ' 1					
59.00   05900   CARDIAC CATHETERIZATION   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
60.00   06000   LABORATORY   4, 485, 324   30, 355, 792   34, 841, 116   0. 144955   0. 000000   60, 00   62.00   06200   WHOLE BLOOD & PACKED RED BLOOD CELLS   1, 087, 052   1, 294, 672   2, 381, 724   0. 170337   0. 000000   65. 00   65.00   06500   RESPIRATORY THERAPY   3, 943, 183   2, 282, 617   6, 225, 800   0. 221715   0. 000000   65. 00   66.00   06600   PHYSI CAL THERAPY   752, 149   6, 894, 040   7, 646, 189   0. 402367   0. 000000   66. 00   67.00   06700   0CCUPATI ONAL THERAPY   397, 125   950, 187   1, 347, 312   0. 371224   0. 000000   67. 00   68.00   06800   SPEECH PATHOLOGY   158, 071   551, 548   709, 619   0. 366707   0. 000000   68. 00   69.01   03610   SLEEP LAB   0   1, 353, 930   0. 308495   0. 000000   69. 01   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   4, 940, 443   7, 967, 854   12, 908, 297   0. 364425   0. 000000   69. 01   71. 00   07101   1V SOLUTIONS   0   0   0   0. 000000   0. 000000   71. 00   71. 01   07101   1V SOLUTIONS   0   0   0. 000000   0. 000000   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   5, 829, 063   11, 852, 995   17, 682, 058   0. 294232   0. 000000   72. 00   74. 00   07300   DRUGS CHARGED TO PATIENTS   24, 216, 118   73, 878, 585   98, 094, 703   0. 184345   0. 000000   75. 00   76. 07   07697 CARDI ACRED TO PATIENTS   24, 216, 118   73, 878, 585   98, 094, 703   0. 184345   0. 000000   76. 97   79. 00   07000   CLINIC   0   0   40, 227   40, 227   4. 394461   0. 000000   76. 97   79. 00   07000   CLINIC   0   0   0   0   0. 00000							0.000000	59.00
62. 00   06200   WHOLE BLOOD & PACKED RED BLOOD CELLS   1,087,052   1,294,672   2,381,724   0,170337   0,000000   62,00   65. 00   06500   RESPIRATORY THERAPY   752,149   6,894,040   7,646,189   0,402367   0,000000   66.00   66. 00   06600   PHYSI CAL THERAPY   752,149   6,894,040   7,646,189   0,402367   0,000000   66.00   67. 00   06700   0CCUPATI ONAL THERAPY   397,125   950,187   1,347,312   0,371224   0,000000   68.00   68. 00   08600   SPEECI PATHOLOGY   158,071   551,548   709,619   0,366707   0,000000   68.00   69. 01   03610   SLEEP LAB   0   1,353,930   1,353,930   0,308495   0,000000   69.01   71. 00   7010   MEDI CAL SUPPLIES CHARGED TO PATIENTS   4,940,443   7,967,854   12,908,297   0,36425   0,000000   71.01   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   5,829,063   11,852,995   17,682,058   0,294232   0,000000   73.00   74. 01   07301   IV SOLUTI ONS   0   0   0,000000   0,000000   0,000000   73.00   75. 00   07300   DRUGS CHARGED TO PATIENTS   24,216,118   73,878,585   98,094,703   0,184345   0,000000   73.00   76. 00   03140   CARDI OLOGY   1,557,284   8,631,895   10,189,179   0,156312   0,000000   76.00   76. 07   07597   CARDI AC REHABI LITATI ON   545   632,085   632,630   0,28999   0,000000   76.00   79. 00   09000   CLINI C   0,403197   0,000000   76.00   79. 00   09000   CLINI C   12,905   1,502,666   1,515,571   0,403197   0,000000   90.01   79. 00   09000   DERRGENCY   3,296,780   19,388,571   22,655,351   0,370238   0,000000   90.01   79. 00   09000   CLINI C   12,905   1,502,666   1,515,571   0,403197   0,000000   90.00   79. 00   09000   DERRGENCY   3,296,780   19,388,571   22,655,351   0,370238   0,000000   90.00   79. 00   09000   DERRGENCY   0,277   0,403197   0,000000   90.00   79. 00   09000   DERRGENCY   0,403100   0,54500   0,55592   0,000000   90.00   79. 00   09000   DERRGENCY   0,403100   0,55592   0,000000   90.00   79. 00   09000   DERRGENCY   0,403100   0,55592   0,000000   90.00   79. 00   09000   DERRGENCY   0,403100   0,55592   0,000000   0,55592   0,000000   0,5			4, 485, 324	30, 355, 792	34, 841, 11			
65.00   06500   RESPI RATORY THERAPY   3, 943, 183   2, 282, 617   6, 225, 800   0. 221715   0. 000000   65. 00   66. 00   06600   PHYSI CAL THERAPY   752, 149   6, 894, 040   7, 646, 189   0. 402367   0. 000000   66. 00   67. 00   06700   OCCUPATI ONAL THERAPY   397, 125   950, 187   1, 347, 312   0. 371224   0. 000000   67. 00   68. 00   06800   SPEECH PATHOLOGY   158, 071   551, 548   709, 619   0. 366707   0. 000000   69. 00   69. 01   03610   SLEEP LAB   0   1, 353, 930   1, 353, 930   0. 308495   0. 000000   69. 01   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   4, 940, 443   7, 967, 854   12, 908, 297   0. 364425   0. 000000   71. 01   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   5, 829, 063   11, 852, 995   17, 682, 058   0. 294232   0. 000000   71. 01   73. 00   07300   DRUGS CHARGED TO PATI ENTS   24, 216, 118   73, 878, 585   98, 094, 703   0. 184345   0. 000000   73. 00   76. 00   0340   CARDI OLOGY   1, 557, 284   8, 631, 895   10, 189, 179   0. 156312   0. 000000   76. 00   76. 97   07697   CARDI AC REHABI LI TATI ON   545   632, 085   632, 630   0. 289999   0. 000000   76. 00   79. 01   09001   WOUND CARE CLINI C   12, 905   1, 502, 666   1, 515, 571   0. 403197   0. 000000   90. 01   79. 00   09000   CLINI C   0   40, 227   40, 227   4. 394461   0. 000000   90. 01   79. 00   09000   EMERGENCY   3, 296, 780   19, 358, 571   22, 655, 351   0. 370238   0. 000000   91. 00   79. 00   09000   MBULANCE SERVI CES   0   5, 589, 352   5, 589, 352   0. 555592   0. 000000   92. 00   70   THER REI MBURSABLE COST CENTERS   0   495, 051								
66. 00 06600 PHYSI CAL THERAPY 752, 149 6, 894, 040 7, 646, 189 0.402367 0.000000 66. 00 67. 00 06700 0CCUPATI ONAL THERAPY 397, 125 950, 187 1, 347, 312 0.371224 0.000000 67. 00 68. 00 06800 SPEECH PATHOLOGY 158, 071 551, 548 709, 619 0.366707 0.000000 68. 00 69. 00 0.000000 0.000000 0.000000 69. 00 0.000000 0.000000 0.000000 69. 00 0.000000 0.000000 0.000000 69. 00 0.000000 0.000000 0.000000 0.000000								
67. 00   06700   OCCUPATI ONAL THERAPY   397, 125   950, 187   1, 347, 312   0. 371224   0. 000000   67. 00   68. 00   6800   SPECCH PATHOLOGY   158, 071   551, 548   709, 619   0. 366707   0. 000000   69. 00   69. 00   0. 000000   0. 0000000   69. 00   69. 00   0. 0000000   69. 00   69. 00   0. 0000000   69. 00   69	•	•	1					
68.00   06800   SPEECH PATHOLOGY   158,071   551,548   709,619   0.366707   0.000000   68.00   69.01   06900   ELECTROCARDI OLOGY   0   0   0   0.000000   0.000000   71.00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   4,940,443   7,967,854   12,908,297   0.364425   0.000000   71.01   07101   IV SOLUTI ONS   0   0   0.000000   0.000000   72.00   07200   IMPL. DEV. CHARGED TO PATIENTS   24,216,118   73,878,585   98,094,703   0.184345   0.000000   72.00   73.00   07300   DRUGS CHARGED TO PATIENTS   24,216,118   73,878,585   98,094,703   0.184345   0.000000   73.00   76.00   07300   DRUGS CHARGED TO PATIENTS   24,216,118   73,878,585   98,094,703   0.184345   0.000000   76.00   76.97   07697   CARDI AC REHABILITATION   545   632,085   632,630   0.289999   0.000000   76.90   76.97   07697   CARDI AC REHABILITATI ON   545   632,085   632,630   0.289999   0.000000   76.90   7900   09000   CLINI C   0   40,227   40,227   4.394461   0.000000   90.00   7900   09001   WOUND CARE CLINI C   12,905   1,502,666   1,515,571   0.403197   0.000000   90.00   7900   09100   EMERGENCY   3,296,780   19,358,571   22,655,351   0.370238   0.000000   92.00   7900   09200   DRUGS CHARGED TO PATIENTS   527,609   3,442,682   3,970,291   0.869002   0.000000   92.00   76.97   07697   CARDI AC REHABILITATION   527,609   3,442,682   3,970,291   0.869002   0.000000   92.00   76.97   07697								
69. 00   06900   ELECTROCARDI OLOGY   0   0   0   0   0   0   0   0   0				•				
69. 01   03610   SLEEP LAB			1	0				
71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   4, 940, 443   7, 967, 854   12, 908, 297   0. 364425   0. 0000000   71. 00   71. 01   07101   V SOLUTIONS   0 0 0 0 0. 0000000   71. 01   72. 00   72200   MPL. DEV. CHARGED TO PATIENTS   5, 829, 063   11, 852, 995   17, 682, 058   0. 294232   0. 0000000   72. 00   73. 0	69. 01 03610	SLEEP LAB	o	1, 353, 930	1, 353, 93	0. 308495	0.000000	69. 01
71. 01   07101   IV SOLUTIONS		MEDICAL SUPPLIES CHARGED TO PATIENTS	4, 940, 443	7, 967, 854	12, 908, 29	7 0. 364425	0.000000	71.00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS			o	0				
73. 00	72. 00 07200	IMPL. DEV. CHARGED TO PATIENTS	5, 829, 063	11, 852, 995	17, 682, 05		0.000000	72.00
76. 00			24, 216, 118				0.000000	73.00
OUTPATIENT SERVICE COST CENTERS   OUTPATIENT SERVICES   OU	76. 00 03140	CARDI OLOGY	1, 557, 284	8, 631, 895	10, 189, 17	9 0. 156312	0.000000	76.00
OUTPATI ENT SERVI CE COST CENTERS   O	76. 97 07697	CARDIAC REHABILITATION	545	632, 085	632, 63	0. 289999	0.000000	76. 97
90. 01	OUTPA	TIENT SERVICE COST CENTERS						
91. 00	90.00 09000	CLINIC	0	40, 227	40, 22	7 4. 394461	0.000000	90.00
92. 00   09200   OBSERVATI ON BEDS (NON-DISTINCT PART)   527, 609   3, 442, 682   3, 970, 291   0. 869002   0. 0000000   92. 00	90. 01 09001	WOUND CARE CLINIC	12, 905	1, 502, 666	1, 515, 57	0. 403197	0.000000	90. 01
OTHER REI MBURSABLE COST CENTERS  95. 00	91.00 09100	EMERGENCY	3, 296, 780	19, 358, 571	22, 655, 35	0. 370238	0.000000	91.00
95. 00   09500   AMBULANCE SERVI CES   0   5,589,352   5,589,352   0.000000   95. 00   101.00   10100   HOME   HEALTH   AGENCY   0   1,547,183   1,547,183   1,547,183   102.00   102.00   0   10   D   TREATMENT   PROGRAM   0   0   0   0   0   0   0   0   0	92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	527, 609	3, 442, 682	3, 970, 29	0. 869002	0.000000	92.00
101. 00   10100   HOME   HEALTH   AGENCY   0   1,547,183   1,547,183   101. 00   102.00   10200   OPI 0I D   TREATMENT   PROGRAM   0   0   0   0   0   102.00   OPI 0I D   TREATMENT   PROGRAM   0   0   0   0   0   102.00   OPI 0I D   TREATMENT   PROGRAM   0   0   0   0   0   102.00   OPI 0I D   TREATMENT   PROGRAM   0   0   0   0   0   102.00   OPI 0I D   TREATMENT   PROGRAM   0   0   0   0   0   0   0   0   0								
102. 00   10200   OPI 0I D TREATMENT PROGRAM   O   O   O   O    SPECIAL PURPOSE COST CENTERS  113. 00   11300   INTEREST EXPENSE	95.00 09500	AMBULANCE SERVICES	0	5, 589, 352	5, 589, 35	0. 555592	0.000000	95.00
SPECIAL PURPOSE COST CENTERS   113.00   11300   INTEREST EXPENSE   116.00   11600   HOSPI CE   50.00   Subtotal (see instructions)   77, 286, 054   244, 949, 418   322, 235, 472   200.00   201.00   Less Observation Beds   201.00	101.00 10100	HOME HEALTH AGENCY	0	1, 547, 183	1, 547, 18	3		101.00
113. 00	102.00 10200	OPIOID TREATMENT PROGRAM	0	0	(	O		102.00
116. 00   11600   HOSPI CE								
200.00   Subtotal (see instructions)   77, 286, 054   244, 949, 418   322, 235, 472   200.00   201.00   Less Observation Beds   201.00								
201.00 Less Observation Beds 201.00		•	<u>ا</u>	•				
			77, 286, 054	244, 949, 418	322, 235, 47	2		
202. 00   Total (see instructions)   77, 286, 054  244, 949, 418  322, 235, 472     202. 00	•	•						
	202. 00	lotal (see instructions)	77, 286, 054	244, 949, 418	322, 235, 47	<sup>2</sup>		202.00

Heal th Financial Systems KINGS DAUGHTERS HOSPITAL In Lieu of Form CMS-2552-10

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0069
Period: From 01/01/2022 To 12/31/2022 Date/Time Prepared: 5/24/2023 10: 28 am

				5/24/2023 10:28 am
		Title XIX	Hospi tal	Cost
Cost Center Description	PPS Inpatient			
	Ratio			
	11. 00			
INPATIENT ROUTINE SERVICE COST CENTERS				
30. 00   03000   ADULTS & PEDI ATRI CS				30.00
31.00   03100   INTENSIVE CARE UNIT				31.00
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
53. 00   05300   ANESTHESI OLOGY	0. 000000			53.00
54. 00   05400 RADI OLOGY-DI AGNOSTI C	0. 000000			54.00
54. 01   03630   ULTRA SOUND	0. 000000			54. 01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0. 000000			54. 02
55. 00 05500 RADI OLOGY - THERAPEUTI C	0. 000000			55.00
55. 01 03480 ONCOLOGY	0. 000000			55. 01
57. 00 05700 CT SCAN	0. 000000			57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 000000			58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000000			59.00
60. 00   06000   LABORATORY	0. 000000			60.00
62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0. 000000			62.00
65. 00   06500   RESPI RATORY   THERAPY	0. 000000			65. 00
66. 00   06600   PHYSI CAL THERAPY	0. 000000			66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0. 000000			67. 00
68. 00 06800 SPEECH PATHOLOGY	0. 000000			68.00
69. 00   06900   ELECTROCARDI OLOGY	0. 000000			69.00
69. 01   03610   SLEEP LAB	0. 000000			69. 01
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000			71.00
71. 01   07101   IV SOLUTIONS	0. 000000			71.00
72.00 07200 MPL. DEV. CHARGED TO PATIENTS	0. 000000			72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0. 000000			73.00
76. 00   03140   CARDI OLOGY	0. 000000			76.00
76. 97   07697   CARDI OLOGI 76. 97   07697   CARDI AC   REHABI LI TATI ON	0. 000000			76. 97
OUTPATIENT SERVICE COST CENTERS	0.000000			70. 97
90. 00 09000 CLINIC	0. 000000			90.00
90. 01   09001   WOUND CARE CLINIC	0. 000000			90.00
91. 00   09100   EMERGENCY	0. 000000			91.00
92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000			92.00
OTHER REIMBURSABLE COST CENTERS	0.000000			92.00
95. 00 09500 AMBULANCE SERVICES	0. 000000			95.00
l l	0.000000			101.00
101. 00 10100 HOME HEALTH AGENCY				
102.00 10200 OPI OI D TREATMENT PROGRAM SPECIAL PURPOSE COST CENTERS				102. 00
				112.00
113. 00 11300 I NTEREST EXPENSE				113.00
116. 00 11600 HOSPI CE				116.00
200.00 Subtotal (see instructions)				200.00
201.00 Less Observation Beds				201.00
202.00   Total (see instructions)				202. 00

Health Financial Systems	KINGS DAUGHTE	RS HOSPITAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	COSTS	Provi der C		Peri od:	Worksheet D	
				From 01/01/2022		
				To 12/31/2022	Date/Time Pre 5/24/2023 10:	
		Title	: XVIII	Hospi tal	PPS	20 aiii
Cost Center Description	Capi tal	Swi ng Bed	Reduced	Total Patient	Per Diem	
	Related Cost	Adjustment	Capi tal	Days	(col. 3 /	
	(from Wkst.		Related Cost		col. 4)	
	B, Part II,		(col. 1 -		,	
	col. 26)		col . 2)			
	1. 00	2.00	3.00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2, 150, 417	0	2, 150, 41	7 9, 850	218. 32	30.00
31.00 INTENSIVE CARE UNIT	159, 716		159, 71	1, 310	121. 92	31.00
43. 00 NURSERY	110, 747		110, 74	7 843	131. 37	43.00
200.00 Total (lines 30 through 199)	2, 420, 880		2, 420, 88	12, 003		200.00
Cost Center Description	I npati ent	Inpatient				
	Program days	Program				
		Capital Cost				
		(col. 5 x				
		col. 6)				
	6. 00	7. 00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2, 897	632, 473				30.00
31.00   INTENSIVE CARE UNIT	433	52, 791				31.00
43. 00 NURSERY	0	0	l .			43.00
200.00 Total (lines 30 through 199)	3, 330	685, 264				200. 00

Heal th Financial	Systems		KI	NGS DAUGHTERS	HOSPI TAL			In Lieu	of Form CM	NS-2552-10
APPORTI ONMENT OF	I NPATI ENT	ANCILLARY SERVICE	CAPITAL C	COSTS	Provi der	CCN:	15-0069	01/01/2022 12/31/2022	Worksheet Part II Date/Time	- Prepared:

THE STATE OF THE PROPERTY OF THE STATE OF TH		11.01.40.		rom 01/01/2022	Part II		
					Γο 12/31/2022	Date/Time Pre 5/24/2023 10:	pared:
			Title	e XVIII	Hospi tal	PPS	20 4111
	Cost Center Description	Capi tal	Total Charges	Ratio of Cost	Inpati ent	Capital Costs	
	•	Related Cost	(from Wkst.	to Charges	Program	(column 3 x	
		(from Wkst.	C, Part I,	(col . 1 ÷	Charges	column 4)	
		B, Part II,	col. 8)	col . 2)			
		col. 26)					
		1. 00	2. 00	3.00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	1, 000, 300					
51. 00	05100 RECOVERY ROOM	76, 231				l	
52.00	05200 DELIVERY ROOM & LABOR ROOM	38, 741	1, 375, 741			0	52.00
53.00	05300 ANESTHESI OLOGY	19, 956					
54.00	05400 RADI OLOGY-DI AGNOSTI C	555, 463				l .	
54. 01	03630 ULTRA SOUND	8, 911	1, 611, 345			325	
54. 02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	25, 348				l	
55.00	05500 RADI OLOGY - THERAPEUTI C	0	0	0.0000		0	55.00
55. 01	03480 ONCOLOGY	573, 871	6, 789, 172		· ·	2, 960	55. 01
57.00	05700 CT SCAN	63, 839					
58.00	05800 MAGNETIC RESONANCE I MAGING (MRI)	57, 001	3, 595, 172				
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	ı			0	59.00
60.00	06000 LABORATORY	372, 896					1
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	20, 227	2, 381, 724				
65.00	06500 RESPI RATORY THERAPY	81, 836					
66.00	06600 PHYSI CAL THERAPY	571, 374					
67.00	06700 OCCUPATI ONAL THERAPY	68, 411	1, 347, 312				
68. 00	06800 SPEECH PATHOLOGY	19, 651	709, 619				68.00
69.00	06900 ELECTROCARDI OLOGY	0	ı	0.0000		0	69.00
69. 01	03610 SLEEP LAB	43, 684				0	69. 01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	152, 809				20, 190	
71. 01	O7101   I V SOLUTIONS	0		0.0000		0	71.01
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	169, 009					72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	505, 283					73.00
76.00	03140 CARDI OLOGY	284, 322				i .	
76. 97	07697 CARDI AC REHABI LI TATI ON	33, 713	632, 630	0. 05329	131	7	76. 97
90. 00	OUTPATIENT SERVICE COST CENTERS  O9000 CLINIC	34, 879	40, 227	0. 86705	4 0	0	90.00
	09000 CLINIC 09001 WOUND CARE CLINIC						
90. 01 91. 00	09100 EMERGENCY	81, 241 789, 501	1, 515, 571 22, 655, 351				90. 01 91. 00
91.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	615, 217	3, 970, 291			52, 348 56, 627	91.00
92.00	OTHER REIMBURSABLE COST CENTERS	010, 217	3, 910, 291	0. 15495	300, 441	30, 627	72.00
95. 00	09500 AMBULANCE SERVICES						95.00
200.00		6, 263, 714	302, 686, 234		27, 221, 842	460, 620	
200.00	1.5ta. (11165 55 till 5dgil 177)	0,200,714	302,000,204	ı	2,,221,042	100,020	-50.00

Health Financial Systems	KINGS DAUGHTE	RS HOSPITAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA	ASS THROUGH COS		!	Period: From 01/01/2022 Fo 12/31/2022	5/24/2023 10:	pared: 28 am
		Title	: XVIII	Hospi tal	PPS	
Cost Center Description	Nursi ng	Nursi ng	Allied Health	Allied Health	All Other	
	Program	Program	Post-Stepdown	Cost	Medi cal	
	Post-Stepdown		Adjustments		Educati on	
	Adjustments				Cost	
	1A	1. 00	2A	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDIATRICS	0	0	(	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0		0	0	31.00
43. 00   04300   NURSERY	0	0		0	0	43.00
200.00 Total (lines 30 through 199)	0	0		0	0	200.00
Cost Center Description	Swi ng-Bed	Total Costs	Total Patient	Per Diem	Inpati ent	
	Adjustment	(sum of cols.	Days	(col. 5 ÷	Program Days	
	Amount (see	1 through 3,		col . 6)		
	instructions)	minus col. 4)				
	4. 00	5. 00	6. 00	7. 00	8. 00	
INPATIENT ROUTINE SERVICE COST CENTERS	_					
30. 00 03000 ADULTS & PEDIATRICS	0	0	9, 850	0.00	2, 897	30.00
31.00 03100 INTENSIVE CARE UNIT		0	1, 310	0.00	433	31.00
43. 00   04300   NURSERY		0	843	0.00	0	43.00
200.00 Total (lines 30 through 199)		0	12, 00	3	3, 330	200.00
Cost Center Description	I npati ent					
	Program					
	Pass-Through					
	Cost (col. 7					
	x col. 8)					
	9. 00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00   03000   ADULTS & PEDI ATRI CS	0					30.00
31.00 03100 INTENSIVE CARE UNIT	0					31.00
43. 00   04300   NURSERY	0					43.00
200.00 Total (lines 30 through 199)	0					200.00

Health Financial Systems	KINGS DAUGHTERS	HOSPI TAL	In Lieu	of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT	ANCILLARY SERVICE OTHER PASS	Provi der CCN: 15-0069		Worksheet D
THROUGH COSTS			From 01/01/2022	Part IV

THROUGH CO	3313				To 12/31/2022	Date/Time Pre 5/24/2023 10:	
			Title	XVIII	Hospi tal	PPS	
	Cost Center Description	Non Physician	Nursi ng	Nursi ng	Allied Health	Allied Health	
	·	Anesthetist	Program	Program	Post-Stepdown		
		Cost	Post-Stepdown		Adjustments		
			Adjustments				
		1.00	2A	2.00	3A	3. 00	
ANC	ILLARY SERVICE COST CENTERS						
50.00 050	OO OPERATING ROOM	0	0		0 0	0	50.00
51.00 051	OO RECOVERY ROOM	0	0		0	0	51.00
52.00 052	OO DELIVERY ROOM & LABOR ROOM	0	0		0	0	52.00
53.00 053	OO ANESTHESI OLOGY	0	0		0	0	53.00
54.00 054	OO RADI OLOGY-DI AGNOSTI C	0	0		0	262, 947	54.00
54. 01 036	30 ULTRA SOUND	0	0		0	0	54.01
54. 02   034	50 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		0	0	54.02
55.00 055	OO RADIOLOGY - THERAPEUTIC	0	0		0	0	55.00
55. 01   034	80 ONCOLOGY	o	0		0	0	55. 01
57.00 057	OO CT SCAN	o	0		0 0	0	57.00
58.00 058	OO MAGNETIC RESONANCE IMAGING (MRI)	o	0		0 0	0	58.00
59.00 059	OO CARDI AC CATHETERI ZATI ON	o	0		0 0	0	59.00
60.00 060	00 LABORATORY	o	0		0 0	0	60.00
62.00 062	OO WHOLE BLOOD & PACKED RED BLOOD CELLS	o	0		0 0	0	62.00
65. 00 065	00 RESPI RATORY THERAPY	o	0		0	0	65.00
66.00 066	00 PHYSI CAL THERAPY	o	0		0 0	0	66.00
67. 00 067	OO OCCUPATI ONAL THERAPY	o	0		0 0	0	67.00
68. 00 068	00 SPEECH PATHOLOGY	o	0		0 0	0	68.00
69.00 069	00 ELECTROCARDI OLOGY	o	0		0 0	0	69.00
69. 01 036	10 SLEEP LAB	o	0		0 0	0	69. 01
71.00 071	OO MEDICAL SUPPLIES CHARGED TO PATIENTS	o	0		0 0	0	71.00
71. 01   071	01 IV SOLUTIONS	o	0		0 0	0	71.01
72.00 072	OO IMPL. DEV. CHARGED TO PATIENTS	o	0		0 0	0	72.00
73.00 073	OO DRUGS CHARGED TO PATIENTS	o	0		0 0	0	73.00
	40 CARDI OLOGY	o	0		0 0	0	76.00
	97 CARDIAC REHABILITATION	o	0		o o	0	76. 97
	PATIENT SERVICE COST CENTERS			•			
	OO CLI NI C	0	0		0 0	0	90.00
	01 WOUND CARE CLINIC	o	0		0 0	0	90. 01
91.00 091	OO EMERGENCY	o	0		0 0	0	91.00
	OO OBSERVATION BEDS (NON-DISTINCT PART)	o			0	0	1
	ER REIMBURSABLE COST CENTERS	-1					1
	00 AMBULANCE SERVICES						95. 00
200.00	Total (lines 50 through 199)	o	0		0 0	262, 947	200.00
	, ,			•	1	•	

Health Financial Systems	KINGS DAUGHTERS	HOSPI TAL	In Lieu	ı of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT	ANCILLARY SERVICE OTHER PASS	Provider CCN: 15-0069		Worksheet D
THROUGH COSTS			From 01/01/2022	

Title XVIII	Tilloudii 60313			1	o 12/31/2022	Date/Time Pre 5/24/2023 10:	pared: 28 am
Medical Education   Cost   C			Title	XVIII	Hospi tal		20 4111
Education   1, 2, 3, and   Cost (sum of col 2, 2),   Col . 5   Col . 5   Col . 7   C	Cost Center Description	All Other	Total Cost	Total	Total Charges	Ratio of Cost	
ANCILLARY SERVICE COST CENTERS		Medi cal	(sum of cols.	Outpati ent	(from Wkst.	to Charges	
ANCILLARY SERVICE COST CENTERS		Educati on	1, 2, 3, and	Cost (sum of	C, Part I,	(col. 5 ÷	
ANCILLARY SERVICE COST CENTERS		Cost	4)	col s. 2, 3,	col. 8)	col. 7)	
ANCILLARY SERVICE COST CENTERS				and 4)		(see	
ANCILLARY SERVICE COST CENTERS   S.						instructions)	
SO   0   0   0   0   0   0   0   0   0		4. 00	5. 00	6. 00	7. 00	8. 00	
51.00   05100   RECOVERY ROOM & LABOR ROOM   0   0   0   5, 489, 325   0, 000000   51, 00   52.00   05200   DELIVERY ROOM & LABOR ROOM   0   0   0   0   0   0, 375, 741   0, 000000   52.00   53.00   05300   ANESTHESI OLOGY   0   0   0   0   0   0, 6,734, 009   0, 000000   53.00   05300   ANESTHESI OLOGY   0   0   0   0   0   0, 6,734, 009   0, 000000   54.00   0, 000000   54.00   0, 000000   54.00   0, 000000   54.00   0, 0000000   0, 0000000   0, 00000000							
52.00   05.200   05.200   05.200   05.200   05.200   05.200   05.300   05.400   05			ı	`			
53.00   05300   AMBESTHESIOLOGY   0   0   0   0   6,734,009   0,000000   53.00		1	0	(	· · ·		1
54. 00   05400   RADIOLOCY-DI AGNOSTIC   0   262, 947   262, 947   5, 698, 962   0. 046139   54. 01   03630   ULTRA SOUND   0   0   0   0   0   0   1, 611, 345   0. 000000   54. 01   03630   ULTRA SOUND   0   0   0   0   0   0   0   0   0		0	0	(			
54.01   03630   ULTRA SOUND   0   0   0   1,611,345   0.000000   54.01		0	0	(			
54. Q2   Q3450   MUCLEAR MEDI CINE - DI AGNOSTIC   0   0   0   0   2, 876, 569   0.000000   54. Q2   55. 00   0.0000000   55. 00   0.000000   55. 00   0.000000   55. 00   0.0000000   55. 00   0.000000   5		0	262, 947	262, 947			
55. 00   05500   RADI OLOGY - THERAPEUTI C		0	0	(			
55. 01   03480   0NCOLOGY   0   0   0   6, 789, 172   0.000000   55. 01		0	0	(	2, 876, 569		
57. 00 05700   CT SCAN		0	0	(	0		
58. 00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0 0 0 3,595,172 0.000000 58. 00 59. 00 05900 CARDIAC CATHETERIZATION 0 0 0 0 0.000000 59. 00 60. 00 06000 LABORATORY 0 0 0 34,841,116 0.000000 60. 00 62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 0 0 0 0 2,381,724 0.000000 62. 00 65. 00 06500 RESPIRATORY THERAPY 0 0 0 0 6,225,800 0.000000 65. 00 66. 00 06600 PHYSIC CAL THERAPY 0 0 0 0 7,646,189 0.000000 65. 00 67. 00 06700 OCCUPATIONAL THERAPY 0 0 0 0 7,646,189 0.000000 67. 00 68. 00 06800 SPEECH PATHOLOGY 0 0 0 709,619 0.000000 68. 00 69. 00 06900 ELECTROCARDIOLOGY 0 0 0 709,619 0.000000 69. 00 69. 01 03610 SLEEP LAB 0 0 0 1,353,930 0.000000 69. 01 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 0 12, 908,297 0.000000 71. 00 72. 00 07200 IMPL DEV. CHARGED TO PATIENTS 0 0 0 17, 682,058 0.000000 72. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 17, 682,058 0.000000 72. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 17, 682,058 0.000000 72. 00 074. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 17, 682,058 0.000000 72. 00 076. 97 07697 CARDIOLOGY 0 0 0 0 40,227 0.000000 76. 07 76. 97 07697 CARDIOLOGY 0 0 0 0 15,155,571 0.000000 90. 01 91. 00 09001 WOUND CARE CLINIC 0 0 0 0 22,655,351 0.000000 90. 01 91. 00 09001 BERGENCY 0 0 0 0 3,970,291 0.000000 92. 00 00 09200 DRESENVATION BEDS (NON-DISTINCT PART) 0 0 0 3,970,291 0.000000 92. 00 00 09500 AMBULANCE SERVICES		0	0	(			
59. 00 05900 CARDIAC CATHETERIZATION 0 0 0 0 0 0 0.000000 59. 00 60. 00 06000 LABORATORY 0 0 0 0 34, 841, 116 0.000000 60. 00 62. 00 06000 WHOLE BLOOD & PACKED RED BLOOD CELLS 0 0 0 0 0 2, 381, 724 0.000000 62. 00 0 0 65. 00 65. 00 06500 RESPI RATORY THERAPY 0 0 0 0 6, 225, 800 0.000000 65. 00 66. 00 06600 PHYSI CAL THERAPY 0 0 0 0 7, 646, 189 0.000000 66. 00 67. 00 0600 PHYSI CAL THERAPY 0 0 0 0 1, 347, 312 0.000000 67. 00 0 0 709, 619 0.000000 68. 00 69. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0	(	· · ·		
60. 00 06000 LABORATORY 0 0 0 0 34, 841, 116 0.000000 60. 00 62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 0 0 0 0 2, 381, 724 0.000000 62. 00 0 0.00500 RESPI RATORY THERAPY 0 0 0 0 0, 62, 25, 800 0.000000 65. 00 0.00000 65. 00 0.00000 0.00000 65. 00 0.00000 65. 00 0.00000 0.00000 65. 00 0.000000		0	0	(	3, 595, 172		
62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 0 0 0 0 2, 381, 724 0.000000 62. 00 65. 00 06500 RESPI RATORY THERAPY 0 0 0 0 6,225, 800 0.000000 65. 00 66. 00 06600 PHYSI CAL THERAPY 0 0 0 0 7, 646, 189 0.000000 65. 00 67. 00 06700 OCCUPATI ONAL THERAPY 0 0 0 0 1, 347, 312 0.000000 67. 00 0 0.00000 68. 00 0 0 0 0.000000 68. 00 0 0 0 0 0 0 0.000000 68. 00 0 0 0 0 0.000000 69. 00 0 0 0 0.000000 69. 00 0 0 0 0 0.000000 69. 00 0 0 0 0.000000 69. 00 0 0 0 0 0.000000 69. 00 0 0 0 0 0.000000 69. 00 0 0 0 0 0.000000 69. 00 0 0 0 0 0 0 0.000000 69. 00 0 0 0 0 0 0 0 0.000000 69. 01 0.0000000 69. 01 0.00000000000000000000000000000000		0	0	(	0		
65. 00   06500   RESPI RATORY THERAPY   0   0   0   6, 225, 800   0.000000   65. 00   66. 00   06600   PHYSI CAL THERAPY   0   0   0   0   7, 646, 189   0.000000   66. 00   67. 00   06700   0CCUPATI ONAL THERAPY   0   0   0   0   1, 347, 312   0.000000   67. 00   68. 00   06800   SPEECH PATHOLOGY   0   0   0   709, 619   0.000000   68. 00   69. 00   06900   ELECTROCARDI OLOGY   0   0   0   0   0.000000   69. 00   69. 01   03610   SLEEP LAB   0   0   0   1, 353, 930   0.000000   69. 01   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0   0   0   12, 908, 297   0.000000   71. 01   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   0   0   0   17, 682, 058   0.000000   72. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0   0   0   17, 682, 058   0.000000   72. 00   76. 00   03140   CARDI OLOGY   0   0   0   0   0   0   0   76. 97   07697   CARDI AC REHABI LI TATI ON   0   0   0   0   0   0   0   76. 97   07900   EMERGENCY   0   0   0   0   0   0, 1515, 571   0.000000   90. 01   99. 01   09001   WOUND CARE CLINI C   0   0   0   0   0, 22, 655, 351   0.000000   99. 00   07100   EMERGENCY   0   0   0   0, 3, 970, 291   0.000000   91. 00    95. 00   09500   AMBULANCE SERVI CES   95. 00		0	0	(			
66. 00 06600 PHYSICAL THERAPY 0 0 0 0 7, 646, 189 0.000000 66. 00 67. 00 06700 OCCUPATI ONAL THERAPY 0 0 0 0 1, 347, 312 0.000000 67. 00 68.00 06800 SPEECH PATHOLOGY 0 0 0 709, 619 0.000000 68. 00 69. 00 0 0 0 0 0 0 0 0 0 0 0 0 0.000000 69. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0	(			
67. 00		0	0	(			
68. 00   06800   SPEECH PATHOLOGY   0   0   0   709, 619   0.000000   68. 00   69. 00   06900   ELECTROCARDI OLOGY   0   0   0   0   0   0.000000   69. 00   03610   SLEEP LAB   0   0   0   0   0   0.000000   69. 01   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0   0   0   12, 908, 297   0.000000   71. 01   07101   IV SOLUTI ONS   0   0   0   0.000000   71. 01   072.00   MPL. DEV. CHARGED TO PATI ENTS   0   0   0   0   17, 682, 058   0.000000   72. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0   0   0   0   98, 094, 703   0.000000   73. 00   76. 00   03140   CARDI AC REHABI LITATI ON   0   0   0   0   632, 630   0.000000   76. 00   76. 97   0.000000   76. 97   0.000000   76. 97   0.0000000   0.0000000   0.000000   0.000000   0.0000000   0.0000000   0.000000   0.0000000   0.0000000   0.0000000   0.0000000   0.00000000		0	0	(			
69. 00   06900   ELECTROCARDI OLOGY   0   0   0   0   0   0   0   0   0		0	0	(			
69. 01		0	0	(	709, 619		
71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0   0   0   12, 908, 297   0.000000   71. 00   71. 01   07101   IV SOLUTIONS   0   0   0   0   0.000000   71. 01   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   0   0   17, 682, 058   0.000000   72. 00   73. 00   73. 00   73.00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   98, 094, 703   0.000000   73. 00   74.		0	0	(	-		
71. 01   07101   IV SOLUTIONS   0   0   0   0   0.000000   71. 01   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   0   0   17, 682, 058   0.000000   72. 00   73. 00   73. 00   73. 00   73. 00   73. 00   74. 00   0   0   0   0   0   0   0   0   0		0	0	(			69. 01
72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   0   0   17, 682, 058   0.000000   72. 00   73. 00   73. 00   73. 00   73. 00   73. 00   74. 00   0   0   0   0   0   0.000000   73. 00   74. 00   7		0	0	(	12, 908, 297		
73. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   98,094,703   0.000000   73. 00   76. 00   03140   CARDI OLOGY   0   0   0   0   10,189,179   0.000000   76. 00   76. 97   0.000000   76. 97   0.000000   76. 97   0.0000000   0.0000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.0000000   0.0000000   0.00000000		0	0	(	0		
76. 00		0	0	(			
76. 97		0	0	(			
OUTPATIENT SERVICE COST CENTERS   OUTP		1	0	(	· · ·		
90. 00   09000   CLINIC   0   0   40, 227   0.000000   90. 00   90. 01   90		0	0	(	632, 630	0.000000	76. 97
90. 01   09001   WOUND CARE CLINIC   0   0   0   1,515,571   0.000000   90. 01   91. 00   09100   EMERGENCY   0   0   0   22,655,351   0.000000   91. 00   92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   0   0   0   3,970,291   0.000000   92. 00   071HER REIMBURSABLE COST CENTERS   95. 00   09500   AMBULANCE SERVICES   95. 00   95. 00   95. 00   95. 00   96. 00							
91. 00   09100   EMERGENCY   0   0   0   22, 655, 351   0. 000000   91. 00   92. 00   09200   0BSERVATI ON BEDS (NON-DISTINCT PART)   0   0   0   3, 970, 291   0. 000000   92. 00   000000   0000000   0000000000000		0	0	(			
92. 00   09200   OBSERVATI ON BEDS (NON-DISTINCT PART)   0   0   0   3,970,291   0.000000   92. 00		-	0	(			
OTHER REI MBURSABLE COST CENTERS  95. 00 09500 AMBULANCE SERVI CES 95. 00			_	1			
95. 00		0	0		3, 970, 291	0.000000	92.00
		1					
200.00							
	200.00   Total (lines 50 through 199)	0	262, 947	262, 947	302, 686, 234		200. 00

Health Financial Systems	KINGS DAUGHTERS	HOSPI TAL	In Lieu	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS	ANCILLARY SERVICE OTHER PASS	Provi der CCN: 15-0069	From 01/01/2022	Worksheet D Part IV Date/Time Prepared: 5/24/2023 10:28 am
		Ti +1 o V/// / /	Heeni tel	DDC

Note	TTIKOOC				1	o 12/31/2022	Date/Time Pre 5/24/2023 10:	pared: 28 am
Ratio of Cost				Title	XVIII	Hospi tal		
NACILLARY SERVICE COST CENTERS		Cost Center Description						
Costs (col 8   Costs (col 8   Costs (col 8   Costs (col 9   x col 12)   x col 122   x col 10)   x col 122   x col 10)   x col 122   x col 10)   x col 122   x col 100   x co			Ratio of Cost	Program	Program	Program	Program	
ANCILLARY SERVICE COST CENTERS			to Charges	Charges	Pass-Through	Charges	Pass-Through	
ANCILLARY SERVICE COST CENTERS			(col. 6 ÷				Costs (col. 9	
ANCILLARY SERVICE COST CENTERS								
SOLO   050000   050000   050000   050000   0500000   0500000   05000000   050000000   050000000   0500000000			9. 00	10. 00	11. 00	12.00	13. 00	
51.00   05100   RECOVERY ROOM   0.0000000   0.0000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.00000000								
52.00   05200   05200   05200   05200   0   0   0   0   0   0   0   0   0							-	
53.00   05300   AMESTHESI OLOGY   0.000000   567, O18   0   901, 344   0   53.00							-	
54. 01 036400   RADI OLOGY-DI AGNOSTI C								
54. 01 03630   ULTRA SOUND							_	
54. 02 03450 NUCLEAR MEDICINE - DIAGNOSTIC				•	21, 179			
55. 00         05500         RADI OLOGY - THERAPEUTI C         0.000000         0         0         0         55. 00           55. 01         03480         ONCOLOGY         0.000000         1,093,565         0         2,384,830         0         55. 01           57. 00         05700         CT SCAN         0.000000         1,093,565         0         3,355,079         0         57. 00           58. 00         05800         MAGNETI C RESONANCE I MAGI NG (MRI)         0.000000         135,184         0         944,664         0         58. 00           59. 00         05900         CARDI AC CATHETERI ZATI ON         0.000000         2,252,423         0         2,442,999         0         60. 00           60. 00         06000         LABGRATORY         0.000000         2,521,423         0         2,442,999         0         60. 00           65. 00         06500         RESPI RATORY THERAPY         0.000000         451,890         0         223,070         0         62. 00           65. 00         06600         PHYSI CAL THERAPY         0.000000         340,949         0         400,25         0         66. 00           67. 00         06700         OCCUPATI ONAL THERAPY         0.000000         73,	54. 01			·				
55. 01   03480   ONCOLOGY   0.000000   35,021   0   2,384,830   0   55.01   57. 00   05700   CT SCAN   0.000000   1,093,565   0   3,355,079   0   57.00   58. 00   05800   MAGRETIC RESONANCE IMAGING (MRI )   0.000000   135,184   0   944,664   0   58.00   59. 00   05900   CARDIAC CATHETERIZATION   0.000000   0   0   0   0   0   60. 00   06000   LABORATORY   0.000000   2,252,423   0   2,442,999   0   60.00   62. 00   06200   MADLE BLOOD & PACKED RED BLOOD CELLS   0.000000   451,890   0   223,070   0   62.00   65. 00   06500   RESPIRATORY THERAPY   0.000000   1,667,124   0   402,966   0   65.00   66. 00   06600   PHYSI CAL THERAPY   0.000000   340,949   0   40,025   0   66.00   66. 00   06600   PHYSI CAL THERAPY   0.000000   340,949   0   40,025   0   66.00   67. 00   06700   OCCUPATIONAL THERAPY   0.000000   167,063   0   28,923   0   67,00   68. 00   06800   SPEECH PATHOLOGY   0.000000   73,275   0   1,924   0   68.00   69. 00   06900   ELECTROCARDIOLOGY   0.000000   0   0   0   0   69.00   69. 01   03610   SLEEP LAB   0.000000   0   0   288,349   0   69.01   71. 00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS   0.000000   0   0   288,349   0   69.01   72. 00   07200   IMPL DEV. CHARGED TO PATIENTS   0.000000   0   0   0   0   71.01   73. 00   07300   DRUGS CHARGED TO PATIENTS   0.000000   0   0   0   0   71.01   74. 00   07300   DRUGS CHARGED TO PATIENTS   0.000000   0   0   2,3369,137   0   73.00   76. 07   07407   CARDIA CARBABLLITATION   0.000000   3,673   0   505,402   0   90.01   76. 07   09001   WONND CARE CLINIC   0.000000   1,502,190   0   3,335,638   0   91.00   79. 00   09000   CLINIC   0.000000   3,673   0   505,402   0   90.01   79. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   0.000000   365,441   0   601,934   0   92.00   70   07400   OBSERVATION BEDS (NON-DISTINCT PART)   0.000000   365,441   0   601,934   0   92.00   70   07400   OBSERVATION BEDS (NON-DISTINCT PART)   0.000000   365,441   0   601,934   0   95.00   70   07500   OMBULANCE SERVICES   95.00				40, 698	(	960, 723	0	
57. 00 05700 CT SCAN				_	(	, i	0	
58. 00   05800   MAGNETIC RESONANCE IMAGING (MRI)   0,000000   135, 184   0   944, 664   0   58. 00   59. 00   05900   CARDIAC CATHETERIZATION   0.000000   0   0   0   0   60. 00   06000   LABORATORY   0.000000   2,252,423   0   2,442,999   0   60. 00   62. 00   06200   WHOLE BLOOD & PACKED RED BLOOD CELLS   0.000000   451,890   0   223,070   0   62. 00   65. 00   06500   RESPIRATORY THERAPY   0.000000   1,667,124   0   402,966   0   65. 00   66. 00   06600   PHST CAL THERAPY   0.000000   340,949   0   40,025   0   60. 00   67. 00   06700   OCCUPATIONAL THERAPY   0.000000   167,063   0   28,923   0   67. 00   68. 00   06800   SPECH PATHOLOGY   0.000000   73,275   0   1,924   0   68. 00   69. 00   06900   ELECTROCARDIOLOGY   0.000000   0   0   0   0   69. 00   69. 01   03610   SLEEP LAB   0.000000   0   0   298,349   0   69. 01   71. 00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS   0.000000   1,705,537   0   1,597,272   0   71. 00   71. 01   07101   IV SOLUTIONS   0.000000   0,705,537   0   1,597,272   0   71. 01   72. 00   07200   IMPL DEV. CHARGED TO PATIENTS   0.000000   2,700,174   0   3,446,577   0   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   0.000000   2,700,174   0   3,446,577   0   72. 00   76. 97   07697   CARDIAC REHABILITATION   0.000000   131   0   294,533   0   76. 97   076. 97   07697   CARDIAC REHABILITATION   0.000000   365,441   0   601,934   0   90. 01   091. 00   09000   CLINIC   0.000000   365,441   0   601,934   0   92. 00   09200   0BSERVATION BEDS (NON-DISTINCT PART)   0.000000   365,441   0   601,934   0   95. 00   0950. 0   09500   AMBULANCE SERVICES   95. 00						2, 384, 830	0	
59.00   05900   CARDI AC CATHETERI ZATI ON   0.000000   0   0   0   0   0   0   0	57.00	05700 CT SCAN	0. 000000	1, 093, 565	(	3, 355, 079	0	57.00
60. 00 06000 LABORATORY 0. 000000 2, 252, 423 0 2, 442, 999 0 60. 00 6200 WHOLE BLOOD & PACKED RED BLOOD CELLS 0. 000000 451, 890 0 223, 070 0 62. 00 65. 00 6500 RESPI RATORY THERAPY 0. 000000 1, 667, 124 0 402, 966 0 65. 00 660. 00 6600 PHYSI CAL THERAPY 0. 000000 340, 949 0 40, 025 0 66. 00 667. 00 667. 00 66700 OCCUPATI ONAL THERAPY 0. 000000 167, 063 0 28, 923 0 67, 00 68. 00 6800 SPECEH PATHOLOGY 0. 000000 73, 275 0 1, 924 0 68. 00 69. 00 6900 ELECTROCARDI OLOGY 0. 000000 0 0 0 0 0 0 69, 00 69. 01 03610 SLEEP LAB 0. 000000 0 0 0 0 298, 349 0 69. 01 71. 00 071001 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0. 000000 1, 705, 537 0 1, 597, 272 0 71. 01 77101 IV SOLUTI ONS 0. 000000 0 0 0 0 0 0 71. 01 72. 00 07200 I MPL. DEV. CHARGED TO PATI ENTS 0. 000000 1, 705, 537 0 1, 597, 272 0 71. 01 773. 00 07300 DRUGS CHARGED TO PATI ENTS 0. 000000 2, 700, 174 0 3, 446, 577 0 72. 00 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0. 000000 9, 799, 509 0 23, 369, 137 0 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0. 000000 131 0 294, 533 0 76. 00 07400 CARDI OLOGY 0. 000000 131 0 294, 533 0 76. 00 07400 CARDI OLOGY 0. 000000 131 0 294, 533 0 76. 00 07400 CARDI AC REHABI LI TATI ON 0. 000000 131 0 294, 533 0 76. 97 000000 CLIN IC 0. 000000 1, 507, 30 0 505, 402 0 90. 01 09001 WUND CARE CLINIC 0. 000000 365, 441 0 601, 934 0 92. 00 00000 00 00 00 00 00 00 00 00 00 00	58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 000000	135, 184	(	944, 664	0	58.00
62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 0.000000 15,667, 124 0 402,966 065.00 65.00 RESPI RATORY THERAPY 0.000000 1,667, 124 0 402,966 065.00 665.00 665.00 665.00 665.00 665.00 665.00 667.	59.00	05900 CARDI AC CATHETERI ZATI ON	0. 000000	0	(	0	0	59.00
65. 00 06500 RESPIRATORY THERAPY 0. 000000 1, 667, 124 0 402, 966 0 65. 00 66. 00 06600 PHYSI CAL THERAPY 0. 000000 340, 949 0 40, 025 0 66. 00 67. 00 0600 PHYSI CAL THERAPY 0. 000000 340, 949 0 40, 025 0 66. 00 67. 00 0600 0 0 0 0 0 0 67. 00 68. 00 06800 SPEECH PATHOLOGY 0. 000000 73, 275 0 1, 924 0 68. 00 68. 00 06900 ELECTROCARDI OLOGY 0. 000000 0 0 0 0 0 0 69. 00 69. 01 03610 SLEEP LAB 0. 000000 0 0 0 298, 349 0 69. 01 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0. 000000 1, 705, 537 0 1, 597, 272 0 71. 01 07101 IV SOLUTI ONS 0. 000000 0 0 0 0 0 0 0 71. 01 72. 00 07200 I MPL DEV. CHARGED TO PATI ENTS 0. 000000 2, 700, 174 0 3, 446, 577 0 72. 00 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0. 000000 9, 799, 509 0 23, 369, 137 0 73. 00 76. 00 03140 CARDI OLOGY 0. 000000 131 0 294, 533 0 76. 97 07697 CARDI AC REHABI LI TATI ON 0. 000000 1, 502, 190 0 90. 01 09001 WOUND CARE CLI NI C 0. 000000 1, 502, 190 0 3, 353, 638 0 91. 00 07400 DRUGS CHARGED CONTERS	60.00	06000 LABORATORY	0. 000000	2, 252, 423	(	2, 442, 999	0	60.00
66. 00	62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0. 000000	451, 890	(	223, 070	0	62.00
67. 00	65.00		0. 000000	1, 667, 124	(	402, 966	0	65.00
68. 00	66.00	06600 PHYSI CAL THERAPY	0. 000000	340, 949	(	40, 025	0	66.00
69. 00   06900   ELECTROCARDI OLOGY   0.000000   0   0   0   0   69. 00   69. 01   03610   SLEEP LAB   0.000000   0   0   298, 349   0   69. 01   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0.000000   1,705, 537   0   1,597, 272   0   71. 00   71. 01   07101   IV SOLUTI ONS   0.000000   0   0   0   0   0   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   0.000000   2,700, 174   0   3,446, 577   0   72. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0.000000   9,799,509   0   23,369,137   0   73. 00   76. 00   03140   CARDI OLOGY   0.000000   822,802   0   2,803,476   0   76. 00   76. 97   07697   CARDI AC REHABI LI TATI ON   0.000000   1311   0   294,533   0   76. 97   00TPATI ENT SERVI CE COST CENTERS   0.000000   5,673   0   505,402   0   90. 01   90. 01   09001   WOUND CARE CLINI C   0.000000   1,502,190   0   3,353,638   0   91. 00   91. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART)   0.000000   365,441   0   601,934   0   92. 00   0THER REI MBURSABLE COST CENTERS   95. 00	67.00	06700 OCCUPATI ONAL THERAPY	0. 000000	167, 063	(	28, 923	0	67.00
69. 01	68.00	06800 SPEECH PATHOLOGY	0. 000000	73, 275	(	1, 924	0	68.00
71. 00	69.00	06900 ELECTROCARDI OLOGY	0. 000000	0	(	0	0	69.00
71. 01 07101 IV SOLUTIONS 0. 000000 0 0 0 0 0 71. 01 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0. 000000 2, 700, 174 0 3, 446, 577 0 72. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0. 000000 9, 799, 509 0 23, 369, 137 0 73. 00 76. 00 03140 CARDI OLOGY 0. 000000 822, 802 0 2, 803, 476 0 76. 00 76. 97 07697 CARDI AC REHABI LI TATI ON 0. 000000 131 0 294, 533 0 76. 97 0UTPATIENT SERVI CE COST CENTERS  90. 00 09000 CLI NI C 0. 000000 5, 673 0 505, 402 0 90. 01 91. 00 09100 EMERGENCY 0. 000000 1, 502, 190 0 3, 353, 638 0 91. 00 92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) 0. 000000 365, 441 0 601, 934 0 92. 00 0THER REI MBURSABLE COST CENTERS	69. 01	03610 SLEEP LAB	0. 000000	0	(	298, 349	0	69. 01
72. 00	71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000	1, 705, 537	(	1, 597, 272	0	71.00
73. 00   07300   DRUGS CHARGED TO PATIENTS   0.000000   9,799,509   0   23,369,137   0   73.00   76. 00   03140   CARDI OLOGY   0.000000   822,802   0   2,803,476   0   76.00   76. 97   07697   CARDI AC REHABI LI TATI ON   0.000000   131   0   294,533   0   76.97    90. 00   09000   CLI NI C   0.000000   0   0   0   0   0   90. 01   09001   WOUND CARE CLI NI C   0.000000   5,673   0   505,402   0   90.00    91. 00   09100   EMERGENCY   0.000000   1,502,190   0   3,353,638   0   91.00    92. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART)   0.000000   365,441   0   601,934   0   92.00    00THER REI MBURSABLE COST CENTERS	71. 01	07101 IV SOLUTIONS	0. 000000	0	(	0	0	71.01
76. 00	72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0. 000000	2, 700, 174	(	3, 446, 577	0	72.00
76. 97   07697   CARDI AC REHABILITATION   0. 000000   131   0   294, 533   0   76. 97	73.00	07300 DRUGS CHARGED TO PATIENTS	0. 000000	9, 799, 509	(	23, 369, 137	0	73.00
76. 97   07697   CARDI AC REHABILITATION   0. 000000   131   0   294, 533   0   76. 97	76.00	03140 CARDI OLOGY	0.000000	822, 802	(	2, 803, 476	0	76.00
90. 00	76. 97	07697 CARDI AC REHABILI TATION	0. 000000	131	(			76. 97
90. 01   09001   WOUND CARE CLINIC   0. 000000   5, 673   0   505, 402   0   90. 01   91. 00   92. 00   09200   0BSERVATION BEDS (NON-DISTINCT PART)   0. 000000   365, 441   0   601, 934   0   92. 00   09500   AMBULANCE SERVICES   95. 00   09500   AMBULANCE SERVICES   95. 00   90. 01   90.		OUTPATIENT SERVICE COST CENTERS						
91. 00   09100   EMERGENCY   0. 000000   1, 502, 190   0   3, 353, 638   0   91. 00   09200   0BSERVATI ON BEDS (NON-DI STI NCT PART)   0. 000000   365, 441   0   601, 934   0   92. 00   07HER REI MBURSABLE COST CENTERS   95. 00   09500   AMBULANCE SERVI CES   95. 00	90.00	09000 CLI NI C	0. 000000	0	(	0	0	90.00
92. 00   09200   0BSERVATI ON BEDS (NON-DI STI NCT PART)   0. 000000   365, 441   0   601, 934   0   92. 00		09001 WOUND CARE CLINIC		5, 673	(	505, 402	0	90. 01
92. 00   09200   0BSERVATI ON BEDS (NON-DISTINCT PART)   0. 000000   365, 441   0   601, 934   0   92. 00   0THER REIMBURSABLE COST CENTERS   95. 00   09500   AMBULANCE SERVICES   95. 00	91.00	09100 EMERGENCY	0. 000000	1, 502, 190	(	3, 353, 638	0	91.00
95. 00   09500   AMBULANCE SERVI CES   95. 00	92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000	365, 441	(	601, 934	0	92.00
200.00   Total (Lines 50 through 199)   27, 221, 842  21, 179  56, 087, 568  45, 323   200.00								
	200.00	Total (lines 50 through 199)		27, 221, 842	21, 179	56, 087, 568	45, 323	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Provi der CCN: 15-0069 Peri od: Worksheet D From 01/01/2022 Part V Date/Time Prepared: 12/31/2022 5/24/2023 10:28 am Title XVIII Hospi tal PPS Charges Costs PPS Services Cost Center Description Cost to PPS Cost Cost Charge Ratio Rei mbursed Rei mbursed Rei mbursed (see inst.) From Services (see Servi ces Services Not Worksheet C, inst.) Subject To Subject To Part I, col. Ded. & Coins. Ded. & Coins. 9 (see inst.) (see inst.) 1. 00 2.00 5.00 3.00 4.00 ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM 50.00 0. 295901 5, 962, 020 1, 764, 168 50.00 05100 RECOVERY ROOM 0 0.140610 932, 937 51.00 0 51.00 131, 180 05200 DELIVERY ROOM & LABOR ROOM 0 52.00 0.927935 0 52.00 901, 344 53.00 05300 ANESTHESI OLOGY 0.086759 0 78, 200 53.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 0. 910891 982, 316 0 894, 783 54.00 0 03630 ULTRA SOUND 0. 189483 253, 430 0 54.01 48,021 54 01 0 0 54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC 0.086042 960, 723 82,663 54.02 55.00 05500 RADIOLOGY - THERAPEUTIC 0.000000 o 55.00 03480 ONCOLOGY 0.490804 2, 384, 830 0 0 0 1, 170, 484 55.01 55.01 05700 CT SCAN 0.055287 3, 355, 079 0 185, 492 57.00 57.00 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0.156643 944,664 0 147, 975 58.00 05900 CARDI AC CATHETERI ZATI ON 0 59.00 0.000000 0 0 0 59.00 2, 442, 999 06000 LABORATORY 60 00 0 144955 742 354, 125 60 00 37, 997 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 0.170337 223, 070 0 62.00 65.00 06500 RESPIRATORY THERAPY 0. 221715 402, 966 0 0 89, 344 65.00 0 66.00 06600 PHYSI CAL THERAPY 0.402367 40, 025 0 16, 105 66.00 0 06700 OCCUPATIONAL THERAPY 28, 923 0 371224 O 10, 737 67 00 67 00 0 68.00 06800 SPEECH PATHOLOGY 0.366707 1, 924 706 68.00 06900 ELECTROCARDI OLOGY 0.000000 69.00 69.00 0 0 69.01 03610 SLEEP LAB 0.308495 298, 349 92,039 69.01 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0.364425 1, 597, 272 582,086 71 00 71 00 0 o 71.01 07101 IV SOLUTIONS 0.000000 71.01 07200 IMPL. DEV. CHARGED TO PATIENTS 3, 446, 577 0 0 1, 014, 093 72.00 0.294232 72.00 07300 DRUGS CHARGED TO PATIENTS 0 8, 974 4, 307, 984 73.00 0.184345 23, 369, 137 73.00 0 03140 CARDI OLOGY 2, 803, 476 438, 217 76.00 0.156312 0 76.00 76.97 07697 CARDIAC REHABILITATION 0. 289999 294, 533 0 0 85, 414 76.97 OUTPATIENT SERVICE COST CENTERS 90 00 09000 CLI NI C 4. 394461 O 90 00 0 0 90.01 09001 WOUND CARE CLINIC 0.403197 505, 402 0 0 203, 777 90.01 09100 EMERGENCY 3, 353, 638 0 91.00 0.370238 28 1, 241, 644 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)
OTHER REIMBURSABLE COST CENTERS 0.869002 601, 934 0 523, 082 92.00 92.00 95. 00 09500 AMBULANCE SERVICES 0. 555592 0 95.00 200.00 Subtotal (see instructions) 56, 087, 568 742 9,057 13, 500, 316 200. 00

201. 00

13, 500, 316 202. 00

0

9, 057

742

56, 087, 568

201.00

202.00

Less PBP Clinic Lab. Services-Program

Net Charges (line 200 - line 201)

Only Charges

Health Financial Systems	KINGS DAUGHTERS	HOSPI TAL	In Lieu	of Form CMS-2552-10
APPORTI ONMENT OF MEDI CAL	OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0069	Peri od: From 01/01/2022	

				To 12/31/2022	Date/Time Pre 5/24/2023 10:	epared:
		Title	XVIII	Hospi tal	PPS	20 0111
	Cos					
Cost Center Description	Cost	Cost				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Rei mbursed	Rei mbursed				
	Servi ces	Services Not				
	Subject To	Subject To				
	Ded. & Coins.	Ded. & Coins.				
	(see inst.)	(see inst.)				
	6. 00	7. 00				
ANCILLARY SERVICE COST CENTERS						
50.00 O5000 OPERATING ROOM	0	16				50.00
51.00 05100 RECOVERY ROOM	0	0				51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0				52.00
53. 00   05300   ANESTHESI OLOGY	0	0				53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0				54.00
54. 01 03630 ULTRA SOUND	0	0				54. 01
54. 02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0				54.02
55. 00 05500 RADI OLOGY - THERAPEUTI C	0	0				55.00
55. 01 03480 ONCOLOGY	0	0				55. 01
57.00 05700 CT SCAN	0	0				57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0				58.00
59. 00   05900 CARDI AC CATHETERI ZATI ON	0	0				59.00
60. 00   06000   LABORATORY	108	0				60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0				62.00
65. 00 06500 RESPIRATORY THERAPY	0	0				65.00
66. 00   06600 PHYSI CAL THERAPY	0	0				66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0	0				67.00
68.00 06800 SPEECH PATHOLOGY	0	0				68.00
69. 00 06900 ELECTROCARDI OLOGY	0	0				69.00
69. 01   03610   SLEEP LAB	0	0				69. 01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71.00
71. 01  07101  I V SOLUTIONS	0	0				71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1, 654				73.00
76. 00 03140 CARDI OLOGY	0	0	1			76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0	Ö	1			76. 97
OUTPATIENT SERVICE COST CENTERS						1
90. 00 09000 CLINIC	0	0				90.00
90. 01   09001   WOUND CARE CLINIC	0	Ö	1			90. 01
91. 00   09100   EMERGENCY	0	10	1			91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	1			92.00
OTHER REIMBURSABLE COST CENTERS	·	·	·			1
95. 00 09500 AMBULANCE SERVI CES	0					95. 00
200.00 Subtotal (see instructions)	108	l				200.00
201.00 Less PBP Clinic Lab. Services-Program	0	1,000				201.00
Only Charges						
202.00 Net Charges (line 200 - line 201)	108	1, 680				202.00
,		., 555	1			

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Provi der CCN: 15-0069 Peri od: Worksheet D From 01/01/2022 Part V Date/Time Prepared: 12/31/2022 5/24/2023 10:28 am Title XIX Hospi tal Cost Charges Costs PPS Services Cost Center Description Cost to PPS Cost Cost Charge Ratio Rei mbursed Rei mbursed Rei mbursed (see inst.) From Services (see Servi ces Services Not Worksheet C, Subject To Subject To inst.) Part I, col. Ded. & Coins. Ded. & Coins. 9 (see inst.) (see inst.) 1. 00 2.00 5.00 3.00 4.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0. 295901 3, 972, 004 50.00 05100 RECOVERY ROOM 0 0 1, 210, 829 0.140610 51.00 0 51.00 0 05200 DELIVERY ROOM & LABOR ROOM 0. 927935 0 52.00 7, 275 0 52.00 53.00 05300 ANESTHESI OLOGY 0.086759 0 997, 893 0 53.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 0.910891 0 914, 112 0 54.00 03630 ULTRA SOUND 0. 189483 54.01 0 0 328, 493 0 54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC 0 54.02 0.086042 0 322, 435 0 54.02 55.00 05500 RADI OLOGY - THERAPEUTI C 0.000000 0 55.00 0 03480 ONCOLOGY 0.490804 0 1, 024, 600 0 55.01 55.01 0 05700 CT SCAN 0.055287 0 2, 583, 836 57.00 57.00 0 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0.156643 568, 736 0 58.00 05900 CARDI AC CATHETERI ZATI ON 0 59.00 0.000000 0 59.00 06000 LABORATORY 0 0 6, 649, 302 60 00 0 144955 0 60 00 46, 905 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 0.170337 0 0 62.00 65.00 06500 RESPIRATORY THERAPY 0. 221715 354, 181 0 65.00 66.00 06600 PHYSI CAL THERAPY 0.402367 848, 047 0 66.00 06700 OCCUPATIONAL THERAPY 0 67 00 0 371224 0 236, 059 67 00 0 68.00 06800 SPEECH PATHOLOGY 0.366707 0 223, 902 0 68.00 06900 ELECTROCARDI OLOGY 0.000000 0 69.00 69.00 0 0 69.01 03610 SLEEP LAB 0.308495 0 0 0 69.01 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0.364425 0 1, 338, 527 71.00 71 00 0 0 71.01 07101 IV SOLUTIONS 0.000000 0 0 71.01 07200 IMPL. DEV. CHARGED TO PATIENTS 0. 294232 0 0 1, 304, 594 0 72.00 72.00 07300 DRUGS CHARGED TO PATIENTS 0. 184345 0 0 10, 522, 261 73.00 0 73.00 0 03140 CARDI OLOGY 1, 308, 728 Ω 76.00 0.156312 0 76.00 76.97 07697 CARDIAC REHABILITATION 0. 289999 0 0 12, 980 0 76.97 OUTPATIENT SERVICE COST CENTERS 90 00 n 0 90.00 09000 CLI NI C 4. 394461 8.700 0 0 90.01 09001 WOUND CARE CLINIC 0.403197 0 0 90.01 0. 370238 09100 EMERGENCY 0 6, 034, 193 91.00 91.00 0 0 09200 OBSERVATION BEDS (NON-DISTINCT PART)
OTHER REIMBURSABLE COST CENTERS 0.869002 0 0 640, 378 0 92.00 92.00

0. 555592

0

0

0

0

41, 458, 970

41, 458, 970

C

95.00

0 200.00

0 202.00

201.00

95. 00 09500 AMBULANCE SERVICES

Only Charges

Subtotal (see instructions)

Less PBP Clinic Lab. Services-Program

Net Charges (line 200 - line 201)

200.00

201.00

202.00

Peri od: Worksheet D From 01/01/2022 Part V To 12/31/2022 Date/Ti me Prepared:

						5/24/2023 10: 28	am
			Ti tl	e XIX	Hospi tal	Cost	
		Cos	sts				
	Cost Center Description	Cost	Cost				
		Rei mbursed	Rei mbursed				
		Servi ces	Services Not				
		Subject To	Subject To				
		Ded. & Coins.	Ded. & Coins.				
		(see inst.)	(see inst.)				
		6. 00	7. 00				
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	1, 175, 320	)		5	0.00
51.00	05100 RECOVERY ROOM	0	170, 255	5		5	1.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	6, 751			5	2.00
53.00	05300 ANESTHESI OLOGY	0	86, 576	,		5	3.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	832, 656			5	4.00
54.01	03630 ULTRA SOUND	0	62, 244			5	4. 01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	27, 743	:		5	4. 02
55.00	05500 RADI OLOGY - THERAPEUTI C	0	0	o		5	5.00
55. 01	03480 ONCOLOGY	0	502, 878			5	5. 01
57.00	05700 CT SCAN	0	142, 853	1		5	7.00
	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	89, 089	1		5	8. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	0	•		•	9.00
	06000 LABORATORY	0	963, 850	1		•	0.00
	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	7, 990			•	2.00
65. 00	06500 RESPIRATORY THERAPY	0	78, 527				5. 00
	06600 PHYSI CAL THERAPY	0	341, 226				6. 00
67. 00	06700 OCCUPATI ONAL THERAPY	0	87, 631	1		•	7. 00
	06800 SPEECH PATHOLOGY	0	82, 106	•			8. 00
	06900 ELECTROCARDI OLOGY	0	02, 100	1			9. 00
69. 01	03610 SLEEP LAB	0		•			9. 01
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	487, 793	1			1.00
	07101 IV SOLUTIONS	0	407,773	1			1. 01
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	383, 853	1			2.00
	07300 DRUGS CHARGED TO PATIENTS	0	1, 939, 726	•			3.00
	03140 CARDI OLOGY	0	204, 570	1			6. 00
	07697 CARDIAC REHABILITATION	0	3, 764				6. 97
10. 11	OUTPATIENT SERVICE COST CENTERS		3, 704	1			0. 77
90 00	09000 CLINIC	0	38, 232	,		0	0.00
90. 00	09001 WOUND CARE CLINIC	0	36, 232	1			0. 01
	09100 EMERGENCY	0	2, 234, 088	1			1.00
		0		1			
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS		556, 490	′		9	2. 00
05 00	09500 AMBULANCE SERVICES	0					5. 00
200.00			1			•	0.00
200.00	,		10, 506, 211				10.00
201.00	Only Charges					20	1.00
202.00			10 504 211			20	2. 00
202.00	Net Charges (line 200 - line 201)	0	10, 506, 211	1		20	12.00

Health Financial Systems	KINGS DAUGHTERS HOSPITAL	In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST	Provi der CCN: 15-0069	Peri od: From 01/01/2022	Worksheet D-1	
			Date/Time Pre 5/24/2023 10:	
	Title XVIII	Hospi tal	PPS	
Cost Center Description				

		Title XVIII	Hospi tal	5/24/2023 10: PPS	28 am_
	Cost Center Description	THE AVIII	1103pi tui	113	
	·			1. 00	
	PART I - ALL PROVIDER COMPONENTS				
1. 00 2. 00 3. 00	INPATIENT DAYS Inpatient days (including private room days and swing-bed day Inpatient days (including private room days, excluding swing-Private room days (excluding swing-bed and observation bed da do not complete this line.	bed and newborn days)	ivate room days,	9, 850 9, 850 0	1. 00 2. 00 3. 00
4. 00 5. 00	Semi-private room days (excluding swing-bed and observation b Total swing-bed SNF type inpatient days (including private ro reporting period		er 31 of the cost	7, 032 0	4. 00 5. 00
6. 00	Total swing-bed SNF type inpatient days (including private ro reporting period (if calendar year, enter 0 on this line)	om days) after December	31 of the cost	0	6. 00
7. 00	Total swing-bed NF type inpatient days (including private roo reporting period	m days) through December	31 of the cost	0	7. 00
8. 00	Total swing-bed NF type inpatient days (including private roo reporting period (if calendar year, enter 0 on this line)	m days) after December 3	31 of the cost	0	8. 00
9. 00	Total inpatient days including private room days applicable t newborn days) (see instructions)	o the Program (excluding	g swing-bed and	2, 897	9. 00
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII o through December 31 of the cost reporting period (see instruc	nly (including private r tions)	room days)	0	10.00
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII o December 31 of the cost reporting period (if calendar year, e	nter 0 on this line)	,	0	11. 00
12. 00	Swing-bed NF type inpatient days applicable to titles V or XI through December 31 of the cost reporting period			0	
13. 00	Swing-bed NF type inpatient days applicable to titles V or XI after December 31 of the cost reporting period (if calendar y	ear, enter O on this lir	ne)	0	13. 00
14. 00 15. 00	Medically necessary private room days applicable to the Progr Total nursery days (title V or XIX only)	am (excluding swing-bed	days)	0	14. 00 15. 00
16. 00	Nursery days (title V or XIX only) SWING BED ADJUSTMENT			0	16. 00
17. 00	Medicare rate for swing-bed SNF services applicable to service reporting period	es through December 31 c	of the cost	0. 00	17. 00
18. 00	Medicare rate for swing-bed SNF services applicable to service reporting period	es after December 31 of	the cost	0. 00	18. 00
19. 00	Medicaid rate for swing-bed NF services applicable to service reporting period	s through December 31 of	the cost	0. 00	19. 00
20. 00	Medicaid rate for swing-bed NF services applicable to service reporting period	s after December 31 of t	the cost	0. 00	20. 00
21. 00 22. 00	Total general inpatient routine service cost (see instruction Swing-bed cost applicable to SNF type services through Decemb 5 x line 17)		ing period (line	12, 059, 726 0	21. 00 22. 00
23. 00	Swing-bed cost applicable to SNF type services after December x line 18)	31 of the cost reportir	ng period (line 6	0	23. 00
24. 00	Swing-bed cost applicable to NF type services through Decembe $7 \times 1$ ine 19)	r 31 of the cost reporti	ng period (line	0	24. 00
25. 00	Swing-bed cost applicable to NF type services after December x line 20)	31 of the cost reporting	period (line 8	0	25. 00
26. 00 27. 00	Total swing-bed cost (see instructions) General inpatient routine service cost net of swing-bed cost PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	(line 21 minus line 26)		0 12, 059, 726	26. 00 27. 00
28. 00 29. 00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT  General inpatient routine service charges (excluding swing-be Private room charges (excluding swing-bed charges)	d and observation bed ch	narges)	0	
30.00	Semi -pri vate room charges (excluding swing-bed charges)	. Line 20)		0 000000	30.00
31. 00 32. 00	General inpatient routine service cost/charge ratio (line 27 Average private room per diem charge (line 29 ÷ line 3)	- ITTIE 20)		0. 000000 0. 00	
33. 00	Average semi-private room per diem charge (line 30 ÷ line 4)			0. 00	
34.00	Average per diem private room charge differential (line 32 mi		ctions)	0.00	
35. 00	Average per diem private room cost differential (line 34 x li	ne 31)		0. 00	
36. 00 37. 00	Private room cost differential adjustment (line 3 x line 35) General inpatient routine service cost net of swing-bed cost	and private room cost di	fferential (line	0 12, 059, 726	36. 00 37. 00
	27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ	USTMENTS			
38. 00	Adjusted general inpatient routine service cost per diem (see			1, 224. 34	38. 00
39. 00	Program general inpatient routine service cost (line 9 x line			3, 546, 913	
	Medically necessary private room cost applicable to the Progr	•		0	
41. 00	Total Program general inpatient routine service cost (line 39	+ line 40)		3, 546, 913	41.00

ealth Financial Sy COMPUTATION OF INP	ATIENT OPERATING COST	KINGS DAUGHTER			Peri od:	u of Form CMS-2 Worksheet D-1		
					From 01/01/2022 To 12/31/2022	Date/Time Pre	enare	
			T: 11			5/24/2023 10:		
Cost C	enter Description	Total	Total	Average Per	Hospital Program Days	PPS Program Cost		
		Inpatient	I npati ent	Diem (col. 1		(col. 3 x		
		Cost	Days	÷ col . 2)	4.00	col . 4)	-	
2.00 NURSERY (tid	le V & XIX only)	1. 00	2.00	3.00	4.00	5. 00	42	
	re Type Inpatient Hospital Units			0.0	0	Ü	'-	
B. OO INTENSIVE CA	RE UNIT	2, 747, 313	1, 310	2, 097. 1	9 433	908, 083		
I. 00   CORONARY CAF 5. 00   BURN   NTENSI	E UNIT VE CARE UNIT						44	
	ENSIVE CARE UNIT						45	
	L CARE (SPECIFY)						47	
Cost C	enter Description					4.00		
.00 Program inpa	tient ancillary service cost (Wk	st D_3 col 3	line 200)			1. 00 6, 674, 611	48	
3.01 Program inpa	tient cellular therapy acquisiti	on cost (Worksh	eet D-6, Part	III, line 10	column 1)	0, 0, 4, 011	1	
.00 Total Progra	m inpatient costs (sum of lines				·	11, 129, 607	49	
	COST ADJUSTMENTS				6.5.	(05.0/4	١	
0.00 Pass through	costs applicable to Program inp	eatient routine	services (Tro	m WKST. D, Sur	n or Parts I and	685, 264	50	
	costs applicable to Program inp	atient ancillar	y services (f	rom Wkst. D,	sum of Parts II	481, 799	51	
and IV)		E0 1 E:	·				l	
	m excludable cost (sum of lines m inpatient operating cost exclu		lated non ch	weidian anac+	natist and	1, 167, 063 9, 962, 544		
	ation costs (line 49 minus line		rateu, non-pn	ysi ci aii aliesti	leti st, and	9, 902, 544	33	
TARGET AMOUN	T AND LIMIT COMPUTATION							
.00 Program disc							54	
9	t per discharge Justment amount per discharge					0. 00 0. 00		
	mount per discharge (contractor	use only)				0.00		
.00 Target amour	it (line 54 x sum of lines 55, 55	5. 01, and 55. 02)				0	1	
	etween adjusted inpatient operat	ing cost and ta	rget amount (	line 56 minus	line 53)	0		
	t (see instructions)	or line 55 from	the cost ren	orting period	endina 1996	0 0. 00		
	10 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)							
	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the							
market baske 1.00 Continuous i	rt) mprovement bonus payment (if lin	no 53 ± lino 54	is loss than	the lowest of	linge 55 nlue	0	61	
	ne 59, or line 60, enter the les					0	"	
,	than expected costs (lines 54 x	: 60), or 1 % of	the target a	mount (line 50	6), otherwise			
	(see instructions) ent (see instructions)					0	62	
	patient cost plus incentive paym	ent (see instru	ctions)			_	63	
PROGRAM I NPA	TIENT ROUTINE SWING BED COST							
	ng-bed SNF inpatient routine cos	its through Dece	mber 31 of th	e cost reporti	ing period (See	0	64	
	(title XVIII only) ng-bed SNF inpatient routine cos	ts after Decemb	er 31 of the	cost reportin	a period (See	0	65	
	(title XVIII only)				5 1 2 (22			
	re swing-bed SNF inpatient routi	ne costs (line	64 plus line	65)(title XVII	ll only); for	0	66	
CAH, see ins	Tructions IX swing-bed NF inpatient routin	e costs through	December 31	of the cost re	eporting period	0	67	
(line 12 x l		io ocoto timougi.	2000201	0. 1 0001	sporting portion	, and the second	"	
	IX swing-bed NF inpatient routin	e costs after D	ecember 31 of	the cost repo	orting period	0	68	
line 13 x l Total title.	The 20) Vor XIX swing-bed NF inpatient	routine costs (	line 67 ± lin	e 68)		0	69	
	KILLED NURSING FACILITY, OTHER N					U	1 07	
.00 Skilled nurs	ing facility/other nursing facil	ity/ICF/IID rou	tine service	cost (line 37)	)		70	
, ,	eral inpatient routine service o		ine 70 ÷ line	2)			71	
	ine service cost (line 9 x line cessary private room cost applic		(line 14 x l	ine 35)			72	
.00 Total Progra	m general inpatient routine serv	rice costs (line	72 + line 73	)			74	
	ted cost allocated to inpatient	routine service	costs (from	Worksheet B, A	Part II, column		75	
26, line 45) .00 Per diem cap	vital-related costs (line 75 ÷ li	ne 2)					76	
	tal-related costs (line 9 x line						77	
.00 Inpatient ro	utine service cost (line 74 minu	ıs line 77)					78	
	arges to beneficiaries for exces				aus Lino 70)		79	
9	m routine service costs for comp outine service cost per diem limi		ost iimi tätiö	11 (11116 /8 IIII)	ius IIIIE /7)		80	
	outine service cost limitation (		)				82	
. 00 Reasonable i	npatient routine service costs (	see instruction	•				83	
	tient ancillary services (see in		ne)				84	
1	review - physician compensation m inpatient operating costs (sum						85	
	MPUTATION OF OBSERVATION BED PAS						1 ~	
	ation bed days (see instructions					2, 818		

Health Financial Systems	KINGS DAUGHTE	RS HOSPITAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der CO		Peri od:	Worksheet D-1	
				From 01/01/2022 To 12/31/2022		pared: 28 am_
		Title XVIII Hospital		PPS		
Cost Center Description						
					1. 00	
89.00 Observation bed cost (line 87 x line 88)	(see instructions)	)			3, 450, 190	89.00
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line	column 2	Observati on	Bed Pass	
		21)		Bed Cost	Through Cost	
				(from line	(col. 3 x	
				89)	col. 4) (see	
					instructions)	
	1. 00	2.00	3. 00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	GH COST					
90.00 Capi tal -related cost	2, 150, 417	12, 059, 726	0. 17831	4 3, 450, 190	615, 217	90.00
91.00 Nursing Program cost	0	12, 059, 726	0. 00000	3, 450, 190	0	91.00
92.00 Allied health cost	0	12, 059, 726	0. 00000	3, 450, 190	0	92.00
93.00 All other Medical Education	0	12, 059, 726	0. 00000	3, 450, 190	0	93.00

Health Financial Systems	KINGS DAUGHTERS HOSPITAL		In Lieu	of Form CMS-2	552-10
COMPUTATION OF INPATIENT OPERATING COST	Provi der (		eriod: rom 01/01/2022	Worksheet D-1	
		To	o 12/31/2022	Date/Time Prep 5/24/2023 10:2	
	Ti t	le XIX	Hospi tal	Cost	
Cost Center Description					

		Title XIX	Hospi tal	5/24/2023 10: Cost	28 alli
	Cost Center Description	THE ONLY	110001 (41	3331	
	DADT I ALL DROW DED COMPONENTS			1. 00	
	PART I - ALL PROVIDER COMPONENTS INPATIENT DAYS				
1. 00	Inpatient days (including private room days and swing-bed day	s, excluding newborn)		9, 850	1.00
2. 00	Inpatient days (including private room days, excluding swing-			9, 850	
3.00	Private room days (excluding swing-bed and observation bed da	ys). If you have only pr	ivate room days,	0	3.00
	do not complete this line.			7 000	
4. 00 5. 00	Semi-private room days (excluding swing-bed and observation b Total swing-bed SNF type inpatient days (including private ro		or 21 of the cost	7, 032 0	4. 00 5. 00
5.00	reporting period	oni days) trii odgii becembe	si 3i di the cost	U	3.00
6.00	Total swing-bed SNF type inpatient days (including private ro	om days) after December	31 of the cost	0	6.00
	reporting period (if calendar year, enter 0 on this line)				
7. 00	Total swing-bed NF type inpatient days (including private roo	m days) through December	31 of the cost	0	7. 00
8. 00	reporting period Total swing-bed NF type inpatient days (including private roo	m days) after December 3	11 of the cost	0	8.00
0.00	reporting period (if calendar year, enter 0 on this line)	iii days) arter beecimber e	or or the cost		0.00
9. 00	Total inpatient days including private room days applicable t	o the Program (excluding	swing-bed and	1, 181	9. 00
40.00	newborn days) (see instructions)				40.00
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII o through December 31 of the cost reporting period (see instruc		room days)	0	10.00
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII o		room days) after	0	11.00
	December 31 of the cost reporting period (if calendar year, e	nter O on this line)	<i>3</i> ,		
12.00	Swing-bed NF type inpatient days applicable to titles V or XI	X only (including privat	e room days)	0	12.00
12 00	through December 31 of the cost reporting period	V only (including privat	a room dovo)	0	12.00
13. 00	Swing-bed NF type inpatient days applicable to titles V or XI after December 31 of the cost reporting period (if calendar y			0	13.00
14.00	Medically necessary private room days applicable to the Progr			0	14.00
15.00	Total nursery days (title V or XIX only)	, 3	<i>3</i> ,	843	15. 00
16.00	Nursery days (title V or XIX only)			509	16.00
17 00	SWI NG BED ADJUSTMENT	there are December 21	£ 111	0.00	17.00
17.00	Medicare rate for swing-bed SNF services applicable to servic reporting period	es inrough December 31 c	or the cost	0.00	17. 00
18. 00	Medicare rate for swing-bed SNF services applicable to servic	es after December 31 of	the cost	0.00	18. 00
	reporting period				
19. 00	Medicaid rate for swing-bed NF services applicable to service	s through December 31 of	the cost	0. 00	19. 00
20.00	reporting period Medicaid rate for swing-bed NF services applicable to service	s after December 31 of t	he cost	0.00	20.00
20.00	reporting period	3 di tei becember 31 di t	ine cost	0.00	20.00
21.00	Total general inpatient routine service cost (see instruction			12, 059, 726	21.00
22. 00	Swing-bed cost applicable to SNF type services through Decemb	er 31 of the cost report	ing period (line	0	22. 00
22 00	5 x line 17) Swing-bed cost applicable to SNF type services after December	21 of the cost reporting	na ported (lipo A	0	23.00
23.00	x line 18)	31 of the cost reportin	ig period (Title d		23.00
24.00		r 31 of the cost reporti	ng period (line	0	24.00
	7 x line 19)				
25. 00	Swing-bed cost applicable to NF type services after December x line 20)	31 of the cost reporting	period (line 8	0	25. 00
26. 00				0	26.00
	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		12, 059, 726	•
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
	General inpatient routine service charges (excluding swing-be	d and observation bed ch	narges)	0	28.00
29.00	Private room charges (excluding swing-bed charges) Semi-private room charges (excluding swing-bed charges)			0	29. 00 30. 00
30. 00 31. 00	General inpatient routine service cost/charge ratio (line 27	∸ line 28)		0. 000000	
32. 00	Average private room per diem charge (line 29 ÷ line 3)	. 11116 20)		0.00	1
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	1
34. 00	Average per diem private room charge differential (line 32 mi	, ,	ctions)	0.00	1
35.00	Average per diem private room cost differential (line 34 x li	ne 31)		0.00	1
36. 00 37. 00	Private room cost differential adjustment (line 3 x line 35) General inpatient routine service cost net of swing-bed cost	and private room cost di	fferential (line	0 12, 059, 726	36. 00 37. 00
37.00	27 minus line 36)	and private room cost ur	Troncinciai (TITIE	12,009,120	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ				
38.00	Adjusted general inpatient routine service cost per diem (see	,		1, 224. 34	
39. 00 40. 00	Program general inpatient routine service cost (line 9 x line Medically necessary private room cost applicable to the Progr	•		1, 445, 946 0	39. 00 40. 00
	Total Program general inpatient routine service cost (line 39			1, 445, 946	
		,	,		

Heal th	Financial Systems	KINGS DAUGHTEI	RS HOSPITAL		In Lie	u of Form CMS-2	2552-10
	ATION OF INPATIENT OPERATING COST		Provi der Co		eriod: rom 01/01/2022	Worksheet D-1	
				T		Date/Time Pre	
			Ti tl	e XIX	Hospi tal	5/24/2023 10: Cost	28 am_
	Cost Center Description	Total	Total Inpatient	Average Per Diem (col. 1	Program Days	Program Cost	
		Inpatient Cost	Days	÷ col . 2)		(col. 3 x col. 4)	
40.00	NUDGEDY (1) II - V o VIV - I - V	1.00	2.00	3.00	4. 00	5. 00	40.00
42. 00	NURSERY (title V & XIX only) Intensive Care Type Inpatient Hospital Units	1, 152, 031	843	1, 366. 58	509	695, 589	42.00
43.00	INTENSIVE CARE UNIT	2, 747, 313	1, 310	2, 097. 19	302	633, 351	
44. 00 45. 00	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT						44. 00 45. 00
46. 00	SURGICAL INTENSIVE CARE UNIT						46.00
47. 00	OTHER SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description					1. 00	
48. 00	Program inpatient ancillary service cost (Wk					3, 443, 176	48. 00
48. 01 49. 00	Program inpatient cellular therapy acquisiti Total Program inpatient costs (sum of lines				column 1)	0 6, 218, 062	48. 01 49. 00
49.00	PASS THROUGH COST ADJUSTMENTS	41 till ough 48. c	or) (see Thistruc	ctions)		0, 210, 002	49.00
50.00	Pass through costs applicable to Program inp	atient routine	services (from	m Wkst. D, sum	of Parts I and	0	50.00
51. 00		atient ancillar	v services (fi	rom Wkst. D. sı	ım of Parts II	0	51.00
	and IV)		,	,			
52. 00 53. 00	Total Program excludable cost (sum of lines Total Program inpatient operating cost exclu		lated non-nh	vsician anesth	atist and	0	52. 00 53. 00
33.00	medical education costs (line 49 minus line		rated, non pri	ysi ci aii aliestiid	ti st, and		33.00
54. 00	TARGET AMOUNT AND LIMIT COMPUTATION					0	54.00
55. 00	Program di scharges Target amount per di scharge					0. 00	
55. 01	Permanent adjustment amount per discharge					0. 00	
55. 02	Adjustment amount per discharge (contractor					0. 00	
56. 00 57. 00	Target amount (line 54 x sum of lines 55, 55 Difference between adjusted inpatient operat			line 56 minus 1	ine 53)	0	56. 00 57. 00
58. 00	Bonus payment (see instructions)	ing cost and to	inger amount (i	Trile de illirida	1110 00)	0	58.00
59. 00	Trended costs (lesser of line 53 ÷ line 54, updated and compounded by the market basket)	or line 55 from	the cost repo	orting period e	endi ng 1996,	0. 00	59. 00
60. 00	Expected costs (lesser of line 53 ÷ line 54, market basket)	or line 55 fro	om prior year o	cost report, up	odated by the	0. 00	60.00
61. 00	Continuous improvement bonus payment (if lin 55.01, or line 59, or line 60, enter the les 53) are less than expected costs (lines 54 x	ser of 50% of t	the amount by w	which operating	costs (line	0	61. 00
62. 00	enter zero. (see instructions) Relief payment (see instructions)					0	62. 00
63. 00	Allowable Inpatient cost plus incentive paym PROGRAM INPATIENT ROUTINE SWING BED COST	ent (see instru	uctions)			0	63.00
64. 00	Medicare swing-bed SNF inpatient routine cos instructions)(title XVIII only)	ts through Dece	ember 31 of the	e cost reportir	ng period (See	0	64.00
65. 00	Medicare swing-bed SNF inpatient routine cos	ts after Decemb	per 31 of the o	cost reporting	period (See	0	65. 00
66. 00	instructions)(title XVIII only) Total Medicare swing-bed SNF inpatient routi	ne costs (line	64 plus line o	65)(title XVIII	only); for	0	66. 00
67. 00	CAH, see instructions Title V or XIX swing-bed NF inpatient routin	e costs through	December 31 o	of the cost rep	porting period	0	67. 00
68. 00	(line 12 x line 19) Title V or XIX swing-bed NF inpatient routin	e costs after [	December 31 of	the cost repor	ting period	0	68. 00
69. 00	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient					0	69. 00
70. 00	PART III - SKILLED NURSING FACILITY, OTHER NI Skilled nursing facility/other nursing facil	ITY/ICF/IID rou	, AND ICE/IID Itine service (	cost (line 37)			70. 00
71. 00	Adjusted general inpatient routine service c	ost per diem (I					71. 00
72. 00 73. 00	Program routine service cost (line 9 x line		. (lino 14 v li	ino 2E)			72.00
74.00	Medically necessary private room cost applic Total Program general inpatient routine serv		7				73. 00 74. 00
75. 00	Capital-related cost allocated to inpatient 26, line 45)				nrt II, column		75. 00
76. 00	Per diem capital-related costs (line 75 ÷ li						76. 00
77. 00 78. 00	Program capital-related costs (line 9 x line Inpatient routine service cost (line 74 minu						77. 00 78. 00
79. 00	Aggregate charges to beneficiaries for exces		orovi der record	ds)			79.00
80.00	Total Program routine service costs for comp	arison to the c			ıs line 79)		80. 00
81.00	Inpatient routine service cost per diem limi						81.00
82. 00 83. 00	Inpatient routine service cost limitation (I Reasonable inpatient routine service costs (						82. 00 83. 00
84.00	Program inpatient ancillary services (see in	structions)					84.00
85. 00 86. 00	Utilization review - physician compensation Total Program inpatient operating costs (sum						85. 00 86. 00
50.00	PART IV - COMPUTATION OF OBSERVATION BED PASS						00.00
	Total observation bed days (see instructions	)	Line 2)			2, 818 1, 224, 24	
	Adjusted general inpatient routine cost per	urem (TTHE 27 ÷	- 11110 2)		l	1, 224. 34	00.00

Health Financial Systems	KINGS DAUGHTE	RS_HOSPITAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der CO	CN: 15-0069	Peri od:	Worksheet D-1	
				From 01/01/2022 To 12/31/2022		pared: 28 am_
	Title XLX Hospital		Cost			
Cost Center Description						
					1.00	
89.00 Observation bed cost (line 87 x line 88) (se	e instructions	)			3, 450, 190	89.00
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line	column 2	Observati on	Bed Pass	
		21)		Bed Cost	Through Cost	
				(from line	(col. 3 x	
				89)	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	2, 150, 417	12, 059, 726	0. 1783	3, 450, 190	615, 217	90.00
91.00 Nursing Program cost	0	12, 059, 726	0. 00000	3, 450, 190	0	91.00
92.00 Allied health cost	0	12, 059, 726	0. 00000	3, 450, 190	0	92.00
93.00 All other Medical Education	0	12, 059, 726	0. 00000	3, 450, 190	0	93.00

	WINDS DAUGUTEDS	LIOCDI TAI		1	C. F OHC. (	0550 40
Health Financial Systems	KINGS DAUGHTERS		011 45 00/0		u of Form CMS-2	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider C	CN: 15-0069	Peri od: From 01/01/2022	Worksheet D-3	i
				From 01/01/2022 To 12/31/2022	Date/Time Pre 5/24/2023 10:	pared: 28 am
		Titl∈	e XVIII	Hospi tal	PPS	
Cost Center Description			Ratio of Cos		I npati ent	
			To Charges	Program	Program Costs	
				Charges	(col . 1 x	
			1.00	2.00	col . 2)	
INPATIENT ROUTINE SERVICE COST CENTERS			1. 00	2. 00	3. 00	
30. 00 03000 ADULTS & PEDIATRICS				3, 242, 955		30.00
31. 00   03100   NTENSIVE CARE UNIT				947, 837		31.00
43. 00   04300   NURSERY				747,037		43.00
ANCILLARY SERVICE COST CENTERS			•			45.00
50. 00 05000 OPERATING ROOM			0. 29590	2, 569, 586	760, 343	50.00
51. 00 05100 RECOVERY ROOM			0. 14061		57, 478	
52.00 05200 DELIVERY ROOM & LABOR ROOM			0. 92793		0	1
53. 00 05300 ANESTHESI OLOGY			0. 08967		50, 846	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C			0. 91089		418, 116	54.00
54. 01   03630   ULTRA SOUND			0. 18948	58, 791	11, 140	54. 01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC			0. 08604	40, 698	3, 502	
55. 00   05500 RADI OLOGY - THERAPEUTI C			0.00000		0	
55. 01  03480  ONCOLOGY			0. 49106		17, 198	
57. 00   05700   CT   SCAN			0. 05528		60, 460	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)			0. 15664		21, 176	
59. 00 05900 CARDI AC CATHETERI ZATI ON			0.00000		0	
60. 00 06000 LABORATORY			0. 14637	· · ·	329, 687	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS			0. 17033		76, 974	
65. 00 06500 RESPI RATORY THERAPY			0. 22171		369, 626	
66. 00   06600   PHYSI CAL THERAPY			0. 40236		137, 187	
67. 00   06700   0CCUPATI ONAL THERAPY 68. 00   06800   SPEECH PATHOLOGY			0. 37122 0. 36670		62, 018 26, 870	
69. 00   06900   SPEECH PATHOLOGY			0. 00000		26, 870	1
69. 01   03610   SLEEP LAB			0. 30877		0	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS			0. 36442		621, 540	
71. 01 07100 MEDICAL SUPPLIES CHARGED TO PATTENTS			0. 00000		021, 540	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS			0. 29423		794, 478	
73. 00 07300 DRUGS CHARGED TO PATTENTS			0. 24423	· · ·	1, 806, 490	
76. 00   03140   CARDI OLOGY			0. 15631		128, 614	1
76. 97   07697 CARDI AC   REHABI LI TATI ON			0. 28999	· ·	38	1
OUTPATIENT SERVICE COST CENTERS			3.23777			1
90. 00 09000 CLI NI C			4. 39446	0	0	
90. 01 09001 WOUND CARE CLINIC			0. 40319	5, 673	2, 287	90. 01
91 00 09100 EMERGENCY			0 40006	5 1 502 190		

0. 400065

0.869002

5, 673 1, 502, 190

27, 221, 842

27, 221, 842

365, 441

95. 00 6, 674, 611 200. 00 201. 00 202. 00

91.00

92.00

2, 287 600, 974

317, 569

91.00

92.00

95.00 200.00

201.00 202.00

09100 EMERGENCY

09200 OBSERVATION BEDS (NON-DISTINCT PART)
OTHER REIMBURSABLE COST CENTERS

Net charges (line 200 minus line 201)

O9500 AMBULANCE SERVICES

Total (sum of lines 50 through 94 and 96 through 98)

Less PBP Clinic Laboratory Services-Program only charges (line 61)

Health Financial Systems	KINGS DAUGHTERS HOSPITAL			u of Form CMS-2	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der C	CN: 15-0069	Peri od: From 01/01/2022	Worksheet D-3	
			To 12/31/2022	Date/Time Pre	pared:
				5/24/2023 10:	28 am
	Ti tl	e XIX	Hospi tal	Cost	
Cost Center Description		Ratio of Cos		I npati ent	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x col. 2)	
		1.00	2.00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	
30. 00 03000 ADULTS & PEDIATRICS			1, 501, 668		30.00
31. 00   03100   NTENSI VE CARE UNI T			593, 219		31.00
43. 00   04300 NURSERY			682, 805		43.00
ANCILLARY SERVICE COST CENTERS					
50. 00 05000 OPERATING ROOM		0. 29590	1, 382, 852	409, 187	50.00
51.00   05100   RECOVERY ROOM		0. 14061			
52.00   05200   DELIVERY ROOM & LABOR ROOM		0. 92793			
53. 00 05300 ANESTHESI OLOGY		0. 08675			1
54. 00   05400   RADI OLOGY-DI AGNOSTI C		0. 91089		132, 673	
54. 01   03630   ULTRA   SOUND		0. 18948		4, 483	
54. 02 03450 NUCLEAR MEDICINE - DIAGNOSTIC		0. 08604		0	
55. 00   05500   RADI OLOGY - THERAPEUTI C		0.00000		0	
55. 01   03480   0NC0L0GY 57. 00   05700   CT SCAN		0. 49080 0. 05528			
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)		0. 05528		18, 535 2, 354	
59. 00   05900   CARDI AC CATHETERI ZATI ON		0. 00000		2, 354	
60. 00   06000   LABORATORY		0. 14495		154, 615	
62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0. 17033		21, 958	1
65. 00 06500 RESPIRATORY THERAPY		0. 22171		136, 459	
66. 00   06600 PHYSI CAL THERAPY		0. 40236		39, 703	
67. 00 06700 OCCUPATI ONAL THERAPY		0. 37122		17, 886	
68. 00 06800 SPEECH PATHOLOGY		0. 36670	26, 816	9, 834	68.00
69. 00 06900 ELECTROCARDI OLOGY		0.00000	0 0	0	69.00
69. 01   03610   SLEEP LAB		0. 30849	0 0	0	69. 01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 36442	1, 038, 554	378, 475	71.00
71. 01 07101 IV SOLUTIONS		0. 00000		0	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS		0. 29423		174, 086	
73. 00 07300 DRUGS CHARGED TO PATIENTS		0. 18434		895, 855	
76. 00 03140 CARDI OLOGY		0. 15631		39, 936	1
76. 97 O7697 CARDI AC REHABI LI TATI ON		0. 28999	99 0	0	76. 97
OUTPATIENT SERVICE COST CENTERS		4 20444	.1	0	00 00

4. 394461

0. 403197

0. 370238

0.869002

ol

527, 884

41, 491

12, 831, 674

12, 831, 674

90.00

90.01 0

91.00

92.00

95.00

202.00

195, 443

36, 056

3, 443, 176 200. 00 201. 00

90.00

90.01

91.00

92.00

95.00

200.00

201.00

202.00

09000 CLI NI C

09100 EMERGENCY

09001 WOUND CARE CLINIC

09200 OBSERVATION BEDS (NON-DISTINCT PART)

Net charges (line 200 minus line 201)

O9500 AMBULANCE SERVICES

Total (sum of lines 50 through 94 and 96 through 98)

Less PBP Clinic Laboratory Services-Program only charges (line 61)

OTHER REIMBURSABLE COST CENTERS

Health Financial Systems	KINGS DAUGHTERS HOSPITAL	In Lieu	of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0069	From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/24/2023 10:28 am

	Title	e XVIII	Hospi tal	5/24/2023 10: PPS	28 am
				1. 00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS			1.00	
1. 00 1. 01	DRG Amounts Other than Outlier Payments DRG amounts other than outlier payments for discharges occurring prior t instructions)	to October 1 (	see	0 5, 382, 755	1. 00 1. 01
1. 02	DRG amounts other than outlier payments for discharges occurring on or a instructions)	after October	1 (see	1, 764, 142	1. 02
1. 03	DRG for federal specific operating payment for Model 4 BPCI for discharg 1 (see instructions)	ges occurring	prior to October	0	1.03
1. 04	DRG for federal specific operating payment for Model 4 BPCI for discharged to to be a construction of the specific operating payment for Model 4 BPCI for discharged to the specific operating payment for Model 4 BPCI for discharged to the specific operating payment for Model 4 BPCI for discharged to the specific operating payment for Model 4 BPCI for discharged to the specific operating payment for Model 4 BPCI for discharged to the specific operating payment for Model 4 BPCI for discharged to the specific operating payment for Model 4 BPCI for discharged to the specific operating payment for Model 4 BPCI for discharged to the specific operation of the specific operation operation of the specific operation of the specific operation ope	jes occurring	on or after	0	1.04
2.00	Outlier payments for discharges. (see instructions) Outlier reconciliation amount			0	2.00
2. 02 2. 03 2. 04	Outlier payment for discharges for Model 4 BPCI (see instructions) Outlier payments for discharges occurring prior to October 1 (see instru Outlier payments for discharges occurring on or after October 1 (see ins			0 195, 129 16, 127	2. 03
3. 00 4. 00	Managed Care Simulated Payments  Bed days available divided by number of days in the cost reporting period	ŕ	ictions)	16, 127 0 35. 28	3.00
5. 00	Indirect Medical Education Adjustment  FTE count for allopathic and osteopathic programs for the most recent co			0. 00	
5. 00	or before 12/31/1996. (see instructions)  FTE cap adjustment for qualifing hospitals under §131 of the CAA 2021 (s			0.00	5. 00
6. 00	FTE count for allopathic and osteopathic programs that meet the criterial new programs in accordance with 42 CFR 413.79(e)			0.00	
6. 26	Rural track program FTE cap limitation adjustment after the cap-building the CAA 2021 (see instructions)	g window close	ed under §127 of	0. 00	6. 26
7. 00 7. 01	MMA Section 422 reduction amount to the IME cap as specified under 42 CF ACA $\S$ 5503 reduction amount to the IME cap as specified under 42 CFR $\S$ 41			0. 00 0. 00	7. 00 7. 01
7. 02	cost report straddles July 1, 2011 then see instructions.  Adjustment (increase or decrease) to the hospital's rural track program track programs with a rural track for Medicare GME affiliated programs i 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 os affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv. 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 § report straddles July 1, 2011, see instructions.	§ 5503 of the	ACA. If the cost	0. 00	8. 01
8. 02	The amount of increase if the hospital was awarded FTE cap slots from a under § 5506 of ACA. (see instructions)	closed teachi	ng hospital	0. 00	8. 02
8. 21	The amount of increase if the hospital was awarded FTE cap slots under $\S$ instructions)			0. 00	
9. 00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see in	nstructions)		0.00	
10.00	FTE count for allopathic and osteopathic programs in the current year fr FTE count for residents in dental and podiatric programs.	om your recor	as		11.00
12. 00 13. 00	Current year allowable FTE (see instructions) Total allowable FTE count for the prior year.				12. 00 13. 00
14. 00	Total allowable FTE count for the penultimate year if that year ended or otherwise enter zero.	າ or after Sep	tember 30, 1997,	0. 00	14.00
15. 00 16. 00	Sum of lines 12 through 14 divided by 3. Adjustment for residents in initial years of the program (see instruction	ons)			15. 00 16. 00
17. 00 18. 00	Adjustment for residents displaced by program or hospital closure Adjusted rolling average FTE count			0. 00 0. 00	17. 00 18. 00
19. 00	Current year resident to bed ratio (line 18 divided by line 4).			0. 000000	
20.00	Prior year resident to bed ratio (see instructions)			0.000000	1
21. 00	Enter the lesser of lines 19 or 20 (see instructions)			0. 000000	1
22. 00 22. 01	IME payment adjustment (see instructions)  IME payment adjustment - Managed Care (see instructions)			0	
23. 00	Indirect Medical Education Adjustment for the Add-on for § 422 of the MN Number of additional allopathic and osteopathic IME FTE resident cap $slc(f)(1)(iv)(C)$ .		FR 412. 105	0.00	23. 00
24. 00	IME FTE Resident Count Over Cap (see instructions)	ino 22 on lino	24 (222	0.00	1
25. 00 26. 00	If the amount on line 24 is greater than -0-, then enter the lower of li instructions) Resident to bed ratio (divide line 25 by line 4)	ne 23 or Title	: 24 (See	0.00	
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	
29. 00 29. 01	Total IME payment ( sum of lines 22 and 28)  Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29. 00 29. 01
30. 00	Disproportionate Share Adjustment Percentage of SSI recipient patient days to Medicare Part A patient days	s (see instruc	tions)	2. 87	30.00
31. 00	Percentage of Medicaid patient days (see instructions)	, (See Tristruc	, (1 0113)	24. 86	
32. 00	Sum of lines 30 and 31			27. 73	
33. 00	Allowable disproportionate share percentage (see instructions)			12. 09	33.00

Heal th	Financial Systems KINGS DAUGHTERS	S HOSPITAI	In lie	u of Form CMS-2	2552-10
	ATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0069	Peri od: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Pre	pared:
		Title XVIII	Hospi tal	5/24/2023 10: PPS	28 am_
				1. 00	
34. 00	Disproportionate share adjustment (see instructions)			216, 015	34.00
			Prior to 10/1		
	Uncomponented Caro Payment Adjustment		1.00	2. 00	
35. 00	Uncompensated Care Payment Adjustment Total uncompensated care amount (see instructions)		7, 192, 008, 710	6, 874, 403, 459	35. 00
35. 01	Factor 3 (see instructions)		0. 000086892	0. 000097909	
35. 02		, enter zero on this lin	e) 624, 928	673, 066	35. 02
35. 03	(see instructions) Pro rata share of the hospital UCP, including supplemental U	ICP (see instructions)	467, 412	169, 650	35. 03
	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)		637, 062		36.00
40.00	Additional payment for high percentage of ESRD beneficiary d	ischarges (lines 40 thro	<u> </u>		10.00
40. 00 41. 00	Total Medicare discharges (see instructions) Total ESRD Medicare discharges (see instructions)		0		40. 00 41. 00
41. 01	Total ESRD Medicare covered and paid discharges (see instruc	tions)	0		41. 01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qual	ify for adjustment)	0.00		42.00
43. 00 44. 00	Total Medicare ESRD inpatient days (see instructions)	lby line 41 divided by 7	0. 000000		43. 00 44. 00
44.00	Ratio of average length of stay to one week (line 43 divided days)	by Title 41 divided by 7	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instruction	s)	0. 00		45. 00
46.00	Total additional payment (line 45 times line 44 times line 4	1. 01)	0 011 000		46.00
47. 00 48. 00	Subtotal (see instructions) Hospital specific payments (to be completed by SCH and MDH,	emall rural hoenitale	8, 211, 230 8, 110, 873		47. 00 48. 00
40.00	only. (see instructions)	Smarr rarar nospi tars	0, 110, 073		40.00
				Amount	
49. 00	Total payment for inpatient operating costs (see instruction	ie)		1. 00 8, 211, 230	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I a	•	)	581, 977	1
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, I	ine 49 see instructions)		12.740	52.00
53. 00 54. 00	Nursing and Allied Health Managed Care payment Special add-on payments for new technologies			12, 749 77, 551	53. 00 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 56. 00	Cellular therapy acquisition cost (see instructions) Cost of physicians' services in a teaching hospital (see int	ructions)		0	55. 01 56. 00
57. 00	Routine service other pass through costs (from Wkst. D, Pt.		through 35).	0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt.			21, 179	1
59.00	Total (sum of amounts on lines 49 through 58)			8, 904, 686	
60. 00 61. 00	Primary payer payments Total amount payable for program beneficiaries (line 59 minu	s lina 60)		0 8, 904, 686	60. 00 61. 00
62. 00	Deductibles billed to program beneficiaries	3 1116 00)		910, 736	
63.00	1 3			3, 112	•
	Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions)			75, 879	1
65. 00 66. 00	Allowable bad debts for dual eligible beneficiaries (see ins	tructions)		49, 321 18, 133	1
67. 00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	,		8, 040, 159	1
68.00	Credits received from manufacturers for replaced devices for			0	68.00
69. 00 70. 00	Outlier payments reconciliation (sum of lines 93, 95 and 96) OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	. (For SCH see instructio	ns)	0	69. 00 70. 00
70. 50	Rural Community Hospital Demonstration Project (§410A Demons	tration) adjustment (see	instructions)	0	70.50
70. 75	N95 respirator payment adjustment amount (see instructions)		,	0	70. 75
70. 87 70. 88	Demonstration payment adjustment amount before sequestration			0	70. 87 70. 88
70. 88	SCH or MDH volume decrease adjustment (contractor use only) Pioneer ACO demonstration payment adjustment amount (see ins	tructions)		U	70.88
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 70. 93	· · · · · · · · · · · · · · · · · · ·			0	70. 92 70. 93
70. 93	HRR adjustment amount (see instructions)			-77, 463	70. 93
	Recovery of accelerated depreciation				70. 95

Health Financial Systems KINGS DAUGHTE	RS_HOSPITAL		In Lie	u of Form CMS-2	<u> 2552-1</u>
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider C	CN: 15-0069	Peri od: From 01/01/2022 To 12/31/2022		pared:
	Ti +Lo	xVIII	Hospi tal	5/24/2023 10: PPS	28 am
			(yyyy)	Amount	
			0	1. 00	
70.96 Low volume adjustment for federal fiscal year (yyyy) (Enter	in column 0		2022	561, 792	70. 96
the corresponding federal year for the period prior to 10/ 70.97 Low volume adjustment for federal fiscal year (yyyy) (Enter	in column 0		2023	193, 537	70. 9 <sup>-</sup>
the corresponding federal year for the period ending on or	after 10/1)			0	70.00
70.98   Low Volume Payment-3 70.99   HAC adjustment amount (see instructions)				0	70. 98
70.99   HAC adjustment amount (see fistructions) 71.00   Amount due provider (line 67 minus lines 68 plus/minus line	oc 60 8 70)			8, 718, 025	1
71.01   Sequestration adjustment (see instructions)	3 07 & 70)			109, 847	1
71.02 Demonstration payment adjustment amount after sequestration	1			0	1
71.03   Sequestration adjustment-PARHM or CHART pass-throughs	•			O	71.0
72.00 Interim payments				8, 742, 368	
72.01   Interim payments-PARHM or CHART				., . ,	72.0
73.00 Tentative settlement (for contractor use only)				0	73.00
73.01 Tentative settlement-PARHM or CHART (for contractor use or					73. 0°
74.00 Balance due provider/program (line 71 minus lines 71.01, 77)				-134, 190	
74.01 Balance due provider/program-PARHM or CHART (see instruction					74.0
75.00 Protested amounts (nonallowable cost report items) in account CMS Pub. 15-2, chapter 1, §115.2	dance with			898, 643	75.0
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96) 90.00 Operating outlier amount from Wkst. E, Pt. A, line 2, or su	ım of 2 02	1		0	90.00
plus 2.04 (see instructions)	IIII 01 2.03			U	70.00
P1.00 Capital outlier from Wkst. L, Pt. I, line 2				0	91.0
92.00 Operating outlier reconciliation adjustment amount (see ins	structions)			0	1
93.00 Capital outlier reconciliation adjustment amount (see instr				0	1
94.00 The rate used to calculate the time value of money (see ins				0.00	94.0
95.00 Time value of money for operating expenses (see instruction	ns)			0	95.0
96.00 Time value of money for capital related expenses (see insti	ructions)			0	96.0
			Prior to 10/1		
HSP Bonus Payment Amount			1.00	2. 00	
100.00 HSP bonus amount (see instructions)			0	0	100.0
HVBP Adjustment for HSP Bonus Payment					
101.00 HVBP adjustment factor (see instructions)			0. 0000000000	0. 0000000000	101.0
102.00 HVBP adjustment amount for HSP bonus payment (see instructi	ons)		0	0	102. 0
HRR Adjustment for HSP Bonus Payment					
103.00 HRR adjustment factor (see instructions)			0. 0000	0. 0000	
104.00 HRR adjustment amount for HSP bonus payment (see instruction			0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demon					
200.00 Is this the first year of the current 5-year demonstration	period under	the 21st			200.00
Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement					ł
201.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, I	ine 49)				201.00
202.00 Medicare discharges (see instructions)	1116 47)				202.00
203.00 Case-mix adjustment factor (see instructions)					203. 0
Computation of Demonstration Target Amount Limitation (N/A period)	in first year	of the curr	ent 5-year demons		
					204. 0
204.00 Medicare target amount					
204.00 Medicare target amount 205.00 Case-mix adjusted target amount (line 203 times line 204)					205. 00

206.00

207. 00

208.00

209.00

210.00

211. 00

210.00 Reserved for future use

206.00 Medicare inpatient routine cost cap (line 202 times line 205)

211.00 Total adjustment to Medicare IPPS payments (see instructions)

207.00 Program reimbursement under the §410A Demonstration (see instructions)

208.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)

Adjustment to Medicare Part A Inpatient Reimbursement

209.00 Adjustment to Medicare IPPS payments (see instructions)

Health Financial Systems

LOW VOLUME CALCULATION EXHIBIT 4 | Peri od: | Worksheet E | From 01/01/2022 | Part A Exhi bit 4 | To | 12/31/2022 | Date/Time Prepared: Provi der CCN: 15-0069

					1		5/24/2023 10:	
		W/C F Don't A	Amounta (from		XVIII	Hospi tal	PPS Total (Col 2	
		line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Peri od On/After 10/01	through 4)	
		0	1. 00	2. 00	3. 00	4. 00	5. 00	
1. 00	DRG amounts other than outlier payments	1. 00	0	0	0	0	0	1.00
1. 01	DRG amounts other than outlier payments for discharges	1. 01	5, 382, 755	0	5, 382, 755		5, 382, 755	1. 01
1. 02	occurring prior to October 1 DRG amounts other than outlier payments for discharges occurring on or after October	1. 02	1, 764, 142	0		1, 764, 142	1, 764, 142	1. 02
1. 03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1. 03	0	0	0		0	1.03
1. 04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1. 04	0	0		0	0	1. 04
2. 00	Outlier payments for discharges (see instructions)	2. 00						2. 00
2. 01	Outlier payments for	2. 02	0	0	0	0	0	2. 01
2. 02	discharges for Model 4 BPCI Outlier payments for discharges occurring prior to	2. 03	195, 129	0	195, 129		195, 129	2. 02
2. 03	October 1 (see instructions) Outlier payments for discharges occurring on or after October 1 (see	2. 04	16, 127	0		16, 127	16, 127	2. 03
3. 00	instructions) Operating outlier	2. 01	0	0	0	0	0	3. 00
4. 00	reconciliation Managed care simulated payments	3. 00	O	0	0	O	0	4. 00
5. 00	Indirect Medical Education Adju Amount from Worksheet E, Part	ustment 21.00	0. 000000	0. 000000	0. 000000	0. 000000		5.00
	A, line 21 (see instructions)							
6. 00 6. 01	IME payment adjustment (see instructions) IME payment adjustment for	22. 00 22. 01	0	0	0		0	6. 00
0.01	managed care (see instructions)				-	J	0	0.01
	Indirect Medical Education Adju							
7. 00	IME payment adjustment factor (see instructions)	27. 00	0. 000000	0. 000000	0. 000000	0. 000000		7. 00
8. 00	IME adjustment (see instructions)	28. 00	0	0	0	0	0	8. 00
8. 01	IME payment adjustment add on for managed care (see instructions)	28. 01	O	0	0	O	0	8. 01
9. 00	Total IME payment (sum of lines 6 and 8)	29. 00	0	0	0	0	0	9. 00
9. 01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29. 01	О	0	0	О	0	9. 01
	Disproportionate Share Adjustme	ent						
10. 00	Allowable disproportionate share percentage (see instructions)	33. 00	0. 1209	0. 1209	0. 1209	0. 1209		10.00
11. 00	Disproportionate share adjustment (see instructions)	34. 00	216, 015	0	162, 694	53, 321	216, 015	11.00
11. 01	Uncompensated care payments	36. 00	637, 062	0	467, 412	169, 650	637, 062	11. 01
12. 00	Additional payment for high per Total ESRD additional payment	rcentage of ESI 46.00	RD beneficiary הו	di scharges 0	0	O	0	12.00
13. 00	(see instructions) Subtotal (see instructions)	47. 00	8, 211, 230	0	_		8, 211, 230	
14. 00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48. 00	0	0	0	0	0	14.00
15. 00	Total payment for inpatient operating costs (see instructions)	49. 00	8, 211, 230	0	6, 207, 990	2, 003, 240	8, 211, 230	15. 00

	NUME CALCULATION EXHIBIT 4			Provider C		From 01/01/2022 To 12/31/2022	Date/Time Pre 5/24/2023 10:	pared:
		1			XVIII	Hospi tal	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Peri od On/After	Total (Col 2 through 4)	
						10/01		
		0	1.00	2. 00	3.00	4. 00	5. 00	
16. 00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	581, 977	0	443, 92	7 138, 050	581, 977	16. 00
17. 00	Special add-on payments for new technologies	54. 00	77, 551	0	40, 93	9 36, 612	77, 551	
17. 01 17. 02	Net organ aquisition cost Credits received from	68. 00	0	0		0 0	0	17. 01 17. 02
	manufacturers for replaced devices for applicable MS-DRGs							
18. 00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0		0 0	0	18. 00
19.00	SUBTOTAL			0	6, 692, 85	6 2, 177, 902	8, 870, 758	19.00
		W/S L, line	(Amounts from L)					
		0	1. 00	2.00	3.00	4. 00	5. 00	
20. 00 20. 01	Capital DRG other than outlier Model 4 BPCI Capital DRG other than outlier	•	536, 896 0	0	406, 45	6 130, 440 0 0	536, 896 0	20. 00 20. 01
21. 00 21. 01	Capital DRG outlier payments Model 4 BPCI Capital DRG	2. 00 2. 01	45, 081 0	0 0	37, 47	1 7, 610 0 0	45, 081 0	21. 00 21. 01
22. 00	outlier payments Indirect medical education percentage (see instructions)	5. 00	0. 0000	0. 0000	0. 000	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. 0000	0. 0000	0.000	0. 0000		24.00
25. 00	Disproportionate share adjustment (see instructions)	11.00	0	0		0 0	0	25. 00
26. 00	Total prospective capital payments (see instructions)	12. 00	581, 977	0	443, 92	7 138, 050	581, 977	26. 00
		W/S E, Part A	(Amounts to					
		line	E, Part A)					
		0	1. 00	2. 00	3.00	4. 00	5. 00	
27. 00 28. 00	Low volume adjustment factor Low volume adjustment	70. 96			0. 08393 561, 79		561, 792	27. 00 28. 00
29. 00	(transfer amount to Wkst. E, Pt. A, line) Low volume adjustment (transfer amount to Wkst. E, Pt. A Line)	70. 97				193, 537	193, 537	29. 00
100. 00	Pt. A, line)  Transfer low volume  adjustments to Wkst. E, Pt. A.		Y					100. 00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 Provider CCN: 15-0069 Peri od: Worksheet E From 01/01/2022 Part A Exhibit 5 Date/Time Prepared: 5/24/2023 10:28 am 12/31/2022 Hospi tal Title XVIII Period to Total (cols. Wkst. E, Pt. Amt. from Period on Wkst. E, Pt. 10/01 after 10/01 A. line 2 and 3) A) 0 1.00 2.00 3.00 4.00 1.00 DRG amounts other than outlier payments 1. 00 1.00 DRG amounts other than outlier payments for 1.01 1.01 5. 382. 755 5, 382, 755 5. 382. 755 1.01 discharges occurring prior to October 1 1 02 DRG amounts other than outlier payments for 1 02 1, 764, 142 1, 764, 142 1, 764, 142 1.02 discharges occurring on or after October 1 DRG for Federal specific operating payment 1.03 1.03 0 1.03 for Model 4 BPCI occurring prior to October 1 04 DRG for Federal specific operating payment 1 04 0 0 1.04 for Model 4 BPCI occurring on or after October 1 2.00 Outlier payments for discharges (see 2.00 2.00 instructions) 2.01 Outlier payments for discharges for Model 4 2.02 0 2.01 **BPCI** 2.02 195, 129 195, 129 195, 129 2.02 Outlier payments for discharges occurring 2.03 prior to October 1 (see instructions) Outlier payments for discharges occurring on 2.03 2.04 16, 127 16, 127 16, 127 2.03 or after October 1 (see instructions) 3.00 Operating outlier reconciliation 2.01 C 0 0 3.00 Managed care simulated payments 4.00 4.00 3.00 0 Indirect Medical Education Adjustment 0.000000 5.00 Amount from Worksheet E, Part A, line 21 21.00 0.000000 0.000000 5.00 (see instructions) 6.00 IME payment adjustment (see instructions) 22.00 6.00 C 0 6.01 IME payment adjustment for managed care (see 22.01 6.01 instructions) Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA 7.00 IME payment adjustment factor (see 27. 00 0.000000 0.000000 0.000000 7.00 instructions) 8.00 IME adjustment (see instructions) 28.00 0 8.00 0 0 IME payment adjustment add on for managed 0 28 01 r 0 8 01 8 01 0 care (see instructions) 9.00 Total IME payment (sum of lines 6 and 8) 29.00 0 0 9.00 0 Total IME payment for managed care (sum of 9.01 29.01 9.01 lines 6.01 and 8.01) Disproportionate Share Adjustment 10.00 10.00 Allowable disproportionate share percentage 33.00 0.1209 0.1209 0.1209 (see instructions) 11.00 Di sproporti onate share adjustment (see 34.00 216, 015 162, 694 53, 321 216, 015 11.00 instructions) Uncompensa<u>ted care payments</u> 11.01 36 00 637.062 467, 412 169, 650 637, 062 11.01 Additional payment for high percentage of ESRD beneficiary discharges Total ESRD additional payment (see 12.00 46.00 12.00 instructions) 6, 207, 990 47.00 8, 211, 230 13.00 Subtotal (see instructions) 2,003,240 8, 211, 230 13.00 14.00 Hospital specific payments (completed by SCH 48.00 14.00 and MDH, small rural hospitals only.) (see instructions) Total payment for inpatient operating costs 15 00 49 00 8 211 230 6 207 990 2 003 240 8, 211, 230 15 00 (see instructions) 16.00 Payment for inpatient program capital (from 50.00 581, 977 443, 927 138, 050 581, 977 16.00 Wkst. L, Pt. I, if applicable) 17.00 Special add-on payments for new technologies 54.00 77, 551 40, 939 36, 612 77, 551 17.00 Net organ acquisition cost 17.01 17.01

68.00

93.00

0

6, 692, 856

0

2, 177, 902

0 17.02

0 18.00

8, 870, 758 19.00

17.02

18.00

19.00 SUBTOTAL

Credits received from manufacturers for

replaced devices for applicable MS-DRGs

amount (see instructions)

Capital outlier reconciliation adjustment

Heal th	Financial Systems	KINGS DAUGHTE	ERS HOSPITAL		In Lie	u of Form CMS-2	2552-10
HOSPI T	AL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	ATION EXHIBIT 5	5 Provider 0		Period: From 01/01/2022 To 12/31/2022		pared:
			Title	e XVIII	Hospi tal	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	536, 896	406, 45	6 130, 440	536, 896	20.00
20. 01	Model 4 BPCI Capital DRG other than outlier	1. 01			0	0	20. 01
21.00	Capital DRG outlier payments	2. 00	45, 081	37, 47	7, 610	45, 081	21.00
21. 01	Model 4 BPCI Capital DRG outlier payments	2. 01			0	0	21. 01
22. 00	Indirect medical education percentage (see instructions)	5. 00	0.0000	0.000	0. 0000		22. 00
23. 00	Indirect medical education adjustment (see	6. 00			0	0	23. 00

[TIISTI UCTI OIIS)							
23.00 Indirect medi instructions)	cal education adjustment (see	6. 00	0	0	0	0	23.00
	proportionate share percentage	10.00	0.0000	0. 0000	0. 0000		24.00
(see instruct		10100	0.000	0.0000	0.0000		2 00
	ate share adjustment (see	11. 00	0	0	0	0	25. 00
instructions)							
	tive capital payments (see	12. 00	581, 977	443, 927	138, 050	581, 977	26. 00
i nstructi ons)							
		Wkst. E, Pt.	(Amt. from				
		A, line	Wkst. E, Pt.				
			A)				
		0	1.00	2. 00	3. 00	4. 00	
27. 00							27. 00
28.00 Low volume ad	justment prior to October 1	70. 96	561, 792	561, 792		561, 792	28. 00
29.00 Low volume ad	justment on or after October 1	70. 97	193, 537		193, 537	193, 537	29. 00
30.00 HVBP payment	adjustment (see instructions)	70. 93	0	0	0	0	30.00
	adjustment for HSP bonus	70. 90	0	0	0	0	30. 01
payment (see	instructions)						
31.00 HRR adjustmen	t (see instructions)	70. 94	-77, 463	-53, 152	-24, 311	-77, 463	31.00
	t for HSP bonus payment (see	70. 91	0	0	. 0	0	31.01
i nstructi ons)					_		
						(Amt. to	
						Wkst. E, Pt.	
						A)	
		0	1.00	2.00	3. 00	4. 00	
32.00 HAC Reduction	Program adjustment (see	70. 99		0	0	0	32.00
instructions)							
100.00 Transfer HAC	Reduction Program adjustment to		N				100.00
Wkst. E, Pt.	Α.						
•		•	•			•	•

Health Financial Systems	KINGS DAUGHTERS HOSPITAL	In Lieu of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-00	069

		Title XVIII	Hospi tal	5/24/2023 10: PPS	28 am_
				1. 00	
4 00	PART B - MEDICAL AND OTHER HEALTH SERVICES			4 700	4.00
1. 00 2. 00	Medical and other services (see instructions) Medical and other services reimbursed under OPPS (see instructio	une)		1, 788 13, 454, 993	1. 00 2. 00
3. 00	OPPS payments	113)		10, 964, 333	
4. 00	Outlier payment (see instructions)			9, 027	4. 00
4. 01	Outlier reconciliation amount (see instructions)			0	4. 01
5.00	Enter the hospital specific payment to cost ratio (see instructi	ons)		0. 000	5.00
6.00	Line 2 times line 5			0	6.00
7. 00 8. 00	Sum of lines 3, 4, and 4.01, divided by line 6 Transitional corridor payment (see instructions)			0.00	7. 00 8. 00
9. 00	Ancillary service other pass through costs from Wkst. D, Pt. IV,	col 13 line 200		45, 323	9.00
10.00	Organ acquisitions	cor: 13, 1111c 200		43, 323	10.00
11. 00	Total cost (sum of lines 1 and 10) (see instructions)			1, 788	
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonable charges				
12.00	Ancillary service charges	(0)			12.00
13. 00 14. 00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line Total reasonable charges (sum of lines 12 and 13)	: 69)		0 9, 799	13. 00 14. 00
14.00	Customary charges			7, 177	14.00
15.00	Aggregate amount actually collected from patients liable for pay	ment for services on	a charge basis	0	15. 00
16.00	Amounts that would have been realized from patients liable for p			0	16.00
47.00	had such payment been made in accordance with 42 CFR §413.13(e)				47.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000	
18. 00 19. 00	Total customary charges (see instructions)  Excess of customary charges over reasonable cost (complete only	if line 18 exceeds li	no 11) (soo	9, 799 8, 011	
17.00	instructions)	II Tille to exceeds II	116 11) (366	0,011	19.00
20.00	Excess of reasonable cost over customary charges (complete only	if line 11 exceeds li	ne 18) (see	0	20.00
	instructions)				
21. 00	Lesser of cost or charges (see instructions)			1, 788	
22. 00	Interns and residents (see instructions)	ati ana)		0	22. 00
23. 00 24. 00	Cost of physicians' services in a teaching hospital (see instruc Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	iti ons)		11, 018, 683	23. 00 24. 00
24.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT			11,010,003	24.00
25. 00	Deductibles and coinsurance amounts (for CAH, see instructions)			0	25. 00
26.00	Deductibles and Coinsurance amounts relating to amount on line 2	4 (for CAH, see instr	uctions)	2, 004, 967	26.00
27. 00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plu	ıs the sum of lines 22	and 23] (see	9, 015, 504	27.00
20.00	instructions)	F0)			20.00
28. 00 29. 00	Direct graduate medical education payments (from Wkst. E-4, line ESRD direct medical education costs (from Wkst. E-4, line 36)	: 50)		0	28. 00 29. 00
30.00	Subtotal (sum of lines 27 through 29)			9, 015, 504	
31. 00	Primary payer payments			2, 104	
32.00	Subtotal (line 30 minus line 31)			9, 013, 400	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
	Composite rate ESRD (from Wkst. I-5, line 11)			150 135	33.00
34. 00 35. 00	Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions)			159, 135 103, 438	
	Allowable bad debts for dual eligible beneficiaries (see instruc	ctions)		69, 986	
	Subtotal (see instructions)	,		9, 116, 838	
38.00	MSP-LCC reconciliation amount from PS&R			0	38.00
39. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	
39. 50	Pioneer ACO demonstration payment adjustment (see instructions)				39. 50
39. 75 39. 97	N95 respirator payment adjustment amount (see instructions) Demonstration payment adjustment amount before sequestration			0	39. 75 39. 97
39. 98	Partial or full credits received from manufacturers for replaced	l devices (see instruc	tions)	0	39. 98
39. 99	RECOVERY OF ACCELERATED DEPRECIATION	(000 111011 40		Ö	39. 99
40.00	Subtotal (see instructions)			9, 116, 838	40.00
40. 01	Sequestration adjustment (see instructions)			114, 872	40. 01
40. 02	Demonstration payment adjustment amount after sequestration			0	40. 02
40. 03	Sequestration adjustment-PARHM or CHART pass-throughs			0 044 207	40. 03
41. 00 41. 01	Interim payments Interim payments-PARHM or CHART			9, 044, 287	41. 00 41. 01
42. 00	Tentative settlement (for contractors use only)			0	42.00
42. 01	Tentative settlement-PARHM or CHART (for contractor use only)				42. 01
43.00	Balance due provider/program (see instructions)			-42, 321	
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,	1, 424, 908	44.00
	\$115. 2				
90. 00	TO BE COMPLETED BY CONTRACTOR  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				92.00
	Time Value of Money (see instructions)			0	
94. 00	Total (sum of lines 91 and 93)			0	94.00

Health Financial Systems	KINGS DAUGHTERS	HOSPI TAL	In Lieu	of Form CMS-	2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0069		Worksheet E	
			From 01/01/2022	Part B	
			To 12/31/2022	Date/Time Pre	epared:
				5/24/2023 10:	28 am
		Title XVIII	Hospi tal	PPS	
				1. 00	
MEDICARE PART B ANCILLARY COSTS					
200.00 Part B Combined Billed Days				C	200. 00

Peri od: Worksheet E-1 From 01/01/2022 Part I To 12/31/2022 Date/Ti me Prepared: 5/24/2023 10:28 am Provi der CCN: 15-0069

				10 12/01/2022	5/24/2023 10: 2	28 am
		Title	XVIII	Hospi tal	PPS	
		Inpatien	t Part A	Par	⁻t 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		8, 742, 36	8	9, 044, 287	1.00
2.00	Interim payments payable on individual bills, either			0	0	2.00
	submitted or to be submitted to the contractor for					
	services rendered in the cost reporting period. If none,					
	write "NONE" or enter a zero					
3.00	List separately each retroactive lump sum adjustment					3.00
	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)					
	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			0	0	3. 99
	3. 50-3. 98)					
4. 00	Total interim payments (sum of lines 1, 2, and 3.99)		8, 742, 36	18	9, 044, 287	4. 00
	(transfer to Wkst. E or Wkst. E-3, line and column as					
	appropriate) TO BE COMPLETED BY CONTRACTOR					
5. 00	List separately each tentative settlement payment after					5.00
5.00	desk review. Also show date of each payment. If none,					3.00
	write "NONE" or enter a zero. (1)					
	Program to Provider					
5. 01	TENTATI VE TO PROVI DER			0	0	5. 01
5. 02	TENNITYE TO TROVIDER			0	l ő	5.02
5. 03				0	0	5.03
0.00	Provider to Program			<u> </u>	J	0.00
5. 50	TENTATI VE 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			0	0	5. 99
	5. 50-5. 98)					
6.00	Determined net settlement amount (balance due) based on					6.00
	the cost report. (1)					
6. 01	SETTLEMENT TO PROVIDER			0	0	6. 01
6. 02	SETTLEMENT TO PROGRAM		134, 19	0	42, 321	6. 02
7.00	Total Medicare program liability (see instructions)		8, 608, 17	8	9, 001, 966	7.00
				Contractor	NPR Date	
				Number	(Mo/Day/Yr)	
			)	1. 00	2.00	
8. 00	Name of Contractor					8.00

Heal th	Financial Systems KINGS DAUGHT	ERS HOSPITAL	In Lie	u of Form CMS-	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provi der CCN: 15-0069	Peri od:	Worksheet E-	1
			From 01/01/2022 To 12/31/2022		anarad.
			10 12/31/2022	Date/Time Pro 5/24/2023 10:	
		Title XVIII	Hospi tal	PPS	20 a
				•	
				1. 00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORT				
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULA				
1. 00	Total hospital discharges as defined in AARA §4102 from W	kst. S-3, Pt. I col. 15 lin	e 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 20				5. 00
6. 00	Total hospital charity care charges from Wkst. S-10, col.				6. 00
7. 00	CAH only - The reasonable cost incurred for the purchase	of certified HIT technology	Wkst. S-2, Pt. I		7. 00
	line 168				
8. 00	Calculation of the HIT incentive payment (see instruction	s)			8. 00
9. 00	Sequestration adjustment amount (see instructions)				9. 00
10. 00	Calculation of the HIT incentive payment after sequestrat	ion (see instructions)			10.00
	I NPATI ENT HOSPI TAL SERVI CES UNDER THE I PPS & CAH				
	Initial/interim HIT payment adjustment (see instructions)				30.00
	Other Adjustment (specify)				31.00
32. 00	Balance due provider (line 8 (or line 10) minus line 30 a	nd line 31) (see instructio	ns)		32.00

Health Financial Systems	KINGS DAUGHTERS HOSPITAL		In Lieu	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der	CCN: 15-0069	Peri od: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2023 10:28 am

			10 12/31/2022	5/24/2023 10:	
		Title XIX	Hospi tal	Cost	
			Inpati ent	Outpati ent	
			1. 00	2. 00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVI	CES FOR TITLES V OR XI	X SERVICES		
	COMPUTATION OF NET COST OF COVERED SERVICES				]
1.00	Inpati ent hospi tal /SNF/NF servi ces		6, 218, 062		1.00
2.00	Medical and other services			10, 506, 211	2.00
3.00	Organ acquisition (certified transplant programs only)	o		3.00	
4.00	Subtotal (sum of lines 1, 2 and 3)	6, 218, 062	10, 506, 211	4.00	
5.00	Inpatient primary payer payments		o		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		6, 218, 062	10, 506, 211	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES				1
	Reasonabl e Charges				1
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		12, 831, 674	41, 458, 970	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			12, 831, 674	41, 458, 970	12.00
	CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for s	services on a charge	0	0	13.00
	basis				
14.00	Amounts that would have been realized from patients liable for p		n 0	0	14.00
	a charge basis had such payment been made in accordance with 42	CFR §413.13(e)			
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0. 000000	0.000000	
16.00	Total customary charges (see instructions)	1611	12, 831, 674	41, 458, 970	
17. 00	Excess of customary charges over reasonable cost (complete only	If line 16 exceeds	6, 613, 612	30, 952, 759	17.00
10.00	line 4) (see instructions)	! <b>6</b>   !	0	0	10 00
18. 00	Excess of reasonable cost over customary charges (complete only	IT Time 4 exceeds fine		0	18.00
19. 00	16) (see instructions) Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instruc	stions)	0	0	20.00
21. 00	Cost of covered services (enter the lesser of line 4 or line 16)		6, 218, 062	10, 506, 211	
21.00	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be co			10, 300, 211	21.00
22 00	Other than outlier payments	Simple tear for 113 provin	0	0	22. 00
23. 00	Outlier payments		Ö	0	
	Program capital payments		0	O	24.00
	Capital exception payments (see instructions)				25.00
26. 00	1 1 1 7 1 7		0	0	
27. 00	Subtotal (sum of lines 22 through 26)		o	0	
28. 00	Customary charges (title V or XIX PPS covered services only)		0	0	
29. 00	Titles V or XIX (sum of lines 21 and 27)		6, 218, 062	10, 506, 211	
27.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT		0,2.0,002	10/000/211	27.00
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	, , ,		6, 218, 062	10, 506, 211	
	Deducti bl es		0, 1.0, 0	0	
33. 00			o	0	
34.00				0	34.00
	Utilization review			_	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		6, 218, 062	10, 506, 211	36.00
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		o	0	
	Subtotal (line 36 ± line 37)		6, 218, 062	10, 506, 211	38.00
			0		39.00
	Total amount payable to the provider (sum of lines 38 and 39)		6, 218, 062	10, 506, 211	40.00
41.00				10, 506, 211	
42.00	Balance due provider/program (line 40 minus line 41)	6, 218, 062 0	0		
	Protested amounts (nonallowable cost report items) in accordance		0	43.00	
43.00					

Heal th	Health Financial Systems KINGS DAUGHTERS HOSPITAL In Lieu				
OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT Provider CCN: 15-0069 Period:					·
			From 01/01/2022 To 12/31/2022	Date/Time Prep 5/24/2023 10:2	oared: 28 am
		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 in	structions)		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 instruct	i ons)		0	6.00
7.00	Time value of money for capital related expenses (see in	structions)		0	7.00

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

Provider CCN: 15-0069

Cubern   Specific   Purpose   Purp					, .2,01,2022	5/24/2023 10:	28 am
CURRENT ASSETS   Cost on the banks   Cost on			General Fund			Plant Fund	
Cosh on hand in banks			1.00			4. 00	
Temporary Investments							
Notes receivable   6,501,938   0   0   0   0   0   0   0   0   0	- 1		23, 877, 763	1	0	0	
Accounts recel vable			0 6 501 020	_	0	0	
0   0   0   0   0   0   0   0   0   0			1	1	0	0	
All Owances for uncollectible notes and accounts receivable   0			1	1	0	0	
Inventory	- 1		1	1	0	0	
Prepaid Expenses	- 1		ł	_	0	0	
10.00   Due from other funds			1	1	0	0	
11.00   Total current assets (sum of lines 1-10)   -314, 667, 337   0   0	01	ther current assets	l	1	0	0	9.00
FixeD ASSETS	Dι	ue from other funds	0	0	0	0	10.00
12.00   Land   Improvements			-314, 667, 337	0	0	0	11.00
13.00   Land   Improvements							
14.00   Accumul ated depreciation	- 1			- 1	-	_	
15.00   Buildings			0	_	-	0	
16.00   Accumulated depreciation   -5, 233, 542   0   0    -18.00   Accumulated depreciation   0   0   0    -18.00   Accumulated depreciation   0   0   0    -19.00   Fixed equipment   0   0   0    -19.00   Accumulated depreciation			0 4 400 (44	1	0	_	
17.00   Leasehold improvements   0   0   0   0   0   0   0   0   0	- 1		1	_	0	0	
18.00   Accumulated depreciation   0   0   0   0   0   0   0   0   0			-5, 233, 542		0	0	
19.00   Fixed equipment	- 1	•	0		0	0	
20.00   Accumulated depreciation   0   0   0   0   0   0   0   0   0	- 1				0	0	
21.00   Automobiles and trucks   0   0   0   0   0   0   0   0   0	-	• •			0	0	
22.00   Accumulated depreciation   0   0   0   0   0   0   0   0   0	-	•			0	0	
23.00   Major movable equipment   10,607,813   0   0   0	-		١	_	0	0	
24. 00   Accumulated depreciation   -3,035,594   0   0   0	- 1	•	10 607 813	_	0	0	
25.00					0	0	
26. 00   Accumul atted depreciation   0   0   0   0   0   0   0   0   0	- 1	•	0,000,071		0	0	
17.00   HIT designated Assets   0   0   0   0   0   0   0   0   0			0	0	0	Ö	
Accumulated depreciation			O	0	0	0	
Total Fixed assets (sum of lines 12-29)   92,082,069   0   0			0	О	0	0	28.00
OTHER ASSETS   O	Mi	i nor equi pment-nondepreci abl e	0	0	0	0	29.00
11. 00	To	otal fixed assets (sum of lines 12-29)	92, 082, 069	0	0	0	30.00
32.00   Deposits on leases   0   0   0   0   0   33.00   Due from owners/officers   0   0   0   0   0   0   0   0   0	OT	THER ASSETS					
33.00   Due from owners/officers   0   0   0   0   34.00   Other assets   190, 202, 273   0   0   0   0   35.00   Total other assets (sum of lines 31-34)   190, 202, 273   0   0   0   0   0   0   0   0   0	- 1		0	1	0	0	
34.00   Other assets   190, 202, 273   0   0   0   0   0   0   0   0   0	- 1		0	1	0	0	
35. 00   Total other assets (sum of lines 31-34)   190, 202, 273   0   0   0   0   0   0   0   0   0	- 1		0	1	0	0	
Total assets (sum of lines 11, 30, and 35)   -32,382,995   0   0	- 1		1	1	0	0	
CURRENT LIABILITIES   37.00   Accounts payable   2,553,478   0   0   0   0   0   0   0   0   0	- 1	· · · · · · · · · · · · · · · · · · ·	1	1	O	0	
37.00   Accounts payable   2,553,478   0   0   0   38.00   Salaries, wages, and fees payable   0   0   0   0   0   0   0   0   0	_		-32, 302, 773	0	0	0	30.00
38.00   Salaries, wages, and fees payable   0   0   0   0			2 553 478	0	0	0	37.00
39.00   Payrol   taxes payable   0   0   0   0   0   0   0   0   0			2,000,170	i l		0	
40.00   Notes and I oan's payable (short term)   259, 953   0   0   0   41.00   Deferred income			0		0	0	
41.00 Deferred income 42.00 Accelerated payments 0 Due to other funds 0 Other current liabilities 6,866,116 0 OTOTAL CURRENT LIABILITIES  46.00 Mortgage payable 47.00 Notes payable 48.00 Unsecured loans 0 O O O O O O O O O O O O O O O O O O O			259. 953		0	Ö	
42.00 Accelerated payments			0	o o	0	0	
43.00 Due to other funds 44.00 Other current liabilities 50 Other current liabilities 60 Other liabilities 60 Other liabilities 60 Other liabilities 60 Other long term liabilities (sum of lines 46 thru 49) 60 Other long term liabilities (sum of lines 46 thru 49) 61 Other long term liabilities (sum of lines 45 and 50) 62 Other long term liabilities (sum of lines 46 thru 49) 62 Other long term liabilities (sum of lines 46 thru 49) 63 Other long term liabilities (sum of lines 46 thru 49) 64 Other long term liabilities (sum of lines 46 thru 49) 65 Other long term liabilities (sum of lines 46 thru 49) 66 Other long term liabilities (sum of lines 46 thru 49) 66 Other long term liabilities (sum of lines 46 thru 49) 67 Other long term liabilities (sum of lines 46 thru 49) 68 Other long term liabilities 68 Other long term liabilities 69 Other long term liabilities 69 Other long term liabilities 60 Other long term liabilities 61 Other long term liabilities 625 Other long term liabilities 626 Other long term liabilities 627 Other long term liabilities 628 Other long term liabilities 629 Other long term liabilities 620 Other long term liabilities 625 Other long term liabilities 626 Other long	- 1		O				42.00
45.00   Total current liabilities (sum of lines 37 thru 44)   9,679,547   0   0	- 1	ue to other funds	0	O	0	0	43.00
LONG TERM LIABILITIES	01	ther current liabilities	6, 866, 116	0	0	0	44.00
Mortgage payable   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	To	otal current liabilities (sum of lines 37 thru 44)	9, 679, 547	0	0	0	45.00
47. 00 Notes payable 0 0 0 0 0 48. 00 Unsecured Loans 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LC	ONG TERM LIABILITIES					
48.00 Unsecured Loans  49.00 Other Long term Liabilities  50.00 Total Long term Liabilities (sum of Lines 46 thru 49)  51.00 Total Liabilities (sum of Lines 45 and 50)  CAPITAL ACCOUNTS  General fund balance  52.00 Specific purpose fund  54.00 Donor created - endowment fund balance - restricted  55.00 Donor created - endowment fund balance - unrestricted  56.00 Governing body created - endowment fund balance  57.00 Plant fund balance - invested in plant  58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion  59.00 Total fund balances (sum of Lines 52 thru 58)  50.00 O O O O O O O O O O O O O O O O O O	4	3 3 1 3	0	0	0	0	
49.00 Other long term liabilities  50.00 Total long term liabilities (sum of lines 46 thru 49)  51.00 Total liabilities (sum of lines 45 and 50)  CAPITAL ACCOUNTS  52.00 General fund balance  53.00 Specific purpose fund  54.00 Donor created - endowment fund balance - restricted  55.00 Donor created - endowment fund balance - unrestricted  56.00 Governing body created - endowment fund balance  57.00 Plant fund balance - invested in plant  58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion  59.00 Total fund balances (sum of lines 52 thru 58)  50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	0	0		
50.00 Total long term liabilities (sum of lines 46 thru 49) 51.00 Total liabilities (sum of lines 45 and 50)  CAPITAL ACCOUNTS  52.00 General fund balance  Specific purpose fund  Donor created - endowment fund balance - restricted  Donor created - endowment fund balance - unrestricted  Governing body created - endowment fund balance  Fr.00 Plant fund balance - invested in plant  Plant fund balance - reserve for plant improvement, replacement, and expansion  Total fund balances (sum of lines 52 thru 58)  -42,688,046  0  0  0  0  0  0  0  0  0  0  0  0  0	- 1		0	_	0	0	
51.00 Total liabilities (sum of lines 45 and 50)  CAPITAL ACCOUNTS  52.00 General fund balance  Specific purpose fund  Donor created - endowment fund balance - restricted  Donor created - endowment fund balance - unrestricted  Governing body created - endowment fund balance  Plant fund balance - invested in plant  Plant fund balance - reserve for plant improvement, replacement, and expansion  Total fund balances (sum of lines 52 thru 58)  10, 305, 051  0  0  0  0  0  10, 305, 051  0  0  0  10, 305, 051  0  10, 305, 051  0  10, 305, 051  0  10, 305, 051  0  10, 305, 051  0  10, 305, 051  0  10, 305, 051  0  10, 305, 051  0  10, 305, 051  1	4	9	1	1	-	0	
CAPITAL ACCOUNTS  52.00 General fund balance 53.00 Specific purpose fund 54.00 Donor created - endowment fund balance - restricted 55.00 Donor created - endowment fund balance - unrestricted 56.00 Governing body created - endowment fund balance 57.00 Plant fund balance - invested in plant 58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion  59.00 Total fund balances (sum of lines 52 thru 58)  -42,688,046  0  -42,688,046  0  0  0  0  0  0  0  0  0  0  0  0  0	- 1	,					
52.00 General fund balance 53.00 Specific purpose fund 54.00 Donor created - endowment fund balance - restricted 55.00 Donor created - endowment fund balance - unrestricted 60 Governing body created - endowment fund balance 77.00 Plant fund balance - invested in plant 78.00 Plant fund balance - reserve for plant improvement, replacement, and expansion 79.00 Total fund balances (sum of lines 52 thru 58)  -42,688,046  0  -42,688,046  0  0  -42,688,046  0  0	_		10, 305, 051	] 0	0	0	51.00
53.00 Specific purpose fund 54.00 Donor created - endowment fund balance - restricted 55.00 Donor created - endowment fund balance - unrestricted 66.00 Governing body created - endowment fund balance 57.00 Plant fund balance - invested in plant 58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion 59.00 Total fund balances (sum of lines 52 thru 58)  -42,688,046  0			-42 688 046				52.00
54.00 Donor created - endowment fund balance - restricted 55.00 Donor created - endowment fund balance - unrestricted 56.00 Governing body created - endowment fund balance 57.00 Plant fund balance - invested in plant 58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion 59.00 Total fund balances (sum of lines 52 thru 58)  -42,688,046  0	- 1		12,000,010	1			53.00
55.00 Donor created - endowment fund balance - unrestricted Governing body created - endowment fund balance 57.00 Plant fund balance - invested in plant Flant fund balance - reserve for plant improvement, replacement, and expansion  Total fund balances (sum of lines 52 thru 58)  O  O  O  O  O  O  O  O  O  O  O  O  O					Λ		54.00
56.00 Governing body created - endowment fund balance 57.00 Plant fund balance - invested in plant 58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion 59.00 Total fund balances (sum of lines 52 thru 58) -42,688,046 0	- 1				0		55.00
57.00 Plant fund balance - invested in plant 58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion 59.00 Total fund balances (sum of lines 52 thru 58) -42,688,046 0 0	- 1				0		56.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion 59.00 Total fund balances (sum of lines 52 thru 58) -42,688,046 0 0	- 1	9 9				0	
replacement, and expansion 59.00 Total fund balances (sum of lines 52 thru 58) -42,688,046 0 0	- 1	•				0	
60 00 Total lightlities and fund halances (sum of lines 51 and   22 202 005  0 0			-42, 688, 046	0	0	0	
		otal liabilities and fund balances (sum of lines 51 and	-32, 382, 995	0	0	0	60.00
[59]	59	9)					

STATEMENT OF CHANGES IN FUND BALANCES

Provi der CCN: 15-0069

Peri od: Worksheet G-1 From 01/01/2022 12/31/2022 Date/Time Prepared:

5/24/2023 10: 28 am General Fund Special Purpose Fund Endowment Fund 5.00 1. 00 3. 00 4.00 2.00 1.00 Fund balances at beginning of period 763, 440 0 1.00 Net income (loss) (from Wkst. G-3, line 29) -43, 451, 486 2.00 2.00 3 00 Total (sum of line 1 and line 2) -42, 688, 046 ol 3.00 4.00 Additions (credit adjustments) (specify) 4.00 0 5.00 0 0 0 0 0 5.00 0 6.00 0 6.00 0 7.00 0 7.00 0 8.00 0 8.00 9.00 9.00 10.00 Total additions (sum of line 4-9) 0 10.00 Subtotal (line 3 plus line 10) -42, 688, 046 0 11.00 11.00 12.00 Deductions (debit adjustments) (specify) 0 12.00 000000 13.00 13.00 14.00 0 0 14.00 15.00 0 15.00 16.00 0 16.00 17.00 17.00 18.00 Total deductions (sum of lines 12-17) 18.00 Fund balance at end of period per balance -42, 688, 046 19.00 19.00 sheet (line 11 minus line 18) Endowment Plant Fund Fund 6.00 8.00 7.00 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 0 3.00 Total (sum of line 1 and line 2) 0 3.00 4.00 Additions (credit adjustments) (specify) 4.00 5.00 5.00 6.00 0 6.00 0 7.00 7.00 8.00 0 8.00 9.00 0 9.00 Total additions (sum of line 4-9) 0 10.00 10.00 11.00 Subtotal (line 3 plus line 10) 0 11.00 Deductions (debit adjustments) (specify) 12.00 12.00 13.00 0 13.00 14.00 0 14.00 15.00 15.00 16.00 0 16.00 17.00 17.00 C Total deductions (sum of lines 12-17) 18.00 0 18.00 Fund balance at end of period per balance 0 0 19.00 sheet (line 11 minus line 18)

Health Financial Systems Kantement of Patlent Revenues and Operating Expenses Provider CCN: 15-0069

			0 12/31/2022	5/24/2023 10:	
	Cost Center Description	I npati ent	Outpati ent	Total	
		1.00	2.00	3. 00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospi tal	10, 612, 114		10, 612, 114	1.00
2.00	SUBPROVI DER - I PF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVI DER				4.00
5.00	Swing bed - SNF			0	5.00
6.00	Swing bed - NF			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)	10, 612, 114		10, 612, 114	
	Intensive Care Type Inpatient Hospital Services	1 .0, 0.2,		10/012/111	10.00
11. 00	INTENSIVE CARE UNIT	2, 885, 558		2, 885, 558	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	OTHER SPECIAL CARE (SPECIFY)				15.00
16. 00	Total intensive care type inpatient hospital services (sum of lines	2, 885, 558		2, 885, 558	16.00
	11-15)	2,000,000		2,000,000	10.00
17. 00	Total inpatient routine care services (sum of lines 10 and 16)	13, 497, 672		13, 497, 672	17. 00
18. 00	Ancillary services	65, 790, 900		311, 544, 143	18.00
19. 00	Outpati ent servi ces	00,770,700		72, 667, 348	19.00
20. 00	RURAL HEALTH CLINIC			0	20.00
21. 00	FEDERALLY QUALIFIED HEALTH CENTER		-	0	21.00
22. 00	HOME HEALTH AGENCY		1, 547, 183	1, 547, 183	22. 00
23. 00	AMBULANCE SERVICES			5, 609, 259	23. 00
24. 00	CMHC		3,007,237	3,007,237	24.00
25. 00	AMBULATORY SURGICAL CENTER (D. P. )				25. 00
26. 00	HOSPI CE		495, 051	495, 051	26.00
27. 00	OTHER OUTPATIENT			1, 548, 767	27. 00
28. 00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wk			406, 909, 423	28. 00
20.00	G-3, line 1)	77, 200, 372	327, 020, 031	400, 707, 423	20.00
	PART II - OPERATING EXPENSES	<u> </u>			
29. 00	Operating expenses (per Wkst. A, column 3, line 200)		140, 407, 829		29. 00
30.00	ADD (SPECIFY)				30.00
31.00					31.00
32.00					32.00
33. 00					33.00
34.00					34.00
35. 00					35.00
36.00	Total additions (sum of lines 30-35)		ol		36.00
37.00	DEDUCT (SPECIFY)				37.00
38.00					38.00
39.00					39.00
40.00					40.00
41.00		C			41.00
42.00	Total deductions (sum of lines 37-41)		ol		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(tra	ınsfer	140, 407, 829		43.00
	to Wkst. G-3, line 4)				
		•	•	'	

		INGS DAUGHTERS HOSPIT			of Form CMS-2	
STATEM	IENT OF REVENUES AND EXPENSES	Provi d	der CCN: 15-0069	Peri od:	Worksheet G-3	
				From 01/01/2022 To 12/31/2022	Date/Time Pre	nared·
				127 017 2022	5/24/2023 10:	
					1. 00	
1. 00	Total patient revenues (from Wkst. G-2, Part I,				406, 909, 423	1.00
2.00	Less contractual allowances and discounts on pa	atients' accounts			283, 530, 664	
3.00	Net patient revenues (line 1 minus line 2)				123, 378, 759	
4.00	Less total operating expenses (from Wkst. G-2,				140, 407, 829	
5.00	Net income from service to patients (line 3 min	nus line 4)			-17, 029, 070	5.00
	OTHER I NCOME				220, 120	/ 00
6.00	Contributions, donations, bequests, etc				228, 120	
7.00	Revenues from telephone and other miscellaneous	a communication consid	200		3, 986, 710 0	
8. 00 9. 00	Revenue from television and radio service	s communication service	ces		0	
10.00	Purchase di scounts					10.00
11. 00	Rebates and refunds of expenses				0	
12.00	Parking lot receipts				0	
	Revenue from Laundry and Linen service				0	13.00
14. 00	Revenue from meals sold to employees and quests	S			267, 157	
15. 00	Revenue from rental of living quarters	-			207, 107	
	Revenue from sale of medical and surgical suppl	ies to other than pat	tients		o l	
	Revenue from sale of drugs to other than patien				o l	
	Revenue from sale of medical records and abstra				2, 666	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc	c. )				19.00
20.00	Revenue from gifts, flowers, coffee shops, and	canteen			o	20.00
21.00	Rental of vending machines				0	21.00
22.00	Rental of hospital space				0	22.00
23.00	Governmental appropriations				o	23.00
24.00	OTHER OPERATING INCOME				-31, 659, 320	24.00
24.50	COVI D-19 PHE Funding				752, 251	24.50
25.00	Total other income (sum of lines 6-24)				-26, 422, 416	25.00
26.00	Total (line 5 plus line 25)				-43, 451, 486	26.00
	OTHER EXPENSES (SPECIFY)				0	
	Total other expenses (sum of line 27 and subscr				0	28. 00
29.00	Net income (or loss) for the period (line 26 mi	nus line 28)			-43, 451, 486	29.00

Heal th	Financial Systems		KINGS DAUGHTER	RS HOSPITAL		In Lie	u of Form CMS-2	2552-10
	ALLOCATION - HHA GENERAL SERVICE	COST		Provi der C		Period: From 01/01/2022	Worksheet H-1	
				HHA CCN:		To 12/31/2022	Date/Time Pre	pared:
						Home Health	5/24/2023 10: PPS	28 am_
			Capital Rela	ated Costs		Agency I		
			<u> </u>					
		Net Expenses for Cost	Bl dgs & Fi xtures	Movable Equipment	Plant Operation &	Transportatio n	Subtotal (cols. 0-4)	
		Allocation	TIXtures	Equi pilierri	Maintenance	"	(0013. 0-4)	
		(from Wkst. H, col. 10)						
		0	1. 00	2. 00	3.00	4. 00	4A. 00	
1. 00	GENERAL SERVICE COST CENTERS  Capital Related - Bldg. &	0	0				0	1.00
	Fixtures							
2. 00	Capital Related - Movable Equipment	0		0			0	2.00
3. 00	Plant Operation & Maintenance	0	0	0		0	0	
4. 00 5. 00	Transportation Administrative and General	0 375, 963	0	0	1	0 0	375, 963	4. 00 5. 00
	HHA REIMBURSABLE SERVICES							
6. 00 7. 00	Skilled Nursing Care Physical Therapy	435, 068 228, 645	0	0	1	0 0	435, 068 228, 645	
8.00	Occupational Therapy	58, 956	0	0		0 0	58, 956	8. 00
9. 00 10. 00	Speech Pathology Medical Social Services	1, 635 0	0	0		0 0	1, 635 0	
11. 00	Home Heal th Ai de	1, 350	o	0		0 0	1, 350	1
12. 00 13. 00	Supplies (see instructions) Drugs	21, 485	0	0		0	21, 485	1
14. 00	DME	11	0	0	1	0 0	11 0	•
15. 00	HHA NONREIMBURSABLE SERVICES Home Dialysis Aide Services	0	0	0	ı	0 0	0	15. 00
16. 00	Respiratory Therapy	0	0	0	l .	0 0	0	16.00
17.00	Private Duty Nursing	0	0	0		0 0	0	
18. 00 19. 00	Clinic Health Promotion Activities	0	0	0		0 0 0	0	
20.00	Day Care Program	0	0	0		0 0	0	20.00
21. 00 22. 00	Home Delivered Meals Program Homemaker Service	0	0	0		0 0	0	21. 00 22. 00
23. 00	All Others (specify)	0	0	0		0 0	0	23. 00
23. 50	Telemedicine Total (sum of lines 1-23)	0 1, 123, 113	0	0		0 0	0 1, 123, 113	23. 50 24. 00
2 00	1.014. (04 01.11.100 1.20)	Admi ni strati v	Total (col s.	<u> </u>	•	0, 0	1, 120, 110	2 00
		e & General 5.00	4A + 5) 6.00					
	GENERAL SERVICE COST CENTERS							1 00
1. 00	Capital Related - Bldg. & Fixtures							1.00
2. 00	Capital Related - Movable							2. 00
3. 00	Equipment Plant Operation & Maintenance							3.00
4.00	Transportation	275 042						4.00
5. 00	Administrative and General HHA REIMBURSABLE SERVICES	375, 963						5.00
6. 00 7. 00	Skilled Nursing Care	218, 925 115, 053	653, 993 343, 698					6. 00 7. 00
7. 00 8. 00	Physical Therapy Occupational Therapy	29, 666	88, 622					8.00
9.00	Speech Pathology	823	2, 458					9.00
10. 00 11. 00	Medical Social Services Home Health Aide	0 679	0 2, 029					10. 00 11. 00
12.00	Supplies (see instructions)	10, 811	32, 296					12.00
13. 00 14. 00	Drugs DME	6 0	17					13. 00 14. 00
	HHA NONREIMBURSABLE SERVICES							
15. 00 16. 00	1	0	0					15. 00 16. 00
17.00	Private Duty Nursing	0	0					17. 00
18. 00 19. 00	Clinic Health Promotion Activities	0	0					18. 00 19. 00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program Homemaker Service	0	0					21. 00 22. 00
23.00	All Others (specify)	0	0					23. 00
	Telemedicine Total (sum of lines 1-23)	0	0 1, 123, 113					23. 50 24. 00
24.00	1.0tai (3am 01 111163 1-23)	ı l	1, 123, 113					1 27.00

Heal th	Financial Systems		KINGS DAUGHTE	RS HOSPITAL		In Lie	u of Form CMS-2	2552-10
	LLOCATION - HHA STATISTICAL BAS	SIS		Provi der C		Period: From 01/01/2022 To 12/31/2022		pared:
						Home Health Agency I	PPS	
		Capi tal Rel	ated Costs			/ Igeney		
		BI dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliatio n	Administrativ e & General (ACCUM. COST)	
		1. 00	2. 00	3. 00	4. 00	5A. 00	5. 00	
	GENERAL SERVICE COST CENTERS			T	T	1		1 00
1. 00	Capital Related - Bldg. & Fixtures	0				0		1.00
2. 00	Capital Related - Movable Equipment		0			0		2. 00
3.00	Plant Operation & Maintenance	0	0	O		0		3.00
4.00	Transportation (see	0	0	0		0		4.00
5. 00	instructions) Administrative and General HHA REIMBURSABLE SERVICES	0	0	0		0 -375, 963	747, 150	5.00
6. 00	Skilled Nursing Care	0	0			0	435, 068	6.00
7. 00	Physical Therapy	Ö	0			o o	228, 645	1
8.00	Occupational Therapy	0	0	0		0 0	58, 956	8. 00
9.00	Speech Pathology	0	0	0		0 0	1, 635	
10.00	Medical Social Services	0	0	0		0	0	1
	Home Health Aide	0	0	0	1	0	1, 350	
12.00	Supplies (see instructions)	0	0	0	1	0	l	12.00
13.00	Drugs	0	0	0		0	11	
14. 00	DME	1 0	0	1 0	1	U  0	0	14.00

0.000000

0. 000000

0

0.000000

0

0

0

0

0

0.000000

-375, 963

15.00

16.00

17.00

18.00

19.00

20.00

21.00

22.00 23.00

23.50

24. 00 25. 00

747, 150 375, 963

0. 503196 26. 00

15.00

16.00

17.00

18.00

19.00

20.00

21.00

22. 00

23.00

23.50

24.00

25.00

 $\operatorname{CI}\operatorname{i}\operatorname{ni}\operatorname{c}$ 

HHA NONREIMBURSABLE SERVICES Home Dialysis Aide Services Respiratory Therapy

Health Promotion Activities

Home Delivered Meals Program Homemaker Service

Total (sum of lines 1-23) Cost To Be Allocated (per

Worksheet H-1, Part I) 26.00 Unit Cost Multiplier

Private Duty Nursing

All Others (specify)

Day Care Program

Tel emedi ci ne

Peri od: Worksheet H-2
From 01/01/2022 Part I
To 12/31/2022 Date/Time Prepared: 5/24/2023 10: 28 am HHA CCN: 15-7141 Home Health

						Home Health Agency I	PPS	
			CAPI	TAL RELATED CO	OSTS	Agency		
	Cost Center Description	HHA Trial Balance (1)	NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		0	1. 00	1. 01	2.00	4. 00	4A	
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 000 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 20. 00 21. 00	Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) (2)	0 653, 993 343, 698 88, 622 2, 458 0 2, 029 32, 296 17 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2, 867 0 0 0 0 0 0 0 0 0 0 0 0		251, 779 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	254, 646 653, 993 343, 698 88, 622 2, 458 0 2, 029 32, 296 17 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 17. 00 18. 00 19. 00 19. 50 20. 00 21. 00
	6 decimal places.  Cost Center Description	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	DI ETARY	CAFETERI A	
		5. 00	7. 00	8. 00	9. 00	10. 00	11.00	
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 10. 00 11. 00 12. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 50 20. 00 21. 00	Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) (2)	61, 207 157, 194 82, 612 21, 301 591 0 488 7, 763 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	69, 310 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 17. 00 18. 00 19. 50 20. 00 21. 00

<sup>(1)</sup> Column O, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns O through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

HHA CCN:

				TITIA CCN.	13-7141	10 12/31/2022	5/24/2023 10:	
						Home Health Agency I	PPS	
	Cost Center Description	NURSI NG ADMI NI STRATI O N	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECORDS & LI BRARY	NONPHYSI CI AN ANESTHETI STS	RADI OLOGY SCHOOL	
		13. 00	14. 00	15. 00	16.00	19. 00	23.00	
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 000 14. 00 15. 00 17. 00 18. 00 19. 50 20. 00 21. 00	Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) (2)	000000000000000000000000000000000000000	0 0 0 0 0 0 0 1,000 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 19. 00 19. 00 19. 00
	Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part	Costs		
1 00	Administrative and Conoral	24. 00	25. 00	26. 00	27. 00	28. 00		1 00
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 11. 00 12. 00 13. 00 14. 00 15. 00 17. 00 18. 00 19. 00 20. 00 21. 00	Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) (2)	385, 163 811, 187 426, 310 109, 923 3, 049 0 2, 517 41, 059 21 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	385, 163 811, 187 426, 310 109, 923 3, 049 0 2, 517 41, 059 21 0 0 0 0 0 0 0 0 0 0 0 1, 779, 229	224, 12 117, 78 30, 37 84 69 11, 34	4 544, 094 140, 293 2 3, 891 0 5 5 3, 212 4 52, 403 6 27 0		1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 17. 00 18. 00 19. 00 19. 50 20. 00 21. 00

<sup>(1)</sup> Column O, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns O through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

Peri od: Worksheet H-2
From 01/01/2022 Part II
To 12/31/2022 Date/Time Prepared: 5/24/2023 10: 28 am BASIS HHA CCN: 15-7141 Home Health PPS

					Home Health	PPS	
	САР	TAL RELATED CO	2720		Agency I		
	CAF	I IAL KLLATED CC	313				
Cost Center Descripti	ON NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliatio n	ADMI NI STRATI V E & GENERAL (ACCUM. COST)	
	1. 00	1. 01	2. 00	4.00	5A	5. 00	
1.00 Administrative and General	C		0	1, 038, 465			1.00
2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions 9.00 Drugs 10.00 DME 11.00 Home Dialysis Aide Service 12.00 Respiratory Therapy 13.00 Private Duty Nursing 14.00 Clinic 15.00 Health Promotion Activitie 16.00 Day Care Program 17.00 Home Delivered Meals Progr 18.00 Homemaker Service 19.00 All Others (specify) 19.50 Telemedicine 20.00 Total (sum of lines 1-19) 21.00 Total cost to be allocated 22.00 Unit cost multiplier	S C C C C C C C C C C C C C C C C C C C	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		254, 646 653, 993 343, 698 88, 622 2, 458 0 2, 029 32, 296 17 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00 19.50 20.00 21.00
	(SQUARE FEET)	(POUNDS OF LAUNDRY)	SERVI CE)	SERVED)	SERVED)	N (DI RECT	
						NRSI NG HRS)	
	7. 00	8. 00	9. 00	10.00	11.00	13.00	
1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions 9.00 Drugs 10.00 DME 11.00 Home Dialysis Aide Service 12.00 Respiratory Therapy 13.00 Private Duty Nursing 14.00 Clinic 15.00 Health Promotion Activitie 16.00 Day Care Program 17.00 Home Delivered Meals Progr 18.00 Homemaker Service 19.00 All Others (specify) 19.50 Telemedicine 20.00 Total (sum of lines 1-19) 21.00 Total cost to be allocated	2, 748 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 17. 00 18. 00 19. 00 20. 00 21. 00

Health Financial Systems	KINGS DAUGHTERS	HOSPI TAL	In Lie	u of Form CMS-2552-10
ALLOCATION OF GENERAL SERVICE COSTS 1	TO HHA COST CENTERS STATISTICAL	Provider CCN: 15-0069	Peri od:	Worksheet H-2
BASIS			From 01/01/2022	
		HHA CCN: 15-7141	To 12/31/2022	Date/Time Prepared:
				5/24/2023 10:28 am

							5/24/2023 10:28 am
						Home Health	PPS
						Agency I	
	Cost Center Description	CENTRAL	PHARMACY	MEDI CAL	NONPHYSI CI AN	RADI OLOGY	
		SERVICES &	(COSTED	RECORDS &	ANESTHETI STS	SCH00L	
		SUPPLY	REQUIS.)	LI BRARY	(ASSI GNED	(ASSI GNED	
		(COSTED		(GROSS	TIME)	TIME)	
		REQUIS.)		CHARGES)			
		14. 00	15. 00	16. 00	19. 00	23. 00	
1.00	Administrative and General	0	0	0	(	0	1.00
2.00	Skilled Nursing Care	0	0	0	(	0	2.00
3.00	Physi cal Therapy	0	0	0	(	0	3.00
4.00	Occupational Therapy	0	0	0	(	0	4.00
5.00	Speech Pathology	0	0	0	(	0	5.00
6.00	Medical Social Services	0	0	0	(	0	6.00
7.00	Home Health Aide	0	0	0	(	0	7.00
8.00	Supplies (see instructions)	26, 992	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	Tel emedi ci ne	0	0	0		0	19. 50
20.00	Total (sum of lines 1-19)	26, 992	0	0		0	20.00
21.00	Total cost to be allocated	1, 000	0	0		0	21.00
22. 00	Unit cost multiplier	0. 037048	0. 000000	0. 000000	0. 000000	0. 000000	22.00

Hool +h	Financial Systems		KINGS DAUGHTE	DC HOCDITAL		In Lie	u of Form CMS 1	DEE2 10
	Financial Systems TIONMENT OF PATIENT SERVICE COST	rs .	KINGS DAUGHTE	Provi der C	CN: 15_0069	Peri od:	u of Form CMS-2 Worksheet H-3	
AL LOKE	TONNENT OF TATTENT SERVICE GOST	. 3		HHA CCN:	15-7141	From 01/01/2022 To 12/31/2022	Part I Date/Time Pre	pared:
				Title	e XVIII	Home Health Agency I	5/24/2023 10: PPS	20 diii
	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2,	Shared Ancillary Costs (from	Total HHA Costs (cols 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷	
		0	Part I)	Part II)	2.00	4.00	col . 4)	
	PART I - COMPUTATION OF LESSER	0	1.00	2.00	3.00	4. 00	5. 00	
	COST LIMITATION	OF AGGREGATE	PROGRAM COST, F	AGGREGATE OF TI	HE PRUGRAW LI	WITATION COST, C	JR BENEFICIARY	
	Cost Per Visit Computation		1 005 000		1 005 0	2 2 2 2	201.01	
1.00	Skilled Nursing Care	2.00			1, 035, 30			
2.00	Physical Therapy	3.00				·	249. 13	ı
3. 00	Occupational Therapy	4.00			, =		262. 72	
4.00	Speech Pathology	5. 00		0	3, 89		204. 79	
5. 00	Medical Social Services	6. 00				0 0	0. 00	1
6.00	Home Heal th Aide	7. 00	· ·		3, 2		160. 60	1
7. 00	Total (sum of lines 1-6)		1, 726, 799	0	11 1 = 01 1			7.00
					Program Visi	ts		
					P	art B		
	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Not Subject	Subject to		
	·				to	Deducti bl es		
					Deductibles	&		
					Coi nsurance			
		0	1. 00	2. 00	3. 00	4. 00	5. 00	
	Limitation Cost Computation							
8. 00	Skilled Nursing Care		99915	0	1	34		8. 00
9. 00	Physi cal Therapy		99915	0	1	21		9. 00
10.00	Occupational Therapy		99915	0	1	93		10.00
11. 00	Speech Pathology		99915	0		5		11.00
12.00	Medical Social Services		99915	0	1	0		12.00
13.00	Home Heal th Ai de		99915	0	1	14		13.00
14. 00			E	0	.,		Dalla Carl O	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)		Ratio (col. 3 ÷ col. 4)	
		0	1. 00	2.00	3.00	4. 00	5. 00	
	Supplies and Drugs Cost Comput	ati ons						
	Cost of Medical Supplies Cost of Drugs	8. 00 9. 00				79, 556 27 0	0. 658693 0. 000000	1
	7		Program Visits		Cost of Services			
			Par	† B	001 V1 003	Part B		
	Cost Center Description	Part A	Not Subject	Subject to	Part A	Not Subject	Subject to	
	3031 3011131 20301 1 p 11 011			Deductibles &		to	Deductibles &	
			Deductibles &			Deductibles &		
			Coi nsurance			Coi nsurance		
		6. 00	7. 00	8. 00	9.00	10.00	11. 00	
	PART I - COMPUTATION OF LESSER	OF AGGREGATE	PROGRAM COST, A	AGGREGATE OF TI	HE PROGRAM LI	MITATION COST, C	OR BENEFICIARY	
	COST LIMITATION							
	Cost Per Visit Computation							
1. 00		0	834			0 280, 524		1.00
1. 00 2. 00	Cost Per Visit Computation	0	834 721			0 280, 524 0 179, 623		1. 00 2. 00
	Cost Per Visit Computation Skilled Nursing Care	0 0						•
2.00	Cost Per Visit Computation Skilled Nursing Care Physical Therapy	0 0 0	721			0 179, 623		2. 00
2. 00 3. 00	Cost Per Visit Computation Skilled Nursing Care Physical Therapy Occupational Therapy	000000000000000000000000000000000000000	721 193			0 179, 623 0 50, 705		2. 00 3. 00
2. 00 3. 00 4. 00	Cost Per Visit Computation Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology	000000000000000000000000000000000000000	721 193 5			0 179, 623 0 50, 705 0 1, 024		2. 00 3. 00 4. 00
2. 00 3. 00 4. 00 5. 00	Cost Per Visit Computation Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services	000000000000000000000000000000000000000	721 193 5 0 14			0 179, 623 0 50, 705 0 1, 024 0 0		2.00 3.00 4.00 5.00

Heal th	Financial Systems		KINGS DAUGHTE	FRS HOSPITAL		In Lie	u of Form CMS-:	2552-10	
	TONMENT OF PATIENT SERVICE COST	rs .		Provider C	CN: 15-0069 15-7141	Peri od: From 01/01/2022 To 12/31/2022	Worksheet H-3 Part I Date/Time Pre	pared:	
-				Title	xVIII	Home Health Agency I	PPS	/24/2023 10:28 am PPS	
	Cost Center Description					Agency			
	2001 COCO. 2000. Pt. O	6. 00	7. 00	8.00	9. 00	10.00	11. 00		
	Limitation Cost Computation								
8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Total (sum of lines 8-13)							8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00	
		Progi	ram Covered Ch	arges	Cost of				
					Servi ces				
			Par	t B		Part B			
	Cost Center Description	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles &	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		6. 00	7. 00	8.00	9. 00	10. 00	11. 00		
	Supplies and Drugs Cost Comput		71.00	0.00	7.00	10.00			
15.00	Cost of Medical Supplies	0	C	0		0 0	0	15.00	
16.00	Cost of Drugs		C	0		0	0	16.00	
	Cost Center Description	Total Program Cost (sum of cols. 9-10) 12.00						_	
	PART I - COMPUTATION OF LESSER COST LIMITATION	OF AGGREGATE	PROGRAM COST,	AGGREGATE OF TI	HE PROGRAM L	MITATION COST, C	R BENEFICIARY		
1. 00	Cost Per Visit Computation Skilled Nursing Care	280, 524						1.00	
2. 00	Physical Therapy	179, 623						2.00	
3. 00	Occupational Therapy	50, 705						3.00	
4. 00	Speech Pathology	1, 024						4.00	
5. 00	Medical Social Services	0	4					5.00	
6.00	Home Health Aide	2, 248						6.00	
7.00	Total (sum of lines 1-6)	514, 124						7. 00	
	Cost Center Description								
		12. 00							
	Limitation Cost Computation		ı						
8. 00	Skilled Nursing Care							8.00	
9.00	Physical Therapy							9.00	
10. 00 11. 00	Occupational Therapy Speech Pathology							10.00	
12.00	Medical Social Services							12.00	
12.00	Home Health Aide							13.00	
	Total (sum of lines 8-13)							14.00	
50	(50 5	I	I					,	

Heal th	Financial Systems		KINGS DAUGHTE	RS HOSPITAL		In Lie	u of Form CMS-2	2552-10
APP0R1	TIONMENT OF PATIENT SERVICE COS	ΓS		Provi der C	CN: 15-0069	Peri od:	Worksheet H-3	
					45 7444	From 01/01/2022		
				HHA CCN:	15-7141	To 12/31/2022	Date/Time Pre 5/24/2023 10:	
						Home Health	PPS	zo alli
							PP3	
			_			Agency I		
	Cost Center Description	From Wkst. C,	Cost to	Total HHA	HHA Shared	Transfer to		
		Part I, col.	Charge Ratio	Charge (from	Ancillary	Part I as		
			provi der	Costs (col.	1 Indicated			
				records)	x col. 2)			
		0	1. 00	2. 00	3.00	4. 00		
	PART II - APPORTIONMENT OF COS	T OF HHA SERVI	CES FURNISHED I	BY SHARED HOSP	ITAL DEPARTME	NTS		
1.00	Physi cal Therapy	66.00	0. 402367	0		0 col. 2, line 2	. 00	1.00
2.00	Occupational Therapy	67.00	0. 371224	0		0 col. 2, line 3	. 00	2.00
3.00	Speech Pathology	68.00	0. 366707	0		0 col. 2, line 4	. 00	3.00
4.00	Cost of Medical Supplies	71.00	0. 364425	0	)	0 col. 2, line 1	5. 00	4.00
4. 01	Cost of Medical Supplies 1	71. 01	0. 000000	0	)	0 col. 2, line 1	5. 01	4. 01
5.00	Cost of Drugs	73.00	0. 184345	0	1	0 col. 2, line 1	6. 00	5.00

	Financial Systems KINGS D TION OF HHA REIMBURSEMENT SETTLEMENT	AUGHTERS HOSPI TAL				u of Form CMS-2 Worksheet H-4	
LCULA	ITON OF THE REIMBURSEMENT SETTEMENT	HHA CCN:	15-7141		eriod: rom 01/01/2022 o 12/31/2022	Part I-II Date/Time Pre	
						5/24/2023 10:	
		Ti ti	e XVIII		Home Health Agency I	PPS	
					Par		
			Part A		Not Subject to	Subject to Deductibles &	
					Deductibles &	Coi nsurance	
					Coi nsurance		
_			1.00		2. 00	3. 00	
_	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST Reasonable Cost of Part A & Part B Services	I OR CUSTOMARY CHAR	GES				1
	Reasonable cost of services (see instructions)			0	0	0	1
	Total charges			0	0	0	
	Customary Charges						
	Amount actually collected from patients liable for p	ayment for services	•	0	0	0	3
	on a charge basis (from your records) Amount that would have been realized from patients I	iable for payment		0	o	0	4
	for services on a charge basis had such payment been			J	Ĭ	O	
	with 42 CFR §413.13(b)						
	Ratio of line 3 to line 4 (not to exceed 1.000000)  Total customary charges (see instructions)		0.000	000	0. 000000 0	0.000000	5
	Excess of total customary charges over total reasona	ble cost (complete		0	0	0	7
	only if line 6 exceeds line 1)	2. 0 0001 (00p. 010		Ĭ	آ	· ·	<i>'</i>
	Excess of reasonable cost over customary charges (co	mplete only if line	:	0	0	0	8
- 1	1 exceeds line 6) Primary payer amounts			0	0	0	9
O JF	- Tilliar y payer alliburits			U	Part A	Part B	7
					Servi ces	Servi ces	
	AND THE COMPUTATION OF THE PERMIT OF THE PERMIT				1. 00	2. 00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT Fotal reasonable cost (see instructions)				ol	0	10
	Fotal PPS Reimbursement - Full Episodes without Outl	i ers			ol	336, 469	
	Total PPS Reimbursement - Full Episodes with Outlier				О	1, 775	
- 1	Total PPS Reimbursement - LUPA Episodes				0	4, 167	
	Γotal PPS Reimbursement - PEP Episodes Γotal PPS Outlier Reimbursement - Full Episodes with	Outlions			0	12, 399 873	
	Total PPS Outlier Reimbursement – PEP Episodes With	outriers			0	7	16
	Total Other Payments				Ö	0	17
	DME Payments				o	0	18
	Oxygen Payments				0	0	19
	Prosthetic and Orthotic Payments Part B deductibles billed to Medicare patients (excl	ude coinsurance)			0	0	20
	Subtotal (sum of lines 10 thru 20 minus line 21)	ade corrisar arice)			О	355, 690	
	Excess reasonable cost (from line 8)				0	0	
	Subtotal (line 22 minus line 23)				0	355, 690	
	Coinsurance billed to program patients (from your re Net cost (line 24 minus line 25)	cords)			0	0 355, 690	
	Allowable bad debts (from your records)				U	333, 690	
	Adjusted reimbursable bad debts (see instructions)					0	
00 A	Allowable bad debts for dual eligible (see instructi					0	
	Total costs - current cost reporting period (see ins	tructions)			0	355, 690	
	DTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Pioneer ACO demonstration payment adjustment (see in	structions)			0	0	1
	Demonstration payment adjustment amount before seque	,			o	0	30
00 S	Subtotal (see instructions)				О	355, 690	
- 1	Sequestration adjustment (see instructions)	++!			0	3, 981	
	Demonstration payment adjustment amount after seques Sequestration adjustment for non-claims based amount		.)		0	0	31
- 1	nterim payments (see instructions)	s (see mistructions	7)		0	351, 709	
- 1	Tentative settlement (for contractor use only)				Ö	0	1
	•	01 21 02 21 75	22 and 22)		ol	0	
00 B	Balance due provider/program (line 31 minus lines 31 Protested amounts (nonallowable cost report items) i			l	Ö	0	

Health Financial Systems	KINGS DAUGHTERS	HOSPI TAL		In Lieu	u of Form CMS-2552-10
ANALYSIS OF PAYMENTS TO HOSPITAL-BASED TO PROGRAM BENEFICIARIES	HHAS FOR SERVICES RENDERED	Provi der CCN:	15-0069	Peri od: From 01/01/2022	Worksheet H-5
TO TROURAW BENEFICIARTES		HHA CCN:	15-7141		Date/Time Prepared:

5/24/2023 10:28 am Home Health Agency I Inpatient Part A Part B mm/dd/yyyy mm/dd/yyyy Amount Amount 1. 00 2.00 3.00 4.00 1.00 Total interim payments paid to provider 351, 709 1.00 2.00 Interim payments payable on individual bills, either 0 2.00 submitted or to be submitted to the contractor for services rendered in the cost reporting period. write "NONE" or enter a zero 3.00 List separately each retroactive lump sum adjustment 3.00 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) Program to Provider 3. 01 0 3.01 0 3.02 3.02 0 3.03 0 3.03 3.04 0 0 3.04 0 3.05 0 3.05 Provider to Program 3.50 0 0 3.50 3. 51 0 0 3.51 0 3.52 0 3.52 3.53 0 3.53 3.54 0 0 3.54 0 3. 99 3.99 Subtotal (sum of lines 3.01-3.49 minus sum of lines 3. 50-3. 98) Total interim payments (sum of lines 1, 2, and 3.99) 351, 709 4.00 0 4.00 (transfer to Wkst. H-4, Part II, column as appropriate, line 32) TO BE COMPLETED BY CONTRACTOR List separately each tentative settlement payment after 5.00 5.00 desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider 5.01 O n 5.01 0 0 5.02 5.02 5.03 0 0 5.03 Provider to Program 5.50 0 5.50 n 5. 51 0 0 5.51 5. 52 0 0 5. 52 0 5.99 Subtotal (sum of lines 5.01-5.49 minus sum of lines 0 5.99 5. 50-5. 98) 6.00 Determined net settlement amount (balance due) based on 6.00 the cost report. (1) 6.01 SETTLEMENT TO PROVIDER 6.01 0 0 6.02 SETTLEMENT TO PROGRAM 6.02 0 Total Medicare program liability (see instructions) n 351, 709 7.00 7.00 NPR Date Contractor Number (Mo/Day/Yr) 0 1.00 2.00

8. 00

8.00 Name of Contractor

0

0

0

0

0

0

0

0

0

0

77,083

0

0

0

0

0

0

C

0

0

C

61, 128

0

0

0

0

0

0

0

0

0

0

0

0

 $\cap$ 

138, 211

0

0

0

0

0

0

0

0

0

0

81, 486

0 46.00

0 60.00

0 61.00

0 63.00

0 64.00

0 66.00

0 67 00

0

0 69.00

0 70.00

0 71.00 219, 697 100.00

0 62.00

65.00

68.00

OTHER PATIENT CARE SERVICES (SPECIFY) \*\*

HOSPICE/PALLIATIVE MEDICINE FELLOWS\*

NONREI MBURSABLE COST CENTERS

BEREAVEMENT PROGRAM \*

PALLIATIVE CARE PROGRAM\*

OTHER PHYSICIAN SERVICES\*

TELEHEALTH/TELEMONI TORI NG\*

71.00 OTHER NONREIMBURSABLE (SPECIFY)\*

NURSING FACILITY ROOM & BOARD\*

VOLUNTEER PROGRAM \*

RESIDENTIAL CARE\*

FUNDRAI SI NG\*

ADVERTI SI NG\*

THRIFT STORE\*

46.00

60.00

61.00

62.00

63.00

64.00

65.00

66.00

67 00

68.00

69 00

70.00

100.00 TOTAL

<sup>\*</sup> Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

 $<sup>\</sup>ensuremath{^{**}}$  See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

				Hospi ce I	07 2 17 2020 10: 20 dill
		ADJUSTMENTS	TOTAL (col. 5		
			± col. 6)		
		6. 00	7. 00		
	GENERAL SERVICE COST CENTERS				
1. 00	CAP REL COSTS-BLDG & FIXT*	0			1.00
2. 00	CAP REL COSTS-MVBLE EQUIP*	0			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0		3.00
4.00	ADMINISTRATIVE & GENERAL*	0	146, 491		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0		6.00
7.00	HOUSEKEEPI NG*	0	0		7.00
8.00	DI ETARY*	0	0		8.00
9.00	NURSI NG ADMI NI STRATI ON*	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0		10.00
11.00	MEDI CAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	13, 639		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	1, 438		13.00
14.00	PHARMACY*	0	2, 222		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0		15.00
16.00	OTHER GENERAL SERVICE*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	I NPATI ENT CARE-CONTRACTED**	0	0		25.00
26.00	PHYSI CI AN SERVI CES**	0	o		26.00
27.00	NURSE PRACTITIONER**	0	o		27. 00
28.00	REGI STERED NURSE**	0	3, 553		28. 00
29.00	LPN/LVN**	0	o		29. 00
30.00	PHYSI CAL THERAPY**	0	204		30.00
31.00	OCCUPATIONAL THERAPY**	0	305		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	ol		32.00
33. 00	MEDICAL SOCIAL SERVICES**	0	9, 556		33.00
34.00	SPIRITUAL COUNSELING**	0	0		34.00
35. 00	DI ETARY COUNSELI NG**	0	o		35.00
36.00	COUNSELING - OTHER**	0	ol		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	573		37.00
38. 00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	41, 716		38.00
39. 00	PATIENT TRANSPORTATION**	0	0		39.00
40.00	I MAGI NG SERVI CES**	0	ol		40.00
41. 00	LABS & DI AGNOSTI CS**	0	ol		41.00
42. 00	MEDI CAL SUPPLI ES-NON-ROUTI NE**	0	o		42.00
42. 50	DRUGS CHARGED TO PATIENTS**	0	o		42.50
43. 00	OUTPATIENT SERVICES**	0	ol		43.00
44. 00	PALLIATIVE RADIATION THERAPY**	0	ol		44.00
45. 00	PALLIATIVE CHEMOTHERAPY**	Ö	-		45. 00
46. 00	OTHER PATIENT CARE SERVICES (SPECIFY)**	Ö			46.00
	NONREI MBURSABLE COST CENTERS	-	-1		
60.00	BEREAVEMENT PROGRAM *	0	0		60.00
61.00	VOLUNTEER PROGRAM *	0			61. 00
62. 00	FUNDRAI SI NG*	l 0	l o		62.00
63. 00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	l o		63. 00
64. 00	PALLIATIVE CARE PROGRAM*	0			64. 00
	OTHER PHYSICIAN SERVICES*	l 0	ا		65. 00
66. 00	RESIDENTI AL CARE*	0	ا		66.00
	ADVERTI SI NG*				67.00
	TELEHEALTH/TELEMONI TORI NG*				68.00
	THRI FT STORE*				69.00
70.00	NURSING FACILITY ROOM & BOARD*				70.00
	OTHER NONREIMBURSABLE (SPECIFY)*	0	-		71.00
	TOTAL		219, 697		100.00
100.00	4.0 <u> </u>		217,077	l .	

<sup>\*</sup> 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.

0 37.00 HOSPICE AIDE & HOMEMAKER SERVICES 0 0 37.00 38.00 DURABLE MEDICAL EQUIPMENT/OXYGEN 0 38.00 PATIENT TRANSPORTATION 39.00 39.00 IMAGING SERVICES 0 0 40.00 0 40.00 LABS & DIAGNOSTICS 0 41.00 0 41.00 42.00 MEDICAL SUPPLIES-NON-ROUTINE 0 42.00 DRUGS CHARGED TO PATIENTS 0 0 42.50 0 42.50 OUTPATIENT SERVICES 0 0 43.00 43.00 0 44.00 PALLIATIVE RADIATION THERAPY 0 0 44.00 45.00 PALLIATIVE CHEMOTHERAPY 0 0 0 45.00

0

0

0

36.00

0 46.00 0 100.00

<sup>100. 00</sup> TOTAL \* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

	ADJUSTMENTS	TOTAL (col. 5	
	6. 00	± col. 6) 7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS	0.00	7.00	
25. 00 I NPATI ENT CARE-CONTRACTED			25.0
26. 00 PHYSI CI AN SERVI CES	C	0	26.0
27. 00 NURSE PRACTITIONER	C	0	27. (
28. 00 REGISTERED NURSE	C	0	28.0
29. 00 LPN/LVN	C	0	29. (
30. 00 PHYSI CAL THERAPY	C	0	30.0
31. 00 OCCUPATI ONAL THERAPY	C	0	31. (
32.00   SPEECH/LANGUAGE PATHOLOGY	C	0	32.0
33.00 MEDICAL SOCIAL SERVICES	C	0	33.0
34.00   SPIRITUAL COUNSELING	C	0	34.0
35. 00 DI ETARY COUNSELI NG	C	0	35.0
36. 00 COUNSELING - OTHER	0	0	36.0
37.00 HOSPICE AIDE & HOMEMAKER SERVICES	C	0	37. (
38.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	C	0	38.0
39. 00 PATIENT TRANSPORTATION	C	0	39. (
40. 00 I MAGI NG SERVI CES	C	0	40.0
41. 00 LABS & DI AGNOSTI CS	C	0	41. (
42. 00 MEDI CAL SUPPLI ES-NON-ROUTI NE		0	42.0
42. 50 DRUGS CHARGED TO PATIENTS		0	42. !
43. 00 OUTPATIENT SERVICES		0	43.0
44.00 PALLIATIVE RADIATION THERAPY		0	44. (
45. 00 PALLIATIVE CHEMOTHERAPY		0	45. (
46.00 OTHER PATIENT CARE SERVICES (SPECIFY)			46. (
100. 00 TOTAL *		1 0	100. (

<sup>\*</sup> Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

36.00

COUNSELING - OTHER

46.00 OTHER PATIENT CARE SERVICES (SPECIFY)

		SALARI ES	OTHER	SUBTOTAL	RECLASSI FI -	SUBTOTAL	
				(col. 1 +	CATI ONS		
				col. 2)			
		1. 00	2.00	3. 00	4. 00	5. 00	
_	DIRECT PATIENT CARE SERVICE COST CENTERS						
	INPATIENT CARE-CONTRACTED						25. 00
	PHYSI CI AN SERVI CES	0	0	0	0	0	
27. 00 N	NURSE PRACTITIONER	0	0	0	0	0	27. 00
28. 00 F	REGI STERED NURSE	0	0	0	3, 515	3, 515	28. 00
29. 00 L	LPN/LVN	0	0	0	0	0	29. 00
30.00 F	PHYSI CAL THERAPY	0	0	0	202	202	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	302	302	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00 1	MEDICAL SOCIAL SERVICES	0	0	0	9, 455	9, 455	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DI ETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00 H	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	0	567	567	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	41, 716	41, 716	0	41, 716	38. 00
39. 00 F	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40. 00 I	IMAGING SERVICES	0	0	0	0	0	40.00
41. 00 L	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00 N	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44. 00 F	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45. 00 F	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	o	0	0	0	ol	46.00
100.00	TOTAL *	o	41, 716	41, 716	14, 041	55, 757	100.00
* Tranci	for the amount in column 7 to Wkst O.E. col	ump 1 line F1					

 $<sup>^{\</sup>star}$  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	PHYSI CI AN SERVI CES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGI STERED NURSE	0	3, 515	28. 00
29. 00	LPN/LVN	0	0	29. 00
30.00	PHYSI CAL THERAPY	0	202	30.00
31.00	OCCUPATI ONAL THERAPY	0	302	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	9, 455	33.00
34.00	SPI RI TUAL COUNSELI NG	0	0	34.00
35.00	DI ETARY COUNSELI NG	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	567	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	41, 716	38. 00
39. 00	PATI ENT TRANSPORTATION	0	0	39.00
40.00	I MAGING SERVICES	0	0	40.00
41.00	LABS & DI AGNOSTI CS	0	0	41.00
42.00	MEDI CAL SUPPLI ES-NON-ROUTI NE	0	0	42.00
42. 50	DRUGS CHARGED TO PATIENTS	0	0	42. 50
43.00	OUTPATI ENT SERVI CES	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	55, 757	100.00

<sup>\*</sup> Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

111 4-	Figure 1 Contains	KINGS DAUGUTED	C LIOCDI TAI		1 11	£ F CMC	2552 40
	Financial Systems IS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPIC	KINGS DAUGHTERS	Provider CCN	N: 15_0069	Period:	u of Form CMS-2 Worksheet 0-4	
	ENT CARE	JE GENERAL	Hospi ce CCN:		From 01/01/2022 To 12/31/2022	Date/Time Pre 5/24/2023 10:	pared:
					Hospi ce I		
	·	SALARI ES	OTHER	SUBTOTAL	RECLASSI FI -	SUBTOTAL	
				(col . 1 +	CATI ONS		
				col. 2)			
		1. 00	2. 00	3. 00	4. 00	5. 00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
	I NPATI ENT CARE-CONTRACTED		0		0 0	0	
	PHYSICIAN SERVICES	0	0		0 0	0	26. 00
27. 00	NURSE PRACTITIONER	0	0		0 0	0	27. 00
	REGI STERED NURSE	0	0		0 38	38	
	LPN/LVN	0	0		0 0	0	1 = 7. 00
	PHYSI CAL THERAPY	0	0		0 2	2	30.00
	OCCUPATI ONAL THERAPY	0	0		0 3	3	31.00
	SPEECH/LANGUAGE PATHOLOGY	0	0		0 0	0	32.00
	MEDICAL SOCIAL SERVICES	0	0		0 101	101	33.00
	SPI RI TUAL COUNSELI NG	0	0		0 0	0	
	DI ETARY COUNSELI NG	0	0		0	0	35.00
36.00	COUNSELING - OTHER	0	0		0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0		0 6	6	37.00
	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		0 0	0	38.00
	PATI ENT TRANSPORTATI ON	0	0		0 0	0	39.00
	I MAGI NG SERVI CES	0	0		0	0	40.00
41.00	LABS & DI AGNOSTI CS	0	0		0 0	0	41.00
	MEDI CAL SUPPLI ES-NON-ROUTI NE	0	0		0	0	42.00
	DRUGS CHARGED TO PATIENTS	0	0		0 0	0	
	OUTPATIENT SERVICES	0	0		0 0	0	
	PALLIATIVE RADIATION THERAPY	0	O		0	0	1
	PALLI ATI VE CHEMOTHERAPY	0	O		0 0	0	45.00
	OTHER PATIENT CARE SERVICES (SPECIFY)	0	O		0 0	0	46.00
100.00	TOTAL *	0	0		0 150	150	100.00

<sup>100.00</sup> TOTAL \*  $^{\star}$  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	PHYSI CI AN SERVI CES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28. 00	REGI STERED NURSE	0	38	28. 00
29. 00	LPN/LVN	0	0	29. 00
30.00	PHYSI CAL THERAPY	0	2	30.00
31.00	OCCUPATI ONAL THERAPY	0	3	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	101	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DI ETARY COUNSELI NG	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	6	37.00
38. 00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38. 00
39. 00	PATIENT TRANSPORTATION	0	0	39.00
40.00	I MAGING SERVICES	0	0	40.00
41.00	LABS & DI AGNOSTI CS	0	0	41.00
42.00	MEDI CAL SUPPLI ES-NON-ROUTI NE	0	0	42.00
42. 50	DRUGS CHARGED TO PATIENTS	0	0	42. 50
43.00	OUTPATI ENT SERVI CES	0	0	43.00
44.00		0	0	44.00
45.00	PALLI ATI VE CHEMOTHERAPY	0	0	45.00
46. 00		0	0	46.00
100.0	O TOTAL *	0	150	100.00

<sup>\*</sup> Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

	LLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET ES FOR ALLOCATION	Provi der C		Peri od: From 01/01/2022	Worksheet 0-5	
E/II EIVO	ES TON NEEDS/ITTON	Hospi ce CC	N: 15-1535	To 12/31/2022	Date/Time Pre 5/24/2023 10:	pared: 28 am
				Hospi ce I		
	Descriptions		HOSPI CE	GENERAL	TOTAL	
			DI RECT	SERVI CE	EXPENSES (sum	
				EXPENSES FROM	of cols. 1 +	
			instructions,	WKST B PART I	2)	
				(see		
			1 00	instructions)	2.00	
	GENERAL SERVICE COST CENTERS		1.00	2.00	3. 00	
1. 00	CAP REL COSTS-BLDG & FLXT			0 776	776	1.00
2. 00	CAP REL COSTS-MVBLE EQUIP		1	0 770	0	2.00
3. 00	EMPLOYEE BENEFITS DEPARTMENT		1	0 38, 446	38, 446	3.00
4. 00	ADMINISTRATIVE & GENERAL		146, 49		208, 725	4.00
5. 00	PLANT OPERATION & MAINTENANCE		1	0 18, 765	18, 765	5.00
6. 00	LAUNDRY & LINEN SERVICE		1	0 0	0	6.00
7. 00	HOUSEKEEPI NG			0 0	0	7. 00
8. 00	DI ETARY			0 0	0	8.00
9.00	NURSI NG ADMI NI STRATI ON			0 0	0	9.00
10.00	ROUTI NE MEDI CAL SUPPLI ES			0 1, 546	1, 546	10.00
11.00	MEDI CAL RECORDS			0	0	11.00
12.00	STAFF TRANSPORTATION		13, 63	9	13, 639	12.00
13.00	VOLUNTEER SERVICE COORDINATION		1, 43	8	1, 438	13.00
14.00	PHARMACY		2, 22	2 0	2, 222	14.00
15.00	PHYSI CI AN ADMINI STRATI VE SERVI CES			0	0	15.00
16.00	OTHER GENERAL SERVI CE			0	0	16.00
17. 00	PATI ENT/RESI DENTI AL CARE SERVI CES			0	0	17.00
EO 00	LEVEL OF CARE HOSPICE CONTINUOUS HOME CARE		T		0	
50. 00 51. 00	HOSPICE CONTINUOUS HOME CARE		55, 75	0	55, 757	50.00 51.00
52.00	HOSPICE INPATIENT RESPITE CARE		1	0	55, 757	52.00
53.00	HOSPICE GENERAL INPATIENT CARE		15	-	150	
33.00	NONREI MBURSABLE COST CENTERS			<u> </u>	130	33.00
60.00	BEREAVEMENT PROGRAM			0	0	60.00
61.00	VOLUNTEER PROGRAM		1	Ö	Ö	61.00
62.00	FUNDRAI SI NG		1	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	RESI DENTI AL CARE		1	0	0	66.00
67 00	ADVEDTI SI NG			$\cap$	Λ.	67 00

121, 767

219, 697

0 0 0 70.00

0 71.00

0 99.00 341, 464 100.00

67.00

68. 00 69. 00

67. 00 ADVERTISING

68. 00 TELEHEALTH/TELEMONITORING
69. 00 THRIFT STORE
70. 00 NURSING FACILITY ROOM & BOARD
71. 00 OTHER NONREIMBURSABLE (SPECIFY)
99. 00 NEGATIVE COST CENTER
100. 00 TOTAL

Health FinancialSystemsKINGS DAUGHTERS HOSPITALCOST ALLOCATION- HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTSProvider Provi der CCN: 15-0069

			nospi ce cc	10. 15-1555	12/31/2022	5/24/2023 10:	
					Hospi ce I		
	Descriptions	TOTAL	CAP REL BLDG	CAP REL MVBLE	EMPLOYEE	SUBTOTAL	
	<b>'</b>	EXPENSES	& FIX	EQUI P	BENEFITS		
					DEPARTMENT		
		0	1. 00	2.00	3. 00	3A	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	776	776				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	38, 446	0	0	38, 446		3.00
4.00	ADMINISTRATIVE & GENERAL	208, 725	776	0	30, 906	240, 407	4.00
5.00	PLANT OPERATION & MAINTENANCE	18, 765	0	0	o	18, 765	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	o	o	0	6.00
7.00	HOUSEKEEPI NG	0	0	o	o	0	7.00
8.00	DI ETARY	0	0	o	o	0	8.00
9.00	NURSI NG ADMI NI STRATI ON	0	0	o	o	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	1, 546	0	o	ol	1, 546	
11. 00	MEDI CAL RECORDS	0	0		o	0	11.00
12. 00	STAFF TRANSPORTATION	13, 639	0	ol ol	ol	13, 639	12.00
13. 00	VOLUNTEER SERVICE COORDINATION	1, 438	0		723	2, 161	1
14. 00	PHARMACY	2, 222	0		0	2, 222	14.00
15. 00	PHYSICIAN ADMINISTRATIVE SERVICES	2, 222	Ö		Ö	0	15. 00
16. 00	OTHER GENERAL SERVICE	0	0		o o	0	16.00
17. 00	PATIENT/RESIDENTIAL CARE SERVICES	J	Ö		Ĭ	0	17. 00
17.00	LEVEL OF CARE			,ı			17.00
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51. 00	HOSPICE ROUTINE HOME CARE	55, 757			6, 745	62, 502	
52. 00	HOSPICE INPATIENT RESPITE CARE	0	0	ol	0	0	52.00
53. 00	HOSPICE GENERAL INPATIENT CARE	150	Ö		72	222	53.00
	NONREI MBURSABLE COST CENTERS		_				
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	o	o	0	61.00
62.00	FUNDRAI SI NG	0	0	o	ol	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	o	ol	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	o	ol	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	ol ol	ol	0	65.00
66.00	RESI DENTI AL CARE	0	0	o	ol	0	66.00
67.00	ADVERTI SI NG	0	0		o	0	67.00
68. 00	TELEHEALTH/TELEMONI TORI NG	0	0		o	0	68.00
69.00	THRI FT STORE	0	0		o	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0			Ĭ	0	70.00
71. 00	OTHER NONREI MBURSABLE (SPECIFY)	0	n	ol	ol	0	71.00
99. 00	NEGATI VE COST CENTER	0	Ô	اً	ol	_	99.00
	TOTAL	341, 464	776		38, 446	341, 464	
	i .		, , , ,	1	,	2 ,	

Provider CCN: 15-0069 | Period: | Worksheet 0-6 | From 01/01/2022 | To 12/31/2022 | Date/Time Prepared: | 5/4/2023 | 10:28 am

						5/24/2023 10:	28 am
					Hospi ce I		
	Descriptions	ADMI NI STRATI V	PLANT	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
		E & GENERAL	OPERATION &	LINEN SERVICE			
			MAI NTENANCE				
		4. 00	5. 00	6.00	7. 00	8. 00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FLXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL	240, 407					4.00
5.00	PLANT OPERATION & MAINTENANCE	44, 641	63, 406				5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00	HOUSEKEEPI NG	0	0		0		7. 00
8.00	DI ETARY	0	0		0	0	8. 00
9.00	NURSI NG ADMI NI STRATI ON	0	0		0		9. 00
10.00	ROUTINE MEDICAL SUPPLIES	3, 678	0		0		10.00
11.00	MEDI CAL RECORDS	0	0		0		11.00
12.00	STAFF TRANSPORTATION	32, 446	0		0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	5, 141	0		0		13.00
14.00	PHARMACY	5, 286	0		O		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0		O		15.00
16.00	OTHER GENERAL SERVICE	O	0		O		16.00
17.00	PATI ENT/RESI DENTI AL CARE SERVI CES	O	0		o		17.00
	LEVEL OF CARE						1
50.00	HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00	HOSPICE ROUTINE HOME CARE	148, 687					51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	528	63, 406	0	0	0	53.00
	NONREI MBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0		0		60.00
61.00	VOLUNTEER PROGRAM	0	0		0		61.00
62.00	FUNDRAI SI NG	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	RESI DENTI AL CARE	0	0	0	0	0	66.00
67.00	ADVERTI SI NG	0	0		0		67.00
68.00	TELEHEALTH/TELEMONI TORI NG	0	0		0		68.00
69.00	THRI FT STORE	0	0		0		69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	
99. 00	NEGATI VE COST CENTER	0	0	0	0	0	
100.00	TOTAL	240, 407	63, 406	0	0	0	100.00

Health Financial	Systems		KINGS DAUGHTERS	HOSPI TAL		In Lieu of Form CMS-2552-10
COST ALLOCATION	- HOSPITAL-BASED HOS	SPICE GENERAL	SERVI CE COSTS	Provider CCN: 15-0069	Peri od:	Worksheet 0-6

COST A	NLLOCATION - HOSPITAL-BASED HOSPICE GENERAL S	ERVICE COSTS	Provi der Co		Period: From 01/01/2022 To 12/31/2022		pared: 28 am
					Hospi ce I		
	Descriptions	NURSI NG	ROUTI NE	MEDI CAL	STAFF	VOLUNTEER	
	·	ADMI NI STRATI O	MEDI CAL	RECORDS	TRANSPORTATI 0	SERVI CE	
		N	SUPPLI ES		N	COORDI NATI ON	
		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	1					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	HOUSEKEEPI NG						7.00
8. 00	DI ETARY						8.00
9. 00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	5, 224				10.00
11. 00	MEDI CAL RECORDS	0	0,22,		0		11.00
12. 00	STAFF TRANSPORTATION	0			46, 085		12.00
13. 00	VOLUNTEER SERVICE COORDINATION				10, 000	7, 302	13.00
14. 00	PHARMACY				0	7, 302	14. 00
15. 00	PHYSICIAN ADMINISTRATIVE SERVICES				0	0	15.00
16. 00	OTHER GENERAL SERVICE				0	0	16.00
17. 00	PATIENT/RESIDENTIAL CARE SERVICES				U U	ا ا	17. 00
17.00	LEVEL OF CARE						17.00
50.00	HOSPICE CONTINUOUS HOME CARE	O	0		0 0	0	50.00
51. 00	HOSPICE CONTINUOUS HOME CARE		5, 171		0 45, 619	7, 226	51.00
52.00	HOSPICE INPATIENT RESPITE CARE		5, 171		0 43,019	7, 220	52.00
53. 00	HOSPICE GENERAL INPATIENT CARE		53	1	0 466	76	53.00
33.00	NONREI MBURSABLE COST CENTERS	U_	33		0 400	70	33.00
60.00	BEREAVEMENT PROGRAM	O		l	٥	0	60.00
61. 00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAI SI NG				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
					0	0	
66.00	RESI DENTI AL CARE				0		66.00
67.00	ADVERTI SI NG				0	0	67.00
68. 00	TELEHEALTH/TELEMONI TORI NG	0			0	0	68.00
69.00	THRIFT STORE	0			ا	0	69.00
70.00	NURSING FACILITY ROOM & BOARD					,	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)		^			0	71.00
	NEGATI VE COST CENTER		U F 224		0 4/ 005	7 202	99.00
100.00	TOTAL	0	5, 224	l	0 46, 085	7, 302	100. 00

Health FinancialSystemsKINGS DAUGHTERS HOSPITALCOST ALLOCATION- HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTSProvider Provider CCN: 15-0069 | Period: | Worksheet 0-6 | From 01/01/2022 | To 12/31/2022 | Date/Time Prepared: | 5/4/2023 | 10:28 am

						5/24/2023 10:	28 am
					Hospi ce I		
	Descriptions	PHARMACY	PHYSI CI AN	OTHER GENERAL	PATI ENT/	TOTAL	
			ADMI NI STRATI V	SERVI CE	RESI DENTI AL		
			E SERVICES		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	HOUSEKEEPI NG						7. 00
8.00	DI ETARY						8. 00
9.00	NURSI NG ADMI NI STRATI ON						9. 00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDI CAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	7, 508					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	C				15. 00
16.00	OTHER GENERAL SERVICE	0					16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17. 00
	LEVEL OF CARE						1
50.00	HOSPICE CONTINUOUS HOME CARE	0	C	) C		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	7, 434	C	) C		276, 639	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	C	) C	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	74	C	0	0	64, 825	53.00
	NONREI MBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		C		0	60.00
61.00	VOLUNTEER PROGRAM	0		C		0	
62.00	FUNDRAI SI NG	0		C		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		C		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		C		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		C		0	65.00
66.00	RESI DENTI AL CARE	0	C	) C	0	0	66.00
67.00	ADVERTI SI NG	0		C		0	67.00
68. 00	TELEHEALTH/TELEMONI TORI NG	0		C		0	68. 00
69. 00	THRI FT STORE	0		C		0	69. 00
	NURSING FACILITY ROOM & BOARD					0	70.00
71. 00	OTHER NONREIMBURSABLE (SPECIFY)	0	C	) C	0	0	
99. 00	NEGATI VE COST CENTER	0	C	)  C	0	0	
100.00	TOTAL	7, 508	C	)  c	0	341, 464	100.00

Health Financial Systems		KINGS D	AUGHTERS	HOSPI TAL		In Lieu	of Form CN	//S-2552-10
COST ALLOCATION - HOSPITAL-BASED STATISTICAL BASIS	HOSPI CE GENERAL	SERVICE CO	OSTS	Provi der Hospi ce (	 15-0069 15-1535	01/01/2022 12/31/2022		Prepared:

			Hospi ce CC	N: 15-1535   1	o 12/31/2022	Date/Time Pre 5/24/2023 10:	
					Hospi ce I	072172020 10.	20 4111
	Cost Center Descriptions	CAP REL BLDG & FLX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATIO N	ADMINISTRATIV E & GENERAL (ACCUMULATED COSTS)	
		1. 00	2.00	3. 00	4A	4. 00	
	GENERAL SERVICE COST CENTERS			2.22			
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00	CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS DEPARTMENT ADMINISTRATIVE & GENERAL PLANT OPERATION & MAINTENANCE LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY NURSING ADMINISTRATION ROUTINE MEDICAL SUPPLIES MEDICAL RECORDS STAFF TRANSPORTATION	744 0 744 0 0 0 0 0 0	0 0	76, 445 61, 451 () ()	-240, 407 0 0 0 0 0 0 0 0 0 0 0 0	101, 057 18, 765 0 0 0 0 1, 546 0 13, 639	10. 00 11. 00
13. 00 14. 00 15. 00 16. 00 17. 00	VOLUNTEER SERVICE COORDINATION PHARMACY PHYSICIAN ADMINISTRATIVE SERVICES OTHER GENERAL SERVICE PATIENT/RESIDENTIAL CARE SERVICES LEVEL OF CARE	0 0 0 0		(	0 0	2, 161 2, 222 0 0	13. 00 14. 00 15. 00 16. 00
50. 00 51. 00 52. 00 53. 00	HOSPICE CONTINUOUS HOME CARE HOSPICE ROUTINE HOME CARE HOSPICE INPATIENT RESPITE CARE HOSPICE GENERAL INPATIENT CARE NONREIMBURSABLE COST CENTERS	0			0 0	0 62, 502 0 222	50. 00 51. 00 52. 00 53. 00
99. 00 100. 00	BEREAVEMENT PROGRAM VOLUNTEER PROGRAM FUNDRAI SI NG HOSPI CE/PALLI ATI VE MEDI CI NE FELLOWS PALLI ATI VE CARE PROGRAM OTHER PHYSI CI AN SERVI CES RESI DENTI AL CARE ADVERTI SI NG TELEHEALTH/TELEMONI TORI NG	0 0 0 0 0 0 0 0 0 0 0 0 0 0	000000000000000000000000000000000000000	38, 446		0 0 0 0 0 0 0 0 0 0 0 0	61. 00 62. 00 63. 00 64. 00 65. 00 66. 00 67. 00 68. 00 69. 00 70. 00 71. 00 99. 00

Health Financial Systems	KINGS DAUGHTERS HOSPITAL	In Lieu of Form CMS-2552-10
COST ALLOCATION - HOSPITAL-BASED HOSPI STATISTICAL BASIS		-0069

			Hospi ce CC	N: 15-1535   T	o 12/31/2022	Date/Time Pre 5/24/2023 10:	
					Hospi ce I		
	Cost Center Descriptions	PLANT	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	NURSI NG	
	•	OPERATION &	LINEN SERVICE	(SQUARE FEET)	(IN-FACILITY	ADMINISTRATIO	
		MAI NTENANCE	(IN-FACILITY	[`	DAYS)	N	
		(SQUARE FEET)	DAYS)		571.07	(DI RECT NURS.	
		(040/11/2 / 22/)	5/6/			HRS. )	
		5. 00	6.00	7. 00	8. 00	9.00	
	GENERAL SERVICE COST CENTERS	3.00	0.00	7.00	0.00	7.00	
1.00	CAP REL COSTS-BLDG & FLXT						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	100					5.00
6. 00	LAUNDRY & LINEN SERVICE	100	0				6.00
		0		΄Ι			
7.00	HOUSEKEEPI NG	0					7.00
8.00	DI ETARY	0			U		8.00
9. 00	NURSI NG ADMI NI STRATI ON	0				0	
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	
11. 00	MEDI CAL RECORDS	0		0		0	
12. 00	STAFF TRANSPORTATION	0		0		0	1
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					17.00
	LEVEL OF CARE			•			
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51. 00	HOSPICE ROUTINE HOME CARE					0	
52. 00	HOSPICE INPATIENT RESPITE CARE	0	0		0	0	
53. 00	HOSPICE GENERAL INPATIENT CARE	100				0	
00.00	NONREI MBURSABLE COST CENTERS	100		1	· · · · · · · · · · · · · · · · · · ·		1 00.00
60.00	BEREAVEMENT PROGRAM	0				0	60.00
61.00	VOLUNTEER PROGRAM	0				0	
62. 00	FUNDRAI SI NG					0	
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS					0	
64. 00	PALLIATIVE CARE PROGRAM	0				0	
		0				0	
65.00	OTHER PHYSICIAN SERVICES	0				_	
66.00	RESI DENTI AL CARE	0	0	ין	0	0	
67.00	ADVERTI SI NG	0				0	
68. 00	TELEHEALTH/TELEMONI TORI NG	0		0		0	
69. 00	THRI FT STORE	0		0	1	0	1 0 / 1 0 0
70. 00	NURSING FACILITY ROOM & BOARD						70. 00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	
99.00	NEGATI VE COST CENTER						99.00
	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)			0	0		100.00
101.00	UNIT COST MULTIPLIER	634. 060000	0. 000000	0.000000	0. 000000	0.000000	101.00

Heal th	Financial Systems	KINGS DAUGHTER	S HOSPITAL		In Lie	u of Form CMS-2	2552-10
COST A	LLOCATION - HOSPITAL-BASED HOSPICE GENERAL SE	RVICE COSTS	Provi der C		Peri od:	Worksheet 0-6	
STATIS	TICAL BASIS				From 01/01/2022	Part II	
			Hospi ce CCI	N: 15-1535	To 12/31/2022	Date/Time Pre 5/24/2023 10:	pared: 28 am
					Hospi ce I	0,21,2020 101	20 4
	Cost Center Descriptions	ROUTI NE	MEDI CAL	STAFF	VOLUNTEER	PHARMACY	
	'	MEDI CAL	RECORDS	TRANSPORTATI (	SERVI CE	(CHARGES)	
		SUPPLI ES	(PATI ENT	N	COORDI NATI ON		
		(PATI ENT	DAYS)	(MI LEAGE)	(HOURS OF		
		DAYS)			SERVI CE)		
		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	HOUSEKEEPI NG						7. 00
8.00	DI ETARY						8.00
9.00	NURSI NG ADMI NI STRATI ON						9.00
10.00	ROUTINE MEDICAL SUPPLIES	2, 075					10.00
11.00	MEDI CAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			13, 24	1		12.00
13.00	VOLUNTEER SERVICE COORDINATION				1, 438		13.00
14.00	PHARMACY				0 0	2, 222	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES				0 0	0	15.00
16.00	OTHER GENERAL SERVICE				0 0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17. 00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0		0 0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	2, 054	0	13, 10	7 1, 423	2, 200	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0		0 0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	21	0	13	4 15	22	53.00
	NONREI MBURSABLE COST CENTERS						
/ 0 00	DEDEAL/FRANT DROODAM	1		1	ما ما	_	/ ^ ^ ^

5, 224

2. 517590

0.000000

0 60.00

0 61.00

0 63.00

0

0

0 66.00

0

0 62.00

64.00

65.00

67.00

68.00

0 69.00

70.00

71.00

99.00

7, 508 100. 00

3. 378938 101. 00

7, 302

5. 077886

0

46, 085 3. 480477

60.00

61.00

62.00

63.00

64.00

65.00

66.00

67.00

68.00

BEREAVEMENT PROGRAM

PALLIATIVE CARE PROGRAM

OTHER PHYSICIAN SERVICES RESIDENTIAL CARE

TELEHEALTH/TELEMONI TORI NG

69. 00 THRIFT STORE
70. 00 NURSING FACILITY ROOM & BOARD

71.00 OTHER NONREIMBURSABLE (SPECIFY)

HOSPICE/PALLIATIVE MEDICINE FELLOWS

100.00 COST TO BE ALLOCATED (per Wkst. 0-6, Part I)
101.00 UNIT COST MULTIPLIER

VOLUNTEER PROGRAM

FUNDRAI SI NG

ADVERTI SI NG

99. 00 NEGATI VE COST CENTER

Heal th Financial Systems KINGS DAUGHTERS HOSPITAL In Lieu of Form CMS-2552-10

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

RINGS DAUGHTERS HOSPITAL

Frow der CCN: 15-069
Hospice CCN: 15-1535

Hospice CCN: 15-1535

Hospice CCN: 15-1535

Hospice CCN: 15-1535

						5/24/2023 10	: 28 am
					Hospi ce I		
	Cost Center Descriptions	PHYSI CI AN	OTHER GENERAL	L PATIENT/			
	·	ADMI NI STRATI V	SERVI CE	RESI DENTI AL			
		E SERVICES	(SPECI FY	CARE SERVICES			
		(PATI ENT	BASIS)	(IN-FACILITY			
		DAYS)		DAYS)			
		15. 00	16. 00	17. 00			
	GENERAL SERVICE COST CENTERS	10.00	10.00	177.00			
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
							1
4.00	ADMINISTRATIVE & GENERAL						4.00
5. 00	PLANT OPERATION & MAINTENANCE						5.00
6. 00	LAUNDRY & LINEN SERVICE						6. 00
7. 00	HOUSEKEEPI NG						7. 00
8. 00	DI ETARY						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
	PHYSICIAN ADMINISTRATIVE SERVICES		,				15.00
	OTHER GENERAL SERVICE		1	o			16.00
	PATIENT/RESIDENTIAL CARE SERVICES			] (			17. 00
	LEVEL OF CARE				71		1
50. 00	HOSPICE CONTINUOUS HOME CARE	C		o			50.00
	HOSPI CE ROUTI NE HOME CARE		1	o			51.00
	HOSPICE INPATIENT RESPITE CARE		l .	ol (			52.00
	HOSPICE GENERAL INPATIENT CARE		I .				53.00
33.00			'	U (	<u> </u>		33.00
40.00	NONREI MBURSABLE COST CENTERS BEREAVEMENT PROGRAM			ol			1 40 00
			l	-			60.00
	VOLUNTEER PROGRAM		l .	0			61.00
	FUNDRAI SI NG			0			62.00
	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0			63. 00
	PALLIATIVE CARE PROGRAM		l .	0			64.00
	OTHER PHYSICIAN SERVICES		l .	0			65.00
	RESI DENTI AL CARE	C	)	0 (			66. 00
67. 00	ADVERTI SI NG			0			67.00
68.00	TELEHEALTH/TELEMONI TORI NG			0			68. 00
69.00	THRI FT STORE			0			69. 00
70.00	NURSING FACILITY ROOM & BOARD			1			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	C		0 0			71.00
	NEGATI VE COST CENTER						99.00
	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	ol o	)	ol o			100.00
	UNIT COST MULTIPLIER	0. 000000	1	٠,			101.00
		3. 555666	3. 23000	-1 3. 330000	-1		1.000

Health Financial Systems	KINGS DAUGHTERS	HOSPI TAL		In Lieu	u of Form CMS-2552-10
APPORTIONMENT OF HOSPITAL-BASED HOSPIC	E SHARED SERVICE COSTS BY	Provider CCN:	15-0069	Peri od: From 01/01/2022	Worksheet 0-7
LEVEL OF CARE		Hospi ce CCN:	15-1535		Date/Time Prepared:

		Hospi ce CCI	N: 15-1535   I	0 12/31/2022	5/24/2023 10:	eparea: 28 am
				Hospi ce I	07 2 17 2020 10.	20 4111
			Charges by I	LOC (from Provi	der Records)	
			onar ges by i	200 (11011111011	der Records)	
Cost Center Descriptions	From Wkst. C,	Cost to	HCHC	HRHC	HI RC	
oust defiter bescriptions	Part I, Col.	Charge Ratio	110110	Tildio	III KO	
	9 line	Charge Ratio				
	0	1.00	2.00	3. 00	4.00	
ANCILLARY SERVICE COST CENTERS		1.00	2.00	3.00	4.00	
1. 00 PHYSI CAL THERAPY	66.00	0. 402367		0	0	1.00
		1	1			
2. 00 OCCUPATI ONAL THERAPY	67.00		_	-	_	
3. 00 SPEECH PATHOLOGY	68.00	1	1	-	_	
4. 00 DRUGS CHARGED TO PATIENTS	73. 00		C	0	0	
5. 00 DURABLE MEDICAL EQUIP-RENTED	96.00	1	_	_	_	5. 00
6. 00 LABORATORY	60.00	1	1	0	0	
7.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	71. 00			0	0	
7. 01 IV SOLUTIONS	71. 01	<b> </b>	C	0	0	1
8.00 OTHER OUTPATIENT SERVICE COST CENTER	93.00	)				8. 00
9. 00 RADI OLOGY - THERAPEUTI C	55. 00			0	0	9. 00
9. 01 ONCOLOGY	55. 01	0. 490804	C	0	0	9. 01
10. 00 CARDI OLOGY	76.00	0. 156312	C	0	0	10.00
10. 97 CARDIAC REHABILITATION	76. 97	0. 289999	C	0	0	10. 97
11.00 Totals (sum of lines 1-11)						11.00
	Charges by		Shared Servic	e Costs by LOC		
	LOC (from					
	Provi der					
	Records)					
Cost Center Descriptions	HGI P	HCHC (col. 1	HRHC (col. 1	HIRC (col. 1	HGIP (col. 1	
'		x col . 2)	x col. 3)	x col. 4)	x col. 5)	
	5. 00	6.00	7, 00	8. 00	9.00	
ANCILLARY SERVICE COST CENTERS						
1. 00 PHYSI CAL THERAPY	0	0	C	0	0	1.00
2. 00 OCCUPATI ONAL THERAPY	0		-			
3. 00 SPEECH PATHOLOGY		0	-		_	
4. 00 DRUGS CHARGED TO PATIENTS			1	-		
5. 00 DURABLE MEDICAL EQUIP-RENTED			1	,	1	5. 00
6. 00 LABORATORY					0	1
					0	
7. 00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0				_	
7. 01 IV SOLUTIONS	0	0	C	0	0	
8. 00 OTHER OUTPATIENT SERVICE COST CENTER						8.00
9. 00 RADI OLOGY - THERAPEUTI C	0	0	1	-	_	
9. 01 ONCOLOGY	0	0	· ·	_	_	1
10. 00 CARDI OLOGY	0	0				
10. 97 CARDI AC REHABI LI TATI ON	0	0				
11.00  Totals (sum of lines 1-11)		0	ol c	0	0	11.00

Health Financial Systems	KINGS DAUGHTERS	HOSPI TAL				In Lieu	of Form CMS-2552-10
CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM CO	OST	Provi der	CCN:	15-0069	Perio	d: 01/01/2022	Worksheet 0-8
		Hospi ce (	CN:	15-1535			Date/Time Prepared:

		nospi ce cci	v. 15-1555   1	0 12/31/2022	5/24/2023 10:	
				Hospi ce I		
	· · · · · · · · · · · · · · · · · · ·		TITLE XVIII	TITLE XIX	TOTAL	
			MEDI CARE	MEDI CAI D		
			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,			0	1.00
	line 11)					
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)				0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)				0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, lin	e 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)		C	0		5.00
	HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-	7, col. 7,			276, 639	6. 00
	line 11)					
7. 00	Total unduplicated days (Wkst. S-9, col. 4, line 11)				2, 054	7. 00
8.00	Total average cost per diem (line 6 divided by line 7)				134. 68	8. 00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, li	ne 11)	1, 961			9. 00
10.00	Program cost (line 8 times line 9)		264, 107	808		10.00
	HOSPICE INPATIENT RESPITE CARE					
11. 00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-	7, col. 8,			0	11. 00
	line 11)				_	
	Total unduplicated days (Wkst. S-9, col. 4, line 12)				0	1
	Total average cost per diem (line 11 divided by line 12)				0. 00	
	Unduplicated program days (Wkst. S-9, col. as appropriate, li	ne 12)	0	-		14.00
15. 00	Program cost (line 13 times line 14)		0	0		15. 00
47.00	HOSPICE GENERAL INPATIENT CARE			T T		
16. 00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-	7, col. 9,			64, 825	16. 00
47.00	line 11)				04	47.00
	Total unduplicated days (Wkst. S-9, col. 4, line 13)				21	17.00
	Total average cost per diem (line 16 divided by line 17)	40)			3, 086. 90	
19. 00	Unduplicated program days (Wkst. S-9, col. as appropriate, li	ne 13)	21	0		19.00
20.00	Program cost (line 18 times line 19)		64, 825	0		20.00
04 00	TOTAL HOSPICE CARE				0.44 47.4	04.00
	Total cost (sum of line 1 + line 6 + line 11 + line 16)				341, 464	
	Total unduplicated days (Wkst. S-9, col. 4, line 14)				2, 075	
23.00	Average cost per diem (line 21 divided by line 22)				164. 56	23.00

Heal th	Financial Systems	KINGS DAUGHTERS	HOSPI TAI	Inlie	u of Form CMS-2	2552_10	
	ATION OF CAPITAL PAYMENT	KINGS BAGGITEKS	Provi der CCN: 15-0069	Peri od: From 01/01/2022 To 12/31/2022	Worksheet L Parts I-III	pared:	
			Title XVIII	Hospi tal	PPS		
	DART I FULLY PROPERTIES METURE				1. 00		
	PART I - FULLY PROSPECTIVE METHOD						
1 00	CAPITAL FEDERAL AMOUNT				E24 004	1.00	
1. 00 1. 01	Capital DRG other than outlier Model 4 BPCI Capital DRG other than outlier				536, 896 0	1.00	
2.00	Capital DRG outlier payments				45, 081	2.00	
2.00	Model 4 BPCI Capital DRG outlier payments				45,081	2.00	
3. 00	Total inpatient days divided by number of d	avs in the cost rea	norting period (see ins	tructions)	23. 78	3.00	
4. 00	Number of interns & residents (see instruct		on tring period (see riis	tructrons)	0.00	4.00	
5. 00	Indirect medical education percentage (see				0.00	5.00	
6. 00	Indirect medical education adjustment (mult	,	sum of lines 1 and 1.0	1. columns 1 and	0	6.00	
	1.01) (see instructions)			.,			
7.00	Percentage of SSI recipient patient days to	Medicare Part A pa	atient days (Worksheet	E, part A line	0.00	7.00	
	30) (see instructions)						
8.00	Percentage of Medicaid patient days to tota	I days (see instru	ctions)		0.00	8. 00	
9. 00	Sum of lines 7 and 8				0. 00	9. 00	
10.00	Allowable disproportionate share percentage		)		0. 00 0	10.00 11.00	
11. 00							
12. 00	.00  Total prospective capital payments (see instructions)						
					1. 00		
	PART II - PAYMENT UNDER REASONABLE COST						
1.00	Program inpatient routine capital cost (see				0	1.00	
2.00	Program inpatient ancillary capital cost (s				0	2.00	
3. 00	Total inpatient program capital cost (line				0	3. 00	
4.00	Capital cost payment factor (see instruction				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 instru	ctions)			0	1.00	
2.00	Program inpatient capital costs for extraor	,	es (see instructions)		0	2.00	
3.00	Net program inpatient capital costs (line 1				0	3.00	
4.00	Applicable exception percentage (see instru				0.00	4. 00	
5. 00	Capital cost for comparison to payments (li				0	5.00	
6. 00	Percentage adjustment for extraordinary cir				0.00	6.00	
7.00	Adjustment to capital minimum payment level	0	7.00				
8. 00 9. 00	Capital minimum payment level (line 5 plus		cable)		0	8. 00 9. 00	
9. 00 10. 00	Current year capital payments (from Part I, Current year comparison of capital minimum			loss lino 0)	0	10.00	
11.00	Carryover of accumulated capital minimum pa				0	11.00	
11.00	Worksheet L, Part III, Line 14)	yment rever over Ca	apitai payillent (110111 pr	i oi yeai	0	11.00	
12. 00	Net comparison of capital minimum payment I	evel to canital nav	vments (line 10 nlus li	ne 11)	0	12.00	
13. 00	Current year exception payment (if line 12				Ö	13.00	
14. 00	Carryover of accumulated capital minimum pa				0	14.00	
	(if line 12 is negative, enter the amount o		. , ,	5 1			

(if line 12 is negative, enter the amount on this line)

15.00 Current year allowable operating and capital payment (see instructions)

16.00 Current year operating and capital costs (see instructions)

17.00 | Current year exception offset amount (see instructions)

15.00

0

0 16.00

0 17.00