

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 09-30-2025

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet S Parts I-III Date/Time Prepared: 1/30/2025 1:27 pm
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PART I - COST REPORT STATUS

Provider use only
 1. Electronically prepared cost report
 2. Manually prepared cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.

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

Date: 1/30/2025 Time: 1:27 pm

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by BAPTIST HEALTH FLOYD (15-0044) for the cost reporting period beginning 09/01/2023 and ending 08/31/2024 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	Christopher Jay	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	Christopher Jay		2
3	Signatory Title	SYSTEM VP CORP FINANCE		3
4	Date	(Dated when report is electronic)		4

	Title V	Title XVIII		HIT	Title XIX		
		Part A	Part B				
	1.00	2.00	3.00	4.00	5.00		
PART III - SETTLEMENT SUMMARY							
1.00	HOSPITAL	0	-55,810	34,401	0	2,623,919	1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	0	2.00
3.00	SUBPROVIDER - IRF	0	0	0	0	0	3.00
4.00	SUBPROVIDER (OTHER)	0	0	0	0	0	4.00
5.00	SWING BED - SNF	0	0	0	0	0	5.00
6.00	SWING BED - NF	0	0	0	0	0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00	NURSING FACILITY	0	0	0	0	0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00	CMHC I	0	0	0	0	0	12.00
200.00	TOTAL	0	-55,810	34,401	0	2,623,919	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet S-2 Part I Date/Time Prepared: 1/30/2025 1:27 pm
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1.00	2.00	3.00	4.00	1.00	2.00
Hospital and Hospital Health Care Complex Address:					
Street: 1850 STATE STREET		PO Box:			
City: NEW ALBANY		State: IN		Zip Code: 47150-4990 County: FLOYD	

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	BAPTIST HEALTH FLOYD	150044	31140	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
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)					09/01/2023		08/31/2024		20.00
21.00	Type of Control (see instructions)					2				21.00
						1.00		2.00		3.00

Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N				22.00
22.01	Did this hospital receive interim UCPs, including supplemental UCPs, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y				22.01
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02
22.03	Did this hospital receive a geographic redesignation from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015 or FY2025? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N			22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				2	N				23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044			Period: From 09/01/2023 To 08/31/2024		Worksheet S-2 Part I Date/Time Prepared: 1/30/2025 1:27 pm		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,533	18	481	0	7,629	247	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:		Ending:	
						1.00		2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N		Y/N	
						1.00		2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	Y	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N			56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00

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			V	XVIII	XIX
			1.00	2.00	3.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.				59.00

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	

60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.01

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	

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

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	

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

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

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

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					1.00		
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?				68.00		
					1.00 2.00 3.00		
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00	
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N	75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00	
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N	81.00	
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				N	86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.				N	87.00	
					1.00 2.00		
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.				N	0	88.00
					1.00 2.00 3.00		
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.				0.00	0	89.00
					V	XIX	
					1.00	2.00	
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.				N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.				N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.				N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.				N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.				N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	97.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044		Period: From 09/01/2023 To 08/31/2024		Worksheet S-2 Part I Date/Time Prepared: 1/30/2025 1:27 pm	
		V		XIX			
		1.00		2.00			
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N			98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N			98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.06
Rural Providers							
105.00	Does this hospital qualify as a CAH?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N					106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N					107.00
107.01	If this facility is a REH (line 3, column 4, is "12"), is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no. (see instructions)						107.01
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00
					1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N			111.00
					1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.		N				112.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-1, chapter 22, §2208.1.		N				0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1			118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet S-2 Part I Date/Time Prepared: 1/30/2025 1:27 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	33,021	1,419,319
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	
119.00	DO NOT USE THIS LINE			
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		Y	5.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.		Y	N
124.00	Did the hospital incur cost, either directly or through a contract with an outside supplier, to establish and maintain access to no less than a 6-month buffer stock of one or more essential medicines according to 42 CFR 412.113(g)? Enter "Y" for yes or "N" for no.			
Certified Transplant Center Information				
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N	
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			
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.			
133.00	Removed and reserved			
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name: BAPTIST HEALTHCARE SYSTEM	Contractor's Name: CIGNA	Contractor's Number: 15101	141.00
142.00	Street: 1901 CAMPUS PLACE	PO Box:		142.00
143.00	City: LOUISVILLE	State: KY	Zip Code: 40299	143.00
				1.00
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044		Period: From 09/01/2023 To 08/31/2024		Worksheet S-2 Part I Date/Time Prepared: 1/30/2025 1:27 pm	
				1.00		2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		155.00	
156.00	Subprovider - IPF	N		N		156.00	
157.00	Subprovider - IRF	N		N		157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N		N		159.00	
160.00	HOME HEALTH AGENCY	N		N		160.00	
161.00	CMHC					161.00	
161.10	CORF			N		161.10	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99		169.00	
		Beginni ng		Endi ng			
		1.00		2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					170.00	
		1.00		2.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N				0171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0044		Period: From 09/01/2023 To 08/31/2024		Worksheet S-2 Part II Date/Time Prepared: 1/30/2025 1:27 pm	
		Y/N	Date				
		1.00	2.00				
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	12/11/2024			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N			Legal Oper.		
		1.00			2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, in columns 2 and 4, from the PS&R used to prepare this cost report, enter the "Paid Claims Verified Current As Of" date, if present, or the paid-through date. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, in columns 2 and 4, enter the "Paid Claims Verified Current As Of" date, if present, or the paid-through date. (see instructions)	Y	12/06/2024	Y	12/06/2024		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet S-2 Part II Date/Time Prepared: 1/30/2025 1:27 pm	
		Description	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	0	1.00	3.00	20.00
			N	N	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JULIE		KOTTAK	41.00
42.00	Enter the employer/company name of the cost report preparer.	BAPTIST HEALTHCARE SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-939-3002		JULIE.KOTTAK@BHSI.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet S-2 Part II Date/Time Prepared: 1/30/2025 1:27 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet S-3
Part I
Date/Time Prepared:
1/30/2025 1:27 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P		
	Line No.				Visits	Trips	
	1.00	2.00	3.00	4.00	5.00		
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	212	76,007	0.00	0	1.00
2.00	HMO and other (see instructions)						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		212	76,007	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	36	12,016	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	6	2,196	0.00	0	12.00
13.00	NURSERY	43.00					13.00
14.00	Total (see instructions)		254	90,219	0.00	0	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits				0.00		15.10
16.00	SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00	SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00	SUBPROVIDER	42.00	0	0		0	18.00
19.00	SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00	NURSING FACILITY	45.00	0	0		0	20.00
21.00	OTHER LONG TERM CARE	46.00	0	0			21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00	HOSPICE	116.00	0	0			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC	99.00				0	25.00
25.10	CMHC - CORF	99.10				0	25.10
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		254				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet S-3
Part I
Date/Time Prepared:
1/30/2025 1:27 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents			
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll		
	6.00	7.00	8.00	9.00	10.00		
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	19,424	626	53,308			1.00
2.00	HMO and other (see instructions)	18,203	8,499				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	19,424	626	53,308			7.00
8.00	INTENSIVE CARE UNIT	1,565	306	4,843			8.00
9.00	CORONARY CARE UNIT	0	0	0			9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	134	1,453			12.00
13.00	NURSERY	0	113	2,170			13.00
14.00	Total (see instructions)	20,989	1,179	61,774	0.00	1,511.83	14.00
15.00	CAH visits	0	0	0			15.00
15.10	REH hours and visits	0	0	0			15.10
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY	0	0	0	0.00	0.00	20.00
21.00	OTHER LONG TERM CARE	0	0	0	0.00	0.00	21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0.00	0.00	23.00
24.00	HOSPICE	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)	0	0	462			24.10
25.00	CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,511.83	27.00
28.00	Observation Bed Days		0	10,940			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	247	498			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet S-3
Part I
Date/Time Prepared:
1/30/2025 1:27 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,004	969	15,566	1.00
2.00	HMO and other (see instructions)			3,882	1,354		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	5,004	969	15,566	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet S-3
Part II
Date/Time Prepared:
1/30/2025 1:27 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	127,477,289	0	127,477,289	3,144,611.38	40.54
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		3,164,248	68,687	3,232,935	83,460.91	38.74
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		3,008,448	0	3,008,448	33,428.05	90.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		291,185	0	291,185	2,264.00	128.62
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		27,706,201	0	27,706,201	580,454.00	47.73
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
15.01	Home office Physicians Part A - Administrative		0	0	0	0.00	0.00
15.02	Home office contract Physicians Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		32,024,526	0	32,024,526		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		761,863	0	761,863		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		7,035,103	0	7,035,103		
25.51	Related organization wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet S-3
Part II
Date/Time Prepared:
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	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.52	Home office: Physician Part A - Administrative - wage-related (core)	0	0	0			25.52
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	625,905	0	625,905	3,384.85	184.91	26.00
27.00	Administrative & General	3,464,098	0	3,464,098	118,135.15	29.32	27.00
28.00	Administrative & General under contract (see inst.)	589,105	0	589,105	9,146.81	64.41	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,605,030	0	1,605,030	40,359.34	39.77	30.00
31.00	Laundry & Linen Service	90,396	0	90,396	4,893.42	18.47	31.00
32.00	Housekeeping	2,619,277	0	2,619,277	120,633.95	21.71	32.00
33.00	Housekeeping under contract (see instructions)	45,400	0	45,400	1,723.00	26.35	33.00
34.00	Dietary	2,948,948	-1,386,902	1,562,046	69,901.24	22.35	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,386,902	1,386,902	66,400.52	20.89	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,212,249	0	1,212,249	27,951.04	43.37	38.00
39.00	Central Services and Supply	912,416	0	912,416	38,033.94	23.99	39.00
40.00	Pharmacy	4,388,203	-68,687	4,319,516	75,086.29	57.53	40.00
41.00	Medical Records & Medical Records Library	3,892,000	0	3,892,000	84,481.13	46.07	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet S-3
Part III
Date/Time Prepared:
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	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	128,111,794	0	128,111,794	3,155,481.19	40.60	1.00
2.00	Excluded area salaries (see instructions)	3,164,248	68,687	3,232,935	83,460.91	38.74	2.00
3.00	Subtotal salaries (line 1 minus line 2)	124,947,546	-68,687	124,878,859	3,072,020.28	40.65	3.00
4.00	Subtotal other wages & related costs (see inst.)	31,005,834	0	31,005,834	616,146.05	50.32	4.00
5.00	Subtotal wage-related costs (see inst.)	39,059,629	0	39,059,629	0.00	31.28	5.00
6.00	Total (sum of lines 3 thru 5)	195,013,009	-68,687	194,944,322	3,688,166.33	52.86	6.00
7.00	Total overhead cost (see instructions)	22,393,027	-68,687	22,324,340	660,130.68	33.82	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet S-3
Part IV
Date/Time Prepared:
1/30/2025 1:27 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,435,120	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	63,852	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	17,545,600	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	761,888	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	186,503	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	995,187	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	9,399,388	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	88	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	398,763	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	32,786,389	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet S-3
Part V
Date/Time Prepared:
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Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	3,008,448	32,786,389	1.00
2.00	Hospital	3,008,448	32,786,389	2.00
3.00	SUBPROVIDER - IPF	0	0	3.00
4.00	SUBPROVIDER - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY	0	0	8.00
9.00	NURSING FACILITY	0	0	9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet S-10 Parts I & II Date/Time Prepared: 1/30/2025 1:27 pm
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			1.00	
PART I - HOSPITAL AND HOSPITAL COMPLEX DATA				
Uncompensated and Indigent Care Cost-to-Charge Ratio				
1.00	Cost to charge ratio (see instructions)		0.126183	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		62,526,891	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		348,774,210	6.00
7.00	Medicaid cost (line 1 times line 6)		44,009,376	7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)		0	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated care cost (see instructions for each line)				
20.00	Charity care charges and uninsured discounts (see instructions)	16,336,651	1,281,285	17,617,936
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,061,408	777,469	2,838,877
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (see instructions)	2,061,408	777,469	2,838,877
			1.00	
24.00	Does the amount on line 20 col. 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
25.01	Charges for insured patients' liability (see instructions)		576,569	25.01
26.00	Bad debt amount (see instructions)		30,726,368	26.00
27.00	Medicare reimbursable bad debts (see instructions)		346,053	27.00
27.01	Medicare allowable bad debts (see instructions)		532,389	27.01
28.00	Non-Medicare bad debt amount (see instructions)		30,193,979	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		3,996,303	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		6,835,180	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		6,835,180	31.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet S-10 Parts I & II Date/Time Prepared: 1/30/2025 1:27 pm
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				1.00	
PART II - HOSPITAL DATA					
Uncompensated and Indigent Care Cost-to-Charge Ratio					
1.00	Cost to charge ratio (see instructions)			0.126183	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid				2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid				5.00
6.00	Medicaid charges				6.00
7.00	Medicaid cost (line 1 times line 6)				7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)				8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP				9.00
10.00	Stand-alone CHIP charges				10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)				11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)				12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)				13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)				14.00
15.00	State or local indigent care program cost (line 1 times line 14)				15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)				16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care				17.00
18.00	Government grants, appropriations or transfers for support of hospital operations				18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)				19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated care cost (see instructions for each line)					
20.00	Charity care charges and uninsured discounts (see instructions)	16,336,651	1,281,285	17,617,936	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,061,408	777,469	2,838,877	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (see instructions)	2,061,408	777,469	2,838,877	23.00
				1.00	
24.00	Does the amount on line 20 col. 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
25.01	Charges for insured patients' liability (see instructions)			576,569	25.01
26.00	Bad debt amount (see instructions)			30,726,368	26.00
27.00	Medicare reimbursable bad debts (see instructions)			346,053	27.00
27.01	Medicare allowable bad debts (see instructions)			532,389	27.01
28.00	Non-Medicare bad debt amount (see instructions)			30,193,979	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)			3,996,303	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)			6,835,180	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			6,835,180	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet A
Date/Time Prepared:
1/30/2025 1:27 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	6,159,170	6,159,170	1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	6,077,245	6,077,245	2.00	
3.00	00300	OTHER CAP REL COSTS	0	0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	625,905	1,108,602	1,734,507	1,734,507	4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	3,464,098	110,175,477	113,639,575	-11,560,615	102,078,960	5.00
7.00	00700	OPERATION OF PLANT	1,605,030	9,345,436	10,950,466	0	10,950,466	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	90,396	1,209,806	1,300,202	0	1,300,202	8.00
9.00	00900	HOUSEKEEPING	2,619,277	1,412,713	4,031,990	0	4,031,990	9.00
10.00	01000	DIETARY	2,948,948	2,947,416	5,896,364	-2,870,835	3,025,529	10.00
11.00	01100	CAFETERIA	0	0	0	2,870,835	2,870,835	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,212,249	1,322,579	2,534,828	-18	2,534,810	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	912,416	2,040,122	2,952,538	495,873	3,448,411	14.00
15.00	01500	PHARMACY	4,388,203	13,552,579	17,940,782	-12,227,550	5,713,232	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,892,000	8,164,271	12,056,271	0	12,056,271	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	268,769	51,259	320,028	220,332	540,360	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	41,154,802	17,954,804	59,109,606	-13,000,449	46,109,157	30.00
31.00	03100	INTENSIVE CARE UNIT	4,771,698	3,641,154	8,412,852	1,688,900	10,101,752	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,510,176	478,332	1,988,508	-8,961	1,979,547	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	522,278	562,525	1,084,803	-4,845	1,079,958	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,620,248	50,307,866	58,928,114	-25,145,549	33,782,565	50.00
51.00	05100	RECOVERY ROOM	1,201,502	528,399	1,729,901	2,997,606	4,727,507	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,227,269	1,879,592	4,106,861	53,578	4,160,439	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,121,511	5,228,024	11,349,535	-1,654,079	9,695,456	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,076,674	1,854,003	2,930,677	-3,715	2,926,962	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,372,693	1,810,103	3,182,796	4,129	3,186,925	57.00
58.00	05800	MRI	520,477	1,102,018	1,622,495	-33,415	1,589,080	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,009,967	17,255,506	21,265,473	-14,124,118	7,141,355	59.00
60.00	06000	LABORATORY	4,120,171	9,298,622	13,418,793	124,622	13,543,415	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	1,283,370	1,283,370	120,247	1,403,617	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	719,786	415,489	1,135,275	3,716,086	4,851,361	64.00
65.00	06500	RESPIRATORY THERAPY	3,022,982	1,527,067	4,550,049	29,790	4,579,839	65.00
66.00	06600	PHYSICAL THERAPY	1,451,876	444,973	1,896,849	5,459	1,902,308	66.00
67.00	06700	OCCUPATIONAL THERAPY	661,502	141,703	803,205	0	803,205	67.00
68.00	06800	SPEECH PATHOLOGY	586,338	153,381	739,719	-7,842	731,877	68.00
69.00	06900	ELECTROCARDIOLOGY	2,088,497	1,082,683	3,171,180	-92,681	3,078,499	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	520,509	274,349	794,858	2,293	797,151	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	16,560,501	16,560,501	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	27,349,757	27,349,757	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,281,062	12,281,062	73.00
74.00	07400	RENAL DIALYSIS	592,349	483,490	1,075,839	313,141	1,388,980	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.01	03020	WOUND CARE CENTER	307,660	1,779,714	2,087,374	-340,323	1,747,051	76.01
76.97	07697	CARDIAC REHABILITATION	629,848	180,939	810,787	-5	810,782	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,328,119	439,682	1,767,801	2,782	1,770,583	90.00
91.00	09100	EMERGENCY	13,415,587	19,048,455	32,464,042	-321,714	32,142,328	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet A
Date/Time Prepared:
1/30/2025 1:27 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	759,374	368,342	1,127,716	-58	1,127,658	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	125,341,184	290,854,845	416,196,029	-323,364	415,872,665	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	83,549	26,218	109,767	0	109,767	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	449,196	449,196	323,364	772,560	192.00
192.01	19201	OTHER NRCC	0	0	0	0	0	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	PHARMACY RETAIL	1,550,486	13,709,588	15,260,074	0	15,260,074	194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	502,070	349,130	851,200	0	851,200	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	127,477,289	305,388,977	432,866,266	0	432,866,266	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet A
Date/Time Prepared:
1/30/2025 1:27 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	6,159,170	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	6,077,245	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	1,734,507	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-34,938,933	67,140,027	5.00
7.00	00700	OPERATION OF PLANT	0	10,950,466	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,300,202	8.00
9.00	00900	HOUSEKEEPING	0	4,031,990	9.00
10.00	01000	DIETARY	-45,791	2,979,738	10.00
11.00	01100	CAFETERIA	-1,535,702	1,335,133	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-472,280	2,062,530	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,448,411	14.00
15.00	01500	PHARMACY	-2,500	5,710,732	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-7,050,995	5,005,276	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	0	540,360	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,229,829	43,879,328	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,687,303	8,414,449	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	1,979,547	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-376,413	703,545	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-10,011,535	23,771,030	50.00
51.00	05100	RECOVERY ROOM	0	4,727,507	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-805,997	3,354,442	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-664,375	9,031,081	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,926,962	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	3,186,925	57.00
58.00	05800	MRI	0	1,589,080	58.00
59.00	05900	CARDIAC CATHETERIZATION	-405,810	6,735,545	59.00
60.00	06000	LABORATORY	-18,447	13,524,968	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	1,403,617	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	4,851,361	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,579,839	65.00
66.00	06600	PHYSICAL THERAPY	0	1,902,308	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	803,205	67.00
68.00	06800	SPEECH PATHOLOGY	0	731,877	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,078,499	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	797,151	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	45,731	16,606,232	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	27,349,757	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,281,062	73.00
74.00	07400	RENAL DIALYSIS	0	1,388,980	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	76.00
76.01	03020	WOUND CARE CENTER	-3,031	1,744,020	76.01
76.97	07697	CARDIAC REHABILITATION	0	810,782	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	78.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-439	1,770,144	90.00
91.00	09100	EMERGENCY	-5,066,819	27,075,509	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	1,127,658	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet A
Date/Time Prepared:
1/30/2025 1:27 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-65,270,468	350,602,197	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
191.00	19100	RESEARCH	0	109,767	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	772,560	192.00
192.01	19201	OTHER NRCC	0	0	192.01
192.02	19202	LTC	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	MARKETING	0	0	194.00
194.01	07951	PHARMACY RETAIL	0	15,260,074	194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	851,200	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-65,270,468	367,595,798	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,246,696	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	0		0	12,246,696	
B - SUPPLIES IMPLANTS AND DYES					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	16,560,501	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	27,349,757	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	34,366	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	999,164	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	495,873	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
	0		0	45,439,661	
C - PHARMACY RESIDENCY					
1.00	PARAMED ED PRGM-PHARMACY RESIDENCY	23.00	68,687	151,645	1.00
	0		68,687	151,645	
D - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	1,386,902	1,483,933	1.00
	0		1,386,902	1,483,933	
E - BLDG & FIXT DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,482,534	1.00
	0		0	6,482,534	
F - MOVABLE DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,077,245	1.00
	0		0	6,077,245	
G - IP ANCILLARY COST RECLASS					
1.00	INTENSIVE CARE UNIT	31.00	1,640,737	356,807	1.00
2.00	OPERATING ROOM	50.00	1,268,967	283,163	2.00
3.00	RECOVERY ROOM	51.00	38,889	8,686	3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	140,663	31,366	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	16,669	3,745	5.00
6.00	CT SCAN	57.00	1,915	427	6.00
7.00	CARDIAC CATHETERIZATION	59.00	76,144	16,979	7.00
8.00	LABORATORY	60.00	82,550	18,407	8.00
9.00	WHOLE BLOOD & PACKED RED BLOOD	62.00	95,953	21,639	9.00
10.00	INTRAVENOUS THERAPY	64.00	13,676	3,049	10.00
11.00	RESPIRATORY THERAPY	65.00	49,615	11,063	11.00
12.00	PHYSICAL THERAPY	66.00	4,317	963	12.00
13.00	RENAL DIALYSIS	74.00	77,319	17,344	13.00
14.00	WOUND CARE CENTER	76.01	3,336	744	14.00
15.00	EMERGENCY	91.00	15,447	3,444	15.00
	0		3,526,197	777,826	
H - OP ANCILLARY COST RECLASS					
1.00	OPERATING ROOM	50.00	88,830	19,822	1.00
2.00	RECOVERY ROOM	51.00	2,413,732	538,326	2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	187	42	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	6,866	1,531	4.00
5.00	CT SCAN	57.00	1,882	420	5.00

RECLASSIFICATIONS

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet A-6

Date/Time Prepared:
1/30/2025 1:27 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
6.00	MRI	58.00	1,440	321	6.00
7.00	CARDIAC CATHETERIZATION	59.00	10,748	2,397	7.00
8.00	LABORATORY	60.00	20,129	4,488	8.00
9.00	WHOLE BLOOD & PACKED RED BLOOD	62.00	2,171	484	9.00
10.00	INTRAVENOUS THERAPY	64.00	3,090,945	689,316	10.00
11.00	RESPIRATORY THERAPY	65.00	667	149	11.00
12.00	PHYSICAL THERAPY	66.00	150	33	12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	6,687	1,491	13.00
14.00	WOUND CARE CENTER	76.01	173	39	14.00
15.00	CLINIC	90.00	2,275	507	15.00
16.00	EMERGENCY	91.00	45,174	10,084	16.00
			5,692,056	1,269,450	
J - PHYSICIAN OFFICE BLDG DEPRECIATION					
1.00	PHYSICIANS PRIVATE OFFICES	192.00	0	323,364	1.00
			0	323,364	
K - DIALYSIS EXPENSE					
1.00	RENAL DIALYSIS	74.00	0	329,141	1.00
			0	329,141	
500.00	Grand Total: Increases		10,673,842	74,581,495	500.00

RECLASSIFICATIONS

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet A-6
Date/Time Prepared:
1/30/2025 1:27 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - DRUGS							
1.00	PHARMACY	15.00	0	11,997,479	0	1.00	
2.00	OPERATING ROOM	50.00	0	4,666	0	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	113,770	0	3.00	
4.00	INTRAVENOUS THERAPY	64.00	0	913	0	4.00	
5.00	EMERGENCY	91.00	0	129,868	0	5.00	
	O		0	12,246,696			
B - SUPPLIES IMPLANTS AND DYES							
1.00	NURSING ADMINISTRATION	13.00	0	18	0	1.00	
2.00	PHARMACY	15.00	0	9,739	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	1,441,900	0	3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	272,523	0	4.00	
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	8,961	0	5.00	
6.00	NURSERY	43.00	0	4,845	0	6.00	
7.00	OPERATING ROOM	50.00	0	26,801,665	0	7.00	
8.00	RECOVERY ROOM	51.00	0	2,027	0	8.00	
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	118,680	0	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,569,120	0	10.00	
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,715	0	11.00	
12.00	CT SCAN	57.00	0	515	0	12.00	
13.00	MRI	58.00	0	35,176	0	13.00	
14.00	CARDIAC CATHETERIZATION	59.00	0	14,230,386	0	14.00	
15.00	LABORATORY	60.00	0	952	0	15.00	
16.00	INTRAVENOUS THERAPY	64.00	0	79,987	0	16.00	
17.00	RESPIRATORY THERAPY	65.00	0	31,704	0	17.00	
18.00	PHYSICAL THERAPY	66.00	0	4	0	18.00	
19.00	SPEECH PATHOLOGY	68.00	0	7,842	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	92,681	0	20.00	
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,885	0	21.00	
22.00	RENAL DIALYSIS	74.00	0	110,663	0	22.00	
23.00	WOUND CARE CENTER	76.01	0	344,615	0	23.00	
24.00	CARDIAC REHABILITATION	76.97	0	5	0	24.00	
25.00	EMERGENCY	91.00	0	265,995	0	25.00	
26.00	AMBULANCE SERVICES	95.00	0	58	0	26.00	
	O		0	45,439,661			
C - PHARMACY RESIDENCY							
1.00	PHARMACY	15.00	68,687	151,645	0	1.00	
	O		68,687	151,645			
D - CAFETERIA RECLASS							
1.00	DIETARY	10.00	1,386,902	1,483,933	0	1.00	
	O		1,386,902	1,483,933			
E - BLDG & FIXT DEPRECIATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,482,534	9	1.00	
	O		0	6,482,534			
F - MOVABLE DEPRECIATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,077,245	9	1.00	
	O		0	6,077,245			
G - IP ANCILLARY COST RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	3,526,197	777,826	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
	O		3,526,197	777,826			
H - OP ANCILLARY COST RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	5,662,768	1,262,617	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	29,288	6,833	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	

RECLASSIFICATIONS

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet A-6

Date/Time Prepared:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
6.00	7.00	8.00	9.00	10.00			
10.00	0.00	0	0	0	0		10.00
11.00	0.00	0	0	0	0		11.00
12.00	0.00	0	0	0	0		12.00
13.00	0.00	0	0	0	0		13.00
14.00	0.00	0	0	0	0		14.00
15.00	0.00	0	0	0	0		15.00
16.00	0.00	0	0	0	0		16.00
0		5,692,056	1,269,450				
J - PHYSICIAN OFFICE BLDG DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	323,364	9		1.00
0			0	323,364			
K - DIALYSIS EXPENSE							
1.00	ADULTS & PEDIATRICS	30.00	0	329,141	0		1.00
0			0	329,141			
500.00	Grand Total: Decreases		10,673,842	74,581,495			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet A-7
Part I
Date/Time Prepared:
1/30/2025 1:27 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,111,661	180,417	0	180,417	180,417	1.00
2.00	Land Improvements	1,129,669	0	0	0	0	2.00
3.00	Buildings and Fixtures	155,031,415	29,108,173	0	29,108,173	0	3.00
4.00	Building Improvements	2,896,162	0	0	0	0	4.00
5.00	Fixed Equipment	5,598,279	1,068,309	0	1,068,309	89,315	5.00
6.00	Movable Equipment	58,439,939	9,501,761	0	9,501,761	2,634,198	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	225,207,125	39,858,660	0	39,858,660	2,903,930	8.00
9.00	Reconciling Items	-10,976,517	-21,132,251	0	-21,132,251	0	9.00
10.00	Total (line 8 minus line 9)	236,183,642	60,990,911	0	60,990,911	2,903,930	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,111,661	0				1.00
2.00	Land Improvements	1,129,669	0				2.00
3.00	Buildings and Fixtures	184,139,588	0				3.00
4.00	Building Improvements	2,896,162	0				4.00
5.00	Fixed Equipment	6,577,273	0				5.00
6.00	Movable Equipment	65,307,502	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	262,161,855	0				8.00
9.00	Reconciling Items	-32,108,768	0				9.00
10.00	Total (line 8 minus line 9)	294,270,623	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet A-7
Part II
Date/Time Prepared:
1/30/2025 1:27 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	196,854,353	0	196,854,353	0.751129	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	65,223,444	0	65,223,444	0.248871	0	2.00
3.00	Total (sum of lines 1-2)	262,077,797	0	262,077,797	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	6,159,170	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,077,245	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,236,415	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	6,159,170	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	6,077,245	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	12,236,415	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet A-8

Date/Time Prepared:
1/30/2025 1:27 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A		0	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)	A		0	ADMINISTRATIVE & GENERAL	5.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-28,378,090				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-3,108,321				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,535,702	CAFETERIA		11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines	B	-45,791	DIETARY		10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)	A		0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 EDUCATION RECLASSES	B	-1,507	NURSING ADMINISTRATION		13.00	0	33.00

Provider CCN: 15-0044 Period: From 09/01/2023 To 08/31/2024 Worksheet A-8
 Date/Time Prepared: 1/30/2025 1:27 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01 RENTAL INCOME	B	-492,941	ADMINISTRATIVE & GENERAL		5.00	0 33.01
33.02 PHOTO COMMISSION FEES	B	-1,129	ADMINISTRATIVE & GENERAL		5.00	0 33.02
33.03 OTHER REVENUE	B	-50	LABORATORY		60.00	0 33.03
33.04 OTHER REVENUE	B	-6,582	EMERGENCY		91.00	0 33.04
33.05 OTHER REVENUE	B	-2,511	ADMINISTRATIVE & GENERAL		5.00	0 33.05
33.06 OTHER REVENUE	B	-2,500	PHARMACY		15.00	0 33.06
33.07 OTHER REVENUE	B	-439	CLINIC		90.00	0 33.07
33.08 INTEREST INCOME	B	-1,101	ADMINISTRATIVE & GENERAL		5.00	0 33.08
33.09 HOSPICE	A	-466,193	ADULTS & PEDIATRICS		30.00	0 33.09
33.12 LOBBYING DUES	A	-12,682	ADMINISTRATIVE & GENERAL		5.00	0 33.12
33.14 DONATIONS	A	-287,381	ADMINISTRATIVE & GENERAL		5.00	0 33.14
33.26 BAD DEBT EXPENSE	A	-1,131,983	ADMINISTRATIVE & GENERAL		5.00	0 33.26
33.27 AMORTIZATION OF GOODWILL	A	-538,104	ADMINISTRATIVE & GENERAL		5.00	0 33.27
33.28 PHYSICIAN RECRUITMENT	A	-7,386	ADMINISTRATIVE & GENERAL		5.00	0 33.28
33.29 PROVIDER TAX	A	-29,250,075	ADMINISTRATIVE & GENERAL		5.00	0 33.29
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-65,270,468				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet A-8-1

Date/Time Prepared:
1/30/2025 1:27 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	58,070,279	61,224,331	1.00
2.00	71.00	MEDICAL SUPPLIES CHARGED TO	45,731	0	2.00
3.00	0.00	SUPPLIES	0	0	3.00
4.00	0.00		0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		58,116,010	61,224,331	5.00

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

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

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

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

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

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

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

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

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet A-8-1

Date/Time Prepared:
1/30/2025 1:27 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-3,154,052	0		1.00
2.00	45,731	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	-3,108,321			5.00

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

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

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

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

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

6.00	HEALTHCARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet A-8-2

Date/Time Prepared:
1/30/2025 1:27 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	158,729	20,429	138,300	211,500	975	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	470,773	470,773	0	211,500	0	2.00
3.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	7,050,995	7,050,995	0	211,500	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	1,764,958	1,763,268	1,690	211,500	13	4.00
5.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	1,687,303	1,687,303	0	211,500	0	5.00
6.00	43.00	AGGREGATE-NURSERY	376,413	376,413	0	211,500	0	6.00
7.00	50.00	AGGREGATE-OPERATING ROOM	10,011,535	10,011,535	0	271,900	0	7.00
8.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	805,997	805,997	0	211,500	0	8.00
9.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	664,375	664,375	0	260,300	0	9.00
10.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	405,810	405,810	0	211,500	0	10.00
11.00	60.00	AGGREGATE-LABORATORY	98,625	0	98,625	211,500	789	11.00
12.00	76.01	AGGREGATE-WOUND CARE CENTER	16,250	0	16,250	211,500	130	12.00
13.00	91.00	AGGREGATE-EMERGENCY	5,096,538	5,060,218	36,320	211,500	357	13.00
200.00			28,608,301	28,317,116	291,185		2,264	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	99,141	4,957	0	0	0	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	0	0	0	0	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	1,322	66	0	0	0	4.00
5.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	43.00	AGGREGATE-NURSERY	0	0	0	0	0	6.00
7.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	7.00
8.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	8.00
9.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	9.00
10.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	0	0	10.00
11.00	60.00	AGGREGATE-LABORATORY	80,228	4,011	0	0	0	11.00
12.00	76.01	AGGREGATE-WOUND CARE CENTER	13,219	661	0	0	0	12.00
13.00	91.00	AGGREGATE-EMERGENCY	36,301	1,815	0	0	0	13.00
200.00			230,211	11,510	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	99,141	39,159	59,588		1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	470,773		2.00
3.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	0	0	0	7,050,995		3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	1,322	368	1,763,636		4.00
5.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	1,687,303		5.00
6.00	43.00	AGGREGATE-NURSERY	0	0	0	376,413		6.00
7.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	10,011,535		7.00
8.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	805,997		8.00
9.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	664,375		9.00
10.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	405,810		10.00
11.00	60.00	AGGREGATE-LABORATORY	0	80,228	18,397	18,397		11.00
12.00	76.01	AGGREGATE-WOUND CARE CENTER	0	13,219	3,031	3,031		12.00
13.00	91.00	AGGREGATE-EMERGENCY	0	36,301	19	5,060,237		13.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet A-8-2
Date/Time Prepared:
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	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
200.00	1.00	2.00	15.00	16.00	17.00	18.00		
			0	230,211	60,974	28,378,090		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet B
Part I
Date/Time Prepared:
1/30/2025 1:27 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	6,159,170	6,159,170			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	6,077,245		6,077,245		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,734,507	133,873	0	1,868,380	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	67,140,027	438,152	276,917	51,023	5.00
7.00 00700	OPERATION OF PLANT	10,950,466	85,657	155,284	23,640	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,300,202	81,250	2,361	1,331	8.00
9.00 00900	HOUSEKEEPING	4,031,990	20,533	10,975	38,579	9.00
10.00 01000	DIETARY	2,979,738	41,190	40,213	23,007	10.00
11.00 01100	CAFETERIA	1,335,133	178,166	0	20,428	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	2,062,530	18,050	561,026	17,855	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	3,448,411	202,373	45,192	13,439	14.00
15.00 01500	PHARMACY	5,710,732	122,824	306,250	63,622	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,005,276	104,687	284	57,325	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
23.00 02300	PARAMED PRGM-PHARMACY RESIDENCY	540,360	5,760	0	4,970	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	43,879,328	1,810,494	426,582	470,815	30.00
31.00 03100	INTENSIVE CARE UNIT	8,414,449	163,989	203,822	94,017	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	1,979,547	0	20,673	22,243	35.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	703,545	47,794	36,426	7,693	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	23,771,030	764,479	1,275,961	146,967	50.00
51.00 05100	RECOVERY ROOM	4,727,507	0	3,912	53,822	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,354,442	322,218	28,312	34,880	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,031,081	353,650	484,501	90,510	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	2,926,962	0	388,580	15,858	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	3,186,925	44,604	98,331	20,274	57.00
58.00 05800	MRI	1,589,080	20,409	47,676	7,687	58.00
59.00 05900	CARDIAC CATHETERIZATION	6,735,545	139,695	333,395	60,343	59.00
60.00 06000	LABORATORY	13,524,968	251,979	23,481	62,198	60.00
60.01 06001	LABORATORY - PATHOLOGY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	1,403,617	4,841	0	1,445	62.00
63.00 06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	4,851,361	0	5,714	56,330	64.00
65.00 06500	RESPIRATORY THERAPY	4,579,839	29,434	60,666	45,266	65.00
66.00 06600	PHYSICAL THERAPY	1,902,308	8,454	0	21,450	66.00
67.00 06700	OCCUPATIONAL THERAPY	803,205	2,048	0	9,743	67.00
68.00 06800	SPEECH PATHOLOGY	731,877	0	18,813	8,636	68.00
69.00 06900	ELECTROCARDIOLOGY	3,078,499	149,576	90,846	30,761	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	797,151	136,380	8,031	7,765	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	16,606,232	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	27,349,757	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	12,281,062	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	1,388,980	0	28,931	9,864	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03950	NUTRITION/DIABETES	0	0	0	0	76.00
76.01 03020	WOUND CARE CENTER	1,744,020	0	539	4,583	76.01
76.97 07697	CARDIAC REHABILITATION	810,782	44,604	11,481	9,277	76.97
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
78.00 07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	1,770,144	70,387	89,059	19,595	90.00
91.00 09100	EMERGENCY	27,075,509	358,889	963,799	198,491	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet B
Part I
Date/Time Prepared:
1/30/2025 1:27 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	1.00	2.00	4.00	4A	0
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0 94.00
95.00 09500 AMBULANCE SERVICES	1,127,658	0	20,927	11,185	1,159,770	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0 96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0 97.00
99.00 09900 CMHC	0	0	0	0	0	0 99.00
99.10 09910 CORF	0	0	0	0	0	0 99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0 100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	0 101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	0 102.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	0 105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	0 106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	0 107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	0 108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	0 109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0 110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0 111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	0 113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	0 114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0 115.00
116.00 11600 HOSPICE	0	0	0	0	0	0 116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	350,602,197	6,156,439	6,068,960	1,836,917	350,559,718	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	0 190.00
191.00 19100 RESEARCH	109,767	0	0	1,231	110,998	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	772,560	0	0	0	772,560	192.00
192.01 19201 OTHER NRCC	0	0	0	0	0	0 192.01
192.02 19202 LTC	0	0	0	0	0	0 192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	0 193.00
194.00 07950 MARKETING	0	2,731	0	0	2,731	194.00
194.01 07951 PHARMACY RETAIL	15,260,074	0	8,285	22,837	15,291,196	194.01
194.02 07952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	851,200	0	0	7,395	858,595	194.02
200.00 Cross Foot Adjustments	0	0	0	0	0	0 200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118 through 201)	367,595,798	6,159,170	6,077,245	1,868,380	367,595,798	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet B Part I Date/Time Prepared: 1/30/2025 1:27 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	67,906,119				5.00
7.00	00700	OPERATION OF PLANT	2,541,195	13,756,242			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	313,857	203,161	1,902,162		8.00
9.00	00900	HOUSEKEEPING	929,481	51,341	0	5,082,899	9.00
10.00	01000	DIETARY	698,831	102,993	0	38,773	3,924,745
11.00	01100	CAFETERIA	347,524	445,496	0	167,713	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	602,602	45,133	0	16,991	0
14.00	01400	CENTRAL SERVICES & SUPPLY	840,509	506,025	0	190,500	0
15.00	01500	PHARMACY	1,405,622	307,117	0	115,618	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,170,910	261,766	0	98,545	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	124,870	14,403	0	5,422	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,556,139	4,527,069	861,248	1,704,270	3,446,317
31.00	03100	INTENSIVE CARE UNIT	2,011,258	410,048	140,573	154,368	169,124
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	458,266	0	0	0	1,533
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	180,241	119,507	11,783	44,990	1,346
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,881,870	1,911,548	210,410	719,626	0
51.00	05100	RECOVERY ROOM	1,084,278	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	847,406	805,692	45,363	303,313	51,738
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,256,758	884,287	124,494	332,901	0
55.00	05500	RADIOLOGY-THERAPEUTIC	754,855	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	759,100	111,529	0	41,987	0
58.00	05800	MRI	377,235	51,031	37,522	19,211	0
59.00	05900	CARDIAC CATHETERIZATION	1,647,063	349,301	18,357	131,499	0
60.00	06000	LABORATORY	3,141,105	630,064	80	237,195	0
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM					
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	319,467	12,106	0	4,557	0
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	1,113,319	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,068,409	73,597	0	27,707	0
66.00	06600	PHYSICAL THERAPY	437,816	21,139	0	7,958	0
67.00	06700	OCCUPATIONAL THERAPY	184,668	5,122	0	1,928	0
68.00	06800	SPEECH PATHOLOGY	172,054	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	758,998	374,009	100,104	140,800	0
70.00	07000	ELECTROENCEPHALOGRAPHY	215,106	341,013	0	128,379	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	3,762,773	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,197,127	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,782,741	0	0	0	0
74.00	07400	RENAL DIALYSIS	323,517	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0
76.01	03020	WOUND CARE CENTER	396,335	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	198,524	111,529	0	41,987	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	441,662	176,001	160	66,258	0
91.00	09100	EMERGENCY	6,479,666	897,386	352,068	337,832	254,687
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)					
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	262,790	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet B
Part I
Date/Time Prepared:
1/30/2025 1:27 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	64,045,947	13,749,413	1,902,162	5,080,328	3,924,745	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	25,151	0	0	0	0	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	175,053	0	0	0	0	192.00
192.01	19201 OTHER NRCC	0	0	0	0	0	192.01
192.02	19202 LTC	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 MARKETING	619	6,829	0	2,571	0	194.00
194.01	07951 PHARMACY RETAIL	3,464,802	0	0	0	0	194.01
194.02	07952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	194,547	0	0	0	0	194.02
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)	67,906,119	13,756,242	1,902,162	5,082,899	3,924,745	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet B Part I Date/Time Prepared: 1/30/2025 1:27 pm		
Cost Center Description				CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
				11.00	12.00	13.00	14.00	15.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,494,460					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	25,625	0	3,349,812			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	34,869	0	0	5,281,318		14.00
15.00	01500	PHARMACY	68,837	0	0	10,115	8,110,737	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	77,450	0	0	2	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	5,997	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	706,137	0	1,360,389	301,759	0	30.00
31.00	03100	INTENSIVE CARE UNIT	133,583	0	267,103	45,249	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	28,882	0	56,490	10,662	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	9,724	0	19,019	521	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	218,161	0	397,363	406,143	0	50.00
51.00	05100	RECOVERY ROOM	76,753	0	154,359	4,089	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,703	0	97,536	23,595	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	124,681	0	40,266	22,586	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	18,397	0	6,801	2,553	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	23,868	0	1,139	25,437	0	57.00
58.00	05800	MRI	9,690	0	2,231	3,566	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	76,411	0	149,625	92,211	0	59.00
60.00	06000	LABORATORY	111,196	0	4,858	5,771	0	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	2,118	0	4,268	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	85,247	0	167,925	9,122	0	64.00
65.00	06500	RESPIRATORY THERAPY	73,919	0	2,894	37,129	0	65.00
66.00	06600	PHYSICAL THERAPY	30,112	0	186	50	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,183	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	12,156	0	0	237	0	68.00
69.00	06900	ELECTROCARDIOLOGY	40,555	0	13,563	4,121	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,701	0	299	3,266	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	1,548,854	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,557,970	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	8,110,737	73.00
74.00	07400	RENAL DIALYSIS	11,238	0	22,118	9,387	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.01	03020	WOUND CARE CENTER	7,103	0	13,891	3,806	0	76.01
76.97	07697	CARDIAC REHABILITATION	13,815	0	19,972	689	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CART-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	28,118	0	24,894	573	0	90.00
91.00	09100	EMERGENCY	290,711	0	522,496	149,640	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	22,902	0	127	375	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet B
Part I
Date/Time Prepared:
1/30/2025 1:27 pm

Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,446,842	0	3,349,812	5,279,478	8,110,737	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	1,914	0	0	2	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NRCC	6	0	0	0	0	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	PHARMACY RETAIL	29,451	0	0	1,783	0	194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	16,247	0	0	55	0	194.02
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)	2,494,460	0	3,349,812	5,281,318	8,110,737	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet B
Part I
Date/Time Prepared:
1/30/2025 1:27 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,776,245				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	701,782		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,251,043	0	701,782		30.00
31.00	03100	INTENSIVE CARE UNIT	127,081	0	0	12,334,664	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	38,124	0	0	2,616,420	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	112,961	0	0	1,295,550	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	560,569	0	0	36,264,127	50.00
51.00	05100	RECOVERY ROOM	0	0	0	6,104,720	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,708	0	0	5,976,906	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	615,637	0	0	14,361,352	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	32,476	0	0	4,146,482	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	248,514	0	0	4,561,708	57.00
58.00	05800	MRI	59,304	0	0	2,224,642	58.00
59.00	05900	CARDIAC CATHETERIZATION	357,239	0	0	10,090,684	59.00
60.00	06000	LABORATORY	1,252,455	0	0	19,245,350	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	1,752,419	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	175,089	0	0	6,464,107	64.00
65.00	06500	RESPIRATORY THERAPY	125,669	0	0	6,124,529	65.00
66.00	06600	PHYSICAL THERAPY	4,236	0	0	2,433,709	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,412	0	0	1,022,309	67.00
68.00	06800	SPEECH PATHOLOGY	9,884	0	0	953,657	68.00
69.00	06900	ELECTROCARDIOLOGY	56,480	0	0	4,838,312	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	26,828	0	0	1,678,919	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	21,917,859	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	36,104,854	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	23,174,540	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,794,035	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	76.00
76.01	03020	WOUND CARE CENTER	73,425	0	0	2,243,702	76.01
76.97	07697	CARDIAC REHABILITATION	42,360	0	0	1,305,020	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	59,304	0	0	2,746,155	90.00
91.00	09100	EMERGENCY	1,533,447	0	0	39,414,621	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)					92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED PRGM-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	23.00	24.00	25.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	1,445,964	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	6,776,245	0	701,782	346,640,688	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	138,065	0	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	0	947,613	0	192.00
192.01	19201 OTHER NRCC	0	0	0	6	0	192.01
192.02	19202 LTC	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 MARKETING	0	0	0	12,750	0	194.00
194.01	07951 PHARMACY RETAIL	0	0	0	18,787,232	0	194.01
194.02	07952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	0	0	1,069,444	0	194.02
200.00	Cross Foot Adjustments			0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	20200 TOTAL (sum lines 118 through 201)	6,776,245	0	701,782	367,595,798	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
23.00	02300 PARAMED ED PRGM-PHARMACY RESIDENCY		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	72,003,372	30.00
31.00	03100 INTENSIVE CARE UNIT	12,334,664	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	2,616,420	35.00
40.00	04000 SUBPROVIDER - I PF	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	1,295,550	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
45.00	04500 NURSING FACILITY	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	36,264,127	50.00
51.00	05100 RECOVERY ROOM	6,104,720	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,976,906	52.00
53.00	05300 ANESTHESIOLOGY	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,361,352	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	4,146,482	55.00
56.00	05600 RADIOISOTOPE	0	56.00
57.00	05700 CT SCAN	4,561,708	57.00
58.00	05800 MRI	2,224,642	58.00
59.00	05900 CARDIAC CATHETERIZATION	10,090,684	59.00
60.00	06000 LABORATORY	19,245,350	60.00
60.01	06001 LABORATORY - PATHOLOGY	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	1,752,419	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0	63.00
64.00	06400 INTRAVENOUS THERAPY	6,464,107	64.00
65.00	06500 RESPIRATORY THERAPY	6,124,529	65.00
66.00	06600 PHYSICAL THERAPY	2,433,709	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,022,309	67.00
68.00	06800 SPEECH PATHOLOGY	953,657	68.00
69.00	06900 ELECTROCARDIOLOGY	4,838,312	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,678,919	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	21,917,859	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	36,104,854	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	23,174,540	73.00
74.00	07400 RENAL DIALYSIS	1,794,035	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00
76.00	03950 NUTRITION/DIABETES	0	76.00
76.01	03020 WOUND CARE CENTER	2,243,702	76.01
76.97	07697 CARDIAC REHABILITATION	1,305,020	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	78.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	2,746,155	90.00
91.00	09100 EMERGENCY	39,414,621	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	1,445,964	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	97.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:
From 09/01/2023
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Cost Center Description			Total	
			26.00	
99.00	09900	CMHC	0	99.00
99.10	09910	CORF	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	102.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	105.00
106.00	10600	HEART ACQUISITION	0	106.00
107.00	10700	LIVER ACQUISITION	0	107.00
108.00	10800	LUNG ACQUISITION	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	346,640,688	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	190.00
191.00	19100	RESEARCH	138,065	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	947,613	192.00
192.01	19201	OTHER NRCC	6	192.01
192.02	19202	LTC	0	192.02
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	MARKETING	12,750	194.00
194.01	07951	PHARMACY RETAIL	18,787,232	194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	1,069,444	194.02
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	367,595,798	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet B Part II Date/Time Prepared: 1/30/2025 1:27 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	133,873	0	133,873	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	8,598,809	438,152	276,917	9,313,878	5.00
7.00 00700	OPERATION OF PLANT	46,425	85,657	155,284	287,366	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	81,250	2,361	83,611	8.00
9.00 00900	HOUSEKEEPING	0	20,533	10,975	31,508	9.00
10.00 01000	DIETARY	0	41,190	40,213	81,403	10.00
11.00 01100	CAFETERIA	0	178,166	0	178,166	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	18,050	561,026	579,076	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	202,373	45,192	247,565	14.00
15.00 01500	PHARMACY	240	122,824	306,250	429,314	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	104,687	284	104,971	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
23.00 02300	PARAMED PRGM-PHARMACY RESIDENCY	0	5,760	0	5,760	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,810,494	426,582	2,237,076	30.00
31.00 03100	INTENSIVE CARE UNIT	0	163,989	203,822	367,811	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	0	20,673	20,673	35.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	47,794	36,426	84,220	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	537,937	764,479	1,275,961	2,578,377	50.00
51.00 05100	RECOVERY ROOM	0	0	3,912	3,912	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	15,084	322,218	28,312	365,614	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	214,217	353,650	484,501	1,052,368	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	969,270	0	388,580	1,357,850	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	44,604	98,331	142,935	57.00
58.00 05800	MRI	73,808	20,409	47,676	141,893	58.00
59.00 05900	CARDIAC CATHETERIZATION	15,084	139,695	333,395	488,174	59.00
60.00 06000	LABORATORY	13,903	251,979	23,481	289,363	60.00
60.01 06001	LABORATORY - PATHOLOGY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	4,841	0	4,841	62.00
63.00 06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	5,714	5,714	64.00
65.00 06500	RESPIRATORY THERAPY	26,773	29,434	60,666	116,873	65.00
66.00 06600	PHYSICAL THERAPY	0	8,454	0	8,454	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	2,048	0	2,048	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	18,813	18,813	68.00
69.00 06900	ELECTROCARDIOLOGY	117,870	149,576	90,846	358,292	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	48,409	136,380	8,031	192,820	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	28,931	28,931	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03950	NUTRITION/DIABETES	0	0	0	0	76.00
76.01 03020	WOUND CARE CENTER	664,038	0	539	664,577	76.01
76.97 07697	CARDIAC REHABILITATION	43,590	44,604	11,481	99,675	76.97
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
78.00 07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	496,794	70,387	89,059	656,240	90.00
91.00 09100	EMERGENCY	0	358,889	963,799	1,322,688	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DI ALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVI CES	0	0	20,927	20,927	801	95.00
96.00 09600 DURABLE MEDI CAL EQUI P-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDI CAL EQUI P-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVI CES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00 10200 OPI OID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KI DNEY ACQUI SI TION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUI SI TION	0	0	0	0	0	106.00
107.00 10700 LI VER ACQUI SI TION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUI SI TION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUI SI TION	0	0	0	0	0	109.00
110.00 11000 INTESTI NAL ACQUI SI TION	0	0	0	0	0	110.00
111.00 11100 I SLET ACQUI SI TION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTI LI ZATI ON REVI EW-SNF						114.00
115.00 11500 AMBULATORY SURGI CAL CENTER (D. P.)	0	0	0	0	0	115.00
116.00 11600 HOSPI CE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	11,882,251	6,156,439	6,068,960	24,107,650	131,619	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GI FT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	88	191.00
192.00 19200 PHYSI CI ANS PRI VATE OFFICES	22,924	0	0	22,924	0	192.00
192.01 19201 OTHER NRCC	0	0	0	0	0	192.01
192.02 19202 LTC	46,991	0	0	46,991	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 MARKETI NG	0	2,731	0	2,731	0	194.00
194.01 07951 PHARMACY RETAI L	0	0	8,285	8,285	1,636	194.01
194.02 07952 NON HOSP ENVI RON SVCS/PROPERTY MGMT	0	0	0	0	530	194.02
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118 through 201)	11,952,166	6,159,170	6,077,245	24,188,581	133,873	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet B Part II Date/Time Prepared: 1/30/2025 1:27 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,317,533				5.00
7.00	00700	OPERATION OF PLANT	348,687	637,746			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	43,066	9,419	136,191		8.00
9.00	00900	HOUSEKEEPING	127,538	2,380	0	164,189	9.00
10.00	01000	DIETARY	95,889	4,775	0	1,252	184,967
11.00	01100	CAFETERIA	47,685	20,653	0	5,417	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	82,685	2,092	0	549	0
14.00	01400	CENTRAL SERVICES & SUPPLY	115,329	23,460	0	6,154	0
15.00	01500	PHARMACY	192,871	14,238	0	3,735	0
16.00	01600	MEDICAL RECORDS & LIBRARY	160,665	12,136	0	3,183	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	17,134	668	0	175	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,448,324	209,877	61,664	55,053	162,420
31.00	03100	INTENSIVE CARE UNIT	275,972	19,010	10,065	4,986	7,971
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	62,880	0	0	0	72
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	24,732	5,540	844	1,453	63
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	807,074	88,620	15,065	23,246	0
51.00	05100	RECOVERY ROOM	148,778	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	116,276	37,352	3,248	9,798	2,438
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	309,658	40,996	8,914	10,753	0
55.00	05500	RADIOLOGY-THERAPEUTIC	103,577	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	104,159	5,171	0	1,356	0
58.00	05800	MRI	51,762	2,366	2,686	621	0
59.00	05900	CARDIAC CATHETERIZATION	226,000	16,194	1,314	4,248	0
60.00	06000	LABORATORY	431,003	29,210	6	7,662	0
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM					
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	43,835	561	0	147	0
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	152,763	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	146,600	3,412	0	895	0
66.00	06600	PHYSICAL THERAPY	60,074	980	0	257	0
67.00	06700	OCCUPATIONAL THERAPY	25,339	237	0	62	0
68.00	06800	SPEECH PATHOLOGY	23,608	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	104,145	17,339	7,167	4,548	0
70.00	07000	ELECTROENCEPHALOGRAPHY	29,516	15,810	0	4,147	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	516,304	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	850,331	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	381,830	0	0	0	0
74.00	07400	RENAL DIALYSIS	44,391	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0
76.01	03020	WOUND CARE CENTER	54,383	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	27,240	5,171	0	1,356	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	60,602	8,159	11	2,140	0
91.00	09100	EMERGENCY	889,100	41,603	25,207	10,913	12,003
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)					
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	36,058	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet B
Part II
Date/Time Prepared:
1/30/2025 1:27 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	8,787,863	637,429	136,191	164,106	184,967	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	3,451	0	0	0	0	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	24,020	0	0	0	0	192.00
192.01	19201 OTHER NRCC	0	0	0	0	0	192.01
192.02	19202 LTC	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 MARKETING	85	317	0	83	0	194.00
194.01	07951 PHARMACY RETAIL	475,419	0	0	0	0	194.01
194.02	07952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	26,695	0	0	0	0	194.02
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)	9,317,533	637,746	136,191	164,189	184,967	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0044		Period: From 09/01/2023 To 08/31/2024		Worksheet B Part II Date/Time Prepared: 1/30/2025 1:27 pm	
Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	253,384					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	2,603	0	668,284			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,542	0	0	397,013		14.00
15.00	01500	PHARMACY	6,992	0	0	760	652,467	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,867	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	609	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	71,727	0	271,400	22,685	0	30.00
31.00	03100	INTENSIVE CARE UNIT	13,569	0	53,287	3,402	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,934	0	11,270	802	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	988	0	3,794	39	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,160	0	79,273	30,532	0	50.00
51.00	05100	RECOVERY ROOM	7,797	0	30,794	307	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,049	0	19,458	1,774	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,665	0	8,033	1,698	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,869	0	1,357	192	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	2,425	0	227	1,912	0	57.00
58.00	05800	MRI	984	0	445	268	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,762	0	29,850	6,932	0	59.00
60.00	06000	LABORATORY	11,295	0	969	434	0	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	215	0	851	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	8,659	0	33,501	686	0	64.00
65.00	06500	RESPIRATORY THERAPY	7,509	0	577	2,791	0	65.00
66.00	06600	PHYSICAL THERAPY	3,059	0	37	4	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,441	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,235	0	0	18	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,120	0	2,706	310	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,493	0	60	246	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	116,437	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	192,282	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	652,467	73.00
74.00	07400	RENAL DIALYSIS	1,142	0	4,412	706	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.01	03020	WOUND CARE CENTER	722	0	2,771	286	0	76.01
76.97	07697	CARDIAC REHABILITATION	1,403	0	3,984	52	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CART-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	2,856	0	4,966	43	0	90.00
91.00	09100	EMERGENCY	29,530	0	104,237	11,249	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	2,326	0	25	28	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet B
Part II
Date/Time Prepared:
1/30/2025 1:27 pm

Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	248,547	0	668,284	396,875	652,467	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	194	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NRCC	1	0	0	0	0	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	PHARMACY RETAIL	2,992	0	0	134	0	194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	1,650	0	0	4	0	194.02
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)	253,384	0	668,284	397,013	652,467	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet B Part II Date/Time Prepared: 1/30/2025 1:27 pm
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	292,928				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	24,702		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	54,081	0		4,628,078	30.00
31.00	03100	INTENSIVE CARE UNIT	5,494	0		768,301	31.00
32.00	03200	CORONARY CARE UNIT	0	0		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,648	0		101,872	35.00
40.00	04000	SUBPROVIDER - IPF	0	0		0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0		0	41.00
42.00	04200	SUBPROVIDER	0	0		0	42.00
43.00	04300	NURSERY	4,883	0		127,107	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		0	44.00
45.00	04500	NURSING FACILITY	0	0		0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0		0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	24,233	0		3,679,107	50.00
51.00	05100	RECOVERY ROOM	0	0		195,443	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	549	0		564,054	52.00
53.00	05300	ANESTHESIOLOGY	0	0		0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,613	0		1,478,181	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,404	0		1,467,385	55.00
56.00	05600	RADIOISOTOPE	0	0		0	56.00
57.00	05700	CT SCAN	10,743	0		270,380	57.00
58.00	05800	MRI	2,564	0		204,140	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,443	0		800,239	59.00
60.00	06000	LABORATORY	54,142	0		828,539	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0		0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0		0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0		50,554	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0		0	63.00
64.00	06400	INTRAVENOUS THERAPY	7,569	0		212,927	64.00
65.00	06500	RESPIRATORY THERAPY	5,433	0		287,332	65.00
66.00	06600	PHYSICAL THERAPY	183	0		74,584	66.00
67.00	06700	OCCUPATIONAL THERAPY	61	0		29,886	67.00
68.00	06800	SPEECH PATHOLOGY	427	0		44,720	68.00
69.00	06900	ELECTROCARDIOLOGY	2,442	0		503,272	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,160	0		245,808	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0		632,741	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		1,042,613	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		1,034,297	73.00
74.00	07400	RENAL DIALYSIS	0	0		80,288	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		0	75.00
76.00	03950	NUTRITION/DIABETES	0	0		0	76.00
76.01	03020	WOUND CARE CENTER	3,174	0		726,241	76.01
76.97	07697	CARDIAC REHABILITATION	1,831	0		141,376	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0		0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0		0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		0	89.00
90.00	09000	CLINIC	2,564	0		738,985	90.00
91.00	09100	EMERGENCY	66,287	0		2,527,034	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)					92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	23.00	24.00	25.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0		0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0		60,165	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0		0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0		0	0	97.00
99.00	09900 CMHC	0	0		0	0	99.00
99.10	09910 CORF	0	0		0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0		0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0		0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0		0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0		0	0	105.00
106.00	10600 HEART ACQUISITION	0	0		0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0		0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0		0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0		0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0		0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0		0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0		0	0	115.00
116.00	11600 HOSPICE	0	0		0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	292,928	0	0	23,545,649	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0		0	0	190.00
191.00	19100 RESEARCH	0	0		3,733	0	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0		46,944	0	192.00
192.01	19201 OTHER NRCC	0	0		1	0	192.01
192.02	19202 LTC	0	0		46,991	0	192.02
193.00	19300 NONPAID WORKERS	0	0		0	0	193.00
194.00	07950 MARKETING	0	0		3,216	0	194.00
194.01	07951 PHARMACY RETAIL	0	0		488,466	0	194.01
194.02	07952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	0		28,879	0	194.02
200.00	Cross Foot Adjustments			24,702	24,702	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	292,928	0	24,702	24,188,581	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet B Part II Date/Time Prepared: 1/30/2025 1:27 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
23.00	02300 PARAMED ED PRGM-PHARMACY RESIDENCY		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	4,628,078	30.00
31.00	03100 INTENSIVE CARE UNIT	768,301	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	101,872	35.00
40.00	04000 SUBPROVIDER - I PF	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	127,107	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
45.00	04500 NURSING FACILITY	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	3,679,107	50.00
51.00	05100 RECOVERY ROOM	195,443	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	564,054	52.00
53.00	05300 ANESTHESIOLOGY	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,478,181	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,467,385	55.00
56.00	05600 RADIOISOTOPE	0	56.00
57.00	05700 CT SCAN	270,380	57.00
58.00	05800 MRI	204,140	58.00
59.00	05900 CARDIAC CATHETERIZATION	800,239	59.00
60.00	06000 LABORATORY	828,539	60.00
60.01	06001 LABORATORY - PATHOLOGY	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	50,554	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0	63.00
64.00	06400 INTRAVENOUS THERAPY	212,927	64.00
65.00	06500 RESPIRATORY THERAPY	287,332	65.00
66.00	06600 PHYSICAL THERAPY	74,584	66.00
67.00	06700 OCCUPATIONAL THERAPY	29,886	67.00
68.00	06800 SPEECH PATHOLOGY	44,720	68.00
69.00	06900 ELECTROCARDIOLOGY	503,272	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	245,808	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	632,741	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,042,613	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,034,297	73.00
74.00	07400 RENAL DIALYSIS	80,288	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00
76.00	03950 NUTRITION/DIABETES	0	76.00
76.01	03020 WOUND CARE CENTER	726,241	76.01
76.97	07697 CARDIAC REHABILITATION	141,376	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	78.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	738,985	90.00
91.00	09100 EMERGENCY	2,527,034	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	60,165	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	97.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

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Part II
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Cost Center Description			Total	
			26.00	
99.00	09900	CMHC	0	99.00
99.10	09910	CORF	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	102.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	105.00
106.00	10600	HEART ACQUISITION	0	106.00
107.00	10700	LIVER ACQUISITION	0	107.00
108.00	10800	LUNG ACQUISITION	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,545,649	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	190.00
191.00	19100	RESEARCH	3,733	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	46,944	192.00
192.01	19201	OTHER NRCC	1	192.01
192.02	19202	LTC	46,991	192.02
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	MARKETING	3,216	194.00
194.01	07951	PHARMACY RETAIL	488,466	194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	28,879	194.02
200.00		Cross Foot Adjustments	24,702	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	24,188,581	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet B-1
Date/Time Prepared:
1/30/2025 1:27 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	496,147				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		7,098,037			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	10,784	0	126,851,384		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	35,295	323,431	3,464,098	-67,906,119	5.00
7.00 00700	OPERATION OF PLANT	6,900	181,367	1,605,030	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	6,545	2,758	90,396	0	8.00
9.00 00900	HOUSEKEEPING	1,654	12,818	2,619,277	0	9.00
10.00 01000	DIETARY	3,318	46,968	1,562,046	0	10.00
11.00 01100	CAFETERIA	14,352	0	1,386,902	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	1,454	655,261	1,212,249	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	16,302	52,783	912,416	0	14.00
15.00 01500	PHARMACY	9,894	357,691	4,319,516	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	8,433	332	3,892,000	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
23.00 02300	PARAMED PRGM-PHARMACY RESIDENCY	464	0	337,456	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	145,843	498,235	31,965,837	0	30.00
31.00 03100	INTENSIVE CARE UNIT	13,210	238,058	6,383,147	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	24,146	1,510,176	0	35.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	3,850	42,544	522,278	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	61,582	1,490,285	9,978,045	0	50.00
51.00 05100	RECOVERY ROOM	0	4,569	3,654,123	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	25,956	33,067	2,368,119	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	28,488	565,882	6,145,046	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	453,849	1,076,674	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	3,593	114,848	1,376,490	0	57.00
58.00 05800	MRI	1,644	55,684	521,917	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	11,253	389,395	4,096,859	0	59.00
60.00 06000	LABORATORY	20,298	27,425	4,222,850	0	60.00
60.01 06001	LABORATORY - PATHOLOGY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	390	0	98,124	0	62.00
63.00 06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	6,674	3,824,407	0	64.00
65.00 06500	RESPIRATORY THERAPY	2,371	70,856	3,073,264	0	65.00
66.00 06600	PHYSICAL THERAPY	681	0	1,456,343	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	165	0	661,502	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	21,973	586,338	0	68.00
69.00 06900	ELECTROCARDIOLOGY	12,049	106,105	2,088,497	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	10,986	9,380	527,196	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	33,790	669,668	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03950	NUTRITION/DIABETES	0	0	0	0	76.00
76.01 03020	WOUND CARE CENTER	0	629	311,169	0	76.01
76.97 07697	CARDIAC REHABILITATION	3,593	13,409	629,848	0	76.97
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
78.00 07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	5,670	104,018	1,330,394	0	90.00
91.00 09100	EMERGENCY	28,910	1,125,688	13,476,208	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet B-1

Date/Time Prepared:
1/30/2025 1:27 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
92.00 09200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)						92.00
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	24,442	759,374	0	1,159,770	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	495,927	7,088,360	124,715,279	-67,906,119	282,653,599	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	83,549	0	110,998	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	772,560	192.00
192.01 19201 OTHER NRCC	0	0	0	0	0	192.01
192.02 19202 LTC	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 MARKETING	220	0	0	0	2,731	194.00
194.01 07951 PHARMACY RETAIL	0	9,677	1,550,486	0	15,291,196	194.01
194.02 07952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	0	502,070	0	858,595	194.02
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)	6,159,170	6,077,245	1,868,380		67,906,119	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	12.414002	0.856187	0.014729		0.226588	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			133,873		9,317,533	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001055		0.031091	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet B-1

Date/Time Prepared:
1/30/2025 1:27 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PRODUCTIVE HOURS)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	443,168				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	6,545	1,545,390			8.00	
9.00	00900	HOUSEKEEPING	1,654	0	434,969		9.00	
10.00	01000	DIETARY	3,318	0	3,318	209,901	10.00	
11.00	01100	CAFETERIA	14,352	0	14,352	0	2,720,905	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,454	0	1,454	0	27,951	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,302	0	16,302	0	38,034	14.00
15.00	01500	PHARMACY	9,894	0	9,894	0	75,086	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,433	0	8,433	0	84,481	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	464	0	464	0	6,541	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	145,843	699,711	145,843	184,314	770,240	30.00
31.00	03100	INTENSIVE CARE UNIT	13,210	114,207	13,210	9,045	145,710	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	82	31,504	35.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,850	9,573	3,850	72	10,607	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	61,582	170,945	61,582	0	237,965	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	83,721	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,956	36,855	25,956	2,767	54,215	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,488	101,144	28,488	0	135,999	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	20,067	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	3,593	0	3,593	0	26,035	57.00
58.00	05800	MRI	1,644	30,484	1,644	0	10,570	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,253	14,914	11,253	0	83,348	59.00
60.00	06000	LABORATORY	20,298	65	20,298	0	121,290	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	390	0	390	0	2,310	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	92,986	64.00
65.00	06500	RESPIRATORY THERAPY	2,371	0	2,371	0	80,629	65.00
66.00	06600	PHYSICAL THERAPY	681	0	681	0	32,846	66.00
67.00	06700	OCCUPATIONAL THERAPY	165	0	165	0	15,470	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	13,259	68.00
69.00	06900	ELECTROCARDIOLOGY	12,049	81,328	12,049	0	44,237	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,986	0	10,986	0	16,036	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	12,258	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.01	03020	WOUND CARE CENTER	0	0	0	0	7,748	76.01
76.97	07697	CARDIAC REHABILITATION	3,593	0	3,593	0	15,069	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	5,670	130	5,670	0	30,671	90.00
91.00	09100	EMERGENCY	28,910	286,034	28,910	13,621	317,101	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet B-1

Date/Time Prepared:
1/30/2025 1:27 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PRODUCTIVE HOURS)	
			7.00	8.00	9.00	10.00	11.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	24,981	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	442,948	1,545,390	434,749	209,901	2,668,965	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	2,088	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NRCC	0	0	0	0	6	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	220	0	220	0	0	194.00
194.01	07951	PHARMACY RETAIL	0	0	0	0	32,124	194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	0	0	0	17,722	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	13,756,242	1,902,162	5,082,899	3,924,745	2,494,460	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	31.040693	1.230862	11.685658	18.698077	0.916776	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	637,746	136,191	164,189	184,967	253,384	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.439061	0.088127	0.377473	0.881211	0.093125	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet B-1

Date/Time Prepared:
1/30/2025 1:27 pm

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200	0					12.00
13.00	01300	0	1,868,170				13.00
14.00	01400	0	0	56,468,082			14.00
15.00	01500	0	0	108,153	1,000		15.00
16.00	01600	0	0	20	0	4,799	16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	758,681	3,226,432	0	886	30.00
31.00	03100	0	148,962	483,812	0	90	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
35.00	02060	0	31,504	113,999	0	27	35.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	10,607	5,567	0	80	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	221,607	4,342,517	0	397	50.00
51.00	05100	0	86,085	43,723	0	0	51.00
52.00	05200	0	54,395	252,282	0	9	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	22,456	241,493	0	436	54.00
55.00	05500	0	3,793	27,301	0	23	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	635	271,978	0	176	57.00
58.00	05800	0	1,244	38,130	0	42	58.00
59.00	05900	0	83,445	985,931	0	253	59.00
60.00	06000	0	2,709	61,702	0	887	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	2,380	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	93,651	97,532	0	124	64.00
65.00	06500	0	1,614	396,985	0	89	65.00
66.00	06600	0	104	536	0	3	66.00
67.00	06700	0	0	0	0	1	67.00
68.00	06800	0	0	2,534	0	7	68.00
69.00	06900	0	7,564	44,063	0	40	69.00
70.00	07000	0	167	34,924	0	19	70.00
71.00	07100	0	0	16,560,501	0	0	71.00
72.00	07200	0	0	27,349,759	0	0	72.00
73.00	07300	0	0	0	1,000	0	73.00
74.00	07400	0	12,335	100,368	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	0	0	0	0	0	76.00
76.01	03020	0	7,747	40,697	0	52	76.01
76.97	07697	0	11,138	7,366	0	30	76.97
77.00	07700	0	0	0	0	0	77.00
78.00	07800	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	13,883	6,127	0	42	90.00
91.00	09100	0	291,393	1,599,967	0	1,086	91.00
92.00	09200	0	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet B-1

Date/Time Prepared:
1/30/2025 1:27 pm

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		12.00	13.00	14.00	15.00	16.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	71	4,008	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,868,170	56,448,407	1,000	4,799
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	22	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	OTHER NRCC	0	0	0	0	192.01
192.02	19202	LTC	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	MARKETING	0	0	0	0	194.00
194.01	07951	PHARMACY RETAIL	0	0	19,060	0	194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	0	593	0	194.02
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	3,349,812	5,281,318	8,110,737	6,776,245
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	1.793098	0.093527	8,110.737000	1,412.011877
204.00		Cost to be allocated (per Wkst. B, Part II)	0	668,284	397,013	652,467	292,928
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.357721	0.007031	652.467000	61.039383
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		SOCIAL SERVICE (ASSIGNED TIME)	PARAMED PRGM-PHARMACY RESIDENCY (ASSIGNED TIME)	
		17.00	23.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE	0	17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	0 100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0 100	30.00
31.00	03100	INTENSIVE CARE UNIT	0 0	31.00
32.00	03200	CORONARY CARE UNIT	0 0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0 0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0 0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0 0	35.00
40.00	04000	SUBPROVIDER - IPF	0 0	40.00
41.00	04100	SUBPROVIDER - IRF	0 0	41.00
42.00	04200	SUBPROVIDER	0 0	42.00
43.00	04300	NURSERY	0 0	43.00
44.00	04400	SKILLED NURSING FACILITY	0 0	44.00
45.00	04500	NURSING FACILITY	0 0	45.00
46.00	04600	OTHER LONG TERM CARE	0 0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0 0	50.00
51.00	05100	RECOVERY ROOM	0 0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0 0	52.00
53.00	05300	ANESTHESIOLOGY	0 0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0 0	55.00
56.00	05600	RADIOISOTOPE	0 0	56.00
57.00	05700	CT SCAN	0 0	57.00
58.00	05800	MRI	0 0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0 0	59.00
60.00	06000	LABORATORY	0 0	60.00
60.01	06001	LABORATORY - PATHOLOGY	0 0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0 0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0 0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0 0	63.00
64.00	06400	INTRAVENOUS THERAPY	0 0	64.00
65.00	06500	RESPIRATORY THERAPY	0 0	65.00
66.00	06600	PHYSICAL THERAPY	0 0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0 0	67.00
68.00	06800	SPEECH PATHOLOGY	0 0	68.00
69.00	06900	ELECTROCARDIOLOGY	0 0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0 0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0 0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0 0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 0	73.00
74.00	07400	RENAL DIALYSIS	0 0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0 0	75.00
76.00	03950	NUTRITION/DIABETES	0 0	76.00
76.01	03020	WOUND CARE CENTER	0 0	76.01
76.97	07697	CARDIAC REHABILITATION	0 0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0 0	77.00
78.00	07800	CART-CELL IMMUNOTHERAPY	0 0	78.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0 0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0 0	89.00
90.00	09000	CLINIC	0 0	90.00
91.00	09100	EMERGENCY	0 0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0 0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet B-1

Date/Time Prepared:
1/30/2025 1:27 pm

Cost Center Description		SOCIAL SERVICE (ASSIGNED TIME)	PARAMED PRGM-PHARMACY RESIDENCY (ASSIGNED TIME)	
		17.00	23.00	
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	0	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	192.00
192.01	19201 OTHER NRCC	0	0	192.01
192.02	19202 LTC	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 MARKETING	0	0	194.00
194.01	07951 PHARMACY RETAIL	0	0	194.01
194.02	07952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	0	194.02
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	701,782	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	7,017.820000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	24,702	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	247.020000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet C
Part I
Date/Time Prepared:
1/30/2025 1:27 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		72,003,372		368	72,003,740	30.00
31.00	03100 INTENSIVE CARE UNIT		12,334,664		0	12,334,664	31.00
32.00	03200 CORONARY CARE UNIT		0		0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		0	0	34.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		2,616,420		0	2,616,420	35.00
40.00	04000 SUBPROVIDER - IPF		0		0	0	40.00
41.00	04100 SUBPROVIDER - IRF		0		0	0	41.00
42.00	04200 SUBPROVIDER		0		0	0	42.00
43.00	04300 NURSERY		1,295,550		0	1,295,550	43.00
44.00	04400 SKILLED NURSING FACILITY		0		0	0	44.00
45.00	04500 NURSING FACILITY		0		0	0	45.00
46.00	04600 OTHER LONG TERM CARE		0		0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		36,264,127		0	36,264,127	50.00
51.00	05100 RECOVERY ROOM		6,104,720		0	6,104,720	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		5,976,906		0	5,976,906	52.00
53.00	05300 ANESTHESIOLOGY		0		0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		14,361,352		0	14,361,352	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		4,146,482		0	4,146,482	55.00
56.00	05600 RADIOISOTOPE		0		0	0	56.00
57.00	05700 CT SCAN		4,561,708		0	4,561,708	57.00
58.00	05800 MRI		2,224,642		0	2,224,642	58.00
59.00	05900 CARDIAC CATHETERIZATION		10,090,684		0	10,090,684	59.00
60.00	06000 LABORATORY		19,245,350		18,397	19,263,747	60.00
60.01	06001 LABORATORY - PATHOLOGY		0		0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM		0		0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD		1,752,419		0	1,752,419	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA		0		0	0	63.00
64.00	06400 INTRAVENOUS THERAPY		6,464,107		0	6,464,107	64.00
65.00	06500 RESPIRATORY THERAPY	0	6,124,529		0	6,124,529	65.00
66.00	06600 PHYSICAL THERAPY	0	2,433,709		0	2,433,709	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,022,309		0	1,022,309	67.00
68.00	06800 SPEECH PATHOLOGY	0	953,657		0	953,657	68.00
69.00	06900 ELECTROCARDIOLOGY		4,838,312		0	4,838,312	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,678,919		0	1,678,919	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT		21,917,859		0	21,917,859	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		36,104,854		0	36,104,854	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		23,174,540		0	23,174,540	73.00
74.00	07400 RENAL DIALYSIS		1,794,035		0	1,794,035	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0		0	0	75.00
76.00	03950 NUTRITION/DIABETES		0		0	0	76.00
76.01	03020 WOUND CARE CENTER		2,243,702		3,031	2,246,733	76.01
76.97	07697 CARDIAC REHABILITATION		1,305,020		0	1,305,020	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION		0		0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY		0		0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC		0		0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0		0	0	89.00
90.00	09000 CLINIC		2,746,155		0	2,746,155	90.00
91.00	09100 EMERGENCY		39,414,621		19	39,414,640	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)		12,260,677		0	12,260,677	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS		0		0	0	94.00
95.00	09500 AMBULANCE SERVICES		1,445,964		0	1,445,964	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0		0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0		0	0	97.00
99.00	09900 CMHC		0		0	0	99.00
99.10	09910 CORF		0		0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM		0		0	0	100.00
101.00	10100 HOME HEALTH AGENCY		0		0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM		0		0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION		0		0	0	105.00
106.00	10600 HEART ACQUISITION		0		0	0	106.00
107.00	10700 LIVER ACQUISITION		0		0	0	107.00
108.00	10800 LUNG ACQUISITION		0		0	0	108.00
109.00	10900 PANCREAS ACQUISITION		0		0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0		0	0	110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet C
Part I
Date/Time Prepared:
1/30/2025 1:27 pm

Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	358,901,365	0	358,901,365	21,815	358,923,180	200.00
201.00		Less Observation Beds	12,260,677		12,260,677		12,260,677	201.00
202.00		Total (see instructions)	346,640,688	0	346,640,688	21,815	346,662,503	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet C Part I Date/Time Prepared: 1/30/2025 1:27 pm	
				Title XVIII	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				
9.00	10.00						
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	113,988,665		113,988,665		30.00
31.00	03100	INTENSIVE CARE UNIT	33,689,193		33,689,193		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,869,677		6,869,677		35.00
40.00	04000	SUBPROVIDER - I PF	0		0		40.00
41.00	04100	SUBPROVIDER - I RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	4,591,286		4,591,286		43.00
44.00	04400	SKI LLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	143,085,699	209,324,380	352,410,079	0.102903	50.00
51.00	05100	RECOVERY ROOM	6,700,836	24,960,313	31,661,149	0.192814	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,652,759	787,729	14,440,488	0.413899	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,715,080	176,851,450	219,566,530	0.065408	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,298,063	117,414,873	119,712,936	0.034637	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	62,108,799	109,143,877	171,252,676	0.026637	57.00
58.00	05800	MRI	10,939,397	24,056,950	34,996,347	0.063568	58.00
59.00	05900	CARDIAC CATHETERIZATION	109,279,442	157,692,792	266,972,234	0.037797	59.00
60.00	06000	LABORATORY	83,802,893	123,014,340	206,817,233	0.093055	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	8,337,572	2,504,057	10,841,629	0.161638	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	352,754	30,025,873	30,378,627	0.212785	64.00
65.00	06500	RESPIRATORY THERAPY	29,448,960	17,508,992	46,957,952	0.130426	65.00
66.00	06600	PHYSICAL THERAPY	12,441,492	2,389,190	14,830,682	0.164100	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,622,797	756,322	6,379,119	0.160259	67.00
68.00	06800	SPEECH PATHOLOGY	4,333,550	1,192,457	5,526,007	0.172576	68.00
69.00	06900	ELECTROCARDIOLOGY	41,994,188	89,259,197	131,253,385	0.036862	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	926,733	11,311,201	12,237,934	0.137190	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	69,210,863	56,836,455	126,047,318	0.173886	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	154,461,606	144,414,454	298,876,060	0.120802	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	76,392,245	57,528,130	133,920,375	0.173047	73.00
74.00	07400	RENAL DIALYSIS	5,720,104	0	5,720,104	0.313637	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0.000000	76.00
76.01	03020	WOUND CARE CENTER	70,861	9,556,164	9,627,025	0.233063	76.01
76.97	07697	CARDIAC REHABILITATION	694	2,387,863	2,388,557	0.546363	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	95,784	1,290,908	1,386,692	1.980364	90.00
91.00	09100	EMERGENCY	43,782,712	219,630,185	263,412,897	0.149631	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	17,753,116	50,436,164	68,189,280	0.179804	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	2,183,833	2,183,833	0.662122	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet C
Part I
Date/Time Prepared:
1/30/2025 1:27 pm

Cost Center Description			Title XVIII			Hospital	PPS
			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
6.00	7.00	8.00	9.00	10.00			
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	1,104,667,820	1,642,458,149	2,747,125,969		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,104,667,820	1,642,458,149	2,747,125,969		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet C Part I Date/Time Prepared: 1/30/2025 1:27 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.102903		50.00
51.00	05100	RECOVERY ROOM	0.192814		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.413899		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.065408		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.034637		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.026637		57.00
58.00	05800	MRI	0.063568		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.037797		59.00
60.00	06000	LABORATORY	0.093144		60.00
60.01	06001	LABORATORY - PATHOLOGY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.161638		62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.212785		64.00
65.00	06500	RESPIRATORY THERAPY	0.130426		65.00
66.00	06600	PHYSICAL THERAPY	0.164100		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.160259		67.00
68.00	06800	SPEECH PATHOLOGY	0.172576		68.00
69.00	06900	ELECTROCARDIOLOGY	0.036862		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.137190		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.173886		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.120802		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.173047		73.00
74.00	07400	RENAL DIALYSIS	0.313637		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950	NUTRITION/DIABETES	0.000000		76.00
76.01	03020	WOUND CARE CENTER	0.233378		76.01
76.97	07697	CARDIAC REHABILITATION	0.546363		76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000		78.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	1.980364		90.00
91.00	09100	EMERGENCY	0.149631		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.179804		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.662122		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet C Part I Date/Time Prepared: 1/30/2025 1:27 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet C
Part I
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1/30/2025 1:27 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	72,003,372		72,003,372	368	72,003,740	30.00
31.00	03100 INTENSIVE CARE UNIT	12,334,664		12,334,664	0	12,334,664	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	2,616,420		2,616,420	0	2,616,420	35.00
40.00	04000 SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	1,295,550		1,295,550	0	1,295,550	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	36,264,127		36,264,127	0	36,264,127	50.00
51.00	05100 RECOVERY ROOM	6,104,720		6,104,720	0	6,104,720	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,976,906		5,976,906	0	5,976,906	52.00
53.00	05300 ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,361,352		14,361,352	0	14,361,352	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	4,146,482		4,146,482	0	4,146,482	55.00
56.00	05600 RADIOISOTOPE	0		0	0	0	56.00
57.00	05700 CT SCAN	4,561,708		4,561,708	0	4,561,708	57.00
58.00	05800 MRI	2,224,642		2,224,642	0	2,224,642	58.00
59.00	05900 CARDIAC CATHETERIZATION	10,090,684		10,090,684	0	10,090,684	59.00
60.00	06000 LABORATORY	19,245,350		19,245,350	18,397	19,263,747	60.00
60.01	06001 LABORATORY - PATHOLOGY	0		0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM	0		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	1,752,419		1,752,419	0	1,752,419	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0		0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	6,464,107		6,464,107	0	6,464,107	64.00
65.00	06500 RESPIRATORY THERAPY	6,124,529	0	6,124,529	0	6,124,529	65.00
66.00	06600 PHYSICAL THERAPY	2,433,709	0	2,433,709	0	2,433,709	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,022,309	0	1,022,309	0	1,022,309	67.00
68.00	06800 SPEECH PATHOLOGY	953,657	0	953,657	0	953,657	68.00
69.00	06900 ELECTROCARDIOLOGY	4,838,312		4,838,312	0	4,838,312	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,678,919		1,678,919	0	1,678,919	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	21,917,859		21,917,859	0	21,917,859	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	36,104,854		36,104,854	0	36,104,854	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	23,174,540		23,174,540	0	23,174,540	73.00
74.00	07400 RENAL DIALYSIS	1,794,035		1,794,035	0	1,794,035	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03950 NUTRITION/DIABETES	0		0	0	0	76.00
76.01	03020 WOUND CARE CENTER	2,243,702		2,243,702	3,031	2,246,733	76.01
76.97	07697 CARDIAC REHABILITATION	1,305,020		1,305,020	0	1,305,020	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0		0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	2,746,155		2,746,155	0	2,746,155	90.00
91.00	09100 EMERGENCY	39,414,621		39,414,621	19	39,414,640	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	12,260,677		12,260,677	0	12,260,677	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	1,445,964		1,445,964	0	1,445,964	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900 CMHC	0		0	0	0	99.00
99.10	09910 CORF	0		0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0		0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600 HEART ACQUISITION	0		0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

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Part I
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Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	358,901,365	0	358,901,365	21,815	358,923,180	200.00
201.00		Less Observation Beds	12,260,677		12,260,677		12,260,677	201.00
202.00		Total (see instructions)	346,640,688	0	346,640,688	21,815	346,662,503	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0044		Period: From 09/01/2023 To 08/31/2024		Worksheet C Part I Date/Time Prepared: 1/30/2025 1:27 pm	
			Title XIX		Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	113,988,665		113,988,665			30.00
31.00	03100	INTENSIVE CARE UNIT	33,689,193		33,689,193			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,869,677		6,869,677			35.00
40.00	04000	SUBPROVIDER - I/PF	0		0			40.00
41.00	04100	SUBPROVIDER - I/RF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	4,591,286		4,591,286			43.00
44.00	04400	SKI LLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	143,085,699	209,324,380	352,410,079	0.102903	0.000000	50.00
51.00	05100	RECOVERY ROOM	6,700,836	24,960,313	31,661,149	0.192814	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,652,759	787,729	14,440,488	0.413899	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,715,080	176,851,450	219,566,530	0.065408	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,298,063	117,414,873	119,712,936	0.034637	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	62,108,799	109,143,877	171,252,676	0.026637	0.000000	57.00
58.00	05800	MRI	10,939,397	24,056,950	34,996,347	0.063568	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	109,279,442	157,692,792	266,972,234	0.037797	0.000000	59.00
60.00	06000	LABORATORY	83,802,893	123,014,340	206,817,233	0.093055	0.000000	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	8,337,572	2,504,057	10,841,629	0.161638	0.000000	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	352,754	30,025,873	30,378,627	0.212785	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	29,448,960	17,508,992	46,957,952	0.130426	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	12,441,492	2,389,190	14,830,682	0.164100	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,622,797	756,322	6,379,119	0.160259	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	4,333,550	1,192,457	5,526,007	0.172576	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	41,994,188	89,259,197	131,253,385	0.036862	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	926,733	11,311,201	12,237,934	0.137190	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	69,210,863	56,836,455	126,047,318	0.173886	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	154,461,606	144,414,454	298,876,060	0.120802	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	76,392,245	57,528,130	133,920,375	0.173047	0.000000	73.00
74.00	07400	RENAL DIALYSIS	5,720,104	0	5,720,104	0.313637	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0.000000	0.000000	76.00
76.01	03020	WOUND CARE CENTER	70,861	9,556,164	9,627,025	0.233063	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	694	2,387,863	2,388,557	0.546363	0.000000	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	95,784	1,290,908	1,386,692	1.980364	0.000000	90.00
91.00	09100	EMERGENCY	43,782,712	219,630,185	263,412,897	0.149631	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	17,753,116	50,436,164	68,189,280	0.179804	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	2,183,833	2,183,833	0.662122	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.00	09900	CMHC	0	0	0	0.000000	0.000000	99.00
99.10	09910	CORF	0	0	0	0.000000	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	0.000000	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0.000000	0.000000	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0.000000	0.000000	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0.000000	0.000000	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0.000000	0.000000	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0.000000	0.000000	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0.000000	0.000000	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0.000000	0.000000	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0.000000	0.000000	111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet C
Part I
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Cost Center Description			Title XIX			Hospital	Cost
			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
6.00	7.00	8.00	9.00	10.00			
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	1,104,667,820	1,642,458,149	2,747,125,969		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,104,667,820	1,642,458,149	2,747,125,969		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet C
Part I
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1/30/2025 1:27 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT				35.00
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
45.00	04500 NURSING FACILITY				45.00
46.00	04600 OTHER LONG TERM CARE				46.00
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 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600 RADIOISOTOPE	0.000000			56.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MRI	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
60.01	06001 LABORATORY - PATHOLOGY	0.000000			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM	0.000000			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000			62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0.000000			63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400 RENAL DIALYSIS	0.000000			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950 NUTRITION/DIABETES	0.000000			76.00
76.01	03020 WOUND CARE CENTER	0.000000			76.01
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000			77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000			78.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000 CLINIC	0.000000			90.00
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500 AMBULANCE SERVICES	0.000000			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
99.00	09900 CMHC				99.00
99.10	09910 CORF				99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100 HOME HEALTH AGENCY				101.00
102.00	10200 OPIOID TREATMENT PROGRAM				102.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION	0.000000			105.00
106.00	10600 HEART ACQUISITION	0.000000			106.00
107.00	10700 LIVER ACQUISITION	0.000000			107.00
108.00	10800 LUNG ACQUISITION	0.000000			108.00
109.00	10900 PANCREAS ACQUISITION	0.000000			109.00
110.00	11000 INTESTINAL ACQUISITION	0.000000			110.00
111.00	11100 ISLET ACQUISITION	0.000000			111.00
113.00	11300 INTEREST EXPENSE				113.00
114.00	11400 UTILIZATION REVIEW-SNF				114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet C Part I Date/Time Prepared: 1/30/2025 1:27 pm
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
			11.00		
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet D Part I Date/Time Prepared: 1/30/2025 1:27 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,628,078	0	4,628,078	64,248	72.03	30.00
31.00	INTENSIVE CARE UNIT	768,301		768,301	4,843	158.64	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	101,872		101,872	1,453	70.11	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	127,107		127,107	2,170	58.57	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	5,625,358		5,625,358	72,714		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	19,424	1,399,111				
31.00	INTENSIVE CARE UNIT	1,565	248,272				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	20,989	1,647,383				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet D Part II Date/Time Prepared: 1/30/2025 1:27 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,679,107	352,410,079	0.010440	46,052,671	480,790	50.00
51.00	05100 RECOVERY ROOM	195,443	31,661,149	0.006173	2,130,032	13,149	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	564,054	14,440,488	0.039061	28,015	1,094	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,478,181	219,566,530	0.006732	16,650,127	112,089	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,467,385	119,712,936	0.012258	448,802	5,501	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	270,380	171,252,676	0.001579	23,874,329	37,698	57.00
58.00	05800 MRI	204,140	34,996,347	0.005833	3,647,938	21,278	58.00
59.00	05900 CARDIAC CATHETERIZATION	800,239	266,972,234	0.002997	36,328,489	108,876	59.00
60.00	06000 LABORATORY	828,539	206,817,233	0.004006	28,886,274	115,718	60.00
60.01	06001 LABORATORY - PATHOLOGY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	50,554	10,841,629	0.004663	2,826,466	13,180	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	212,927	30,378,627	0.007009	119,094	835	64.00
65.00	06500 RESPIRATORY THERAPY	287,332	46,957,952	0.006119	10,328,681	63,201	65.00
66.00	06600 PHYSICAL THERAPY	74,584	14,830,682	0.005029	4,910,008	24,692	66.00
67.00	06700 OCCUPATIONAL THERAPY	29,886	6,379,119	0.004685	2,213,528	10,370	67.00
68.00	06800 SPEECH PATHOLOGY	44,720	5,526,007	0.008093	1,718,466	13,908	68.00
69.00	06900 ELECTROCARDIOLOGY	503,272	131,253,385	0.003834	16,071,378	61,618	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	245,808	12,237,934	0.020086	327,525	6,579	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	632,741	126,047,318	0.005020	19,523,927	98,010	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,042,613	298,876,060	0.003488	70,137,628	244,640	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,034,297	133,920,375	0.007723	23,757,669	183,480	73.00
74.00	07400 RENAL DIALYSIS	80,288	5,720,104	0.014036	2,612,341	36,667	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950 NUTRITION/DIABETES	0	0	0.000000	0	0	76.00
76.01	03020 WOUND CARE CENTER	726,241	9,627,025	0.075438	29,275	2,208	76.01
76.97	07697 CARDIAC REHABILITATION	141,376	2,388,557	0.059189	694	41	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	0.000000	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	738,985	1,386,692	0.532912	68,438	36,471	90.00
91.00	09100 EMERGENCY	2,527,034	263,412,897	0.009593	16,749,573	160,679	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	788,067	68,189,280	0.011557	7,231,733	83,577	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (lines 50 through 199)	18,648,193	2,585,803,315		336,673,101	1,936,349	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet D Part III Date/Time Prepared: 1/30/2025 1:27 pm
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Cost Center Description	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
	1A	1.00	2A	2.00	3.00	

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	701,782	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30 through 199)	0	0	0	701,782	0	200.00

Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
	4.00	5.00	6.00	7.00	8.00	

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	701,782	64,248	10.92	19,424	30.00
31.00	03100	INTENSIVE CARE UNIT		0	4,843	0.00	1,565	31.00
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	1,453	0.00	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY		0	2,170	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00
45.00	04500	NURSING FACILITY		0	0	0.00	0	45.00
200.00		Total (lines 30 through 199)		701,782	72,714		20,989	200.00

Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
	9.00	

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	212,110					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0					35.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
42.00	04200	SUBPROVIDER	0					42.00
43.00	04300	NURSERY	0					43.00
44.00	04400	SKILLED NURSING FACILITY	0					44.00
45.00	04500	NURSING FACILITY	0					45.00
200.00		Total (lines 30 through 199)	212,110					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet D Part IV Date/Time Prepared: 1/30/2025 1:27 pm
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Cost Center Description	Title XVIII					Hospital		
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	PPS		
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.01	03020	WOUND CARE CENTER	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	119,493	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50 through 199)	0	0	0	0	119,493	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet D Part IV Date/Time Prepared: 1/30/2025 1:27 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	Title XVIII	
						Hospital	PPS
	4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	352,410,079	0.000000		50.00
51.00 05100 RECOVERY ROOM	0	0	0	31,661,149	0.000000		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	14,440,488	0.000000		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0.000000		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	219,566,530	0.000000		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	119,712,936	0.000000		55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0.000000		56.00
57.00 05700 CT SCAN	0	0	0	171,252,676	0.000000		57.00
58.00 05800 MRI	0	0	0	34,996,347	0.000000		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	266,972,234	0.000000		59.00
60.00 06000 LABORATORY	0	0	0	206,817,233	0.000000		60.00
60.01 06001 LABORATORY - PATHOLOGY	0	0	0	0	0.000000		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0.000000		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	10,841,629	0.000000		62.00
63.00 06300 BLOOD STORING PROCESSING & TRA	0	0	0	0	0.000000		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	30,378,627	0.000000		64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	46,957,952	0.000000		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	14,830,682	0.000000		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	6,379,119	0.000000		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	5,526,007	0.000000		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	131,253,385	0.000000		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	12,237,934	0.000000		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	126,047,318	0.000000		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	298,876,060	0.000000		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	133,920,375	0.000000		73.00
74.00 07400 RENAL DIALYSIS	0	0	0	5,720,104	0.000000		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000		75.00
76.00 03950 NUTRITION/DIABETES	0	0	0	0	0.000000		76.00
76.01 03020 WOUND CARE CENTER	0	0	0	9,627,025	0.000000		76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	2,388,557	0.000000		76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000		77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0.000000		78.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000		89.00
90.00 09000 CLINIC	0	0	0	1,386,692	0.000000		90.00
91.00 09100 EMERGENCY	0	0	0	263,412,897	0.000000		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	119,493	119,493	68,189,280	0.001752		92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000		94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000		97.00
200.00 Total (lines 50 through 199)	0	119,493	119,493	2,585,803,315			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet D Part IV Date/Time Prepared: 1/30/2025 1:27 pm
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Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	46,052,671	0	45,890,264	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	2,130,032	0	5,113,715	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	28,015	0	3,121	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	16,650,127	0	44,333,701	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	448,802	0	46,401,014	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	23,874,329	0	21,328,280	0	57.00
58.00	05800 MRI	0.000000	3,647,938	0	5,348,505	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	36,328,489	0	57,836,296	0	59.00
60.00	06000 LABORATORY	0.000000	28,886,274	0	10,999,288	0	60.00
60.01	06001 LABORATORY - PATHOLOGY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000	2,826,466	0	632,477	0	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	119,094	0	6,153,937	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	10,328,681	0	3,767,764	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	4,910,008	0	297,200	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	2,213,528	0	46,971	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	1,718,466	0	67,635	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	16,071,378	0	27,520,535	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	327,525	0	2,388,629	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	19,523,927	0	9,599,843	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	70,137,628	0	52,812,624	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	23,757,669	0	21,331,376	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	2,612,341	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950 NUTRITION/DIABETES	0.000000	0	0	0	0	76.00
76.01	03020 WOUND CARE CENTER	0.000000	29,275	0	2,625,247	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.000000	694	0	1,033,846	0	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	68,438	0	491,657	0	90.00
91.00	09100 EMERGENCY	0.000000	16,749,573	0	27,647,116	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.001752	7,231,733	12,670	9,022,334	15,807	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00	Total (lines 50 through 199)		336,673,101	12,670	402,693,375	15,807	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet D Part V Date/Time Prepared: 1/30/2025 1:27 pm			
		Title XVIII	Hospital	PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.102903	45,890,264	0	0	4,722,246	50.00
51.00	05100 RECOVERY ROOM	0.192814	5,113,715	0	0	985,996	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.413899	3,121	0	0	1,292	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.065408	44,333,701	0	0	2,899,779	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.034637	46,401,014	0	0	1,607,192	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.026637	21,328,280	0	0	568,121	57.00
58.00	05800 MRI	0.063568	5,348,505	0	0	339,994	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.037797	57,836,296	0	0	2,186,038	59.00
60.00	06000 LABORATORY	0.093055	10,999,288	0	0	1,023,539	60.00
60.01	06001 LABORATORY - PATHOLOGY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.161638	632,477	0	0	102,232	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.212785	6,153,937	0	0	1,309,465	64.00
65.00	06500 RESPIRATORY THERAPY	0.130426	3,767,764	0	0	491,414	65.00
66.00	06600 PHYSICAL THERAPY	0.164100	297,200	0	0	48,771	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.160259	46,971	0	0	7,528	67.00
68.00	06800 SPEECH PATHOLOGY	0.172576	67,635	0	0	11,672	68.00
69.00	06900 ELECTROCARDIOLOGY	0.036862	27,520,535	0	0	1,014,462	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.137190	2,388,629	0	0	327,696	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.173886	9,599,843	0	0	1,669,278	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.120802	52,812,624	0	0	6,379,871	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.173047	21,331,376	0	27,543	3,691,331	73.00
74.00	07400 RENAL DIALYSIS	0.313637	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950 NUTRITION/DIABETES	0.000000	0	0	0	0	76.00
76.01	03020 WOUND CARE CENTER	0.233063	2,625,247	0	0	611,848	76.01
76.97	07697 CARDIAC REHABILITATION	0.546363	1,033,846	0	0	564,855	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC						88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000 CLINIC	1.980364	491,657	0	0	973,660	90.00
91.00	09100 EMERGENCY	0.149631	27,647,116	0	0	4,136,866	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.179804	9,022,334	0	0	1,622,252	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.662122	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00	Subtotal (see instructions)		402,693,375	0	27,543	37,297,398	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		402,693,375	0	27,543	37,297,398	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet D Part V Date/Time Prepared: 1/30/2025 1:27 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 LABORATORY - PATHOLOGY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0		62.00
63.00 06300 BLOOD STORING PROCESSING & TRA	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	4,766		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 NUTRITION/DIABETES	0	0		76.00
76.01 03020 WOUND CARE CENTER	0	0		76.01
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0		77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0		78.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Subtotal (see instructions)	0	4,766		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	4,766		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0044		Period: From 09/01/2023 To 08/31/2024		Worksheet D Part V Date/Time Prepared: 1/30/2025 1:27 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		PPS Services (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.102903	0	0	2,432,899	0	50.00
51.00	05100	RECOVERY ROOM	0.192814	0	0	492,301	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.413899	0	0	28,859	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.065408	0	0	2,216,966	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.034637	0	0	1,144,636	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.026637	0	0	2,245,546	0	57.00
58.00	05800	MRI	0.063568	0	0	349,406	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.037797	0	0	1,463,259	0	59.00
60.00	06000	LABORATORY	0.093055	0	0	3,165,845	0	60.00
60.01	06001	LABORATORY - PATHOLOGY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.161638	0	0	14,038	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.212785	0	0	649,699	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.130426	0	0	324,169	0	65.00
66.00	06600	PHYSICAL THERAPY	0.164100	0	0	62,738	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.160259	0	0	13,262	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.172576	0	0	47,100	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.036862	0	0	678,821	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.137190	0	0	106,146	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.173886	0	0	260,076	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.120802	0	0	1,404,396	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.173047	0	0	467,021	0	73.00
74.00	07400	RENAL DIALYSIS	0.313637	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0.000000	0	0	0	0	76.00
76.01	03020	WOUND CARE CENTER	0.233063	0	0	206,651	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.546363	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	1.980364	0	0	13,473	0	90.00
91.00	09100	EMERGENCY	0.149631	0	0	5,357,523	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.179804	0	0	1,306,945	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.662122	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		0	0	24,451,775	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00		Net Charges (line 200 - line 201)		0	0	24,451,775	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0044		Period: From 09/01/2023 To 08/31/2024		Worksheet D Part V Date/Time Prepared: 1/30/2025 1:27 pm	
		Title XIX		Hospital		Cost	
Cost Center Description		Costs					
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	250,353			50.00
51.00	05100	RECOVERY ROOM	0	94,923			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,945			52.00
53.00	05300	ANESTHESIOLOGY	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	145,007			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	39,647			55.00
56.00	05600	RADIOISOTOPE	0	0			56.00
57.00	05700	CT SCAN	0	59,815			57.00
58.00	05800	MRI	0	22,211			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	55,307			59.00
60.00	06000	LABORATORY	0	294,598			60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0				61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	2,269			62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0			63.00
64.00	06400	INTRAVENOUS THERAPY	0	138,246			64.00
65.00	06500	RESPIRATORY THERAPY	0	42,280			65.00
66.00	06600	PHYSICAL THERAPY	0	10,295			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,125			67.00
68.00	06800	SPEECH PATHOLOGY	0	8,128			68.00
69.00	06900	ELECTROCARDIOLOGY	0	25,023			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	14,562			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	45,224			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	169,654			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	80,817			73.00
74.00	07400	RENAL DIALYSIS	0	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0			75.00
76.00	03950	NUTRITION/DIABETES	0	0			76.00
76.01	03020	WOUND CARE CENTER	0	48,163			76.01
76.97	07697	CARDIAC REHABILITATION	0	0			76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0			77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0			78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00	09000	CLINIC	0	26,681			90.00
91.00	09100	EMERGENCY	0	801,652			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	234,994			92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0			94.00
95.00	09500	AMBULANCE SERVICES	0				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0			97.00
200.00		Subtotal (see instructions)	0	2,623,919			200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0				201.00
202.00		Net Charges (line 200 - line 201)	0	2,623,919			202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet D-1 Date/Time Prepared: 1/30/2025 1:27 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		64,248	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		64,248	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		53,308	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		19,424	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		72,003,740	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		72,003,740	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		72,003,740	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,120.72	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		21,768,865	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		21,768,865	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0044		Period: From 09/01/2023 To 08/31/2024		Worksheet D-1 Date/Time Prepared: 1/30/2025 1:27 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	PPS
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	12,334,664	4,843	2,546.91	1,565	3,985,914	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	2,616,420	1,453	1,800.70	0	0	47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					35,868,617	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					61,623,396	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,859,493	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,949,019	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,808,512	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					57,814,884	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
55.03	CAR T-cell amount paid as an interim payment					0	55.03
56.00	Target amount ((line 54 x sum of lines 55, 55.01, and 55.02) plus line 55.03)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					10,940	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,120.72	88.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet D-3 Date/Time Prepared: 1/30/2025 1:27 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		41,471,192	30.00
31.00	03100	INTENSIVE CARE UNIT		10,874,108	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.102903	46,052,671	50.00
51.00	05100	RECOVERY ROOM	0.192814	2,130,032	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.413899	28,015	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.065408	16,650,127	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.034637	448,802	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.026637	23,874,329	57.00
58.00	05800	MRI	0.063568	3,647,938	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.037797	36,328,489	59.00
60.00	06000	LABORATORY	0.093144	28,886,274	60.00
60.01	06001	LABORATORY - PATHOLOGY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.161638	2,826,466	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.212785	119,094	64.00
65.00	06500	RESPIRATORY THERAPY	0.130426	10,328,681	65.00
66.00	06600	PHYSICAL THERAPY	0.164100	4,910,008	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.160259	2,213,528	67.00
68.00	06800	SPEECH PATHOLOGY	0.172576	1,718,466	68.00
69.00	06900	ELECTROCARDIOLOGY	0.036862	16,071,378	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.137190	327,525	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.173886	19,523,927	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.120802	70,137,628	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.173047	23,757,669	73.00
74.00	07400	RENAL DIALYSIS	0.313637	2,612,341	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	NUTRITION/DIABETES	0.000000	0	76.00
76.01	03020	WOUND CARE CENTER	0.233378	29,275	76.01
76.97	07697	CARDIAC REHABILITATION	0.546363	694	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	78.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	1.980364	68,438	90.00
91.00	09100	EMERGENCY	0.149631	16,749,573	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.179804	7,231,733	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		336,673,101	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		336,673,101	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet D-3 Date/Time Prepared: 1/30/2025 1:27 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		2,045,914	30.00
31.00	03100	INTENSIVE CARE UNIT		1,147,392	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		407,442	35.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		248,713	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.102903	1,991,018	50.00
51.00	05100	RECOVERY ROOM	0.192814	117,781	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.413899	425,817	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.065408	909,581	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.034637	46,241	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.026637	1,233,490	57.00
58.00	05800	MRI	0.063568	193,045	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.037797	701,506	59.00
60.00	06000	LABORATORY	0.093055	1,997,254	60.00
60.01	06001	LABORATORY - PATHOLOGY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.161638	119,068	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.212785	8,690	64.00
65.00	06500	RESPIRATORY THERAPY	0.130426	827,982	65.00
66.00	06600	PHYSICAL THERAPY	0.164100	186,362	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.160259	77,638	67.00
68.00	06800	SPEECH PATHOLOGY	0.172576	103,746	68.00
69.00	06900	ELECTROCARDIOLOGY	0.036862	687,415	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.137190	46,247	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.173886	484,766	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.120802	691,618	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.173047	1,612,952	73.00
74.00	07400	RENAL DIALYSIS	0.313637	190,579	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	NUTRITION/DIABETES	0.000000	0	76.00
76.01	03020	WOUND CARE CENTER	0.233063	2,647	76.01
76.97	07697	CARDIAC REHABILITATION	0.546363	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	78.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	1.980364	165	90.00
91.00	09100	EMERGENCY	0.149631	856,375	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.179804	374,935	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		13,886,918	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		13,886,918	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet E Part A Date/Time Prepared: 1/30/2025 1:27 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		3,673,588	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		45,699,111	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		291,751	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		2,326,459	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		215.35	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
8.28	The amount of increase if the hospital was awarded FTE cap slots under §4122 of the CAA 2023 (see instructions)			8.28
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.28 (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.33	30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.91	31.00
32.00	Sum of lines 30 and 31		20.24	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet E Part A Date/Time Prepared: 1/30/2025 1:27 pm	
		Title XVIII	Hospital	PPS	
				1.00	
33.00	Allowable disproportionate share percentage (see instructions)			5.91	33.00
34.00	Disproportionate share adjustment (see instructions)			729,481	34.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Payment Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.00000000	0.00000000		35.01
35.02	Hospital UCP, including supplemental UCP (see instructions)	1,200,499	908,401		35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	98,671	833,942		35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	932,613			36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)	53,653,003			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)		53,653,003		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,119,065		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		73,279		53.00
54.00	Special add-on payments for new technologies		70,467		54.00
54.01	Islet isolation add-on payment		0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
55.01	Cellular therapy acquisition cost (see instructions)		0		55.01
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		212,110		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		12,670		58.00
59.00	Total (sum of amounts on lines 49 through 58)		58,140,594		59.00
60.00	Primary payer payments		15,184		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		58,125,410		61.00
62.00	Deductibles billed to program beneficiaries		5,513,120		62.00
63.00	Coinurance billed to program beneficiaries		112,080		63.00
64.00	Allowable bad debts (see instructions)		236,159		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		153,503		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		153,504		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		52,653,713		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)		0		70.50
70.75	N95 respirator payment adjustment amount (see instructions)		0		70.75
70.76	Essential medicines payment adjustment amount (see instructions)		0		70.76
70.87	Demonstration payment adjustment amount before sequestration		0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-734,147		70.93
70.94	HRR adjustment amount (see instructions)		-50,329		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet E Part A Date/Time Prepared: 1/30/2025 1:27 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0 70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0 70.97
70.98	Low Volume Payment-3	0		0 70.98
70.99	HAC adjustment amount (see instructions)		526,176	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		51,343,061	71.00
71.01	Sequestration adjustment (see instructions)		1,026,861	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		50,372,010	72.00
72.01	Interim payments-PARHM			72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-55,810	74.00
74.01	Balance due provider/program-PARHM (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,649,491	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0 90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0 95.00
96.00	Time value of money for capital related expenses (see instructions)			0 96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	0 100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000 101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0 102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000 103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0 104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/30/2025 1:27 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,673,588	0	3,673,588		3,673,588	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	45,699,111	0		45,699,111	45,699,111	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	291,751	0	291,751		291,751	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	2,326,459	0		2,326,459	2,326,459	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	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	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0591	0.0591	0.0591	0.0591		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	729,481	0	54,277	675,204	729,481	11.00
11.01	Uncompensated care payments	36.00	932,613	0	98,671	833,942	932,613	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	53,653,003	0	4,118,287	49,534,716	53,653,003	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	53,653,003	0	4,118,287	49,534,716	53,653,003	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,119,065	0	306,242	3,812,823	4,119,065	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/30/2025 1:27 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	70,467	0	15,936	54,531	70,467	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	4,440,465	53,402,070	57,842,535	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	3,795,956	0	275,276	3,520,680	3,795,956	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	164,058	0	19,432	144,626	164,058	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0419	0.0419	0.0419	0.0419		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	159,051	0	11,534	147,517	159,051	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,119,065	0	306,242	3,812,823	4,119,065	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/30/2025 1:27 pm

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00				1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,673,588	3,673,588		3,673,588	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	45,699,111		45,699,111	45,699,111	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	291,751	291,751		291,751	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	2,326,459		2,326,459	2,326,459	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	
4.00	Managed care simulated payments	3.00	0	0	0	0	
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0591	0.0591	0.0591		
11.00	Disproportionate share adjustment (see instructions)	34.00	729,481	54,277	675,204	729,481	
11.01	Uncompensated care payments	36.00	932,613	98,671	833,942	932,613	
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	
13.00	Subtotal (see instructions)	47.00	53,653,003	4,118,287	49,534,716	53,653,003	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	53,653,003	4,118,287	49,534,716	53,653,003	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,119,065	306,242	3,812,823	4,119,065	
17.00	Special add-on payments for new technologies	54.00	70,467	15,936	54,531	70,467	
17.01	Net organ acquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	
19.00	SUBTOTAL			4,440,465	53,402,070	57,842,535	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/30/2025 1:27 pm

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	3,795,956	275,276	3,520,680	3,795,956	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	164,058	19,432	144,626	164,058	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0419	0.0419	0.0419		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	159,051	11,534	147,517	159,051	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	4,119,065	306,242	3,812,823	4,119,065	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	-734,147	0	-734,147	-734,147	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-50,329	0	-50,329	-50,329	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	526,176	526,176	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet E Part B Date/Time Prepared: 1/30/2025 1:27 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		4,766	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		37,281,591	2.00
3.00	OPPS or REH payments		31,205,763	3.00
4.00	Outlier payment (see instructions)		235,565	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs including REH direct graduate medical education costs from Wkst. D, Pt. IV, col. 13, line 200		15,807	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		4,766	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		27,543	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		27,543	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		27,543	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		22,777	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		4,766	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		31,457,135	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		5,557,870	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		25,904,031	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
28.50	REH facility payment amount (see instructions)			28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		25,904,031	30.00
31.00	Primary payer payments		20,242	31.00
32.00	Subtotal (line 30 minus line 31)		25,883,789	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		296,230	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		192,550	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		197,952	36.00
37.00	Subtotal (see instructions)		26,076,339	37.00
38.00	MSP-LCC reconciliation amount from PS&R		867	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		3,200	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		26,075,472	40.00
40.01	Sequestration adjustment (see instructions)		521,509	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		25,519,562	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		34,401	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet E Part B Date/Time Prepared: 1/30/2025 1:27 pm
		Title XVIII	Hospital	PPS
				1.00
94.00	Total (sum of lines 91 and 93)			0 94.00
				1.00
200.00	MEDICARE PART B ANCILLARY COSTS Part B Combined Billed Days			0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet E-1
Part I
Date/Time Prepared:
1/30/2025 1:27 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		50,372,010		25,519,562	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		50,372,010		25,519,562	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		34,401	6.01	
6.02	SETTLEMENT TO PROGRAM		55,810		0	6.02	
7.00	Total Medicare program liability (see instructions)		50,316,200		25,553,963	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet E-1 Part II Date/Time Prepared: 1/30/2025 1:27 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet E-3 Part VII Date/Time Prepared: 1/30/2025 1:27 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			2,623,919	2.00
3.00	Organ acquisition (certified transplant programs only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	2,623,919	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	2,623,919	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		13,886,918	24,451,775	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		13,886,918	24,451,775	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		13,886,918	24,451,775	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		13,886,918	21,827,856	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	2,623,919	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	2,623,919	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	2,623,919	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	2,623,919	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		0	2,623,919	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	2,623,919	40.00
41.00	Interim payments		0		41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	2,623,919	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0		43.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet E-5 Date/Time Prepared: 1/30/2025 1:27 pm
Title XVIII			PPS	
			1.00	
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2		0	2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)		0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)		0	4.00
5.00	The rate used to calculate the time value of money (see instructions)		0.00	5.00
6.00	Time value of money for operating expenses (see instructions)		0	6.00
7.00	Time value of money for capital related expenses (see instructions)		0	7.00

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

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet G

Date/Time Prepared:
1/30/2025 1:27 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	3,915	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	335,738,109	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-284,687,155	0	0	0	6.00
7.00	Inventory	8,478,586	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	3,699,137	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	63,232,592	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,111,661	0	0	0	12.00
13.00	Land improvements	1,129,669	0	0	0	13.00
14.00	Accumulated depreciation	-953,421	0	0	0	14.00
15.00	Buildings	184,139,588	0	0	0	15.00
16.00	Accumulated depreciation	-38,744,987	0	0	0	16.00
17.00	Leasehold improvements	2,896,162	0	0	0	17.00
18.00	Accumulated depreciation	-2,331,397	0	0	0	18.00
19.00	Fixed equipment	6,577,273	0	0	0	19.00
20.00	Accumulated depreciation	-1,556,045	0	0	0	20.00
21.00	Automobiles and trucks	274,686	0	0	0	21.00
22.00	Accumulated depreciation	-160,279	0	0	0	22.00
23.00	Major movable equipment	65,032,816	0	0	0	23.00
24.00	Accumulated depreciation	-40,481,820	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	177,933,906	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	31,743,604	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	31,743,604	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	272,910,102	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	12,465,395	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	3,645,209	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	16,110,604	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	281,713,402	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	281,713,402	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	297,824,006	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-24,913,904				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-24,913,904	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	272,910,102	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet G-1

Date/Time Prepared:
1/30/2025 1:27 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		19,211,586			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-49,698,915				2.00
3.00	Total (sum of line 1 and line 2)		-30,487,329			0	3.00
4.00	OTHER MARKET EXPENSES	27,304,642		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		27,304,642			0	10.00
11.00	Subtotal (line 3 plus line 10)		-3,182,687			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	TRANSFERS	20,931,215		0		0	13.00
14.00	TEMP RESTRICTE NET ASSETS	800,000		0		0	14.00
15.00	DIFFERENCE	2		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		21,731,217			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-24,913,904			0	19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	OTHER MARKET EXPENSES		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	TRANSFERS		0				13.00
14.00	TEMP RESTRICTE NET ASSETS		0				14.00
15.00	DIFFERENCE		0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet G-2
Parts I & II
Date/Time Prepared:
1/30/2025 1:27 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	107,570,892		107,570,892	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	107,570,892		107,570,892	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	33,689,193		33,689,193	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	NEONATAL INTENSIVE CARE UNIT	6,869,677		6,869,677	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	40,558,870		40,558,870	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	148,129,762		148,129,762	17.00
18.00	Ancillary services	890,315,159	1,368,917,208	2,259,232,367	18.00
19.00	Outpatient services	61,631,611	273,540,941	335,172,552	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	NURSERY	4,591,286	0	4,591,286	27.00
27.01	PHYSICIAN CHARGES	0	13,489,485	13,489,485	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,104,667,818	1,655,947,634	2,760,615,452	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		432,866,266		29.00
30.00	OTHER MARKET EXPENSES	27,304,642			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		27,304,642		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		460,170,908		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0044

Period:
From 09/01/2023
To 08/31/2024

Worksheet G-3

Date/Time Prepared:
1/30/2025 1:27 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,760,615,452	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,367,192,396	2.00
3.00	Net patient revenues (line 1 minus line 2)	393,423,056	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	460,170,908	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-66,747,852	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	1,101	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,535,702	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	13,700,544	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	45,791	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,844,670	22.00
23.00	Governmental appropriations	0	23.00
24.00	RESEARCH FUNDS	492,608	24.00
24.01	GRANTS	4,400	24.01
24.02	LOSS ON DISPOSAL OF ASSETS	-577,008	24.02
24.03	PHOTO COMMISSIONS	1,129	24.03
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	17,048,937	25.00
26.00	Total (line 5 plus line 25)	-49,698,915	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-49,698,915	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0044	Period: From 09/01/2023 To 08/31/2024	Worksheet L Parts I-III Date/Time Prepared: 1/30/2025 1:27 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,795,956	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		164,058	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		164.21	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.33	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		15.91	8.00
9.00	Sum of lines 7 and 8		20.24	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.19	10.00
11.00	Disproportionate share adjustment (see instructions)		159,051	11.00
12.00	Total prospective capital payments (see instructions)		4,119,065	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00