

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: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet S Parts I-III Date/Time Prepared: 11/25/2024 11:28 am
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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: 11/25/2024 Time: 11:28 am

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 COMMUNITY HOSPITAL (15-0125) for the cost reporting period beginning 07/01/2023 and ending 06/30/2024 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	Daniel R. O'brien	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	Daniel R. O'brien		2
3	Signatory Title	CFO		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	-33,862	-217,448	0	0 1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	0 2.00
3.00	SUBPROVIDER - IRF	0	0	0	0	0 3.00
5.00	SWING BED - SNF	0	0	0	0	0 5.00
6.00	SWING BED - NF	0			0	0 6.00
9.00	HOME HEALTH AGENCY I	0	0	-1	0	0 9.00
200.00	TOTAL	0	-33,862	-217,449	0	0 200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet S-2 Part I Date/Time Prepared: 11/25/2024 11:28 am
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1.00	2.00	3.00	4.00	1.00	2.00
Hospital and Hospital Health Care Complex Address:					
Street: 901 MACARTHUR BOULEVARD		PO Box:			
City: MUNSTER		State: IN		Zip Code: 46321	
				County: LAKE	

	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	COMMUNITY HOSPITAL	150125	23844	1	10/03/1973	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTG									11.00
12.00	Hospital-Based HHA	COMMUNITY HOME HEALTH SERVICES	157487	23844		01/07/1997	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2023	06/30/2024	20.00	
21.00	Type of Control (see instructions)					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 reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				N	N	N			22.03	
22.04	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
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)										22.04
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.										22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	N				23.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0125			Period: From 07/01/2023 To 06/30/2024		Worksheet S-2 Part I Date/Time Prepared: 11/25/2024 11:28 am		
		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.	2,111	407	2,185	614	9,961	245	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	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.	N				59.00

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.02

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

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

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

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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)			N	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			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
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
			1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.			N	0
			Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge
			1.00	2.00	3.00
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.			0.00	0
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N
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
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
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet S-2 Part I Date/Time Prepared: 11/25/2024 11:28 am	
		V 1.00	XIX 2.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	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.	N	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
107.01	If this facility is a REH (line 3, column 4, is "12"), is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no. (see instructions)			107.01	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				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
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			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet S-2 Part I Date/Time Prepared: 11/25/2024 11:28 am	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1	0	0	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	118.02	
119.00	DO NOT USE THIS LINE			119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		N		122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.		Y	Y	123.00
Certified Transplant Center Information					
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	Removed and reserved				133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	15H054	140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: COMMUNITY FOUNDATION OF NW IN, INC.	Contractor's Name: WPS	Contractor's Number: 08001		141.00
142.00	Street: 10010 DONALD S POWERS DRIVE STE 201	PO Box:			142.00
143.00	City: MUNSTER	State: IN	Zip Code:	46321	143.00
			1.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
			1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0125		Period: From 07/01/2023 To 06/30/2024		Worksheet S-2 Part I Date/Time Prepared: 11/25/2024 11:28 am		
1.00								
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N		155.00	
156.00	Subprovider - IPF	N	N	N	N		156.00	
157.00	Subprovider - IRF	N	N	N	N		157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF	N	N	N	N		159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N		160.00	
161.00	CMHC		N	N	N		161.00	
1.00								
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	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
1.00								
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00
		Beginning	Ending					
		1.00	2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
		1.00	2.00					
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 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: 15-0125		Period: From 07/01/2023 To 06/30/2024		Worksheet S-2 Part II Date/Time Prepared: 11/25/2024 11:28 am	
		Y/N	Date				
		1.00	2.00				
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date			V/I	
		1.00	2.00			3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type			Date	
		1.00	2.00			3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	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, enter the paid-through date of the PS&R Report used in columns 2 and 4. (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, enter the paid-through date in columns 2 and 4. (see instructions)	Y	09/26/2024	Y	09/26/2024		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: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet S-2 Part II Date/Time Prepared: 11/25/2024 11:28 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been 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.	CATHERINE		WOERNER	41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY FOUNDATION OF NW IN, INC.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	12197031267		CATHERINE. R. WOERNER@POWERSHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet S-2
Part II
Date/Time Prepared:
11/25/2024 11:28 am

		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: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet S-3
Part I
Date/Time Prepared:
11/25/2024 11:28 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P	Title V
	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	330	120,780	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)		330	120,780	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	43	15,738	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	32	11,712	0.00	0	8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		405	148,230	0.00	0	14.00
15.00 CAH visits					0	15.00
15.10 REH hours and visits				0.00	0	15.10
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		405				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: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet S-3
Part I
Date/Time Prepared:
11/25/2024 11:28 am

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)	27,692	1,327	71,725		1.00
2.00	HMO and other (see instructions)	26,872	13,167			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)	27,692	1,327	71,725		7.00
8.00	INTENSIVE CARE UNIT	3,837	323	12,221		8.00
8.01	NEONATAL INTENSIVE CARE UNIT	0	335	3,698		8.01
9.00	CORONARY CARE UNIT					9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT					11.00
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		126	2,593		13.00
14.00	Total (see instructions)	31,529	2,111	90,237	0.00	2,502.00
15.00	CAH visits	0	0	0		15.00
15.10	REH hours and visits	0	0	0		15.10
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF					17.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY	22,046	0	45,376	0.00	46.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
24.10	HOSPICE (non-distinct part)			0		24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				0.00	2,548.00
28.00	Observation Bed Days		0	18,306		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	245	586		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: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet S-3
Part I
Date/Time Prepared:
11/25/2024 11:28 am

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	6,062	309	17,336	1.00
2.00	HMO and other (see instructions)			4,239	2,364		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
8.01	NEONATAL INTENSIVE CARE UNIT						8.01
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	6,062	309	17,336	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet S-3
Part II
Date/Time Prepared:
11/25/2024 11:28 am

	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	213,806,815	0	213,806,815	5,298,256.76	40.35
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		5,205,039	0	5,205,039	37,218.66	139.85
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		11,940,719	0	11,940,719	80,607.91	148.13
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)		8,298,436	150,781	8,449,217	212,198.00	39.82
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		12,681,261	0	12,681,261	133,499.30	94.99
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		961,186	0	961,186	5,403.65	177.88
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		25,221,682	0	25,221,682	645,359.00	39.08
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
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)		51,648,809	0	51,648,809		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,205,975	0	2,205,975		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		386,918	0	386,918		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		837,985	0	837,985		
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)		6,941,924	0	6,941,924		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

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	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	1,089,073	0	1,089,073	31,038.00	35.09	26.00
27.00	Administrative & General	21,115,368	0	21,115,368	590,010.00	35.79	27.00
28.00	Administrative & General under contract (see inst.)	3,384,498	0	3,384,498	24,421.69	138.59	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	4,667,663	-7,186	4,660,477	122,080.00	38.18	30.00
31.00	Laundry & Linen Service	155,043	0	155,043	8,188.00	18.94	31.00
32.00	Housekeeping	4,648,530	-2,422	4,646,108	226,413.00	20.52	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	4,636,817	-1,546,661	3,090,156	135,671.00	22.78	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,546,661	1,546,661	67,904.00	22.78	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	7,810,106	-49,720	7,760,386	181,606.00	42.73	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	1,258,043	0	1,258,043	37,427.00	33.61	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet S-3
Part III
Date/Time Prepared:
11/25/2024 11:28 am

	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)	200,045,555	0	200,045,555	5,204,851.88	38.43	1.00
2.00	Excluded area salaries (see instructions)	8,298,436	150,781	8,449,217	212,198.00	39.82	2.00
3.00	Subtotal salaries (line 1 minus line 2)	191,747,119	-150,781	191,596,338	4,992,653.88	38.38	3.00
4.00	Subtotal other wages & related costs (see inst.)	38,864,129	0	38,864,129	784,261.95	49.56	4.00
5.00	Subtotal wage-related costs (see inst.)	58,590,733	0	58,590,733	0.00	30.58	5.00
6.00	Total (sum of lines 3 thru 5)	289,201,981	-150,781	289,051,200	5,776,915.83	50.04	6.00
7.00	Total overhead cost (see instructions)	48,765,141	-59,328	48,705,813	1,424,758.69	34.19	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet S-3 Part IV Date/Time Prepared: 11/25/2024 11:28 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		6,769,259	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		30,017,096	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		1,294,282	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		123,687	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)		103,780	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,487,538	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		12,227,162	17.00
18.00	Medicare Taxes - Employers Portion Only		3,001,851	18.00
19.00	Unemployment Insurance		55,032	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		55,079,687	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: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet S-3 Part V Date/Time Prepared: 11/25/2024 11:28 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	12,681,261	55,079,687	1.00
2.00	Hospital	12,681,261	55,079,687	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0125 Component CCN: 15-7487	Period: From 07/01/2023 To 06/30/2024	Worksheet S-4 Date/Time Prepared: 11/25/2024 11:28 am PPS
		Home Health Agency I		

					1.00		
0.00	County	LAKE				0.00	

	Title V	Title XVIII	Title XIX	Other	Total	
	1.00	2.00	3.00	4.00	5.00	

HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	923	0	313	1,236	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,072.00	40.00	1,581.00	2,693.00	2.00

		Number of Employees (Full Time Equivalent)			
		Staff	Contract	Total	
		0	1.00	2.00	3.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.99	0.00	0.99	4.00
5.00	Other Administrative Personnel			19.18	0.00	19.18	5.00
6.00	Direct Nursing Service			12.11	0.00	12.11	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			7.46	0.00	7.46	8.00
9.00	Physical Therapy Supervisor			0.76	0.00	0.76	9.00
10.00	Occupational Therapy Service			3.16	0.15	3.31	10.00
11.00	Occupational Therapy Supervisor			0.32	0.00	0.32	11.00
12.00	Speech Pathology Service			0.06	0.00	0.06	12.00
13.00	Speech Pathology Supervisor			0.70	0.00	0.70	13.00
14.00	Medical Social Service			0.03	0.00	0.03	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.66	0.00	0.66	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00

						CBSA Data	
						1.00	

HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.					1	19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).					23844	20.00

	Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col.s. 1-4)	
	Without Outliers	With Outliers				
	1.00	2.00				

PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	7,307	3,226	213	60	10,806	21.00
22.00	Skilled Nursing Visit Charges	1,678,450	741,745	48,575	13,730	2,482,500	22.00
23.00	Physical Therapy Visits	3,794	3,075	50	58	6,977	23.00
24.00	Physical Therapy Visit Charges	1,026,847	835,506	13,471	15,734	1,891,558	24.00
25.00	Occupational Therapy Visits	936	2,031	11	26	3,004	25.00
26.00	Occupational Therapy Visit Charges	252,941	550,981	2,941	7,046	813,909	26.00
27.00	Speech Pathology Visits	56	268	1	0	325	27.00
28.00	Speech Pathology Visit Charges	15,178	72,658	265	0	88,101	28.00
29.00	Medical Social Service Visits	2	14	0	0	16	29.00
30.00	Medical Social Service Visit Charges	630	4,245	0	0	4,875	30.00
31.00	Home Health Aide Visits	495	419	4	0	918	31.00
32.00	Home Health Aide Visit Charges	86,630	73,430	700	0	160,760	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	12,590	9,033	279	144	22,046	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,060,676	2,278,565	65,952	36,510	5,441,703	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,417		189	5	1,611	36.00
37.00	Total Number of Outlier Episodes		469		11	480	37.00
38.00	Total Non-Routine Medical Supply Charges	54,362	18,631	1,553	356	74,902	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet S-10 Parts I & II Date/Time Prepared: 11/25/2024 11:28 am
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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)		0.199498	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		43,390,303	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		342,905,495	6.00
7.00	Medicaid cost (line 1 times line 6)		68,408,960	7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)		25,018,657	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)		3,960	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		790	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)		790	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)		25,019,447	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)	20,407,583	2,489,295	22,896,878
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,071,272	914,341	4,985,613
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)	4,071,272	914,341	4,985,613
			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)		1,967,458	25.01
26.00	Bad debt amount (see instructions)		17,864,455	26.00
27.00	Medicare reimbursable bad debts (see instructions)		934,412	27.00
27.01	Medicare allowable bad debts (see instructions)		1,437,557	27.01
28.00	Non-Medicare bad debt amount (see instructions)		16,426,898	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		3,780,278	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		8,765,891	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		33,785,338	31.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet S-10 Parts I & II Date/Time Prepared: 11/25/2024 11:28 am
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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)			0.197204	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)	20,397,578	2,489,295	22,886,873	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,022,484	909,828	4,932,312	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)	4,022,484	909,828	4,932,312	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)			1,967,458	25.01	
26.00	Bad debt amount (see instructions)			17,852,838	26.00	
27.00	Medicare reimbursable bad debts (see instructions)			934,412	27.00	
27.01	Medicare allowable bad debts (see instructions)			1,437,557	27.01	
28.00	Non-Medicare bad debt amount (see instructions)			16,415,281	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)			3,740,304	29.00	
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)			8,672,616	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			8,672,616	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet A Date/Time Prepared: 11/25/2024 11:28 am		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		14,486,747	14,486,747	271,667	14,758,414	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		13,146,576	13,146,576	22,522	13,169,098	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,089,073	28,926,976	30,016,049	0	30,016,049	4.00
5.01	00505	PURCHASING & RECEIVING STORES	1,005,358	240,970	1,246,328	0	1,246,328	5.01
5.02	00506	ADMINISTRATIVE	4,976,129	617,807	5,593,936	0	5,593,936	5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE	0	104	104	0	104	5.03
5.04	00508	OTHER ADMIN & GENERAL	15,133,881	117,202,500	132,336,381	-411,585	131,924,796	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	4,667,663	11,386,896	16,054,559	-33,623	16,020,936	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	155,043	1,594,818	1,749,861	-345	1,749,516	8.00
9.00	00900	HOUSEKEEPING	4,648,530	2,142,622	6,791,152	-2,884	6,788,268	9.00
10.00	01000	DIETARY	4,636,817	3,347,839	7,984,656	-2,663,369	5,321,287	10.00
11.00	01100	CAFETERIA	0	0	0	2,663,369	2,663,369	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	7,810,106	4,418,555	12,228,661	-59,464	12,169,197	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,258,043	142,681	1,400,724	0	1,400,724	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM - (PHARMACY)	85,056	14,385	99,441	114,963	214,404	23.00
23.01	02301	PARAMED ED PRGM - (LAB MLS)	265,149	69,152	334,301	-26,431	307,870	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	36,944,295	13,331,110	50,275,405	-1,816,196	48,459,209	30.00
31.00	03100	INTENSIVE CARE UNIT	13,433,706	4,504,711	17,938,417	0	17,938,417	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	3,472,437	894,495	4,366,932	0	4,366,932	31.01
43.00	04300	NURSERY	0	0	0	1,816,196	1,816,196	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,445,740	17,669,647	37,115,387	-779,481	36,335,906	50.00
51.00	05100	RECOVERY ROOM	7,623,200	1,641,144	9,264,344	0	9,264,344	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,482,299	604,624	3,086,923	0	3,086,923	52.00
53.00	05300	ANESTHESIOLOGY	15,610,505	2,797,659	18,408,164	0	18,408,164	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,159,867	4,334,525	9,494,392	0	9,494,392	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,500,138	2,476,347	3,976,485	0	3,976,485	55.00
56.00	05600	RADIOISOTOPE	841,866	1,569,433	2,411,299	0	2,411,299	56.00
57.00	05700	CT SCAN	1,643,339	2,986,138	4,629,477	0	4,629,477	57.00
58.00	05800	MRI	1,255,781	1,162,455	2,418,236	0	2,418,236	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,718,700	3,206,145	6,924,845	-641,287	6,283,558	59.00
60.00	06000	LABORATORY	7,516,210	12,821,502	20,337,712	26,431	20,364,143	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	436,093	2,231,507	2,667,600	0	2,667,600	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,701,013	1,443,537	5,144,550	0	5,144,550	65.00
66.00	06600	PHYSICAL THERAPY	7,134,062	1,807,763	8,941,825	0	8,941,825	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,283,153	371,135	2,654,288	0	2,654,288	67.00
68.00	06800	SPEECH PATHOLOGY	2,067,127	312,379	2,379,506	0	2,379,506	68.00
69.00	06900	ELECTROCARDIOLOGY	4,136,716	1,567,624	5,704,340	0	5,704,340	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,027,325	552,231	1,579,556	0	1,579,556	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	42,516,528	42,516,528	685,504	43,202,032	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	42,747,684	42,747,684	735,264	43,482,948	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,932,702	11,343,532	16,276,234	-114,963	16,161,271	73.00
74.00	07400	RENAL DIALYSIS	130,139	2,348,166	2,478,305	0	2,478,305	74.00
76.97	07697	CARDIAC REHABILITATION	982,833	144,272	1,127,105	0	1,127,105	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,583,365	996,820	3,580,185	0	3,580,185	90.00
91.00	09100	EMERGENCY	10,065,125	3,209,632	13,274,757	0	13,274,757	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,802,386	898,695	5,701,081	0	5,701,081	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	210,660,970	380,230,068	590,891,038	-213,712	590,677,326	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	524,993	138,397	663,390	59,464	722,854	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	76,393	65,030	141,423	0	141,423	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	1,208,376	1,208,376	154,248	1,362,624	194.00
194.01	07951	ADVERTISING	0	552,626	552,626	0	552,626	194.01
194.02	07952	RETAIL PHARMACY	774,127	11,960,725	12,734,852	0	12,734,852	194.02
194.03	07953	FITNESS POINTE	1,159,637	864,436	2,024,073	0	2,024,073	194.03
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	254,152	117,188	371,340	0	371,340	194.04
194.05	07955	EINSTEIN BAGELS	191,948	325,671	517,619	0	517,619	194.05

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0125		Period: From 07/01/2023 To 06/30/2024	Worksheet A Date/Time Prepared: 11/25/2024 11:28 am	
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
194.06	07956 NONRTHWESTERN IMAGING	164,595	278,838	443,433	0	443,433
200.00	TOTAL (SUM OF LINES 118 through 199)	213,806,815	395,741,355	609,548,170	0	609,548,170
						194.06
						200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet A
Date/Time Prepared:
11/25/2024 11:28 am

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	72,046	14,830,460	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,464,102	15,633,200	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,824,172	33,840,221	4.00
5.01	00505	PURCHASING & RECEIVING STORES	0	1,246,328	5.01
5.02	00506	ADMINISTRATIVE	22,426	5,616,362	5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE	6,353,024	6,353,128	5.03
5.04	00508	OTHER ADMIN & GENERAL	-64,961,008	66,963,788	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-833,262	15,187,674	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,749,516	8.00
9.00	00900	HOUSEKEEPING	0	6,788,268	9.00
10.00	01000	DIETARY	-2,797	5,318,490	10.00
11.00	01100	CAFETERIA	-2,313,024	350,345	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-1,846,561	10,322,636	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,276,925	5,276,925	16.00
17.00	01700	SOCIAL SERVICE	0	1,400,724	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
23.00	02300	PARAMED PRGM-(PHARMACY)	0	214,404	23.00
23.01	02301	PARAMED PRGM-(LAB MLS)	-23,522	284,348	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,483	48,455,726	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,320,336	16,618,081	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	-245,952	4,120,980	31.01
43.00	04300	NURSERY	0	1,816,196	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-23	36,335,883	50.00
51.00	05100	RECOVERY ROOM	-1	9,264,343	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,086,923	52.00
53.00	05300	ANESTHESIOLOGY	-16,567,435	1,840,729	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-7,519	9,486,873	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,976,485	55.00
56.00	05600	RADIOISOTOPE	0	2,411,299	56.00
57.00	05700	CT SCAN	-14,715	4,614,762	57.00
58.00	05800	MRI	0	2,418,236	58.00
59.00	05900	CARDIAC CATHETERIZATION	-4,072	6,279,486	59.00
60.00	06000	LABORATORY	-135,096	20,229,047	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	-276	2,667,324	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	835	5,145,385	65.00
66.00	06600	PHYSICAL THERAPY	-601	8,941,224	66.00
67.00	06700	OCCUPATIONAL THERAPY	180	2,654,468	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,379,506	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,704,340	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,579,556	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	43,202,032	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	43,482,948	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-2,535	16,158,736	73.00
74.00	07400	RENAL DIALYSIS	0	2,478,305	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,127,105	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-342,456	3,237,729	90.00
91.00	09100	EMERGENCY	-56	13,274,701	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	267,834	5,968,915	101.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-70,343,186	520,334,140	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	722,854	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	141,423	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	1,362,624	194.00
194.01	07951	ADVERTISING	0	552,626	194.01
194.02	07952	RETAIL PHARMACY	0	12,734,852	194.02
194.03	07953	FITNESS POINTE	0	2,024,073	194.03
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	0	371,340	194.04
194.05	07955	EI NSTEIN BAGELS	0	517,619	194.05
194.06	07956	NONRTHWESTERN IMAGING	0	443,433	194.06
200.00		TOTAL (SUM OF LINES 118 through 199)	-70,343,186	539,204,984	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BUILDING INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	387,788	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	23,797	2.00
	O		0	411,585	
B - CAFETERIA EXPENSE					
1.00	CAFETERIA	11.00	1,546,661	1,116,708	1.00
	O		1,546,661	1,116,708	
C - RECLASS NURSERY					
1.00	NURSERY	43.00	1,440,407	375,789	1.00
	O		1,440,407	375,789	
D - RECLASS PRECEPTOR TIME					
1.00	PARAMED ED PRGM-(PHARMACY)	23.00	114,963	0	1.00
	O		114,963	0	
E - NEUROSCIENCE RESEARCH					
1.00	RESEARCH	191.00	49,720	9,744	1.00
	O		49,720	9,744	
F - MEDICAL LAB SCIENCE					
1.00	LABORATORY	60.00	23,510	2,921	1.00
	TOTALS		23,510	2,921	
G - INTEREST EXPENSE					
1.00		0.00	0	0	1.00
	O		0	0	
H - INVENTORY ADJ EXPENSE					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	685,504	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	735,264	2.00
	O		0	1,420,768	
I - RENTAL EXPENSE - INFUSION					
1.00	OTHER NONREIMBURSEABLE	194.00	9,608	130,787	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	TOTALS		9,608	130,787	
J - RENTAL EXPENSE - MTM					
1.00	OTHER NONREIMBURSEABLE	194.00	0	13,853	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
	TOTALS		0	13,853	
500.00	Grand Total: Increases		3,184,869	3,482,155	500.00

RECLASSIFICATIONS

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet A-6

Date/Time Prepared:
11/25/2024 11:28 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - BUILDING INSURANCE						
1.00	OTHER ADMIN & GENERAL	5.04	0	411,585	12		1.00
2.00		0.00	0	0	12		2.00
			0	411,585			
	B - CAFETERIA EXPENSE						
1.00	DIETARY	10.00	1,546,661	1,116,708	0		1.00
			1,546,661	1,116,708			
	C - RECLASS NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,440,407	375,789	0		1.00
			1,440,407	375,789			
	D - RECLASS PRECEPTOR TIME						
1.00	DRUGS CHARGED TO PATIENTS	73.00	114,963	0	0		1.00
			114,963	0			
	E - NEUROSCIENCE RESEARCH						
1.00	NURSING ADMINISTRATION	13.00	49,720	9,744	0		1.00
			49,720	9,744			
	F - MEDICAL LAB SCIENCE						
1.00	PARAMED ED PRGM-(LAB MLS)	23.01	23,510	2,921	0		1.00
	TOTALS		23,510	2,921			
	G - INTEREST EXPENSE						
1.00		0.00	0	0	0		1.00
			0	0			
	H - INVENTORY ADJ EXPENSE						
1.00	OPERATING ROOM	50.00	0	779,481	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	641,287	0		2.00
			0	1,420,768			
	I - RENTAL EXPENSE - INFUSION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	517	10		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	104,352	9		2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	297	9		3.00
4.00	OPERATION OF PLANT	7.00	7,186	24,814	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	345	0		5.00
6.00	HOUSEKEEPING	9.00	2,422	462	0		6.00
	TOTALS		9,608	130,787			
	J - RENTAL EXPENSE - MTM						
1.00	OPERATION OF PLANT	7.00	0	549	0		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	11,252	9		2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	978	9		3.00
4.00	OPERATION OF PLANT	7.00	0	1,074	0		4.00
	TOTALS		0	13,853			
500.00	Grand Total: Decreases		3,184,869	3,482,155			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet A-7
Part I
Date/Time Prepared:
11/25/2024 11:28 am

		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	13,814,922	719,806	0	719,806	299,447	1.00
2.00	Land Improvements	1,565,718	0	0	0	0	2.00
3.00	Buildings and Fixtures	420,985,997	37,682,022	0	37,682,022	144,121	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	166,174,086	21,309,758	0	21,309,758	15,815,033	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	602,540,723	59,711,586	0	59,711,586	16,258,601	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	602,540,723	59,711,586	0	59,711,586	16,258,601	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	14,235,281	0				1.00
2.00	Land Improvements	1,565,718	0				2.00
3.00	Buildings and Fixtures	458,523,898	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	171,668,811	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	645,993,708	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	645,993,708	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet A-7
Part II
Date/Time Prepared:
11/25/2024 11:28 am

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	13,626,832	859,915	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	11,005,650	2,140,926	0	0	0	2.00
3.00	Total (sum of lines 1-2)	24,632,482	3,000,841	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	14,486,747				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	13,146,576				2.00
3.00	Total (sum of lines 1-2)	0	27,633,323				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet A-7
Part III
Date/Time Prepared:
11/25/2024 11:28 am

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	474,324,896	0	474,324,896	0.734256	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	171,668,812	0	171,668,812	0.265744	0	2.00
3.00	Total (sum of lines 1-2)	645,993,708	0	645,993,708	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	14,040,804	401,868	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	13,468,477	2,140,926	2.00
3.00	Total (sum of lines 1-2)	0	0	0	27,509,281	2,542,794	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	387,788	0	0	14,830,460	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	23,797	0	0	15,633,200	2.00
3.00	Total (sum of lines 1-2)	0	411,585	0	0	30,463,660	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet A-8

Date/Time Prepared:
11/25/2024 11:28 am

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)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-20,516,923				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	-45,565,898				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	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)			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

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet A-8

Date/Time Prepared:
11/25/2024 11:28 am

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	
33.00 ANESTHESIA - NON-SALARIES, NON-BENEF	A	-833,729	ANESTHESIOLOGY	53.00	0 33.00
33.01 NON-PATIENT CARE COST	A	-8,117	OTHER ADMIN & GENERAL	5.04	0 33.01
33.02 OTHER REVENUE	B	-627	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.02
33.03 OTHER REVENUE	B	-71,741	OTHER ADMIN & GENERAL	5.04	0 33.03
33.04 OTHER REVENUE	B	-823,688	OPERATION OF PLANT	7.00	0 33.04
33.05 OTHER REVENUE	B	-2,797	DIETARY	10.00	0 33.05
33.06 OTHER REVENUE	B	-1,615	CAFETERIA	11.00	0 33.06
33.07 OTHER REVENUE	B	-3,082	NURSING ADMINISTRATION	13.00	0 33.07
33.08 OTHER REVENUE	B	-34,000	PARAMED ED PRGM-(LAB MLS)	23.01	0 33.08
33.09 OTHER REVENUE	B	-3,483	ADULTS & PEDIATRICS	30.00	0 33.09
33.10 OTHER REVENUE	B	-104	INTENSIVE CARE UNIT	31.00	0 33.10
33.11 OTHER REVENUE	B	-23	OPERATING ROOM	50.00	0 33.11
33.12 OTHER REVENUE	B	-1	RECOVERY ROOM	51.00	0 33.12
33.13 OTHER REVENUE	B	-2,040	RADIOLOGY-DIAGNOSTIC	54.00	0 33.13
33.14 OTHER REVENUE	B	-4,072	CARDIAC CATHETERIZATION	59.00	0 33.14
33.15 OTHER REVENUE	B	-2,000	LABORATORY	60.00	0 33.15
33.16 OTHER REVENUE	B	835	RESPIRATORY THERAPY	65.00	0 33.16
33.17 OTHER REVENUE	B	-775	PHYSICAL THERAPY	66.00	0 33.17
33.18 OTHER REVENUE	B	-2,535	DRUGS CHARGED TO PATIENTS	73.00	0 33.18
33.19 OTHER REVENUE	B	-56	EMERGENCY	91.00	0 33.19
33.20 PARENT ASSET DEPRECIATION ADJUSTMENT	A	-2,672	CAP REL COSTS-BLDG & FIXT	1.00	9 33.20
33.21 TAXABLE LABS	A	-133,096	LABORATORY	60.00	0 33.21
33.22 TAXABLE LABS	A	-276	BLOOD STORING, PROCESSING & TRANS.	63.00	0 33.22
33.23 PATIENT TV DEPRECIATION	A	-9,688	CAP REL COSTS-MVBLE EQUIP	2.00	9 33.23
33.24 PATIENT TV PURCHASES	A	-9,574	OPERATION OF PLANT	7.00	0 33.24
33.25 CAFETERIA	B	-2,311,409	CAFETERIA	11.00	0 33.25
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-70,343,186			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: 15-0125
 Period: From 07/01/2023 To 06/30/2024
 Worksheet A-8-1
 Date/Time Prepared: 11/25/2024 11:28 am

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	5.04	OTHER ADMIN & GENERAL	PHYSICIAN ALLOCATION PER GL	0	32,200,884 1.00
2.00	5.04	OTHER ADMIN & GENERAL	HOME OFFICE ALLOCATION PER G	0	73,469,335 2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE ALLOC-BLDG	179,466	0 3.00
3.01	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE ALLOC-EQUIP	2,460,026	0 3.01
3.02	5.04	OTHER ADMIN & GENERAL	HOME OFFICE ALLOC-SALARIES	18,319,906	0 3.02
3.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE ALLOC-BENEFITS	4,497,138	0 3.03
3.04	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE ALLOC-MEDICAL RE	5,276,925	0 3.04
3.05	5.04	OTHER ADMIN & GENERAL	HOME OFFICE ALLOC-REIMBURSEM	178,266	0 3.05
3.06	5.03	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE ALLOC-PATIENT AC	6,353,024	0 3.06
3.07	5.04	OTHER ADMIN & GENERAL	HOME OFFICE ALLOC-OTHER NON	22,985,647	0 3.07
3.08	5.04	OTHER ADMIN & GENERAL	CANCER CARE ALLOCATION PER G	0	1,140,986 3.08
3.09	5.04	OTHER ADMIN & GENERAL	CANCER CARE ALLOC-ADMIN	110,531	0 3.09
3.10	13.00	NURSING ADMINISTRATION	CANCER CARE ALLOC-REGISTRY	264,186	0 3.10
3.11	5.04	OTHER ADMIN & GENERAL	CANCER CARE ALLOC-NAVIGATORS	385,781	0 3.11
4.00	1.00	CAP REL COSTS-BLDG & FIXT	CDC LEASE EXPENSE PER GL	0	261,720 4.00
4.01	1.00	CAP REL COSTS-BLDG & FIXT	CDC LEASE-DEPRECIATION	342,517	0 4.01
4.02	2.00	CAP REL COSTS-MVBLE EQUIP	CDC LEASE-DEPRECIATION	13,764	0 4.02
4.03	66.00	PHYSICAL THERAPY	CDC LEASE-OTHER EXPENSES	174	0 4.03
4.04	67.00	OCCUPATIONAL THERAPY	CDC LEASE-OTHER EXPENSES	180	0 4.04
4.05	54.00	RADIOLOGY-DIAGNOSTIC	CDC LEASE-OTHER EXPENSES	641	0 4.05
4.06	1.00	CAP REL COSTS-BLDG & FIXT	800 MAC LEASE EXPENSE PER GL	0	99,100 4.06
4.07	1.00	CAP REL COSTS-BLDG & FIXT	800 MAC LEASE-DEPRECIATION	10,265	0 4.07
4.08	5.02	ADMINISTRATIVE	800 MAC LEASE-OTHER EXPENSES	22,426	0 4.08
4.09	5.04	OTHER ADMIN & GENERAL	800 MAC LEASE-OTHER EXPENSES	23,662	0 4.09
4.10	23.01	PARAMEDICAL PRGM-(LAB MLS)	800 MAC LEASE-OTHER EXPENSES	10,478	0 4.10
4.11	1.00	CAP REL COSTS-BLDG & FIXT	901 RIDGE RD LEASE EXPENSE P	0	96,710 4.11
4.12	101.00	HOME HEALTH AGENCY	901 RIDGE RD LEASE-OTHER EXP	267,834	0 4.12
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			61,702,837	107,268,735 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		0.00	CFNI	100.00	6.00
7.00	C		0.00	COMMUNITY CARE	33.00	7.00
8.00	C		0.00	CANCER FOUNDATN	100.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

(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: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet A-8-1

Date/Time Prepared:
11/25/2024 11:28 am

	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	-32,200,884	0		1.00
2.00	-73,469,335	0		2.00
3.00	179,466	9		3.00
3.01	2,460,026	9		3.01
3.02	18,319,906	0		3.02
3.03	4,497,138	0		3.03
3.04	5,276,925	0		3.04
3.05	178,266	0		3.05
3.06	6,353,024	0		3.06
3.07	22,985,647	0		3.07
3.08	-1,140,986	0		3.08
3.09	110,531	0		3.09
3.10	264,186	0		3.10
3.11	385,781	0		3.11
4.00	-261,720	10		4.00
4.01	342,517	9		4.01
4.02	13,764	9		4.02
4.03	174	0		4.03
4.04	180	0		4.04
4.05	641	0		4.05
4.06	-99,100	10		4.06
4.07	10,265	9		4.07
4.08	22,426	0		4.08
4.09	23,662	0		4.09
4.10	10,478	0		4.10
4.11	-96,710	10		4.11
4.12	267,834	0		4.12
5.00	-45,565,898			5.00

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

Related Organization(s) and/or Home Office	Type of Business	
		6.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

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

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

6.00	HOME OFFICE		6.00
7.00	PHYSICIAN NTWRK		7.00
8.00	CANCER SUPPORT		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: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet A-8-2

Date/Time Prepared:
11/25/2024 11:28 am

	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	31.00	INTENSIVE CARE UNIT	1,267,676	1,267,676	0	0	0	1.00
2.00	31.01	NEONATAL INTENSIVE CARE UNIT	210,464	210,464	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	15,333,865	15,333,865	0	0	0	3.00
4.00	90.00	CLINIC	333,753	333,753	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	33,056	33,056	0	0	0	5.00
6.00	31.01	NEONATAL INTENSIVE CARE UNIT	5,488	5,488	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	399,841	399,841	0	0	0	7.00
8.00	90.00	CLINIC	8,703	8,703	0	0	0	8.00
9.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	672,339	672,339	0	0	0	9.00
10.00	13.00	NURSING ADMINISTRATION	2,106,586	2,106,586	0	0	0	10.00
11.00	31.01	NEONATAL INTENSIVE CARE UNIT	30,000	30,000	0	0	0	11.00
12.00	31.00	INTENSIVE CARE UNIT	19,500	19,500	0	0	0	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	6,120	6,120	0	0	0	13.00
14.00	57.00	CT SCAN	14,715	14,715	0	0	0	14.00
15.00	5.04	OTHER ADMIN & GENERAL	150,000	0	150,000	211,500	750	15.00
16.00	13.00	NURSING ADMINISTRATION	4,333	0	4,333	211,500	32	16.00
200.00			20,596,439	20,442,106	154,333		782	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	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	1.00
2.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	90.00	CLINIC	0	0	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	90.00	CLINIC	0	0	0	0	0	8.00
9.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	9.00
10.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	10.00
11.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	11.00
12.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	13.00
14.00	57.00	CT SCAN	0	0	0	0	0	14.00
15.00	5.04	OTHER ADMIN & GENERAL	76,262	3,813	0	0	0	15.00
16.00	13.00	NURSING ADMINISTRATION	3,254	163	0	0	0	16.00
200.00			79,516	3,976	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	31.00	INTENSIVE CARE UNIT	0	0	0	1,267,676	1.00
2.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	210,464	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	15,333,865	3.00
4.00	90.00	CLINIC	0	0	0	333,753	4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	33,056	5.00
6.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	5,488	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	399,841	7.00
8.00	90.00	CLINIC	0	0	0	8,703	8.00
9.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	672,339	9.00
10.00	13.00	NURSING ADMINISTRATION	0	0	0	2,106,586	10.00
11.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	30,000	11.00
12.00	31.00	INTENSIVE CARE UNIT	0	0	0	19,500	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	6,120	13.00
14.00	57.00	CT SCAN	0	0	0	14,715	14.00
15.00	5.04	OTHER ADMIN & GENERAL	0	76,262	73,738	73,738	15.00
16.00	13.00	NURSING ADMINISTRATION	0	3,254	1,079	1,079	16.00
200.00			0	79,516	74,817	20,516,923	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

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Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING & RECEIVING STORES	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	14,830,460	14,830,460			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	15,633,200		15,633,200		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	33,840,221	23,718	8,538	33,872,477	4.00
5.01 00505	PURCHASING & RECEIVING STORES	1,246,328	131,231	1,268	160,090	1,538,917
5.02 00506	ADMITTING	5,616,362	131,026	5,287	792,384	1,444
5.03 00507	CASHIERING/ACCOUNTS RECEIVABLE	6,353,128	17,217	0	0	0
5.04 00508	OTHER ADMIN & GENERAL	66,963,788	832,832	408,987	2,409,874	6,497
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	15,187,674	2,326,363	220,672	742,120	650
8.00 00800	LAUNDRY & LINEN SERVICE	1,749,516	24,712	0	24,689	0
9.00 00900	HOUSEKEEPING	6,788,268	73,253	421,705	739,832	5,198
10.00 01000	DIETARY	5,318,490	180,166	126,839	492,067	14,293
11.00 01100	CAFETERIA	350,345	187,188	54,360	246,286	6,136
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	10,322,636	83,621	1,365,732	1,235,741	20,718
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00 01500	PHARMACY	0	0	0	0	0
16.00 01600	MEDICAL RECORDS & LIBRARY	5,276,925	21,998	0	0	0
17.00 01700	SOCIAL SERVICE	1,400,724	16,191	0	200,327	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(PHARMACY)	214,404	3,598	0	31,850	0
23.01 02301	PARAMED ED PRGM-(LAB MLS)	284,348	16,128	7,108	38,478	361
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	48,455,726	2,990,911	476,809	5,653,477	156,577
31.00 03100	INTENSIVE CARE UNIT	16,618,081	571,254	594,136	2,139,143	70,384
31.01 02060	NEONATAL INTENSIVE CARE UNIT	4,120,980	175,337	167,068	552,940	23,533
43.00 04300	NURSERY	1,816,196	30,725	20,854	229,366	6,064
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	36,335,883	1,248,791	3,223,232	3,096,481	336,904
51.00 05100	RECOVERY ROOM	9,264,343	614,777	124,173	1,213,895	19,130
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,086,923	244,267	23,610	395,274	6,858
53.00 05300	ANESTHESIOLOGY	1,840,729	14,897	98,725	2,485,770	35,084
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,486,873	337,813	971,077	821,642	20,646
55.00 05500	RADIOLOGY-THERAPEUTIC	3,976,485	226,024	889,985	238,877	2,238
56.00 05600	RADIOISOTOPE	2,411,299	69,134	245,263	134,056	1,660
57.00 05700	CT SCAN	4,614,762	97,208	553,705	261,680	35,950
58.00 05800	MRI	2,418,236	97,208	1,022,075	199,967	15,232
59.00 05900	CARDIAC CATHETERIZATION	6,279,486	179,172	1,322,480	592,155	70,384
60.00 06000	LABORATORY	20,229,047	408,052	655,444	1,200,602	473,484
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,667,324	32,902	58,887	69,442	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	5,145,385	67,430	315,680	589,338	31,907
66.00 06600	PHYSICAL THERAPY	8,941,224	590,964	188,836	1,136,007	5,198
67.00 06700	OCCUPATIONAL THERAPY	2,654,468	143,824	18,288	363,562	3,898
68.00 06800	SPEECH PATHOLOGY	2,379,506	69,718	72,381	329,163	1,444
69.00 06900	ELECTROCARDIOLOGY	5,704,340	238,649	403,170	658,718	21,945
70.00 07000	ELECTROENCEPHALOGRAPHY	1,579,556	46,521	23,359	163,588	7,219
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	43,202,032	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	43,482,948	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	16,158,736	83,937	954,517	767,162	14,005
74.00 07400	RENAL DIALYSIS	2,478,305	20,909	0	20,723	1,227
76.97 07697	CARDIAC REHABILITATION	1,127,105	71,265	54,292	156,503	505
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	3,237,729	91,874	14,982	411,367	15,954
91.00 09100	EMERGENCY	13,274,701	394,071	143,033	1,602,740	97,816
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	5,968,915	0	0	764,718	217
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	520,334,140	13,226,876	15,256,557	33,362,094	1,530,760
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	19,063	0	0	0
191.00 19100	RESEARCH	722,854	5,208	0	91,516	144
192.00 19200	PHYSICIANS' PRIVATE OFFICES	141,423	734,725	0	12,165	0
194.00 07950	OTHER NONREIMBURSEABLE	1,362,624	111,458	264,029	1,530	0
194.01 07951	ADVERTISING	552,626	1,767	0	0	72
194.02 07952	RETAIL PHARMACY	12,734,852	28,010	9,259	123,270	1,444
194.03 07953	FITNESS POINTE	2,024,073	649,526	95,031	184,657	938

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING & RECEIVING STORES	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
194.04 07954 FITNESS POINTE SPA/PRO SHOP/DIETARY	371,340	23,387	1,937	40,470	3,682	194.04
194.05 07955 EINSTEIN BAGELS	517,619	9,547	6,387	30,565	1,588	194.05
194.06 07956 NONRTHWESTERN IMAGING	443,433	20,893	0	26,210	289	194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	539,204,984	14,830,460	15,633,200	33,872,477	1,538,917	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

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Cost Center Description			ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	
			5.02	5.03	5A.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00505	PURCHASING & RECEIVING STORES						5.01
5.02	00506	ADMINING	6,546,503					5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE	0	6,370,345				5.03
5.04	00508	OTHER ADMIN & GENERAL	0	0	70,621,978	70,621,978		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	18,477,479	2,784,815	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,798,917	271,122	0	8.00
9.00	00900	HOUSEKEEPING	0	0	8,028,256	1,209,971	0	9.00
10.00	01000	DIETARY	0	0	6,131,855	924,156	0	10.00
11.00	01100	CAFETERIA	0	0	844,315	127,250	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	13,028,448	1,963,570	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	5,298,923	798,622	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,617,242	243,741	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED PRGM-(PHARMACY)	0	0	249,852	37,656	0	23.00
23.01	02301	PARAMED PRGM-(LAB MLS)	0	0	346,423	52,211	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	576,245	560,933	58,870,678	8,872,593	0	30.00
31.00	03100	INTENSIVE CARE UNIT	117,198	114,083	20,224,279	3,048,082	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	62,498	60,838	5,163,194	778,166	0	31.01
43.00	04300	NURSERY	15,793	15,373	2,134,371	321,680	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	920,998	894,330	46,056,619	6,941,377	0	50.00
51.00	05100	RECOVERY ROOM	108,167	105,293	11,449,778	1,725,642	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,238	24,567	3,806,737	573,729	0	52.00
53.00	05300	ANESTHESIOLOGY	165,068	160,681	4,800,954	723,571	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	297,084	289,190	12,224,325	1,842,377	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	162,511	158,192	5,654,312	852,184	0	55.00
56.00	05600	RADIOISOTOPE	109,447	106,538	3,077,397	463,807	0	56.00
57.00	05700	CT SCAN	421,239	410,045	6,394,589	963,754	0	57.00
58.00	05800	MRI	190,984	185,909	4,129,611	622,390	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	557,288	542,479	9,543,444	1,438,331	0	59.00
60.00	06000	LABORATORY	701,844	683,194	24,351,667	3,670,137	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	28,279	27,527	2,884,361	434,714	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	69,632	67,782	6,287,154	947,562	0	65.00
66.00	06600	PHYSICAL THERAPY	98,548	95,929	11,056,706	1,666,400	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	35,769	34,818	3,254,627	490,518	0	67.00
68.00	06800	SPEECH PATHOLOGY	22,590	21,989	2,896,791	436,587	0	68.00
69.00	06900	ELECTROCARDIOLOGY	286,985	279,359	7,593,166	1,144,396	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	60,521	58,913	1,939,677	292,336	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	201,815	196,452	43,600,299	6,571,175	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	260,901	253,968	43,997,817	6,631,087	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	317,242	308,812	18,604,411	2,803,945	0	73.00
74.00	07400	RENAL DIALYSIS	29,980	29,183	2,580,327	388,891	0	74.00
76.97	07697	CARDIAC REHABILITATION	15,150	14,747	1,439,567	216,963	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	49,352	48,041	3,869,299	583,158	0	90.00
91.00	09100	EMERGENCY	612,633	596,354	16,721,348	2,520,141	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	25,504	24,826	6,784,180	1,022,471	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,546,503	6,370,345	517,835,373	67,401,278	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	19,063	2,873	0	190.00
191.00	19100	RESEARCH	0	0	819,722	123,544	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	888,313	133,881	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	1,739,641	262,188	0	194.00
194.01	07951	ADVERTISING	0	0	554,465	83,566	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	12,896,835	1,943,734	0	194.02
194.03	07953	FITNESS POINTE	0	0	2,954,225	445,243	0	194.03
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	0	0	440,816	66,437	0	194.04
194.05	07955	EINSTEIN BAGELS	0	0	565,706	85,260	0	194.05
194.06	07956	NONRTHWESTERN IMAGING	0	0	490,825	73,974	0	194.06
200.00		Cross Foot Adjustments			0			200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

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Cost Center Description		ADM ITTING	CASHI ERING/ACC OUNTS RECEI VABLE	Subtotal	OTHER ADMI N & GENERAL	MAINTENANCE & REPAI RS	
		5.02	5.03	5A.03	5.04	6.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	6,546,503	6,370,345	539,204,984	70,621,978	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0125

Period:
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To 06/30/2024

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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00505	PURCHASING & RECEIVING STORES					5.01
5.02	00506	ADMITTING					5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00508	OTHER ADMIN & GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	21,262,294				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	46,221	2,116,260			8.00
9.00	00900	HOUSEKEEPING	137,009	0	9,375,236		9.00
10.00	01000	DIETARY	336,974	0	149,874	7,542,859	10.00
11.00	01100	CAFETERIA	350,108	0	155,716	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	156,401	0	69,562	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	41,144	0	18,299	0	16.00
17.00	01700	SOCIAL SERVICE	30,282	0	13,469	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	6,729	0	2,993	0	23.00
23.01	02301	PARAMED ED PRGM-(LAB MLS)	30,164	0	13,416	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,594,055	1,682,112	2,488,042	6,090,625	344,929
31.00	03100	INTENSIVE CARE UNIT	1,068,447	286,610	475,208	568,552	108,518
31.01	02060	NEONATAL INTENSIVE CARE UNIT	327,942	86,726	145,857	0	25,579
43.00	04300	NURSERY	57,466	60,812	25,559	0	12,402
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,335,677	0	1,038,828	0	177,504
51.00	05100	RECOVERY ROOM	1,149,849	0	511,413	310,775	65,111
52.00	05200	DELIVERY ROOM & LABOR ROOM	456,864	0	203,197	114,450	20,928
53.00	05300	ANESTHESIOLOGY	27,862	0	12,392	0	35,656
54.00	05400	RADIOLOGY-DIAGNOSTIC	631,830	0	281,016	0	52,709
55.00	05500	RADIOLOGY-THERAPEUTIC	422,745	0	188,022	0	11,627
56.00	05600	RADIOISOTOPE	129,306	0	57,511	0	6,976
57.00	05700	CT SCAN	181,813	0	80,864	0	16,278
58.00	05800	MRI	181,813	0	80,864	0	10,077
59.00	05900	CARDIAC CATHETERIZATION	335,114	0	149,047	0	31,005
60.00	06000	LABORATORY	763,201	0	339,446	0	91,465
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	61,539	0	27,370	0	3,876
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	126,118	0	56,093	0	31,780
66.00	06600	PHYSICAL THERAPY	1,105,311	0	491,604	0	68,211
67.00	06700	OCCUPATIONAL THERAPY	269,001	0	119,642	0	20,928
68.00	06800	SPEECH PATHOLOGY	130,398	0	57,996	0	17,828
69.00	06900	ELECTROCARDIOLOGY	446,357	0	198,524	0	41,857
70.00	07000	ELECTROENCEPHALOGRAPHY	87,011	0	38,699	0	11,627
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	156,991	0	69,824	0	38,756
74.00	07400	RENAL DIALYSIS	39,108	0	17,394	0	1,550
76.97	07697	CARDIAC REHABILITATION	133,290	0	59,283	0	9,302
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	171,837	0	76,427	0	24,029
91.00	09100	EMERGENCY	737,051	0	327,815	458,457	94,565
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,263,028	2,116,260	8,041,266	7,542,859	1,461,111
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	35,654	0	15,858	0	0
191.00	19100	RESEARCH	9,740	0	4,332	0	5,426
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,374,194	0	611,194	0	775
194.00	07950	OTHER NONREIMBURSEABLE	208,465	0	92,718	0	0
194.01	07951	ADVERTISING	3,306	0	1,470	0	0
194.02	07952	RETAIL PHARMACY	52,389	0	23,301	0	6,976
194.03	07953	FITNESS POINTE	1,214,842	0	540,319	0	0
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	43,741	0	19,455	0	0
194.05	07955	EINSTEIN BAGELS	17,857	0	7,942	0	3,101
194.06	07956	NONRTHWESTERN IMAGING	39,078	0	17,381	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0125		Period: From 07/01/2023 To 06/30/2024		Worksheet B Part I Date/Time Prepared: 11/25/2024 11:28 am	
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA			
		7.00	8.00	9.00	10.00	11.00			
202.00	TOTAL (sum lines 118 through 201)	21,262,294	2,116,260	9,375,236	7,542,859	1,477,389	202.00		

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00505	PURCHASING & RECEIVING STORES						5.01
5.02	00506	ADMITTING						5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00508	OTHER ADMIN & GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	15,285,417				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0			14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	6,156,988	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(LAB MLS)	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	5,778,037	0	0	542,017	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,811,047	0	0	110,236	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	427,423	0	0	58,786	31.01
43.00	04300	NURSERY	0	203,057	0	0	14,855	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,973,842	0	0	865,630	50.00
51.00	05100	RECOVERY ROOM	0	1,086,324	0	0	101,742	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	354,539	0	0	23,739	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	155,263	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	279,438	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	152,858	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	102,946	56.00
57.00	05700	CT SCAN	0	0	0	0	396,218	57.00
58.00	05800	MRI	0	0	0	0	179,640	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	516,358	0	0	524,186	59.00
60.00	06000	LABORATORY	0	0	0	0	660,155	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	26,599	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65,496	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	92,694	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	33,644	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	21,248	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	269,939	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	56,926	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	189,828	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	245,404	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	298,398	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	28,199	74.00
76.97	07697	CARDIAC REHABILITATION	0	154,065	0	0	14,250	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	403,220	0	0	46,421	90.00
91.00	09100	EMERGENCY	0	1,577,505	0	0	576,244	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	23,989	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	15,285,417	0	0	6,156,988	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	0	0	0	194.00
194.01	07951	ADVERTISING	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	0	194.02
194.03	07953	FITNESS POINTE	0	0	0	0	0	194.03
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	0	0	0	0	0	194.04
194.05	07955	EINSTEIN BAGELS	0	0	0	0	0	194.05
194.06	07956	NONRTHWESTERN IMAGING	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	15,285,417	0	0	6,156,988	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED PRGM-(PHARMACY)	PARAMED PRGM-(LAB MLS)	Subtotal	
			17.00	19.00	23.00	23.01	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00505	PURCHASING & RECEIVING STORES						5.01
5.02	00506	ADMITTING						5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00508	OTHER ADMIN & GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	1,918,686					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
23.00	02300	PARAMED PRGM-(PHARMACY)	0		299,555			23.00
23.01	02301	PARAMED PRGM-(LAB MLS)	0			444,539		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,525,070	0	0	0	91,788,158	30.00
31.00	03100	INTENSIVE CARE UNIT	259,852	0	0	0	27,960,831	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	78,630	0	0	0	7,092,303	31.01
43.00	04300	NURSERY	55,134	0	0	0	2,885,336	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	60,389,477	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	16,400,634	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	5,554,183	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	5,755,698	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	15,311,695	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	7,281,748	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	3,837,943	56.00
57.00	05700	CT SCAN	0	0	0	0	8,033,516	57.00
58.00	05800	MRI	0	0	0	0	5,204,395	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	12,537,485	59.00
60.00	06000	LABORATORY	0	0	0	444,539	30,320,610	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	3,438,459	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	7,514,203	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	14,480,926	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	4,188,360	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	3,560,848	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	9,694,239	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	2,426,276	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	50,361,302	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	50,874,308	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	299,555	0	22,271,880	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	3,055,469	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	2,026,720	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	5,174,391	90.00
91.00	09100	EMERGENCY	0	0	0	0	23,013,126	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	7,830,640	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,918,686	0	299,555	444,539	510,265,159	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	73,448	190.00
191.00	19100	RESEARCH	0	0	0	0	962,764	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	3,008,357	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	0	0	2,303,012	194.00
194.01	07951	ADVERTISING	0	0	0	0	642,807	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	14,923,235	194.02
194.03	07953	FITNESS POINTE	0	0	0	0	5,154,629	194.03
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	0	0	0	0	570,449	194.04
194.05	07955	EINSTEIN BAGELS	0	0	0	0	679,866	194.05
194.06	07956	NONRTHWESTERN IMAGING	0	0	0	0	621,258	194.06
200.00		Cross Foot Adjustments		0	0	0	0	200.00

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Cost Center Description		SOCI AL SERVICE	NONPHYSICIAN ANESTHETI STS	PARAMED ED PRGM-(PHARMACY)	PARAMED ED PRGM-(LAB MLS)	Subtotal	
		17.00	19.00	23.00	23.01	24.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,918,686	0	299,555	444,539	539,204,984	202.00

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00505	PURCHASING & RECEIVING STORES		5.01
5.02	00506	ADMITTING		5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE		5.03
5.04	00508	OTHER ADMIN & GENERAL		5.04
6.00	00600	MAINTENANCE & REPAIRS		6.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)		23.00
23.01	02301	PARAMED ED PRGM-(LAB MLS)		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	91,788,158	30.00
31.00	03100	INTENSIVE CARE UNIT	27,960,831	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	7,092,303	31.01
43.00	04300	NURSERY	2,885,336	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	60,389,477	50.00
51.00	05100	RECOVERY ROOM	16,400,634	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,554,183	52.00
53.00	05300	ANESTHESIOLOGY	5,755,698	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,311,695	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,281,748	55.00
56.00	05600	RADIOISOTOPE	3,837,943	56.00
57.00	05700	CT SCAN	8,033,516	57.00
58.00	05800	MRI	5,204,395	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,537,485	59.00
60.00	06000	LABORATORY	30,320,610	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,438,459	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	7,514,203	65.00
66.00	06600	PHYSICAL THERAPY	14,480,926	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,188,360	67.00
68.00	06800	SPEECH PATHOLOGY	3,560,848	68.00
69.00	06900	ELECTROCARDIOLOGY	9,694,239	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,426,276	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	50,361,302	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	50,874,308	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,271,880	73.00
74.00	07400	RENAL DIALYSIS	3,055,469	74.00
76.97	07697	CARDIAC REHABILITATION	2,026,720	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	5,174,391	90.00
91.00	09100	EMERGENCY	23,013,126	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	7,830,640	101.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	510,265,159	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	73,448	190.00
191.00	19100	RESEARCH	962,764	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,008,357	192.00
194.00	07950	OTHER NONREIMBURSEABLE	2,303,012	194.00
194.01	07951	ADVERTISING	642,807	194.01
194.02	07952	RETAIL PHARMACY	14,923,235	194.02
194.03	07953	FITNESS POINTE	5,154,629	194.03
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	570,449	194.04
194.05	07955	EINSTEIN BAGELS	679,866	194.05

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0125		Period: From 07/01/2023 To 06/30/2024		Worksheet B Part I Date/Time Prepared: 11/25/2024 11:28 am	
Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total				
			25.00	26.00				
194.06	07956	NONRTHWESTERN IMAGING	0	621,258			194.06	
200.00		Cross Foot Adjustments	0	0			200.00	
201.00		Negative Cost Centers	0	0			201.00	
202.00		TOTAL (sum lines 118 through 201)	0	539,204,984			202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet B
Part II
Date/Time Prepared:
11/25/2024 11:28 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
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	23,718	8,538	32,256	32,256 4.00
5.01 00505	PURCHASING & RECEIVING STORES	0	131,231	1,268	132,499	153 5.01
5.02 00506	ADMINISTRATIVE	0	131,026	5,287	136,313	756 5.02
5.03 00507	CASHIERING/ACCOUNTS RECEIVABLE	0	17,217	0	17,217	0 5.03
5.04 00508	OTHER ADMIN & GENERAL	0	832,832	408,987	1,241,819	2,300 5.04
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	2,326,363	220,672	2,547,035	708 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	24,712	0	24,712	24 8.00
9.00 00900	HOUSEKEEPING	0	73,253	421,705	494,958	706 9.00
10.00 01000	DIETARY	0	180,166	126,839	307,005	470 10.00
11.00 01100	CAFETERIA	0	187,188	54,360	241,548	235 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	83,621	1,365,732	1,449,353	1,180 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0 14.00
15.00 01500	PHARMACY	0	0	0	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	21,998	0	21,998	0 16.00
17.00 01700	SOCIAL SERVICE	0	16,191	0	16,191	191 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
23.00 02300	PARAMEDICAL PRGM-(PHARMACY)	0	3,598	0	3,598	30 23.00
23.01 02301	PARAMEDICAL PRGM-(LAB MLS)	0	16,128	7,108	23,236	37 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,990,911	476,809	3,467,720	5,320 30.00
31.00 03100	INTENSIVE CARE UNIT	0	571,254	594,136	1,165,390	2,042 31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	0	175,337	167,068	342,405	528 31.01
43.00 04300	NURSERY	0	30,725	20,854	51,579	219 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,248,791	3,223,232	4,472,023	2,956 50.00
51.00 05100	RECOVERY ROOM	0	614,777	124,173	738,950	1,159 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	244,267	23,610	267,877	377 52.00
53.00 05300	ANESTHESIOLOGY	0	14,897	98,725	113,622	2,373 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	337,813	971,077	1,308,890	784 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	226,024	889,985	1,116,009	228 55.00
56.00 05600	RADIOISOTOPE	0	69,134	245,263	314,397	128 56.00
57.00 05700	CT SCAN	0	97,208	553,705	650,913	250 57.00
58.00 05800	MRI	0	97,208	1,022,075	1,119,283	191 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	179,172	1,322,480	1,501,652	565 59.00
60.00 06000	LABORATORY	0	408,052	655,444	1,063,496	1,146 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	32,902	58,887	91,789	66 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	67,430	315,680	383,110	563 65.00
66.00 06600	PHYSICAL THERAPY	0	590,964	188,836	779,800	1,084 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	143,824	18,288	162,112	347 67.00
68.00 06800	SPEECH PATHOLOGY	0	69,718	72,381	142,099	314 68.00
69.00 06900	ELECTROCARDIOLOGY	0	238,649	403,170	641,819	629 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	46,521	23,359	69,880	156 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	83,937	954,517	1,038,454	732 73.00
74.00 07400	RENAL DIALYSIS	0	20,909	0	20,909	20 74.00
76.97 07697	CARDIAC REHABILITATION	0	71,265	54,292	125,557	149 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	91,874	14,982	106,856	393 90.00
91.00 09100	EMERGENCY	0	394,071	143,033	537,104	1,530 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	730 101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	13,226,876	15,256,557	28,483,433	31,769 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	19,063	0	19,063	0 190.00
191.00 19100	RESEARCH	0	5,208	0	5,208	87 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	734,725	0	734,725	12 192.00
194.00 07950	OTHER NONREIMBURSEABLE	0	111,458	264,029	375,487	1 194.00
194.01 07951	ADVERTISING	0	1,767	0	1,767	0 194.01
194.02 07952	RETAIL PHARMACY	0	28,010	9,259	37,269	118 194.02
194.03 07953	FITNESS POINTE	0	649,526	95,031	744,557	176 194.03
194.04 07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	0	23,387	1,937	25,324	39 194.04

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet B Part II Date/Time Prepared: 11/25/2024 11:28 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
194.05 07955 EINSTEIN BAGELS	0	9,547	6,387	15,934	29	194.05
194.06 07956 NONRTHWESTERN IMAGING	0	20,893	0	20,893	25	194.06
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	14,830,460	15,633,200	30,463,660	32,256	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0125		Period: From 07/01/2023 To 06/30/2024		Worksheet B Part II Date/Time Prepared: 11/25/2024 11:28 am	
Cost Center Description			PURCHASING & RECEIVING STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	
			5.01	5.02	5.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00505	PURCHASING & RECEIVING STORES	132,652					5.01
5.02	00506	ADMINITTING	124	137,193				5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE	0	0	17,217			5.03
5.04	00508	OTHER ADMIN & GENERAL	560	0	0	1,244,679		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	56	0	0	49,076		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	4,778		8.00
9.00	00900	HOUSEKEEPING	448	0	0	21,323		9.00
10.00	01000	DIETARY	1,232	0	0	16,286		10.00
11.00	01100	CAFETERIA	529	0	0	2,243		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	1,786	0	0	34,604		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0		14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	14,074		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	4,295		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
23.00	02300	PARAMED PRGM-(PHARMACY)	0	0	0	664		23.00
23.01	02301	PARAMED PRGM-(LAB MLS)	31	0	0	920		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,497	12,160	1,576	156,483	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,067	2,473	321	53,716	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,029	1,319	171	13,713	0	31.01
43.00	04300	NURSERY	523	333	43	5,669	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,041	18,482	1,828	122,326	0	50.00
51.00	05100	RECOVERY ROOM	1,649	2,283	296	30,411	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	591	533	69	10,111	0	52.00
53.00	05300	ANESTHESIOLOGY	3,024	3,483	452	12,751	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,780	6,269	813	32,468	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	193	3,429	445	15,018	0	55.00
56.00	05600	RADIOISOTOPE	143	2,310	299	8,174	0	56.00
57.00	05700	CT SCAN	3,099	8,889	1,152	16,984	0	57.00
58.00	05800	MRI	1,313	4,030	522	10,968	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,067	11,760	1,524	25,347	0	59.00
60.00	06000	LABORATORY	40,813	14,810	1,920	64,678	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	597	77	7,661	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,750	1,469	190	16,699	0	65.00
66.00	06600	PHYSICAL THERAPY	448	2,080	270	29,367	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	336	755	98	8,644	0	67.00
68.00	06800	SPEECH PATHOLOGY	124	477	62	7,694	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,892	6,056	785	20,167	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	622	1,277	166	5,152	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,259	552	115,802	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,506	714	116,858	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,207	6,694	868	49,413	0	73.00
74.00	07400	RENAL DIALYSIS	106	633	82	6,853	0	74.00
76.97	07697	CARDIAC REHABILITATION	44	320	41	3,823	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,375	1,041	135	10,277	0	90.00
91.00	09100	EMERGENCY	8,432	12,928	1,676	44,412	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	19	538	70	18,019	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	131,950	137,193	17,217	1,187,921	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	51	0	190.00
191.00	19100	RESEARCH	12	0	0	2,177	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	2,359	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	0	4,620	0	194.00
194.01	07951	ADVERTISING	6	0	0	1,473	0	194.01
194.02	07952	RETAIL PHARMACY	124	0	0	34,254	0	194.02
194.03	07953	FITNESS POINTE	81	0	0	7,846	0	194.03
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	317	0	0	1,171	0	194.04
194.05	07955	EINSTEIN BAGELS	137	0	0	1,503	0	194.05
194.06	07956	NONRTHWESTERN IMAGING	25	0	0	1,304	0	194.06
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

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Cost Center Description		PURCHASING & RECEIVING STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
		5.01	5.02	5.03	5.04	6.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	132,652	137,193	17,217	1,244,679	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet B
Part II
Date/Time Prepared:
11/25/2024 11:28 am

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00505	PURCHASING & RECEIVING STORES					5.01
5.02	00506	ADMITTING					5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00508	OTHER ADMIN & GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	2,596,875				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,645	35,159			8.00
9.00	00900	HOUSEKEEPING	16,734	0	534,169		9.00
10.00	01000	DIETARY	41,156	0	8,539	374,688	10.00
11.00	01100	CAFETERIA	42,761	0	8,872	0	296,188
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	19,102	0	3,963	0	13,520
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	5,025	0	1,043	0	0
17.00	01700	SOCIAL SERVICE	3,699	0	767	0	2,797
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(PHARMACY)	822	0	171	0	466
23.01	02301	PARAMED ED PRGM-(LAB MLS)	3,684	0	764	0	466
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	683,232	27,946	141,761	302,548	69,152
31.00	03100	INTENSIVE CARE UNIT	130,495	4,762	27,076	28,243	21,756
31.01	02060	NEONATAL INTENSIVE CARE UNIT	40,053	1,441	8,310	0	5,128
43.00	04300	NURSERY	7,019	1,010	1,456	0	2,486
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	285,268	0	59,189	0	35,586
51.00	05100	RECOVERY ROOM	140,437	0	29,139	15,438	13,053
52.00	05200	DELIVERY ROOM & LABOR ROOM	55,799	0	11,577	5,685	4,196
53.00	05300	ANESTHESIOLOGY	3,403	0	706	0	7,148
54.00	05400	RADIOLOGY-DIAGNOSTIC	77,169	0	16,011	0	10,567
55.00	05500	RADIOLOGY-THERAPEUTIC	51,632	0	10,713	0	2,331
56.00	05600	RADIOISOTOPE	15,793	0	3,277	0	1,399
57.00	05700	CT SCAN	22,206	0	4,607	0	3,263
58.00	05800	MRI	22,206	0	4,607	0	2,020
59.00	05900	CARDIAC CATHETERIZATION	40,929	0	8,492	0	6,216
60.00	06000	LABORATORY	93,214	0	19,340	0	18,337
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,516	0	1,559	0	777
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	15,403	0	3,196	0	6,371
66.00	06600	PHYSICAL THERAPY	134,997	0	28,010	0	13,675
67.00	06700	OCCUPATIONAL THERAPY	32,854	0	6,817	0	4,196
68.00	06800	SPEECH PATHOLOGY	15,926	0	3,304	0	3,574
69.00	06900	ELECTROCARDIOLOGY	54,516	0	11,311	0	8,391
70.00	07000	ELECTROENCEPHALOGRAPHY	10,627	0	2,205	0	2,331
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	19,174	0	3,978	0	7,770
74.00	07400	RENAL DIALYSIS	4,776	0	991	0	311
76.97	07697	CARDIAC REHABILITATION	16,279	0	3,378	0	1,865
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	20,987	0	4,355	0	4,817
91.00	09100	EMERGENCY	90,020	0	18,678	22,774	18,959
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,230,558	35,159	458,162	374,688	292,924
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,355	0	904	0	0
191.00	19100	RESEARCH	1,190	0	247	0	1,088
192.00	19200	PHYSICIANS' PRIVATE OFFICES	167,837	0	34,824	0	155
194.00	07950	OTHER NONREIMBURSEABLE	25,461	0	5,283	0	0
194.01	07951	ADVERTISING	404	0	84	0	0
194.02	07952	RETAIL PHARMACY	6,399	0	1,328	0	1,399
194.03	07953	FITNESS POINTE	148,375	0	30,786	0	0
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	5,342	0	1,108	0	0
194.05	07955	EINSTEIN BAGELS	2,181	0	453	0	622
194.06	07956	NONRTHWESTERN IMAGING	4,773	0	990	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0125			Period: From 07/01/2023 To 06/30/2024		Worksheet B Part II Date/Time Prepared: 11/25/2024 11:28 am	
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
202.00	TOTAL (sum lines 118 through 201)	2,596,875	35,159	534,169	374,688	296,188	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet B Part II Date/Time Prepared: 11/25/2024 11:28 am
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Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00505	PURCHASING & RECEIVING STORES					5.01
5.02	00506	ADMITTING					5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00508	OTHER ADMIN & GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
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	0				12.00
13.00	01300	NURSING ADMINISTRATION	0	1,523,508			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0		14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMEDICAL PRGM-(PHARMACY)	0	0	0	0	23.00
23.01	02301	PARAMEDICAL PRGM-(LAB MLS)	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	575,900	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	180,508	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	42,602	0	0	31.01
43.00	04300	NURSERY	0	20,239	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	296,405	0	0	50.00
51.00	05100	RECOVERY ROOM	0	108,275	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	35,337	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	51,466	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	15,356	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	40,189	0	0	90.00
91.00	09100	EMERGENCY	0	157,231	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,523,508	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	0	0	194.00
194.01	07951	ADVERTISING	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	194.02
194.03	07953	FITNESS POINTE	0	0	0	0	194.03
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	0	0	0	0	194.04
194.05	07955	EINSTEIN BAGELS	0	0	0	0	194.05
194.06	07956	NONRTHWESTERN IMAGING	0	0	0	0	194.06
200.00		Cross Foot Adjustments					200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0125			Period: From 07/01/2023 To 06/30/2024		Worksheet B Part II Date/Time Prepared: 11/25/2024 11:28 am	
Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		12.00	13.00	14.00	15.00	16.00		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	1,523,508	0	0	42,140	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet B
Part II
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11/25/2024 11:28 am

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED PRGM-(PHARMACY)	PARAMED PRGM-(LAB MLS)	Subtotal	
			17.00	19.00	23.00		23.01	24.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00505	PURCHASING & RECEIVING STORES						5.01
5.02	00506	ADMITTING						5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00508	OTHER ADMIN & GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	27,940					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
23.00	02300	PARAMED PRGM-(PHARMACY)	0		5,751			23.00
23.01	02301	PARAMED PRGM-(LAB MLS)	0			29,138		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,208				5,483,106	30.00
31.00	03100	INTENSIVE CARE UNIT	3,784				1,627,366	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,145				459,235	31.01
43.00	04300	NURSERY	803				91,478	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0				5,330,072	50.00
51.00	05100	RECOVERY ROOM	0				1,081,766	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0				392,310	52.00
53.00	05300	ANESTHESIOLOGY	0				147,994	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0				1,456,609	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0				1,201,014	55.00
56.00	05600	RADIOISOTOPE	0				346,604	56.00
57.00	05700	CT SCAN	0				713,997	57.00
58.00	05800	MRI	0				1,166,334	58.00
59.00	05900	CARDIAC CATHETERIZATION	0				1,657,502	59.00
60.00	06000	LABORATORY	0				1,322,142	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0				110,219	63.00
64.00	06400	INTRAVENOUS THERAPY	0				0	64.00
65.00	06500	RESPIRATORY THERAPY	0				430,186	65.00
66.00	06600	PHYSICAL THERAPY	0				990,347	66.00
67.00	06700	OCCUPATIONAL THERAPY	0				216,383	67.00
68.00	06800	SPEECH PATHOLOGY	0				173,715	68.00
69.00	06900	ELECTROCARDIOLOGY	0				747,360	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0				92,794	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0				121,875	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0				124,709	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0				1,130,274	73.00
74.00	07400	RENAL DIALYSIS	0				34,868	74.00
76.97	07697	CARDIAC REHABILITATION	0				166,907	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0				190,734	90.00
91.00	09100	EMERGENCY	0				917,574	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0				19,535	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,940	0	0	0	27,945,009	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0				24,373	190.00
191.00	19100	RESEARCH	0				10,009	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0				939,912	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0				410,852	194.00
194.01	07951	ADVERTISING	0				3,734	194.01
194.02	07952	RETAIL PHARMACY	0				80,891	194.02
194.03	07953	FITNESS POINTE	0				931,821	194.03
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	0				33,301	194.04
194.05	07955	EINSTEIN BAGELS	0				20,859	194.05
194.06	07956	NONRTHWESTERN IMAGING	0				28,010	194.06
200.00		Cross Foot Adjustments		0	5,751	29,138	34,889	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet B
Part II
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11/25/2024 11:28 am

Cost Center Description		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM-(PHARMACY)	PARAMED ED PRGM-(LAB MLS)	Subtotal	
		17.00	19.00	23.00	23.01	24.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	27,940	0	5,751	29,138	30,463,660	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00	
5.01	00505	PURCHASING & RECEIVING STORES		5.01	
5.02	00506	ADMITTING		5.02	
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE		5.03	
5.04	00508	OTHER ADMIN & GENERAL		5.04	
6.00	00600	MAINTENANCE & REPAIRS		6.00	
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	
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00	
23.00	02300	PARAMED PRGM-(PHARMACY)		23.00	
23.01	02301	PARAMED PRGM-(LAB MLS)		23.01	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	5,483,106	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,627,366	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	459,235	31.01
43.00	04300	NURSERY	0	91,478	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	5,330,072	50.00
51.00	05100	RECOVERY ROOM	0	1,081,766	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	392,310	52.00
53.00	05300	ANESTHESIOLOGY	0	147,994	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,456,609	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,201,014	55.00
56.00	05600	RADIOISOTOPE	0	346,604	56.00
57.00	05700	CT SCAN	0	713,997	57.00
58.00	05800	MRI	0	1,166,334	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,657,502	59.00
60.00	06000	LABORATORY	0	1,322,142	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	110,219	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	430,186	65.00
66.00	06600	PHYSICAL THERAPY	0	990,347	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	216,383	67.00
68.00	06800	SPEECH PATHOLOGY	0	173,715	68.00
69.00	06900	ELECTROCARDIOLOGY	0	747,360	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	92,794	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	121,875	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	124,709	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,130,274	73.00
74.00	07400	RENAL DIALYSIS	0	34,868	74.00
76.97	07697	CARDIAC REHABILITATION	0	166,907	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	190,734	90.00
91.00	09100	EMERGENCY	0	917,574	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	19,535	101.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	27,945,009	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	24,373	190.00
191.00	19100	RESEARCH	0	10,009	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	939,912	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	410,852	194.00
194.01	07951	ADVERTISING	0	3,734	194.01
194.02	07952	RETAIL PHARMACY	0	80,891	194.02
194.03	07953	FITNESS POINTE	0	931,821	194.03
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	0	33,301	194.04
194.05	07955	EINSTEIN BAGELS	0	20,859	194.05

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0125		Period: From 07/01/2023 To 06/30/2024		Worksheet B Part II Date/Time Prepared: 11/25/2024 11:28 am	
Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total				
			25.00	26.00				
194.06	07956	NONRTHWESTERN IMAGING	0	28,010			194.06	
200.00		Cross Foot Adjustments	0	34,889			200.00	
201.00		Negative Cost Centers	0	0			201.00	
202.00		TOTAL (sum lines 118 through 201)	0	30,463,660			202.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet B-1

Date/Time Prepared:
11/25/2024 11:28 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING & RECEIVING STORES (COSTED REQ)	ADMITTING (GROSS REVENUE)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	939,796				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		46,745,754			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,503	25,531	212,717,742		4.00
5.01 00505	PURCHASING & RECEIVING STORES	8,316	3,792	1,005,358	21,318	5.01
5.02 00506	ADMITTING	8,303	15,810	4,976,129	20	2,557,751,528
5.03 00507	CASHIERING/ACCOUNTS RECEIVABLE	1,091	0	0	0	0
5.04 00508	OTHER ADMIN & GENERAL	52,776	1,222,939	15,133,881	90	0
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	147,420	659,845	4,660,477	9	0
8.00 00800	LAUNDRY & LINEN SERVICE	1,566	0	155,043	0	0
9.00 00900	HOUSEKEEPING	4,642	1,260,965	4,646,108	72	0
10.00 01000	DIETARY	11,417	379,269	3,090,156	198	0
11.00 01100	CAFETERIA	11,862	162,544	1,546,661	85	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	5,299	4,083,760	7,760,386	287	0
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00 01500	PHARMACY	0	0	0	0	0
16.00 01600	MEDICAL RECORDS & LIBRARY	1,394	0	0	0	0
17.00 01700	SOCIAL SERVICE	1,026	0	1,258,043	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(PHARMACY)	228	0	200,019	0	0
23.01 02301	PARAMED ED PRGM-(LAB MLS)	1,022	21,255	241,639	5	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	189,532	1,425,737	35,503,888	2,169	225,183,834
31.00 03100	INTENSIVE CARE UNIT	36,200	1,776,563	13,433,706	975	45,798,179
31.01 02060	NEONATAL INTENSIVE CARE UNIT	11,111	499,559	3,472,437	326	24,422,990
43.00 04300	NURSERY	1,947	62,356	1,440,407	84	6,171,408
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	79,135	9,637,932	19,445,740	4,667	359,431,112
51.00 05100	RECOVERY ROOM	38,958	371,296	7,623,200	265	42,269,253
52.00 05200	DELIVERY ROOM & LABOR ROOM	15,479	70,599	2,482,299	95	9,862,412
53.00 05300	ANESTHESIOLOGY	944	295,204	15,610,505	486	64,504,695
54.00 05400	RADIOLOGY-DIAGNOSTIC	21,407	2,903,679	5,159,867	286	116,093,769
55.00 05500	RADIOLOGY-THERAPEUTIC	14,323	2,661,201	1,500,138	31	63,505,553
56.00 05600	RADIOISOTOPE	4,381	733,377	841,866	23	42,769,339
57.00 05700	CT SCAN	6,160	1,655,669	1,643,339	498	164,610,759
58.00 05800	MRI	6,160	3,056,170	1,255,781	211	74,632,331
59.00 05900	CARDIAC CATHETERIZATION	11,354	3,954,430	3,718,700	975	217,775,784
60.00 06000	LABORATORY	25,858	1,959,884	7,539,720	6,559	274,264,781
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,085	176,082	436,093	0	11,050,771
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	4,273	943,933	3,701,013	442	27,210,607
66.00 06600	PHYSICAL THERAPY	37,449	564,651	7,134,062	72	38,510,221
67.00 06700	OCCUPATIONAL THERAPY	9,114	54,685	2,283,153	54	13,977,644
68.00 06800	SPEECH PATHOLOGY	4,418	216,432	2,067,127	20	8,827,564
69.00 06900	ELECTROCARDIOLOGY	15,123	1,205,544	4,136,716	304	112,147,348
70.00 07000	ELECTROENCEPHALOGRAPHY	2,948	69,846	1,027,325	100	23,650,151
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	78,864,816
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	101,954,258
73.00 07300	DRUGS CHARGED TO PATIENTS	5,319	2,854,160	4,817,739	194	123,970,955
74.00 07400	RENAL DIALYSIS	1,325	0	130,139	17	11,715,408
76.97 07697	CARDIAC REHABILITATION	4,516	162,343	982,833	7	5,920,153
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	5,822	44,798	2,583,365	221	19,285,688
91.00 09100	EMERGENCY	24,972	427,691	10,065,125	1,355	239,403,314
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	4,802,386	3	9,966,431
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	838,178	45,619,531	209,512,569	21,205	2,557,751,528
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,208	0	0	0	0
191.00 19100	RESEARCH	330	0	574,713	2	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	46,559	0	76,393	0	0
194.00 07950	OTHER NONREIMBURSEABLE	7,063	789,491	9,608	0	0
194.01 07951	ADVERTISING	112	0	0	1	0
194.02 07952	RETAIL PHARMACY	1,775	27,685	774,127	20	0
194.03 07953	FITNESS POINTE	41,160	284,157	1,159,637	13	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet B-1

Date/Time Prepared:
11/25/2024 11:28 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING & RECEIVING STORES (COSTED REQ)	ADMITTING (GROSS REVENUE)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
194.04 07954 FITNESS POINTE SPA/PRO SHOP/DIETARY	1,482	5,791	254,152	51	0	194.04
194.05 07955 EINSTEIN BAGELS	605	19,099	191,948	22	0	194.05
194.06 07956 NONRTHWESTERN IMAGING	1,324	0	164,595	4	0	194.06
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)	14,830,460	15,633,200	33,872,477	1,538,917	6,546,503	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	15.780510	0.334430	0.159237	72.188620	0.002559	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			32,256	132,652	137,193	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000152	6.222535	0.000054	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: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet B-1

Date/Time Prepared:
11/25/2024 11:28 am

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5A.04	5.04	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00505	PURCHASING & RECEIVING STORES						5.01
5.02	00506	ADMITTING						5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE	2,557,751,528					5.03
5.04	00508	OTHER ADMIN & GENERAL	0	-70,621,978	468,583,006			5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	867,807		6.00
7.00	00700	OPERATION OF PLANT	0	0	18,477,479	147,420	720,387	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,798,917	1,566	1,566	8.00
9.00	00900	HOUSEKEEPING	0	0	8,028,256	4,642	4,642	9.00
10.00	01000	DIETARY	0	0	6,131,855	11,417	11,417	10.00
11.00	01100	CAFETERIA	0	0	844,315	11,862	11,862	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	13,028,448	5,299	5,299	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	5,298,923	1,394	1,394	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,617,242	1,026	1,026	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	0	0	249,852	228	228	23.00
23.01	02301	PARAMED ED PRGM-(LAB MLS)	0	0	346,423	1,022	1,022	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	225,183,834	0	58,870,678	189,532	189,532	30.00
31.00	03100	INTENSIVE CARE UNIT	45,798,179	0	20,224,279	36,200	36,200	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	24,422,990	0	5,163,194	11,111	11,111	31.01
43.00	04300	NURSERY	6,171,408	0	2,134,371	1,947	1,947	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	359,431,112	0	46,056,619	79,135	79,135	50.00
51.00	05100	RECOVERY ROOM	42,269,253	0	11,449,778	38,958	38,958	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,862,412	0	3,806,737	15,479	15,479	52.00
53.00	05300	ANESTHESIOLOGY	64,504,695	0	4,800,954	944	944	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	116,093,769	0	12,224,325	21,407	21,407	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	63,505,553	0	5,654,312	14,323	14,323	55.00
56.00	05600	RADIOISOTOPE	42,769,339	0	3,077,397	4,381	4,381	56.00
57.00	05700	CT SCAN	164,610,759	0	6,394,589	6,160	6,160	57.00
58.00	05800	MRI	74,632,331	0	4,129,611	6,160	6,160	58.00
59.00	05900	CARDIAC CATHETERIZATION	217,775,784	0	9,543,444	11,354	11,354	59.00
60.00	06000	LABORATORY	274,264,781	0	24,351,667	25,858	25,858	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,050,771	0	2,884,361	2,085	2,085	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	27,210,607	0	6,287,154	4,273	4,273	65.00
66.00	06600	PHYSICAL THERAPY	38,510,221	0	11,056,706	37,449	37,449	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,977,644	0	3,254,627	9,114	9,114	67.00
68.00	06800	SPEECH PATHOLOGY	8,827,564	0	2,896,791	4,418	4,418	68.00
69.00	06900	ELECTROCARDIOLOGY	112,147,348	0	7,593,166	15,123	15,123	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	23,650,151	0	1,939,677	2,948	2,948	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	78,864,816	0	43,600,299	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	101,954,258	0	43,997,817	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	123,970,955	0	18,604,411	5,319	5,319	73.00
74.00	07400	RENAL DIALYSIS	11,715,408	0	2,580,327	1,325	1,325	74.00
76.97	07697	CARDIAC REHABILITATION	5,920,153	0	1,439,567	4,516	4,516	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	19,285,688	0	3,869,299	5,822	5,822	90.00
91.00	09100	EMERGENCY	239,403,314	0	16,721,348	24,972	24,972	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	9,966,431	0	6,784,180	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,557,751,528	-70,621,978	447,213,395	766,189	618,769	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	19,063	1,208	1,208	190.00
191.00	19100	RESEARCH	0	0	819,722	330	330	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	888,313	46,559	46,559	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	1,739,641	7,063	7,063	194.00
194.01	07951	ADVERTISING	0	0	554,465	112	112	194.01
194.02	07952	RETAIL PHARMACY	0	0	12,896,835	1,775	1,775	194.02
194.03	07953	FITNESS POINTE	0	0	2,954,225	41,160	41,160	194.03
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	0	0	440,816	1,482	1,482	194.04
194.05	07955	EINSTEIN BAGELS	0	0	565,706	605	605	194.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet B-1

Date/Time Prepared:
11/25/2024 11:28 am

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5A.04	5.04	6.00	7.00	
194.06	07956 NONRTHWESTERN IMAGING	0	0	490,825	1,324	1,324	194.06
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)	6,370,345		70,621,978	0	21,262,294	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.002491		0.150714	0.000000	29.515100	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	17,217		1,244,679	0	2,596,875	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000007		0.002656	0.000000	3.604833	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: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00505	PURCHASING & RECEIVING STORES					5.01
5.02	00506	ADMITTING					5.02
5.03	00507	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00508	OTHER ADMIN & GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	90,237				8.00
9.00	00900	HOUSEKEEPING	0	714,179			9.00
10.00	01000	DIETARY	0	11,417	356,810		10.00
11.00	01100	CAFETERIA	0	11,862	0	1,906	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	5,299	0	87	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,394	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,026	0	18	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	0	228	0	3	23.00
23.01	02301	PARAMED ED PRGM-(LAB MLS)	0	1,022	0	3	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	71,725	189,532	288,113	445	0 30.00
31.00	03100	INTENSIVE CARE UNIT	12,221	36,200	26,895	140	0 31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	3,698	11,111	0	33	0 31.01
43.00	04300	NURSERY	2,593	1,947	0	16	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	79,135	0	229	0 50.00
51.00	05100	RECOVERY ROOM	0	38,958	14,701	84	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,479	5,414	27	0 52.00
53.00	05300	ANESTHESIOLOGY	0	944	0	46	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	21,407	0	68	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	14,323	0	15	0 55.00
56.00	05600	RADIOISOTOPE	0	4,381	0	9	0 56.00
57.00	05700	CT SCAN	0	6,160	0	21	0 57.00
58.00	05800	MRI	0	6,160	0	13	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	11,354	0	40	0 59.00
60.00	06000	LABORATORY	0	25,858	0	118	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,085	0	5	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	4,273	0	41	0 65.00
66.00	06600	PHYSICAL THERAPY	0	37,449	0	88	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	9,114	0	27	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	4,418	0	23	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	15,123	0	54	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,948	0	15	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,319	0	50	0 73.00
74.00	07400	RENAL DIALYSIS	0	1,325	0	2	0 74.00
76.97	07697	CARDIAC REHABILITATION	0	4,516	0	12	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	5,822	0	31	0 90.00
91.00	09100	EMERGENCY	0	24,972	21,687	122	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	90,237	612,561	356,810	1,885	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,208	0	0	0 190.00
191.00	19100	RESEARCH	0	330	0	7	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	46,559	0	1	0 192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	7,063	0	0	0 194.00
194.01	07951	ADVERTISING	0	112	0	0	0 194.01
194.02	07952	RETAIL PHARMACY	0	1,775	0	9	0 194.02
194.03	07953	FITNESS POINTE	0	41,160	0	0	0 194.03
194.04	07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	0	1,482	0	0	0 194.04
194.05	07955	EINSTEIN BAGELS	0	605	0	4	0 194.05
194.06	07956	NONRTHWESTERN IMAGING	0	1,324	0	0	0 194.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet B-1

Date/Time Prepared:
11/25/2024 11:28 am

Cost Center Description		LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,116,260	9,375,236	7,542,859	1,477,389	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	23.452242	13.127292	21.139707	775.125393	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	35,159	534,169	374,688	296,188	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.389630	0.747948	1.050105	155.397692	0.000000	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: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet B-1

Date/Time Prepared:
11/25/2024 11:28 am

Cost Center Description		NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQ)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TOTAL PATI ENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00505						5.01
5.02	00506						5.02
5.03	00507						5.03
5.04	00508						5.04
6.00	00600						6.00
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						12.00
13.00	01300	2,450,397					13.00
14.00	01400	0	0				14.00
15.00	01500	0	0	0			15.00
16.00	01600	0	0	0	2,557,751,528		16.00
17.00	01700	0	0	0	0	90,237	17.00
19.00	01900	0	0	0	0	0	19.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	926,274	0	0	225,183,834	71,725	30.00
31.00	03100	290,328	0	0	45,798,179	12,221	31.00
31.01	02060	68,520	0	0	24,422,990	3,698	31.01
43.00	04300	32,552	0	0	6,171,408	2,593	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	476,735	0	0	359,431,112	0	50.00
51.00	05100	174,148	0	0	42,269,253	0	51.00
52.00	05200	56,836	0	0	9,862,412	0	52.00
53.00	05300	0	0	0	64,504,695	0	53.00
54.00	05400	0	0	0	116,093,769	0	54.00
55.00	05500	0	0	0	63,505,553	0	55.00
56.00	05600	0	0	0	42,769,339	0	56.00
57.00	05700	0	0	0	164,610,759	0	57.00
58.00	05800	0	0	0	74,632,331	0	58.00
59.00	05900	82,777	0	0	217,775,784	0	59.00
60.00	06000	0	0	0	274,264,781	0	60.00
63.00	06300	0	0	0	11,050,771	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	0	0	27,210,607	0	65.00
66.00	06600	0	0	0	38,510,221	0	66.00
67.00	06700	0	0	0	13,977,644	0	67.00
68.00	06800	0	0	0	8,827,564	0	68.00
69.00	06900	0	0	0	112,147,348	0	69.00
70.00	07000	0	0	0	23,650,151	0	70.00
71.00	07100	0	0	0	78,864,816	0	71.00
72.00	07200	0	0	0	101,954,258	0	72.00
73.00	07300	0	0	0	123,970,955	0	73.00
74.00	07400	0	0	0	11,715,408	0	74.00
76.97	07697	24,698	0	0	5,920,153	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	64,640	0	0	19,285,688	0	90.00
91.00	09100	252,889	0	0	239,403,314	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	9,966,431	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		2,450,397	0	0	2,557,751,528	90,237	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet B-1

Date/Time Prepared:
11/25/2024 11:28 am

Cost Center Description		NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQ)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TOTAL PATI ENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
194.06	07956 NONRTHWESTERN IMAGING	0	0	0	0	0	194.06
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)	15,285,417	0	0	6,156,988	1,918,686	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	6.237935	0.000000	0.000000	0.002407	21.262741	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,523,508	0	0	42,140	27,940	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.621739	0.000000	0.000000	0.000016	0.309629	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: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet B-1
Date/Time Prepared:
11/25/2024 11:28 am

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMED PRGM-(PHARMACY) (ASSIGNED TIME)	PARAMED PRGM-(LAB MLS) (ASSIGNED TIME)	
		19.00	23.00	23.01	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00505				5.01
5.02	00506				5.02
5.03	00507				5.03
5.04	00508				5.04
6.00	00600				6.00
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				12.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
19.00	01900	0			19.00
23.00	02300		100		23.00
23.01	02301			100	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	0	0	0	30.00
31.00	03100	0	0	0	31.00
31.01	02060	0	0	0	31.01
43.00	04300	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	0	0	0	50.00
51.00	05100	0	0	0	51.00
52.00	05200	0	0	0	52.00
53.00	05300	0	0	0	53.00
54.00	05400	0	0	0	54.00
55.00	05500	0	0	0	55.00
56.00	05600	0	0	0	56.00
57.00	05700	0	0	0	57.00
58.00	05800	0	0	0	58.00
59.00	05900	0	0	0	59.00
60.00	06000	0	0	100	60.00
63.00	06300	0	0	0	63.00
64.00	06400	0	0	0	64.00
65.00	06500	0	0	0	65.00
66.00	06600	0	0	0	66.00
67.00	06700	0	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	0	0	0	69.00
70.00	07000	0	0	0	70.00
71.00	07100	0	0	0	71.00
72.00	07200	0	0	0	72.00
73.00	07300	0	100	0	73.00
74.00	07400	0	0	0	74.00
76.97	07697	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	0	0	0	90.00
91.00	09100	0	0	0	91.00
92.00	09200	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
118.00		0	100	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	0	0	0	190.00
191.00	19100	0	0	0	191.00
192.00	19200	0	0	0	192.00
194.00	07950	0	0	0	194.00
194.01	07951	0	0	0	194.01
194.02	07952	0	0	0	194.02
194.03	07953	0	0	0	194.03
194.04	07954	0	0	0	194.04
194.05	07955	0	0	0	194.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet B-1

Date/Time Prepared:
11/25/2024 11:28 am

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMED ED PRGM-(PHARMACY) (ASSIGNED TIME)	PARAMED ED PRGM-(LAB MLS) (ASSIGNED TIME)	
		19.00	23.00	23.01	
194.06	07956 NONRTHWESTERN IMAGING	0	0	0	194.06
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	299,555	444,539	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	2,995.550000	4,445.390000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	5,751	29,138	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	57.510000	291.380000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet C
Part I
Date/Time Prepared:
11/25/2024 11:28 am

		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	91,788,158	91,788,158	0	91,788,158	30.00	
31.00	03100 INTENSIVE CARE UNIT	27,960,831	27,960,831	0	27,960,831	31.00	
31.01	02060 NEONATAL INTENSIVE CARE UNIT	7,092,303	7,092,303	0	7,092,303	31.01	
43.00	04300 NURSERY	2,885,336	2,885,336	0	2,885,336	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	60,389,477	60,389,477	0	60,389,477	50.00	
51.00	05100 RECOVERY ROOM	16,400,634	16,400,634	0	16,400,634	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,554,183	5,554,183	0	5,554,183	52.00	
53.00	05300 ANESTHESIOLOGY	5,755,698	5,755,698	0	5,755,698	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	15,311,695	15,311,695	0	15,311,695	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	7,281,748	7,281,748	0	7,281,748	55.00	
56.00	05600 RADIOISOTOPE	3,837,943	3,837,943	0	3,837,943	56.00	
57.00	05700 CT SCAN	8,033,516	8,033,516	0	8,033,516	57.00	
58.00	05800 MRI	5,204,395	5,204,395	0	5,204,395	58.00	
59.00	05900 CARDIAC CATHETERIZATION	12,537,485	12,537,485	0	12,537,485	59.00	
60.00	06000 LABORATORY	30,320,610	30,320,610	0	30,320,610	60.00	
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	3,438,459	3,438,459	0	3,438,459	63.00	
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	7,514,203	7,514,203	0	7,514,203	65.00	
66.00	06600 PHYSICAL THERAPY	14,480,926	14,480,926	0	14,480,926	66.00	
67.00	06700 OCCUPATIONAL THERAPY	4,188,360	4,188,360	0	4,188,360	67.00	
68.00	06800 SPEECH PATHOLOGY	3,560,848	3,560,848	0	3,560,848	68.00	
69.00	06900 ELECTROCARDIOLOGY	9,694,239	9,694,239	0	9,694,239	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	2,426,276	2,426,276	0	2,426,276	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	50,361,302	50,361,302	0	50,361,302	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	50,874,308	50,874,308	0	50,874,308	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	22,271,880	22,271,880	0	22,271,880	73.00	
74.00	07400 RENAL DIALYSIS	3,055,469	3,055,469	0	3,055,469	74.00	
76.97	07697 CARDIAC REHABILITATION	2,026,720	2,026,720	0	2,026,720	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	5,174,391	5,174,391	0	5,174,391	90.00	
91.00	09100 EMERGENCY	23,013,126	23,013,126	0	23,013,126	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	18,663,333	18,663,333	0	18,663,333	92.00	
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	7,830,640	7,830,640	0	7,830,640	101.00	
200.00	Subtotal (see instructions)	528,928,492	528,928,492	0	528,928,492	200.00	
201.00	Less Observation Beds	18,663,333	18,663,333	0	18,663,333	201.00	
202.00	Total (see instructions)	510,265,159	510,265,159	0	510,265,159	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet C Part I Date/Time Prepared: 11/25/2024 11:28 am
		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	158,277,112		158,277,112	30.00
31.00	03100	INTENSIVE CARE UNIT	45,798,179		45,798,179	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	24,422,990		24,422,990	31.01
43.00	04300	NURSERY	6,171,408		6,171,408	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	119,509,795	239,921,317	359,431,112	50.00
51.00	05100	RECOVERY ROOM	9,519,040	32,750,213	42,269,253	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,641,986	1,220,426	9,862,412	52.00
53.00	05300	ANESTHESIOLOGY	17,404,915	47,099,780	64,504,695	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,600,032	100,493,737	116,093,769	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,585,423	60,920,130	63,505,553	55.00
56.00	05600	RADIOISOTOPE	3,990,328	38,779,011	42,769,339	56.00
57.00	05700	CT SCAN	49,710,301	114,900,458	164,610,759	57.00
58.00	05800	MRI	19,204,635	55,427,696	74,632,331	58.00
59.00	05900	CARDIAC CATHETERIZATION	72,833,393	144,942,391	217,775,784	59.00
60.00	06000	LABORATORY	84,650,836	189,613,945	274,264,781	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,505,887	3,544,884	11,050,771	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	23,142,816	4,067,791	27,210,607	65.00
66.00	06600	PHYSICAL THERAPY	9,876,841	28,633,380	38,510,221	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,695,377	6,282,267	13,977,644	67.00
68.00	06800	SPEECH PATHOLOGY	2,547,651	6,279,913	8,827,564	68.00
69.00	06900	ELECTROCARDIOLOGY	33,861,672	78,285,676	112,147,348	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,526,989	21,123,162	23,650,151	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	37,387,350	41,477,466	78,864,816	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	58,186,397	43,767,861	101,954,258	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	88,862,247	35,108,708	123,970,955	73.00
74.00	07400	RENAL DIALYSIS	10,395,168	1,320,240	11,715,408	74.00
76.97	07697	CARDIAC REHABILITATION	559,332	5,360,821	5,920,153	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	472,380	18,813,308	19,285,688	90.00
91.00	09100	EMERGENCY	74,209,325	165,193,989	239,403,314	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,859,155	58,047,567	66,906,722	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	9,966,431	9,966,431	101.00
200.00		Subtotal (see instructions)	1,004,408,960	1,553,342,568	2,557,751,528	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	1,004,408,960	1,553,342,568	2,557,751,528	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet C Part I Date/Time Prepared: 11/25/2024 11:28 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT			31.01
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.168014		50.00
51.00	05100 RECOVERY ROOM	0.388004		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.563167		52.00
53.00	05300 ANESTHESIOLOGY	0.089229		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.131891		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.114663		55.00
56.00	05600 RADIOISOTOPE	0.089736		56.00
57.00	05700 CT SCAN	0.048803		57.00
58.00	05800 MRI	0.069734		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.057571		59.00
60.00	06000 LABORATORY	0.110552		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.311151		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.276150		65.00
66.00	06600 PHYSICAL THERAPY	0.376028		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.299647		67.00
68.00	06800 SPEECH PATHOLOGY	0.403378		68.00
69.00	06900 ELECTROCARDIOLOGY	0.086442		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.102590		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.638578		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.498991		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.179654		73.00
74.00	07400 RENAL DIALYSIS	0.260808		74.00
76.97	07697 CARDIAC REHABILITATION	0.342343		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.268302		90.00
91.00	09100 EMERGENCY	0.096127		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.278946		92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100 HOME HEALTH AGENCY			101.00
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: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet C
Part I
Date/Time Prepared:
11/25/2024 11:28 am

		Title XIX		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	91,788,158	91,788,158	0	91,788,158	30.00	
31.00	03100 INTENSIVE CARE UNIT	27,960,831	27,960,831	0	27,960,831	31.00	
31.01	02060 NEONATAL INTENSIVE CARE UNIT	7,092,303	7,092,303	0	7,092,303	31.01	
43.00	04300 NURSERY	2,885,336	2,885,336	0	2,885,336	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	60,389,477	60,389,477	0	60,389,477	50.00	
51.00	05100 RECOVERY ROOM	16,400,634	16,400,634	0	16,400,634	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,554,183	5,554,183	0	5,554,183	52.00	
53.00	05300 ANESTHESIOLOGY	5,755,698	5,755,698	0	5,755,698	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	15,311,695	15,311,695	0	15,311,695	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	7,281,748	7,281,748	0	7,281,748	55.00	
56.00	05600 RADIOISOTOPE	3,837,943	3,837,943	0	3,837,943	56.00	
57.00	05700 CT SCAN	8,033,516	8,033,516	0	8,033,516	57.00	
58.00	05800 MRI	5,204,395	5,204,395	0	5,204,395	58.00	
59.00	05900 CARDIAC CATHETERIZATION	12,537,485	12,537,485	0	12,537,485	59.00	
60.00	06000 LABORATORY	30,320,610	30,320,610	0	30,320,610	60.00	
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	3,438,459	3,438,459	0	3,438,459	63.00	
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	7,514,203	7,514,203	0	7,514,203	65.00	
66.00	06600 PHYSICAL THERAPY	14,480,926	14,480,926	0	14,480,926	66.00	
67.00	06700 OCCUPATIONAL THERAPY	4,188,360	4,188,360	0	4,188,360	67.00	
68.00	06800 SPEECH PATHOLOGY	3,560,848	3,560,848	0	3,560,848	68.00	
69.00	06900 ELECTROCARDIOLOGY	9,694,239	9,694,239	0	9,694,239	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	2,426,276	2,426,276	0	2,426,276	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	50,361,302	50,361,302	0	50,361,302	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	50,874,308	50,874,308	0	50,874,308	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	22,271,880	22,271,880	0	22,271,880	73.00	
74.00	07400 RENAL DIALYSIS	3,055,469	3,055,469	0	3,055,469	74.00	
76.97	07697 CARDIAC REHABILITATION	2,026,720	2,026,720	0	2,026,720	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	5,174,391	5,174,391	0	5,174,391	90.00	
91.00	09100 EMERGENCY	23,013,126	23,013,126	0	23,013,126	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	18,663,333	18,663,333	0	18,663,333	92.00	
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	7,830,640	7,830,640	0	7,830,640	101.00	
200.00	Subtotal (see instructions)	528,928,492	528,928,492	0	528,928,492	200.00	
201.00	Less Observation Beds	18,663,333	18,663,333	0	18,663,333	201.00	
202.00	Total (see instructions)	510,265,159	510,265,159	0	510,265,159	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet C
Part I
Date/Time Prepared:
11/25/2024 11:28 am

			Title XIX			Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio				
	Inpatient	Outpatient	Total (col. 6 + col. 7)						
	6.00	7.00	8.00				9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	158,277,112		158,277,112				30.00
31.00	03100	INTENSIVE CARE UNIT	45,798,179		45,798,179				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	24,422,990		24,422,990				31.01
43.00	04300	NURSERY	6,171,408		6,171,408				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	119,509,795	239,921,317	359,431,112	0.168014	0.000000		50.00
51.00	05100	RECOVERY ROOM	9,519,040	32,750,213	42,269,253	0.388004	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,641,986	1,220,426	9,862,412	0.563167	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	17,404,915	47,099,780	64,504,695	0.089229	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,600,032	100,493,737	116,093,769	0.131891	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,585,423	60,920,130	63,505,553	0.114663	0.000000		55.00
56.00	05600	RADIOISOTOPE	3,990,328	38,779,011	42,769,339	0.089736	0.000000		56.00
57.00	05700	CT SCAN	49,710,301	114,900,458	164,610,759	0.048803	0.000000		57.00
58.00	05800	MRI	19,204,635	55,427,696	74,632,331	0.069734	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	72,833,393	144,942,391	217,775,784	0.057571	0.000000		59.00
60.00	06000	LABORATORY	84,650,836	189,613,945	274,264,781	0.110552	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,505,887	3,544,884	11,050,771	0.311151	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	23,142,816	4,067,791	27,210,607	0.276150	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	9,876,841	28,633,380	38,510,221	0.376028	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	7,695,377	6,282,267	13,977,644	0.299647	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	2,547,651	6,279,913	8,827,564	0.403378	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	33,861,672	78,285,676	112,147,348	0.086442	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,526,989	21,123,162	23,650,151	0.102590	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	37,387,350	41,477,466	78,864,816	0.638578	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	58,186,397	43,767,861	101,954,258	0.498991	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	88,862,247	35,108,708	123,970,955	0.179654	0.000000		73.00
74.00	07400	RENAL DIALYSIS	10,395,168	1,320,240	11,715,408	0.260808	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	559,332	5,360,821	5,920,153	0.342343	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	472,380	18,813,308	19,285,688	0.268302	0.000000		90.00
91.00	09100	EMERGENCY	74,209,325	165,193,989	239,403,314	0.096127	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,859,155	58,047,567	66,906,722	0.278946	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	0	9,966,431	9,966,431				101.00
200.00		Subtotal (see instructions)	1,004,408,960	1,553,342,568	2,557,751,528				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	1,004,408,960	1,553,342,568	2,557,751,528				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet C Part I Date/Time Prepared: 11/25/2024 11:28 am
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT			31.01
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.168014		50.00
51.00	05100 RECOVERY ROOM	0.388004		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.563167		52.00
53.00	05300 ANESTHESIOLOGY	0.089229		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.131891		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.114663		55.00
56.00	05600 RADIOISOTOPE	0.089736		56.00
57.00	05700 CT SCAN	0.048803		57.00
58.00	05800 MRI	0.069734		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.057571		59.00
60.00	06000 LABORATORY	0.110552		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.311151		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.276150		65.00
66.00	06600 PHYSICAL THERAPY	0.376028		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.299647		67.00
68.00	06800 SPEECH PATHOLOGY	0.403378		68.00
69.00	06900 ELECTROCARDIOLOGY	0.086442		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.102590		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.638578		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.498991		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.179654		73.00
74.00	07400 RENAL DIALYSIS	0.260808		74.00
76.97	07697 CARDIAC REHABILITATION	0.342343		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.268302		90.00
91.00	09100 EMERGENCY	0.096127		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.278946		92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100 HOME HEALTH AGENCY			101.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 15-0125

Period: From 07/01/2023 To 06/30/2024

Worksheet C Part II Date/Time Prepared: 11/25/2024 11:28 am

Cost Center Description			Title XIX			Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	60,389,477	5,330,072	55,059,405	0	0	50.00
51.00	05100	RECOVERY ROOM	16,400,634	1,081,766	15,318,868	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,554,183	392,310	5,161,873	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,755,698	147,994	5,607,704	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,311,695	1,456,609	13,855,086	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,281,748	1,201,014	6,080,734	0	0	55.00
56.00	05600	RADIOISOTOPE	3,837,943	346,604	3,491,339	0	0	56.00
57.00	05700	CT SCAN	8,033,516	713,997	7,319,519	0	0	57.00
58.00	05800	MRI	5,204,395	1,166,334	4,038,061	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,537,485	1,657,502	10,879,983	0	0	59.00
60.00	06000	LABORATORY	30,320,610	1,322,142	28,998,468	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,438,459	110,219	3,328,240	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	7,514,203	430,186	7,084,017	0	0	65.00
66.00	06600	PHYSICAL THERAPY	14,480,926	990,347	13,490,579	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,188,360	216,383	3,971,977	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,560,848	173,715	3,387,133	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,694,239	747,360	8,946,879	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,426,276	92,794	2,333,482	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	50,361,302	121,875	50,239,427	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	50,874,308	124,709	50,749,599	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,271,880	1,130,274	21,141,606	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,055,469	34,868	3,020,601	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	2,026,720	166,907	1,859,813	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,174,391	190,734	4,983,657	0	0	90.00
91.00	09100	EMERGENCY	23,013,126	917,574	22,095,552	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	18,663,333	1,114,892	17,548,441	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	7,830,640	19,535	7,811,105	0	0	101.00
200.00		Subtotal (sum of lines 50 thru 199)	399,201,864	21,398,716	377,803,148	0	0	200.00
201.00		Less Observation Beds	18,663,333	1,114,892	17,548,441	0	0	201.00
202.00		Total (line 200 minus line 201)	380,538,531	20,283,824	360,254,707	0	0	202.00

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

Provider CCN: 15-0125

Period: From 07/01/2023 To 06/30/2024

Worksheet C Part II Date/Time Prepared: 11/25/2024 11:28 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	60,389,477	359,431,112	0.168014		50.00
51.00	05100 RECOVERY ROOM	16,400,634	42,269,253	0.388004		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,554,183	9,862,412	0.563167		52.00
53.00	05300 ANESTHESIOLOGY	5,755,698	64,504,695	0.089229		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	15,311,695	116,093,769	0.131891		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	7,281,748	63,505,553	0.114663		55.00
56.00	05600 RADIOISOTOPE	3,837,943	42,769,339	0.089736		56.00
57.00	05700 CT SCAN	8,033,516	164,610,759	0.048803		57.00
58.00	05800 MRI	5,204,395	74,632,331	0.069734		58.00
59.00	05900 CARDIAC CATHETERIZATION	12,537,485	217,775,784	0.057571		59.00
60.00	06000 LABORATORY	30,320,610	274,264,781	0.110552		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	3,438,459	11,050,771	0.311151		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	7,514,203	27,210,607	0.276150		65.00
66.00	06600 PHYSICAL THERAPY	14,480,926	38,510,221	0.376028		66.00
67.00	06700 OCCUPATIONAL THERAPY	4,188,360	13,977,644	0.299647		67.00
68.00	06800 SPEECH PATHOLOGY	3,560,848	8,827,564	0.403378		68.00
69.00	06900 ELECTROCARDIOLOGY	9,694,239	112,147,348	0.086442		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,426,276	23,650,151	0.102590		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	50,361,302	78,864,816	0.638578		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	50,874,308	101,954,258	0.498991		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	22,271,880	123,970,955	0.179654		73.00
74.00	07400 RENAL DIALYSIS	3,055,469	11,715,408	0.260808		74.00
76.97	07697 CARDIAC REHABILITATION	2,026,720	5,920,153	0.342343		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	5,174,391	19,285,688	0.268302		90.00
91.00	09100 EMERGENCY	23,013,126	239,403,314	0.096127		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	18,663,333	66,906,722	0.278946		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY	7,830,640	9,966,431	0.785702		101.00
200.00	Subtotal (sum of lines 50 thru 199)	399,201,864	2,323,081,839			200.00
201.00	Less Observation Beds	18,663,333	0			201.00
202.00	Total (line 200 minus line 201)	380,538,531	2,323,081,839			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet D Part I Date/Time Prepared: 11/25/2024 11:28 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	5,483,106	0	5,483,106	90,031	60.90	30.00
31.00	INTENSIVE CARE UNIT	1,627,366		1,627,366	12,221	133.16	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	459,235		459,235	3,698	124.18	31.01
43.00	NURSERY	91,478		91,478	2,593	35.28	43.00
200.00	Total (lines 30 through 199)	7,661,185		7,661,185	108,543		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	27,692	1,686,443				
31.00	INTENSIVE CARE UNIT	3,837	510,935				
31.01	NEONATAL INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	31,529	2,197,378				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet D Part II Date/Time Prepared: 11/25/2024 11:28 am
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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	5,330,072	359,431,112	0.014829	40,231,827	596,598	50.00
51.00	05100	RECOVERY ROOM	1,081,766	42,269,253	0.025592	3,134,918	80,229	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	392,310	9,862,412	0.039778	5,672	226	52.00
53.00	05300	ANESTHESIOLOGY	147,994	64,504,695	0.002294	6,113,979	14,025	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,456,609	116,093,769	0.012547	5,440,061	68,256	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,201,014	63,505,553	0.018912	978,420	18,504	55.00
56.00	05600	RADIOISOTOPE	346,604	42,769,339	0.008104	1,564,753	12,681	56.00
57.00	05700	CT SCAN	713,997	164,610,759	0.004337	18,708,505	81,139	57.00
58.00	05800	MRI	1,166,334	74,632,331	0.015628	6,595,254	103,071	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,657,502	217,775,784	0.007611	29,245,565	222,588	59.00
60.00	06000	LABORATORY	1,322,142	274,264,781	0.004821	31,091,435	149,892	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	110,219	11,050,771	0.009974	2,603,934	25,972	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	430,186	27,210,607	0.015809	8,434,632	133,343	65.00
66.00	06600	PHYSICAL THERAPY	990,347	38,510,221	0.025716	3,812,779	98,049	66.00
67.00	06700	OCCUPATIONAL THERAPY	216,383	13,977,644	0.015481	3,047,353	47,176	67.00
68.00	06800	SPEECH PATHOLOGY	173,715	8,827,564	0.019679	841,924	16,568	68.00
69.00	06900	ELECTROCARDIOLOGY	747,360	112,147,348	0.006664	13,626,203	90,805	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	92,794	23,650,151	0.003924	1,017,332	3,992	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	121,875	78,864,816	0.001545	14,075,861	21,747	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	124,709	101,954,258	0.001223	26,889,930	32,886	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,130,274	123,970,955	0.009117	31,173,725	284,211	73.00
74.00	07400	RENAL DIALYSIS	34,868	11,715,408	0.002976	3,827,529	11,391	74.00
76.97	07697	CARDIAC REHABILITATION	166,907	5,920,153	0.028193	162,629	4,585	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	190,734	19,285,688	0.009890	142,627	1,411	90.00
91.00	09100	EMERGENCY	917,574	239,403,314	0.003833	28,386,657	108,806	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,114,892	66,906,722	0.016663	4,092,676	68,196	92.00
200.00		Total (lines 50 through 199)	21,379,181	2,313,115,408		285,246,180	2,296,347	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet D Part III Date/Time Prepared: 11/25/2024 11:28 am
Title XVIII		Hospital	PPS

Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	31.01
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00

Cost Center Description		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	0	90,031	0.00	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	12,221	0.00	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	3,698	0.00	31.01
43.00	04300	NURSERY	0	0	2,593	0.00	43.00
200.00		Total (lines 30 through 199)	0	0	108,543	0.00	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	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0				31.01
43.00	04300	NURSERY	0				43.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet D
Part IV
Date/Time Prepared:
11/25/2024 11:28 am

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	444,539	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	299,555	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	744,094	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet D
Part IV
Date/Time Prepared:
11/25/2024 11:28 am

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)	Title XVIII		Hospital		
					Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)			
		4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	359,431,112	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	42,269,253	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	9,862,412	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	64,504,695	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	116,093,769	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	63,505,553	0.000000	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	42,769,339	0.000000	56.00	
57.00	05700	CT SCAN	0	0	0	164,610,759	0.000000	57.00	
58.00	05800	MRI	0	0	0	74,632,331	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	217,775,784	0.000000	59.00	
60.00	06000	LABORATORY	0	444,539	444,539	274,264,781	0.001621	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	11,050,771	0.000000	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	27,210,607	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	38,510,221	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,977,644	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	8,827,564	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	112,147,348	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	23,650,151	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	78,864,816	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	101,954,258	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	299,555	299,555	123,970,955	0.002416	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	11,715,408	0.000000	74.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	5,920,153	0.000000	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	19,285,688	0.000000	90.00	
91.00	09100	EMERGENCY	0	0	0	239,403,314	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	66,906,722	0.000000	92.00	
200.00		Total (lines 50 through 199)	0	744,094	744,094	2,313,115,408		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet D
Part IV
Date/Time Prepared:
11/25/2024 11:28 am

Cost Center Description			Title XVIII			Hospital		PPS
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	40,231,827	0	60,122,136	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	3,134,918	0	9,108,531	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	5,672	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	6,113,979	0	11,601,491	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	5,440,061	0	22,962,121	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	978,420	0	24,501,455	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	1,564,753	0	14,058,877	0	56.00
57.00	05700	CT SCAN	0.000000	18,708,505	0	29,447,396	0	57.00
58.00	05800	MRI	0.000000	6,595,254	0	15,930,009	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	29,245,565	0	59,271,237	0	59.00
60.00	06000	LABORATORY	0.001621	31,091,435	50,399	17,579,969	28,497	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	2,603,934	0	550,247	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	8,434,632	0	1,225,424	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	3,812,779	0	247,735	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	3,047,353	0	420,808	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	841,924	0	565,814	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	13,626,203	0	27,711,363	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,017,332	0	5,082,612	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	14,075,861	0	14,166,149	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	26,889,930	0	15,334,648	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.002416	31,173,725	75,316	7,645,053	18,470	73.00
74.00	07400	RENAL DIALYSIS	0.000000	3,827,529	0	490,632	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	162,629	0	2,442,203	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	142,627	0	10,042,648	0	90.00
91.00	09100	EMERGENCY	0.000000	28,386,657	0	21,006,416	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	4,092,676	0	12,267,704	0	92.00
200.00		Total (lines 50 through 199)		285,246,180	125,715	383,782,678	46,967	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet D Part V Date/Time Prepared: 11/25/2024 11:28 am
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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	0.168014	60,122,136	0	0	10,101,361	50.00
51.00	05100 RECOVERY ROOM	0.388004	9,108,531	0	0	3,534,146	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.563167	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.089229	11,601,491	0	0	1,035,189	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.131891	22,962,121	0	0	3,028,497	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.114663	24,501,455	0	0	2,809,410	55.00
56.00	05600 RADIOISOTOPE	0.089736	14,058,877	0	0	1,261,587	56.00
57.00	05700 CT SCAN	0.048803	29,447,396	0	0	1,437,121	57.00
58.00	05800 MRI	0.069734	15,930,009	0	0	1,110,863	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.057571	59,271,237	0	0	3,412,304	59.00
60.00	06000 LABORATORY	0.110552	17,579,969	0	0	1,943,501	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.311151	550,247	0	0	171,210	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.276150	1,225,424	0	0	338,401	65.00
66.00	06600 PHYSICAL THERAPY	0.376028	247,735	0	0	93,155	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.299647	420,808	0	0	126,094	67.00
68.00	06800 SPEECH PATHOLOGY	0.403378	565,814	0	0	228,237	68.00
69.00	06900 ELECTROCARDIOLOGY	0.086442	27,711,363	0	0	2,395,426	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.102590	5,082,612	0	0	521,425	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.638578	14,166,149	0	0	9,046,191	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.498991	15,334,648	0	0	7,651,851	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.179654	7,645,053	0	30,652	1,373,464	73.00
74.00	07400 RENAL DIALYSIS	0.260808	490,632	0	0	127,961	74.00
76.97	07697 CARDIAC REHABILITATION	0.342343	2,442,203	0	0	836,071	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.268302	10,042,648	0	0	2,694,463	90.00
91.00	09100 EMERGENCY	0.096127	21,006,416	0	155	2,019,284	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.278946	12,267,704	0	0	3,422,027	92.00
200.00	Subtotal (see instructions)		383,782,678	0	30,807	60,719,239	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		383,782,678	0	30,807	60,719,239	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet D Part V Date/Time Prepared: 11/25/2024 11:28 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
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
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	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 PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	5,507	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	15	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00	Subtotal (see instructions)	0	5,522	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	5,522	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet D Part I Date/Time Prepared: 11/25/2024 11:28 am
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Cost Center Description		Title XIX			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)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	5,483,106	0	5,483,106	90,031	60.90	30.00
31.00	INTENSIVE CARE UNIT	1,627,366		1,627,366	12,221	133.16	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	459,235		459,235	3,698	124.18	31.01
43.00	NURSERY	91,478		91,478	2,593	35.28	43.00
200.00	Total (lines 30 through 199)	7,661,185		7,661,185	108,543		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	1,327	80,814				
31.00	INTENSIVE CARE UNIT	323	43,011				
31.01	NEONATAL INTENSIVE CARE UNIT	335	41,600				
43.00	NURSERY	126	4,445				
200.00	Total (lines 30 through 199)	2,111	169,870				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet D Part II Date/Time Prepared: 11/25/2024 11:28 am
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Cost Center Description		Title XIX			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	5,330,072	359,431,112	0.014829	1,506,103	22,334	50.00
51.00	05100	RECOVERY ROOM	1,081,766	42,269,253	0.025592	84,753	2,169	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	392,310	9,862,412	0.039778	93,724	3,728	52.00
53.00	05300	ANESTHESIOLOGY	147,994	64,504,695	0.002294	217,971	500	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,456,609	116,093,769	0.012547	299,511	3,758	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,201,014	63,505,553	0.018912	61,433	1,162	55.00
56.00	05600	RADIOISOTOPE	346,604	42,769,339	0.008104	36,135	293	56.00
57.00	05700	CT SCAN	713,997	164,610,759	0.004337	600,177	2,603	57.00
58.00	05800	MRI	1,166,334	74,632,331	0.015628	183,887	2,874	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,657,502	217,775,784	0.007611	324,652	2,471	59.00
60.00	06000	LABORATORY	1,322,142	274,264,781	0.004821	1,332,874	6,426	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	110,219	11,050,771	0.009974	49,433	493	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	430,186	27,210,607	0.015809	535,637	8,468	65.00
66.00	06600	PHYSICAL THERAPY	990,347	38,510,221	0.025716	141,113	3,629	66.00
67.00	06700	OCCUPATIONAL THERAPY	216,383	13,977,644	0.015481	119,012	1,842	67.00
68.00	06800	SPEECH PATHOLOGY	173,715	8,827,564	0.019679	85,979	1,692	68.00
69.00	06900	ELECTROCARDIOLOGY	747,360	112,147,348	0.006664	369,958	2,465	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	92,794	23,650,151	0.003924	73,114	287	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	121,875	78,864,816	0.001545	320,458	495	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	124,709	101,954,258	0.001223	236,380	289	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,130,274	123,970,955	0.009117	1,443,913	13,164	73.00
74.00	07400	RENAL DIALYSIS	34,868	11,715,408	0.002976	137,273	409	74.00
76.97	07697	CARDIAC REHABILITATION	166,907	5,920,153	0.028193	8,850	250	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	190,734	19,285,688	0.009890	0	0	90.00
91.00	09100	EMERGENCY	917,574	239,403,314	0.003833	675,932	2,591	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,114,892	66,906,722	0.016663	111,248	1,854	92.00
200.00		Total (lines 50 through 199)	21,379,181	2,313,115,408		9,049,520	86,246	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet D Part III Date/Time Prepared: 11/25/2024 11:28 am
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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	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	31.01
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00
Cost Center Description		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	0	90,031	0.00	30.00
31.00	03100	INTENSIVE CARE UNIT		0	12,221	0.00	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	3,698	0.00	31.01
43.00	04300	NURSERY		0	2,593	0.00	43.00
200.00		Total (lines 30 through 199)		0	108,543		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	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0				31.01
43.00	04300	NURSERY	0				43.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet D
Part IV
Date/Time Prepared:
11/25/2024 11:28 am

Cost Center Description		Title XIX			Hospital		Allied Health Adjustments	Allied Health Adjustments	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	PPS			
		1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	444,539	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	299,555	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	744,094	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet D Part IV Date/Time Prepared: 11/25/2024 11:28 am
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Cost Center Description	Title XIX			Hospital	PPS			
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	359,431,112	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	42,269,253	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	9,862,412	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	64,504,695	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	116,093,769	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	63,505,553	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	42,769,339	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	164,610,759	0.000000	57.00
58.00	05800	MRI	0	0	0	74,632,331	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	217,775,784	0.000000	59.00
60.00	06000	LABORATORY	0	444,539	444,539	274,264,781	0.001621	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	11,050,771	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	27,210,607	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	38,510,221	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,977,644	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	8,827,564	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	112,147,348	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	23,650,151	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	78,864,816	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	101,954,258	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	299,555	299,555	123,970,955	0.002416	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	11,715,408	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	5,920,153	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	19,285,688	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	239,403,314	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	66,906,722	0.000000	92.00
200.00		Total (lines 50 through 199)	0	744,094	744,094	2,313,115,408		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet D
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Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	1,506,103	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	84,753	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	93,724	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	217,971	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	299,511	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	61,433	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	36,135	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	600,177	0	0	0	57.00
58.00	05800 MRI	0.000000	183,887	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	324,652	0	0	0	59.00
60.00	06000 LABORATORY	0.001621	1,332,874	2,161	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	49,433	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	535,637	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	141,113	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	119,012	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	85,979	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	369,958	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	73,114	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	320,458	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	236,380	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002416	1,443,913	3,488	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	137,273	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	8,850	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	675,932	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	111,248	0	0	0	92.00
200.00	Total (lines 50 through 199)		9,049,520	5,649	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 11/25/2024 11:28 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		90,031	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		90,031	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)		71,725	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)		27,692	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)		91,788,158	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)		91,788,158	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)		91,788,158	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)		1,019.52	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		28,232,548	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)		28,232,548	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0125		Period: From 07/01/2023 To 06/30/2024		Worksheet D-1 Date/Time Prepared: 11/25/2024 11:28 am	
Cost Center Description			Title XVIII		Hospital		PPS	
			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
			1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	27,960,831	12,221	2,287.93	3,837	8,778,787		43.00
43.01	NEONATAL INTENSIVE CARE UNIT	7,092,303	3,698	1,917.88	0	0		43.01
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description								
							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					56,066,113		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)					93,077,448		49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,197,378		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,422,062		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,619,440		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					88,458,008		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)					18,306		87.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0125		Period: From 07/01/2023 To 06/30/2024		Worksheet D-1 Date/Time Prepared: 11/25/2024 11:28 am	
Cost Center Description		Title XVIII		Hospital		PPS	
Cost Center Description						1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,019.52	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					18,663,333	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,483,106	91,788,158	0.059737	18,663,333	1,114,892	90.00
91.00	Nursing Program cost	0	91,788,158	0.000000	18,663,333	0	91.00
92.00	Allied health cost	0	91,788,158	0.000000	18,663,333	0	92.00
93.00	All other Medical Education	0	91,788,158	0.000000	18,663,333	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet D-1 Date/Time Prepared: 11/25/2024 11:28 am
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		90,031	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		90,031	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)		71,725	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,327	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,593	15.00
16.00	Nursery days (title V or XIX only)		126	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)		91,788,158	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)		91,788,158	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)		91,788,158	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)		1,019.52	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,352,903	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)		1,352,903	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0125		Period: From 07/01/2023 To 06/30/2024		Worksheet D-1	
		Title XIX		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	2,885,336	2,593	1,112.74	126	140,205	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	27,960,831	12,221	2,287.93	323	739,001	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	7,092,303	3,698	1,917.88	335	642,490	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,659,124	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)					4,533,723	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)					169,870	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					91,895	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					261,765	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,271,958	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)					18,306	87.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0125		Period: From 07/01/2023 To 06/30/2024		Worksheet D-1 Date/Time Prepared: 11/25/2024 11:28 am	
Cost Center Description		Title XIX		Hospital		PPS	
Cost Center Description						1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,019.52	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					18,663,333	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,483,106	91,788,158	0.059737	18,663,333	1,114,892	90.00
91.00	Nursing Program cost	0	91,788,158	0.000000	18,663,333	0	91.00
92.00	Allied health cost	0	91,788,158	0.000000	18,663,333	0	92.00
93.00	All other Medical Education	0	91,788,158	0.000000	18,663,333	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet D-3 Date/Time Prepared: 11/25/2024 11:28 am
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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		59,063,190		30.00
31.00	03100 INTENSIVE CARE UNIT		15,482,390		31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT		0		31.01
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.168014	40,231,827	6,759,510	50.00
51.00	05100 RECOVERY ROOM	0.388004	3,134,918	1,216,361	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.563167	5,672	3,194	52.00
53.00	05300 ANESTHESIOLOGY	0.089229	6,113,979	545,544	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.131891	5,440,061	717,495	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.114663	978,420	112,189	55.00
56.00	05600 RADIOISOTOPE	0.089736	1,564,753	140,415	56.00
57.00	05700 CT SCAN	0.048803	18,708,505	913,031	57.00
58.00	05800 MRI	0.069734	6,595,254	459,913	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.057571	29,245,565	1,683,696	59.00
60.00	06000 LABORATORY	0.110552	31,091,435	3,437,220	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.311151	2,603,934	810,217	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.276150	8,434,632	2,329,224	65.00
66.00	06600 PHYSICAL THERAPY	0.376028	3,812,779	1,433,712	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.299647	3,047,353	913,130	67.00
68.00	06800 SPEECH PATHOLOGY	0.403378	841,924	339,614	68.00
69.00	06900 ELECTROCARDIOLOGY	0.086442	13,626,203	1,177,876	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.102590	1,017,332	104,368	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.638578	14,075,861	8,988,535	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.498991	26,889,930	13,417,833	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.179654	31,173,725	5,600,484	73.00
74.00	07400 RENAL DIALYSIS	0.260808	3,827,529	998,250	74.00
76.97	07697 CARDIAC REHABILITATION	0.342343	162,629	55,675	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.268302	142,627	38,267	90.00
91.00	09100 EMERGENCY	0.096127	28,386,657	2,728,724	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.278946	4,092,676	1,141,636	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		285,246,180	56,066,113	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)		285,246,180		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet D-3 Date/Time Prepared: 11/25/2024 11:28 am
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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		2,278,303		30.00
31.00	03100 INTENSIVE CARE UNIT		747,368		31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT		1,321,785		31.01
43.00	04300 NURSERY		1,000,831		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.168014	1,506,103	253,046	50.00
51.00	05100 RECOVERY ROOM	0.388004	84,753	32,885	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.563167	93,724	52,782	52.00
53.00	05300 ANESTHESIOLOGY	0.089229	217,971	19,449	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.131891	299,511	39,503	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.114663	61,433	7,044	55.00
56.00	05600 RADIOISOTOPE	0.089736	36,135	3,243	56.00
57.00	05700 CT SCAN	0.048803	600,177	29,290	57.00
58.00	05800 MRI	0.069734	183,887	12,823	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.057571	324,652	18,691	59.00
60.00	06000 LABORATORY	0.110552	1,332,874	147,352	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.311151	49,433	15,381	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.276150	535,637	147,916	65.00
66.00	06600 PHYSICAL THERAPY	0.376028	141,113	53,062	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.299647	119,012	35,662	67.00
68.00	06800 SPEECH PATHOLOGY	0.403378	85,979	34,682	68.00
69.00	06900 ELECTROCARDIOLOGY	0.086442	369,958	31,980	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.102590	73,114	7,501	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.638578	320,458	204,637	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.498991	236,380	117,951	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.179654	1,443,913	259,405	73.00
74.00	07400 RENAL DIALYSIS	0.260808	137,273	35,802	74.00
76.97	07697 CARDIAC REHABILITATION	0.342343	8,850	3,030	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.268302	0	0	90.00
91.00	09100 EMERGENCY	0.096127	675,932	64,975	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.278946	111,248	31,032	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		9,049,520	1,659,124	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)		9,049,520		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet E Part A Date/Time Prepared: 11/25/2024 11:28 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		19,133,789	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		57,300,045	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)		226,375	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		381,299	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)		354.98	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
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.86	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.09	31.00
32.00	Sum of lines 30 and 31		20.95	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.50	33.00
34.00	Disproportionate share adjustment (see instructions)		1,242,050	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet E Part A Date/Time Prepared: 11/25/2024 11:28 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Payment Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,874,403,459	5,938,006,757	35.00
35.01	Factor 3 (see instructions)	0.000274182	0.000246193	35.01
35.02	Hospital UCP, including supplemental UCP (see instructions)	1,884,837	1,461,894	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	475,083	1,094,424	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	1,569,507		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)	79,853,065		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)		79,853,065	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		6,168,723	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		59,980	53.00
54.00	Special add-on payments for new technologies		97,362	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).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		125,715	58.00
59.00	Total (sum of amounts on lines 49 through 58)		86,304,845	59.00
60.00	Primary payer payments		11,427	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		86,293,418	61.00
62.00	Deductibles billed to program beneficiaries		6,651,624	62.00
63.00	Coinurance billed to program beneficiaries		479,312	63.00
64.00	Allowable bad debts (see instructions)		747,336	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		485,768	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		386,706	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		79,648,250	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
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-470,890	70.93
70.94	HRR adjustment amount (see instructions)		-813,418	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet E Part A Date/Time Prepared: 11/25/2024 11:28 am
		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)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		78,363,942	71.00
71.01	Sequestration adjustment (see instructions)		1,567,279	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		76,830,525	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-33,862	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,018,971	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	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet E Part B Date/Time Prepared: 11/25/2024 11:28 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		5,522	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		60,672,272	2.00
3.00	OPPS or REH payments		60,083,372	3.00
4.00	Outlier payment (see instructions)		19,276	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		46,967	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		5,522	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		30,807	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)		30,807	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)		30,807	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		25,285	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)		5,522	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)		60,149,615	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)		10,520,969	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)		49,634,168	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)		49,634,168	30.00
31.00	Primary payer payments		33,809	31.00
32.00	Subtotal (line 30 minus line 31)		49,600,359	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)		690,221	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		448,644	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		474,489	36.00
37.00	Subtotal (see instructions)		50,049,003	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-1,182	38.00
39.00	OTHER ADJUSTMENTS PER PSR		-4,901	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)		8,146	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		50,045,284	40.00
40.01	Sequestration adjustment (see instructions)		1,000,906	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		49,261,826	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)		-217,448	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: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet E Part B Date/Time Prepared: 11/25/2024 11:28 am
		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: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet E-1
Part I
Date/Time Prepared:
11/25/2024 11:28 am

		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		76,830,525		49,261,826	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)		76,830,525		49,261,826	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		33,862		217,448	6.02	
7.00	Total Medicare program liability (see instructions)		76,796,663		49,044,378	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: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet E-1 Part II Date/Time Prepared: 11/25/2024 11:28 am
		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

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet E-5 Date/Time Prepared: 11/25/2024 11:28 am
Title XVIII			PPS	
				1.00
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0 1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2			0 2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)			0 3.00
4.00	Capital outlier reconciliation adjustment amount (see 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: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet G

Date/Time Prepared:
11/25/2024 11:28 am

		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	6,011	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	81,131,790	0	0	0	4.00
5.00	Other receivable	3,476,525	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	13,674,291	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	5,597,741	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)	103,886,358	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	220,619,080	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	220,619,080	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	6,416,848	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	6,416,848	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	330,922,286	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,143,476	0	0	0	37.00
38.00	Salaries, wages, and fees payable	18,702,741	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	6,958,189	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	29,804,406	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	7,147,516	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	7,147,516	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	36,951,922	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	293,970,364	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	293,970,364	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	330,922,286	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet G-1

Date/Time Prepared:
11/25/2024 11:28 am

		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		266,309,481		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		62,206,917				2.00
3.00	Total (sum of line 1 and line 2)		328,516,398		0		3.00
4.00	RESTRICTED CONTRIBUTIONS	249,888		0		0	4.00
5.00	INVESTMENT INCOME	6,935		0		0	5.00
6.00	FUND TRANSFER	2,500		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)		259,323		0		10.00
11.00	Subtotal (line 3 plus line 10)		328,775,721		0		11.00
12.00	TRANSFERRED TO/FROM AFFILIATES	34,580,385		0		0	12.00
13.00	NET ASSETS RELEASED	224,972		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		34,805,357		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		293,970,364		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	RESTRICTED CONTRIBUTIONS		0				4.00
5.00	INVESTMENT INCOME		0				5.00
6.00	FUND TRANSFER		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	TRANSFERRED TO/FROM AFFILIATES		0				12.00
13.00	NET ASSETS RELEASED		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/25/2024 11:28 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	164,570,000		164,570,000	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	164,570,000		164,570,000	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	46,576,802		46,576,802	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	24,482,207		24,482,207	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	71,059,009		71,059,009	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	235,629,009		235,629,009	17.00
18.00	Ancillary services	768,779,951	0	768,779,951	18.00
19.00	Outpatient services	0	1,544,170,845	1,544,170,845	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		9,966,845	9,966,845	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	24,312,817	52,349,748	76,662,565	27.00
27.01	TAXABLE LAB	0	1,213,862	1,213,862	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,028,721,777	1,607,701,300	2,636,423,077	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		609,548,170		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		609,548,170		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0125

Period:
From 07/01/2023
To 06/30/2024

Worksheet G-3

Date/Time Prepared:
11/25/2024 11:28 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,636,423,077	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,987,043,539	2.00
3.00	Net patient revenues (line 1 minus line 2)	649,379,538	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	609,548,170	4.00
5.00	Net income from service to patients (line 3 minus line 4)	39,831,368	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	23,881	6.00
7.00	Income from investments	355,667	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	2,935,403	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	12,765,240	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	55,732	21.00
22.00	Rental of hospital space	1,107,870	22.00
23.00	Governmental appropriations	0	23.00
24.00	CLASSES	63,505	24.00
24.01	TEMP ASSETS RELEASED FROM RESTRICTION	205,792	24.01
24.02	FITNESS POINTE/BEAUTY SHOP INCOME	2,953,906	24.02
24.03	GAIN ON SALE OF ASSETS	131,190	24.03
24.04	OTHER INCOME	458,735	24.04
24.05	GRANT INCOME	377,414	24.05
24.06	THERMAL LEASE	941,214	24.06
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	22,375,549	25.00
26.00	Total (line 5 plus line 25)	62,206,917	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)	62,206,917	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0125

Period: From 07/01/2023

Worksheet H

HHA CCN: 15-7487

To 06/30/2024

Date/Time Prepared: 11/25/2024 11:28 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,510,091	162,617	0	9,022	72,126	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,465,106	157,772	52,225	0	1,675,103	6.00
7.00	Physical Therapy	1,299,335	139,921	60,511	0	1,499,767	7.00
8.00	Occupational Therapy	418,839	45,103	13,727	21,638	499,307	8.00
9.00	Speech Pathology	78,224	8,424	6,958	0	93,606	9.00
10.00	Medical Social Services	3,469	374	0	0	3,843	10.00
11.00	Home Health Aide	27,322	2,942	2,390	0	32,654	11.00
12.00	Supplies (see instructions)	0	0	0	0	142,945	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	4,802,386	517,153	135,811	30,660	215,071	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	1,753,856	267,834	2,021,690		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	1,675,103	0	1,675,103		6.00
7.00	Physical Therapy	-65,522	1,434,245	0	1,434,245		7.00
8.00	Occupational Therapy	58,373	557,680	0	557,680		8.00
9.00	Speech Pathology	7,149	100,755	0	100,755		9.00
10.00	Medical Social Services	0	3,843	0	3,843		10.00
11.00	Home Health Aide	0	32,654	0	32,654		11.00
12.00	Supplies (see instructions)	0	142,945	0	142,945		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	0	5,701,081	267,834	5,968,915		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0125	Period: From 07/01/2023	Worksheet H-1
		HHA CCN: 15-7487	To 06/30/2024	Part I
				Date/Time Prepared: 11/25/2024 11:28 am
			Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	2,021,690	0	0	0	2,021,690	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,675,103	0	0	0	1,675,103	6.00
7.00	Physical Therapy	1,434,245	0	0	0	1,434,245	7.00
8.00	Occupational Therapy	557,680	0	0	0	557,680	8.00
9.00	Speech Pathology	100,755	0	0	0	100,755	9.00
10.00	Medical Social Services	3,843	0	0	0	3,843	10.00
11.00	Home Health Aide	32,654	0	0	0	32,654	11.00
12.00	Supplies (see instructions)	142,945	0	0	0	142,945	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	5,968,915	0	0	0	5,968,915	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	2,021,690					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	857,953	2,533,056				6.00
7.00	Physical Therapy	734,592	2,168,837				7.00
8.00	Occupational Therapy	285,633	843,313				8.00
9.00	Speech Pathology	51,605	152,360				9.00
10.00	Medical Social Services	1,968	5,811				10.00
11.00	Home Health Aide	16,725	49,379				11.00
12.00	Supplies (see instructions)	73,214	216,159				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		5,968,915				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0125

Period: From 07/01/2023

Worksheet H-1

HHA CCN: 15-7487

To 06/30/2024

Part II
Date/Time Prepared: 11/25/2024 11:28 am

Home Health Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-2,021,690	3,947,225
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,675,103
7.00	Physical Therapy	0	0	0	0	0	1,434,245
8.00	Occupational Therapy	0	0	0	0	0	557,680
9.00	Speech Pathology	0	0	0	0	0	100,755
10.00	Medical Social Services	0	0	0	0	0	3,843
11.00	Home Health Aide	0	0	0	0	0	32,654
12.00	Supplies (see instructions)	0	0	0	0	0	142,945
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-2,021,690	3,947,225
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		2,021,690
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.512180

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0125

Period: From 07/01/2023

Worksheet H-2

HHA CCN: 15-7487

To 06/30/2024

Part I
Date/Time Prepared: 11/25/2024 11:28 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING & RECEIVING STORES	ADMITTING	
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
1.00 Administrative and General	0	0	0	240,463	217	25,504	1.00
2.00 Skilled Nursing Care	2,533,056	0	0	233,299	0	0	2.00
3.00 Physical Therapy	2,168,837	0	0	206,902	0	0	3.00
4.00 Occupational Therapy	843,313	0	0	66,695	0	0	4.00
5.00 Speech Pathology	152,360	0	0	12,456	0	0	5.00
6.00 Medical Social Services	5,811	0	0	552	0	0	6.00
7.00 Home Health Aide	49,379	0	0	4,351	0	0	7.00
8.00 Supplies (see instructions)	216,159	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	5,968,915	0	0	764,718	217	25,504	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	5.03	5A.03	5.04	6.00	7.00	8.00	
1.00 Administrative and General	24,826	291,010	43,859	0	0	0	1.00
2.00 Skilled Nursing Care	0	2,766,355	416,929	0	0	0	2.00
3.00 Physical Therapy	0	2,375,739	358,057	0	0	0	3.00
4.00 Occupational Therapy	0	910,008	137,151	0	0	0	4.00
5.00 Speech Pathology	0	164,816	24,840	0	0	0	5.00
6.00 Medical Social Services	0	6,363	959	0	0	0	6.00
7.00 Home Health Aide	0	53,730	8,098	0	0	0	7.00
8.00 Supplies (see instructions)	0	216,159	32,578	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	24,826	6,784,180	1,022,471	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0125

Period: From 07/01/2023

Worksheet H-2

HHA CCN: 15-7487

To 06/30/2024

Part I
Date/Time Prepared: 11/25/2024 11:28 am

Home Health Agency I

PPS

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	12.00	13.00	14.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED PRGM-(PHARMACY)	PARAMED PRGM-(LAB MLS)	
		15.00	16.00	17.00	19.00	23.00	23.01	
1.00	Administrative and General	0	23,989	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	23,989	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0125

Period: From 07/01/2023

Worksheet H-2

HHA CCN: 15-7487

To 06/30/2024

Part I
Date/Time Prepared:
11/25/2024 11:28 am

Home Health Agency I

PPS

Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	358,858	0	358,858				1.00
2.00 Skilled Nursing Care	3,183,284	0	3,183,284	152,890	3,336,174		2.00
3.00 Physical Therapy	2,733,796	0	2,733,796	131,299	2,865,095		3.00
4.00 Occupational Therapy	1,047,159	0	1,047,159	50,293	1,097,452		4.00
5.00 Speech Pathology	189,656	0	189,656	9,109	198,765		5.00
6.00 Medical Social Services	7,322	0	7,322	352	7,674		6.00
7.00 Home Health Aide	61,828	0	61,828	2,969	64,797		7.00
8.00 Supplies (see instructions)	248,737	0	248,737	11,946	260,683		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
19.50 Telemedicine	0	0	0	0	0		19.50
20.00 Total (sum of lines 1-19) (2)	7,830,640	0	7,830,640	358,858	7,830,640		20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.048028			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0125
HHA CCN: 15-7487

Period:
From 07/01/2023
To 06/30/2024

Worksheet H-2
Part II
Date/Time Prepared:
11/25/2024 11:28 am
PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING & RECEIVING STORES (COSTED REQ)	ADMITTING (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	
	BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	0	0	1,510,091	3	9,966,431	9,966,431	1.00
2.00 Skilled Nursing Care	0	0	1,465,106	0	0	0	2.00
3.00 Physical Therapy	0	0	1,299,335	0	0	0	3.00
4.00 Occupational Therapy	0	0	418,839	0	0	0	4.00
5.00 Speech Pathology	0	0	78,224	0	0	0	5.00
6.00 Medical Social Services	0	0	3,469	0	0	0	6.00
7.00 Home Health Aide	0	0	27,322	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	4,802,386	3	9,966,431	9,966,431	20.00
21.00 Total cost to be allocated	0	0	764,718	217	25,504	24,826	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.159237	72.333333	0.002559	0.002491	22.00
Cost Center Description	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQARE FEET)	OPERATION OF PLANT (SQARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQARE FEET)	
	5A.04	5.04	6.00	7.00	8.00	9.00	
1.00 Administrative and General	0	291,010	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	2,766,355	0	0	0	0	2.00
3.00 Physical Therapy	0	2,375,739	0	0	0	0	3.00
4.00 Occupational Therapy	0	910,008	0	0	0	0	4.00
5.00 Speech Pathology	0	164,816	0	0	0	0	5.00
6.00 Medical Social Services	0	6,363	0	0	0	0	6.00
7.00 Home Health Aide	0	53,730	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	216,159	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	6,784,180	0	0	0	0	20.00
21.00 Total cost to be allocated	0	1,022,471	0	0	0	0	21.00
22.00 Unit cost multiplier		0.150714	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0125
HHA CCN: 15-7487

Period:
From 07/01/2023
To 06/30/2024

Worksheet H-2
Part II
Date/Time Prepared:
11/25/2024 11:28 am
PPS

Cost Center Description		DIETARY (PATIENT MEALS)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQ)	
		10.00	11.00	12.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMED PRGM- (PHARMACY) (ASSIGNED TIME)	PARAMED PRGM- (LAB MLS) (ASSIGNED TIME)		
		16.00	17.00	19.00	23.00	23.01		
1.00	Administrative and General	9,966,431	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	9,966,431	0	0	0	0	0	20.00
21.00	Total cost to be allocated	23,989	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.002407	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0125 HHA CCN: 15-7487		Period: From 07/01/2023 To 06/30/2024		Worksheet H-3 Part I Date/Time Prepared: 11/25/2024 11:28 am	
				Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	2.00	3,336,174		3,336,174	22,105	150.92		
2.00	Physical Therapy	3.00	2,865,095	0	2,865,095	14,983	191.22		
3.00	Occupational Therapy	4.00	1,097,452	0	1,097,452	6,205	176.87		
4.00	Speech Pathology	5.00	198,765	0	198,765	760	261.53		
5.00	Medical Social Services	6.00	7,674		7,674	37	207.41		
6.00	Home Health Aide	7.00	64,797		64,797	1,286	50.39		
7.00	Total (sum of lines 1-6)		7,569,957	0	7,569,957	45,376	7.00		
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits				
		0	1.00	2.00	Part B				
					Not Subject to Deductibles & Coinsurance		Subject to Deductibles		
		0	1.00	2.00	3.00		4.00		5.00
Limitation Cost Computation									
8.00	Skilled Nursing Care		23844	0	10,806		8.00		
9.00	Physical Therapy		23844	0	6,977		9.00		
10.00	Occupational Therapy		23844	0	3,004		10.00		
11.00	Speech Pathology		23844	0	325		11.00		
12.00	Medical Social Services		23844	0	16		12.00		
13.00	Home Health Aide		23844	0	918		13.00		
14.00	Total (sum of lines 8-13)			0	22,046		14.00		
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 + col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	8.00	260,683	0	260,683	133,635	1.950709		
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000		
Cost Center Description		Part A	Program Visits		Cost of Services				
			Part B						
			Not Subject to Deductibles & Coinsurance		Part A	Part B			
		6.00	7.00	8.00	9.00	10.00		11.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	0	10,806		0	1,630,842	1.00		
2.00	Physical Therapy	0	6,977		0	1,334,142	2.00		
3.00	Occupational Therapy	0	3,004		0	531,317	3.00		
4.00	Speech Pathology	0	325		0	84,997	4.00		
5.00	Medical Social Services	0	16		0	3,319	5.00		
6.00	Home Health Aide	0	918		0	46,258	6.00		
7.00	Total (sum of lines 1-6)	0	22,046		0	3,630,875	7.00		
Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care						8.00		
9.00	Physical Therapy						9.00		
10.00	Occupational Therapy						10.00		
11.00	Speech Pathology						11.00		
12.00	Medical Social Services						12.00		
13.00	Home Health Aide						13.00		
14.00	Total (sum of lines 8-13)						14.00		

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0125
HHA CCN: 15-7487

Period:
From 07/01/2023
To 06/30/2024

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Part I
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Title XVIII

Home Health Agency I

Cost Center Description	Program Covered Charges			Cost of Services				
	Part A	Part B						
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	6.00	7.00	8.00	9.00	10.00	11.00		
Supplies and Drugs Cost Computations								
15.00 Cost of Medical Supplies	0	74,902	0	0	146,112	0	15.00	
16.00 Cost of Drugs		0	0		0	0	16.00	
Cost Center Description	Total Program Cost (sum of col.s. 9-10)							
	12.00							
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00 Skilled Nursing Care	1,630,842							1.00
2.00 Physical Therapy	1,334,142							2.00
3.00 Occupational Therapy	531,317							3.00
4.00 Speech Pathology	84,997							4.00
5.00 Medical Social Services	3,319							5.00
6.00 Home Health Aide	46,258							6.00
7.00 Total (sum of lines 1-6)	3,630,875							7.00
Cost Center Description								
	12.00							
Limitation Cost Computation								
8.00 Skilled Nursing Care								8.00
9.00 Physical Therapy								9.00
10.00 Occupational Therapy								10.00
11.00 Speech Pathology								11.00
12.00 Medical Social Services								12.00
13.00 Home Health Aide								13.00
14.00 Total (sum of lines 8-13)								14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0125

Period: From 07/01/2023

Worksheet H-3

HHA CCN: 15-7487

To 06/30/2024

Part II
Date/Time Prepared:
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Home Health Agency I

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.376028	0	0	col. 2, line 2.00	1.00
2.00	Occupational Therapy	67.00	0.299647	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.403378	0	0	col. 2, line 4.00	3.00
4.00	Cost of Medical Supplies	71.00	0.638578	0	0	col. 2, line 15.00	4.00
5.00	Cost of Drugs	73.00	0.179654	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0125 HHA CCN: 15-7487	Period: From 07/01/2023 To 06/30/2024	Worksheet H-4 Part I-11 Date/Time Prepared: 11/25/2024 11:28 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	2,569	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	-2,569
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	3,026,002
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	1,099,223
13.00	Total PPS Reimbursement - LUPA Episodes		0	50,250
14.00	Total PPS Reimbursement - PEP Episodes		0	15,099
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	295,249
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	4,160
17.00	Total Other Payments		0	4,862
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	4,492,276
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	4,492,276
25.00	Coinsurance billed to program patients (from your records)			972
26.00	Net cost (line 24 minus line 25)		0	4,491,304
27.00	Allowable bad debts (from your records)			0
27.01	Adjusted reimbursable bad debts (see instructions)			0
28.00	Allowable bad debts for dual eligible (see instructions)			0
29.00	Total costs - current cost reporting period (see instructions)		0	4,491,304
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	4,491,304
31.01	Sequestration adjustment (see instructions)		0	89,825
31.02	Demonstration payment adjustment after sequestration		0	0
31.75	Sequestration adjustment for non-claims based amounts (see instructions)		0	0
32.00	Interim payments (see instructions)		0	4,401,480
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 31.75, 32, and 33)		0	-1
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 15-0125
HHA CCN: 15-7487

Period:
From 07/01/2023
To 06/30/2024

Worksheet H-5
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		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		4,401,480	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		4,401,480	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1	6.02
7.00	Total Medicare program liability (see instructions)		0		4,401,479	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0125	Period: From 07/01/2023 To 06/30/2024	Worksheet L Parts I-III Date/Time Prepared: 11/25/2024 11:28 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		5,895,335	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		18,120	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)		241.07	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.86	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.09	8.00
9.00	Sum of lines 7 and 8		20.95	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.33	10.00
11.00	Disproportionate share adjustment (see instructions)		255,268	11.00
12.00	Total prospective capital payments (see instructions)		6,168,723	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