

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: 15-0008	Period: From 07/01/2023 To 06/30/2024	Worksheet S Parts I-III Date/Time Prepared: 11/25/2024 11:32 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.		

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 ST. CATHERINE HOSPITAL (15-0008) 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	Julie Latta	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	Julie Latta		2
3	Signatory Title	CFO		3
4	Date	(Dated when report is electronica		4

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	257,316	-22,152	0	1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	2.00
3.00	SUBPROVIDER - IRF	0	-21,786	0	0	3.00
5.00	SWING BED - SNF	0	0	0	0	5.00
6.00	SWING BED - NF	0			0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	9.00
200.00	TOTAL	0	235,530	-22,152	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: 15-0008		Period: From 07/01/2023 To 06/30/2024		Worksheet S-2 Part I Date/Time Prepared: 11/25/2024 11:32 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 4321 FIR STREET			PO Box:				1.00	
2.00	City: EAST CHICAGO			State: IN		Zip Code: 46312		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
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			ST. CATHERINE HOSPITAL	150008	23844	1	07/01/1966	N
4.00	Subprovider - IPF							P	P
5.00	Subprovider - IRF			ST. CATHERINE HOSPITAL	15T008	23844	5	01/01/2002	N
				- REHAB				P	P
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						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) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.								22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00

Worksheet S-2
Part I
Date/Time Prepared:

MCRIF32 - 22.6.179.0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0008		Period: From 07/01/2023 To 06/30/2024		Worksheet S-2 Part I Date/Time Prepared: 11/25/2024 11:32 am		
				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.			N			60.00	
				Y/N	IME	Direct GME		
				1.00	2.00	3.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)			N		0.00	61.00	
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01	
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02	
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03	
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04	
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05	
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06	
				Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
				1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.					0.00	0.00	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.					0.00	0.00	
				1.00				
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	
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	
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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet S-2
Part I
Date/Time Prepared:
11/25/2024 11:32 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0008	Period: From 07/01/2023 To 06/30/2024	Worksheet S-2 Part I Date/Time Prepared: 11/25/2024 11:32 am		
			1.00			
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?			68.00		
			1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N	70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00	
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y	75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N N 0	76.00	
			1.00			
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00	
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00	
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments		
			1.00	2.00		
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.			N 0	88.00	
			Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge	
			1.00	2.00	3.00	
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.			0.00	0	89.00
			V	XIX		
			1.00	2.00		
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	97.00

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		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. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	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
				3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00

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		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	2.00	
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: 15-0008		Period: From 07/01/2023 To 06/30/2024		Worksheet S-2 Part I Date/Time Prepared: 11/25/2024 11:32 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		
Multicampus								
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	
						1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00
		Beginning		Ending				
		1.00		2.00				
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
		1.00		2.00				
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0
							171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0008		Period: From 07/01/2023 To 06/30/2024		Worksheet S-2 Part II Date/Time Prepared: 11/25/2024 11:32 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)	N					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.	N					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: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet S-2
Part II
Date/Time Prepared:
11/25/2024 11:32 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 relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				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: 15-0008	Period: From 07/01/2023 To 06/30/2024	Worksheet S-2 Part II Date/Time Prepared: 11/25/2024 11:32 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: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet S-3
Part I
Date/Time Prepared:
11/25/2024 11:32 am

Component	Worksheet A Line No.	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P Visits / Trips		
					Title V		
					1.00		2.00
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	114	41,724	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)		114	41,724	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	8	2,928	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		122	44,652	0.00	0	14.00
15.00	CAH visits				0.00	0	15.00
15.10	REH hours and visits				0.00	0	15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	41.00	16	5,856		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						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)		138			0	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)		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: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet S-3
Part I
Date/Time Prepared:
11/25/2024 11:32 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
	PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	4,748	2,135	24,493			1.00
2.00	HMO and other (see instructions)	7,220	8,651				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	1,155	396				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	4,748	2,135	24,493			7.00
8.00	INTENSIVE CARE UNIT	433	249	2,199			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		103	559			13.00
14.00	Total (see instructions)	5,181	2,487	27,251	0.00	831.00	14.00
15.00	CAH visits	0	0	0			15.00
15.10	REH hours and visits	0	0	0			15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	1,858	106	3,862	0.00	18.00	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			54			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	849.00	27.00
28.00	Observation Bed Days		0	5,931			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	38	45			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: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet S-3
Part I
Date/Time Prepared:
11/25/2024 11:32 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	15.00	
PART I - STATISTICAL DATA						
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	908	458	5,158	1.00
2.00 HMO and other (see instructions)			1,123	1,847		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				36		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	908	458	5,158	14.00
15.00 CAH visits						15.00
15.10 REH hours and visits						15.10
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	177	8	355	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: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet S-3
Part II
Date/Time Prepared:
11/25/2024 11:32 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	64,273,104	0	64,273,104	1,764,431.24	36.43
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		640,450	0	640,450	4,151.17	154.28
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		1,659,128	0	1,659,128	7,817.12	212.24
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)		1,787,066	63,540	1,850,606	54,806.08	33.77
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		5,438,856	0	5,438,856	53,991.20	100.74
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		203,940	0	203,940	1,269.56	160.64
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		8,094,185	0	8,094,185	203,021.14	39.87
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
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)		15,955,437	0	15,955,437		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		515,095	0	515,095		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		39,015	0	39,015		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		73,469	0	73,469		
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)		2,200,669	0	2,200,669		
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: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet S-3
Part II
Date/Time Prepared:
11/25/2024 11:32 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	486,341	0	486,341	10,709.03	45.41	26.00
27.00	Administrative & General	5.00	6,697,957	0	6,697,957	192,847.32	34.73	27.00
28.00	Administrative & General under contract (see inst.)		1,165,108	0	1,165,108	7,754.23	150.25	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,955,265	0	1,955,265	54,574.67	35.83	30.00
31.00	Laundry & Linen Service	8.00	107,555	0	107,555	6,148.15	17.49	31.00
32.00	Housekeeping	9.00	2,351,729	-63,540	2,288,189	114,806.88	19.93	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,989,465	-872,496	1,116,969	51,734.46	21.59	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	872,496	872,496	40,411.00	21.59	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,592,289	0	1,592,289	57,258.60	27.81	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet S-3
Part III
Date/Time Prepared:
11/25/2024 11:32 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	63,138,634	0	63,138,634	1,760,217.18	35.87	1.00
2.00	Excluded area salaries (see instructions)	1,787,066	63,540	1,850,606	54,806.08	33.77	2.00
3.00	Subtotal salaries (line 1 minus line 2)	61,351,568	-63,540	61,288,028	1,705,411.10	35.94	3.00
4.00	Subtotal other wages & related costs (see inst.)	13,736,981	0	13,736,981	258,281.90	53.19	4.00
5.00	Subtotal wage-related costs (see inst.)	18,156,106	0	18,156,106	0.00	29.62	5.00
6.00	Total (sum of lines 3 thru 5)	93,244,655	-63,540	93,181,115	1,963,693.00	47.45	6.00
7.00	Total overhead cost (see instructions)	16,345,709	-63,540	16,282,169	536,244.34	30.36	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet S-3
Part IV
Date/Time Prepared:
11/25/2024 11:32 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	1,967,231	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)	8,930,378	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	392,283	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	37,313	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)	31,205	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	566,650	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	3,743,489	17.00
18.00	Medicare Taxes - Employers Portion Only	905,238	18.00
19.00	Unemployment Insurance	9,229	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)	16,583,016	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: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet S-3
Part V
Date/Time Prepared:
11/25/2024 11:32 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	5,438,856	16,583,016	1.00
2.00	Hospital	5,438,856	16,583,016	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0008	Period: From 07/01/2023 To 06/30/2024	Worksheet S-10 Parts I & II Date/Time Prepared: 11/25/2024 11:32 am
				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)		0.206752	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		43,614,433	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		228,268,308	6.00
7.00	Medicaid cost (line 1 times line 6)		47,194,929	7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)		3,580,496	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)		14,669	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		122,366	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		25,299	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)		10,630	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)		3,591,126	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)	9,606,686	1,083,278	10,689,964
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,986,202	403,457	2,389,659
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)	1,986,202	403,457	2,389,659
				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)		857,010	25.01
26.00	Bad debt amount (see instructions)		6,205,528	26.00
27.00	Medicare reimbursable bad debts (see instructions)		412,112	27.00
27.01	Medicare allowable bad debts (see instructions)		634,020	27.01
28.00	Non-Medicare bad debt amount (see instructions)		5,571,508	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		1,373,828	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		3,763,487	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		7,354,613	31.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0008	Period: From 07/01/2023 To 06/30/2024	Worksheet S-10 Parts I & II Date/Time Prepared: 11/25/2024 11:32 am
				1.00
PART II - HOSPITAL DATA				
Uncompensated and Indigent Care Cost-to-Charge Ratio				
1.00	Cost to charge ratio (see instructions)		0.202537	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)	9,606,686	1,080,350	10,687,036
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,945,709	397,108	2,342,817
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)	1,945,709	397,108	2,342,817
				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)		856,770	25.01
26.00	Bad debt amount (see instructions)		6,178,756	26.00
27.00	Medicare reimbursable bad debts (see instructions)		404,042	27.00
27.01	Medicare allowable bad debts (see instructions)		621,604	27.01
28.00	Non-Medicare bad debt amount (see instructions)		5,557,152	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		1,343,091	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		3,685,908	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		3,685,908	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0008

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

Worksheet A

Date/Time Prepared:

11/25/2024 11:32 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification 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		2,897,325	2,897,325	158,452	3,055,777
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,446,310	4,446,310	13,829	4,460,139
3.00	00300	OTHER CAP REL COSTS		0	0	0	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	486,341	8,928,847	9,415,188	0	9,415,188
5.01	00560	PURCHASING RECEIVING AND STORES	324,486	66,356	390,842	0	390,842
5.02	00570	ADMITTING	939,751	149,038	1,088,789	0	1,088,789
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	115	115	0	115
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	5,433,720	26,502,760	31,936,480	-163,021	31,773,459
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	1,955,265	4,549,146	6,504,411	-90,240	6,414,171
8.00	00800	LAUNDRY & LINEN SERVICE	107,555	543,381	650,936	0	650,936
9.00	00900	HOUSEKEEPING	2,351,729	800,795	3,152,524	-85,175	3,067,349
10.00	01000	DIETARY	1,989,465	1,867,598	3,857,063	-1,691,547	2,165,516
11.00	01100	CAFETERIA	0	0	0	1,691,547	1,691,547
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,592,289	347,757	1,940,046	0	1,940,046
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	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,657,391	5,381,990	20,039,381	334,578	20,373,959
31.00	03100	INTENSIVE CARE UNIT	2,295,066	1,335,072	3,630,138	0	3,630,138
41.00	04100	SUBPROVIDER - IRF	1,151,484	1,339,146	2,490,630	0	2,490,630
43.00	04300	NURSERY	0	0	0	429,864	429,864
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,646,099	3,849,993	6,496,092	-275,506	6,220,586
51.00	05100	RECOVERY ROOM	1,023,612	209,375	1,232,987	0	1,232,987
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,485,389	349,190	1,834,579	-764,442	1,070,137
53.00	05300	ANESTHESIOLOGY	2,299,578	415,266	2,714,844	0	2,714,844
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,151,618	1,078,494	3,230,112	0	3,230,112
55.00	05500	RADIOLOGY - THERAPEUTIC	350,468	270,755	621,223	0	621,223
56.00	05600	RADIOISOTOPE	234,102	407,490	641,592	0	641,592
57.00	05700	CT SCAN	621,682	594,342	1,216,024	0	1,216,024
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	374,612	120,569	495,181	0	495,181
59.00	05900	CARDIAC CATHETERIZATION	587,550	1,032,653	1,620,203	0	1,620,203
60.00	06000	LABORATORY	2,802,129	3,203,528	6,005,657	-21,960	5,983,697
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	197,454	1,240,479	1,437,933	0	1,437,933
64.00	06400	INTRAVENOUS THERAPY	1,646,435	727,875	2,374,310	0	2,374,310
65.00	06500	RESPIRATORY THERAPY	1,435,221	351,163	1,786,384	0	1,786,384
66.00	06600	PHYSICAL THERAPY	2,185,399	922,105	3,107,504	-3,299	3,104,205
67.00	06700	OCCUPATIONAL THERAPY	1,003,098	597,825	1,600,923	0	1,600,923
68.00	06800	SPEECH PATHOLOGY	323,018	156,229	479,247	0	479,247
69.00	06900	ELECTROCARDIOLOGY	728,911	238,398	967,309	0	967,309
70.00	07000	ELECTROENCEPHALOGRAPHY	414,021	131,257	545,278	0	545,278
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,569,875	3,569,875	129,738	3,699,613
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,858,054	2,858,054	145,768	3,003,822
73.00	07300	DRUGS CHARGED TO PATIENTS	2,695,158	16,825,666	19,520,824	-29,238	19,491,586
74.00	07400	RENAL DIALYSIS	0	797,128	797,128	0	797,128
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	74,539	10,776	85,315	0	85,315
76.97	07697	CARDIAC REHABILITATION	421,858	58,050	479,908	0	479,908
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	730,055	279,719	1,009,774	0	1,009,774
91.00	09100	EMERGENCY	3,920,974	1,246,726	5,167,700	0	5,167,700
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)	63,637,522	100,698,616	164,336,138	-220,652	164,115,486
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
191.00	19100	RESEARCH	34,920	12,397	47,317	0	47,317
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	5,404	5,404	0	5,404
194.00	07950	OTHER NONREIMBURSEABLE	0	118,963	118,963	220,652	339,615
194.01	07951	ADVERTISING	0	199,839	199,839	0	199,839
194.02	07952	RETAIL PHARMACY	600,662	8,260,573	8,861,235	0	8,861,235
200.00		TOTAL (SUM OF LINES 118 through 199)	64,273,104	109,295,792	173,568,896	0	173,568,896

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet A
Date/Time Prepared:
11/25/2024 11:32 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-6,185	3,049,592	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	664,450	5,124,589	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,441,358	10,856,546	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	-997	389,845	5.01
5.02	00570	ADMITTING	0	1,088,789	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,808,935	1,809,050	5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	-8,857,080	22,916,379	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-4,560	6,409,611	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-52,614	598,322	8.00
9.00	00900	HOUSEKEEPING	0	3,067,349	9.00
10.00	01000	DIETARY	-6,358	2,159,158	10.00
11.00	01100	CAFETERIA	-1,293,700	397,847	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	253,023	2,193,069	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	1,502,760	1,502,760	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-40	20,373,919	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,630,138	31.00
41.00	04100	SUBPROVIDER - IRF	0	2,490,630	41.00
43.00	04300	NURSERY	0	429,864	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-123,000	6,097,586	50.00
51.00	05100	RECOVERY ROOM	0	1,232,987	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,070,137	52.00
53.00	05300	ANESTHESIOLOGY	-2,413,886	300,958	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-15,212	3,214,900	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	621,223	55.00
56.00	05600	RADIOISOTOPE	0	641,592	56.00
57.00	05700	CT SCAN	0	1,216,024	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	495,181	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,620,203	59.00
60.00	06000	LABORATORY	-101,784	5,881,913	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	-127	1,437,806	63.00
64.00	06400	INTRAVENOUS THERAPY	124,136	2,498,446	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,786,384	65.00
66.00	06600	PHYSICAL THERAPY	0	3,104,205	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,600,923	67.00
68.00	06800	SPEECH PATHOLOGY	0	479,247	68.00
69.00	06900	ELECTROCARDIOLOGY	0	967,309	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	545,278	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-14,745	3,684,868	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,003,822	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-153,227	19,338,359	73.00
74.00	07400	RENAL DIALYSIS	0	797,128	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	85,315	76.00
76.97	07697	CARDIAC REHABILITATION	0	479,908	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	18,908	1,028,682	90.00
91.00	09100	EMERGENCY	-16	5,167,684	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-7,229,961	156,885,525	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	47,317	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	5,404	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	339,615	194.00
194.01	07951	ADVERTISING	0	199,839	194.01
194.02	07952	RETAIL PHARMACY	0	8,861,235	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-7,229,961	166,338,935	200.00

RECLASSIFICATIONS

Provider CCN: 15-0008

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

Worksheet A-6

Date/Time Prepared:
11/25/2024 11:32 am

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	161,985	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	13,829	2.00
	0		0	175,814	
B - CAFETERIA EXPENSE					
1.00	CAFETERIA	11.00	872,496	819,051	1.00
	0		872,496	819,051	
C - NURSERY/LABOR & DELIVERY					
1.00	ADULTS & PEDIATRICS	30.00	270,895	63,683	1.00
2.00	NURSERY	43.00	348,045	81,819	2.00
	0		618,940	145,502	
D - INVENTORY ADJ EXPENSE					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	129,738	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	145,768	2.00
	TOTALS		0	275,506	
E - RENTAL EXPENSE - IT					
1.00	OTHER NONREIMBURSEABLE	194.00	63,540	157,112	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		63,540	157,112	
F - LEGAL EXPENSE					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.04	0	54,497	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	54,497	
500.00	Grand Total: Increases		1,554,976	1,627,482	500.00

RECLASSIFICATIONS

Provider CCN: 15-0008

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

Worksheet A-6

Date/Time Prepared:
11/25/2024 11:32 am

	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00		
	A - BUILDING INSURANCE					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.04	0	175,814	12	1.00
2.00		0.00	0	0	12	2.00
	0		0	175,814		
	B - CAFETERIA EXPENSE					
1.00	DIETARY	10.00	872,496	819,051	0	1.00
	0		872,496	819,051		
	C - NURSERY/LABOR & DELIVERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	618,940	145,502	0	1.00
2.00		0.00	0	0	0	2.00
	0		618,940	145,502		
	D - INVENTORY ADJ EXPENSE					
1.00	OPERATING ROOM	50.00	0	275,506	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	275,506		
	E - RENTAL EXPENSE - IT					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,533	9	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.04	0	41,704	0	2.00
3.00	OPERATION OF PLANT	7.00	0	90,240	0	3.00
4.00	HOUSEKEEPING	9.00	63,540	21,635	0	4.00
	TOTALS		63,540	157,112		
	F - LEGAL EXPENSE					
1.00	LABORATORY	60.00	0	21,960	0	1.00
2.00	PHYSICAL THERAPY	66.00	0	3,299	0	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	29,238	0	3.00
	TOTALS		0	54,497		
500.00	Grand Total: Decreases		1,554,976	1,627,482		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet A-7
Part I
Date/Time Prepared:
11/25/2024 11:32 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,316	0	0	0	0	1.00	
2.00	Land Improvements	2,362,171	0	0	0	0	2.00	
3.00	Buildings and Fixtures	40,679,473	0	0	0	1,948	3.00	
4.00	Building Improvements	49,807,495	6,186,089	0	6,186,089	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	52,309,778	4,124,101	0	4,124,101	2,541,510	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	145,164,233	10,310,190	0	10,310,190	2,543,458	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	145,164,233	10,310,190	0	10,310,190	2,543,458	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,316	0				1.00	
2.00	Land Improvements	2,362,171	0				2.00	
3.00	Buildings and Fixtures	40,677,525	0				3.00	
4.00	Building Improvements	55,993,584	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	53,892,369	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	152,930,965	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	152,930,965	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet A-7
Part II
Date/Time Prepared:
11/25/2024 11:32 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	2,882,947	14,378	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,946,648	1,499,662	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,829,595	1,514,040	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	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	2,897,325				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	4,446,310				2.00
3.00	Total (sum of lines 1-2)	0	7,343,635				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet A-7
Part III
Date/Time Prepared:
11/25/2024 11:32 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	99,038,595	0	99,038,595	0.647603	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	53,892,370	0	53,892,370	0.352397	0	2.00
3.00	Total (sum of lines 1-2)	152,930,965	0	152,930,965	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	2,887,607	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,611,098	1,499,662	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,498,705	1,499,662	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	161,985	0	0	3,049,592	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	13,829	0	0	5,124,589	2.00
3.00	Total (sum of lines 1-2)	0	175,814	0	0	8,174,181	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0008

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

Worksheet A-8

Date/Time Prepared:
11/25/2024 11:32 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	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-2,541,023			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	-2,851,004			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		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN 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		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0008

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

Worksheet A-8

Date/Time Prepared:
11/25/2024 11:32 am

Cost Center Description			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	Basis/Code (2)	Amount				
	1.00	2.00	3.00	4.00	5.00	
33.00 ANESTHESIA - NON-SALARIES, NON-BENEF	A	-72,816	ANESTHESIOLOGY	53.00	0	33.00
33.01 NON-PATIENT CARE COSTS	A	-706	OTHER ADMINISTRATIVE & GENERAL	5.04	0	33.01
33.02 OTHER REVENUE	B	-21,120	CAP REL COSTS-BLDG & FIXT	1.00	9	33.02
33.03 OTHER REVENUE	B	-35,754	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.03
33.04 OTHER REVENUE	B	-650	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.04
33.05 OTHER REVENUE	B	-997	PURCHASING RECEIVING AND STORES	5.01	0	33.05
33.06 OTHER REVENUE	B	-55,873	OTHER ADMINISTRATIVE & GENERAL	5.04	0	33.06
33.07 OTHER REVENUE	B	-4,560	OPERATION OF PLANT	7.00	0	33.07
33.08 OTHER REVENUE	B	-52,614	LAUNDRY & LINEN SERVICE	8.00	0	33.08
33.09 OTHER REVENUE	B	-6,358	DIETARY	10.00	0	33.09
33.10 OTHER REVENUE	B	-484	CAFETERIA	11.00	0	33.10
33.11 OTHER REVENUE	B	-40	ADULTS & PEDIATRICS	30.00	0	33.11
33.12 OTHER REVENUE	B	-767	RADIOLOGY-DIAGNOSTIC	54.00	0	33.12
33.13 OTHER REVENUE	B	-3,900	LABORATORY	60.00	0	33.13
33.14 OTHER REVENUE	B	-14,745	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	33.14
33.15 OTHER REVENUE	B	-153,227	DRUGS CHARGED TO PATIENTS	73.00	0	33.15
33.16 OTHER REVENUE	B	-16	EMERGENCY	91.00	0	33.16
33.17 PRE-MERGER ASSETS DEPRECIATION	A	-21,790	CAP REL COSTS-BLDG & FIXT	1.00	9	33.17
33.18 TAXABLE LABS	A	-97,884	LABORATORY	60.00	0	33.18
33.19 TAXABLE LABS	A	-127	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	33.19
33.20 PATIENT TV DEPRECIATION	A	-290	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.20
33.21 CAFETERIA	B	-1,293,216	CAFETERIA	11.00	0	33.21
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-7,229,961				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: 15-0008

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

Worksheet A-8-1

Date/Time Prepared:
11/25/2024 11:32 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 ADMINISTRATIVE & GENER	PHYSICIAN ALLOCATION PER GL	0	4,039,678	1.00
2.00	5.04	OTHER ADMINISTRATIVE & GENER	HOME OFFICE ALLOCATION PER G	0	17,674,849	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE ALLOC-BLDG	51,103	0	3.00
3.01	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE ALLOC-EQUIP	700,494	0	3.01
3.02	5.04	OTHER ADMINISTRATIVE & GENER	HOME OFFICE ALLOC-SALARIES	6,128,904	0	3.02
3.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE ALLOC-BENEFITS	1,504,516	0	3.03
3.04	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE ALLOC-MEDICAL RE	1,502,760	0	3.04
3.05	5.04	OTHER ADMINISTRATIVE & GENER	HOME OFFICE ALLOC-REIMBURSEM	50,856	0	3.05
3.06	5.03	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE ALLOC-PATIENT AC	1,808,935	0	3.06
3.07	5.04	OTHER ADMINISTRATIVE & GENER	HOME OFFICE ALLOC-OTHER NON	6,545,180	0	3.07
3.08	5.04	OTHER ADMINISTRATIVE & GENER	CANCER CARE ALLOCATION PER G	0	286,254	3.08
3.09	5.04	OTHER ADMINISTRATIVE & GENER	CANCER CARE ALLOC-ADMIN	105,860	0	3.09
3.10	13.00	NURSING ADMINISTRATION	CANCER CARE ALLOC-REGISTRY	253,023	0	3.10
3.11	5.04	OTHER ADMINISTRATIVE & GENER	CANCER CARE ALLOC-NAVIGATORS	369,480	0	3.11
4.00	64.00	INTRAVENOUS THERAPY	INFUSION LEASE MUNSTER	140,396	124,160	4.00
4.01	64.00	INTRAVENOUS THERAPY	INFUSION LEASE HOBART	137,631	29,731	4.01
4.02	1.00	CAP REL COSTS-BLDG & FIXT	MTM LEASE	0	14,378	4.02
4.03	90.00	CLINIC	MTM LEASE MUNSTER	15,805	0	4.03
4.04	90.00	CLINIC	MTM LEASE HOBART	3,103	0	4.04
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			19,318,046	22,169,050	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	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	G		0.00	CANCER FOUNDATN	0.00	8.00
9.00	G		0.00	COMMUNITY HOSP	0.00	9.00
10.00	G		0.00	ST MARY MEDICAL	0.00	10.00
100.00	G. Other (financial or non-financial) specify:	NON-FINANCIAL				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: 15-0008

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

Worksheet A-8-1

Date/Time Prepared:
11/25/2024 11:32 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	-4,039,678	0		1.00
2.00	-17,674,849	0		2.00
3.00	51,103	9		3.00
3.01	700,494	9		3.01
3.02	6,128,904	0		3.02
3.03	1,504,516	0		3.03
3.04	1,502,760	0		3.04
3.05	50,856	0		3.05
3.06	1,808,935	0		3.06
3.07	6,545,180	0		3.07
3.08	-286,254	0		3.08
3.09	105,860	0		3.09
3.10	253,023	0		3.10
3.11	369,480	0		3.11
4.00	16,236	0		4.00
4.01	107,900	0		4.01
4.02	-14,378	10		4.02
4.03	15,805	0		4.03
4.04	3,103	0		4.04
5.00	-2,851,004			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 NTRK		7.00
8.00	CANCER SUPPORT		8.00
9.00	HOSPITAL		9.00
10.00	HOSPITAL		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: 15-0008

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

Worksheet A-8-2

Date/Time Prepared:
11/25/2024 11:32 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	53.00	ANESTHESIOLOGY	2,299,578	2,299,578	0	0	0	1.00
2.00	53.00	ANESTHESIOLOGY	41,492	41,492	0	0	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	62,508	62,508	0	0	0	3.00
4.00	50.00	OPERATING ROOM	123,000	123,000	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	14,445	14,445	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,541,023	2,541,023	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	53.00	ANESTHESIOLOGY	0	0	0	2,299,578		1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	41,492		2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	62,508		3.00
4.00	50.00	OPERATING ROOM	0	0	0	123,000		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	14,445		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	2,541,023		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet B
Part I
Date/Time Prepared:
11/25/2024 11:32 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,049,592	3,049,592			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	5,124,589		5,124,589		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,856,546	16,341	0	10,872,887	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	389,845	55,216	839	55,311	5.01
5.02	00570	ADMITTING	1,088,789	23,917	0	160,187	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,809,050	4,749	0	0	5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	22,916,379	164,997	155,006	926,216	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	6,409,611	714,115	104,143	333,289	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	598,322	11,295	0	18,334	8.00
9.00	00900	HOUSEKEEPING	3,067,349	45,497	31,226	390,038	9.00
10.00	01000	DIETARY	2,159,158	71,556	58,777	190,395	10.00
11.00	01100	CAFETERIA	397,847	31,700	25,190	148,723	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,193,069	14,993	84,192	271,417	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	1,502,760	14,640	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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	20,373,919	532,206	146,633	2,544,616	30.00
31.00	03100	INTENSIVE CARE UNIT	3,630,138	63,807	114,324	391,210	31.00
41.00	04100	SUBPROVIDER - IRF	2,490,630	84,199	26,936	196,279	41.00
43.00	04300	NURSERY	429,864	3,332	12,380	59,327	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,097,586	148,020	872,401	451,046	50.00
51.00	05100	RECOVERY ROOM	1,232,987	48,628	1,108	174,482	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,070,137	55,665	30,898	147,692	52.00
53.00	05300	ANESTHESIOLOGY	300,958	2,212	41,841	391,979	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,214,900	54,891	440,481	366,758	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	621,223	29,156	410,069	59,740	55.00
56.00	05600	RADIOISOTOPE	641,592	10,659	33,548	39,904	56.00
57.00	05700	CT SCAN	1,216,024	8,385	8,639	105,970	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	495,181	11,226	453,338	63,855	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,620,203	41,004	951,292	100,152	59.00
60.00	06000	LABORATORY	5,881,913	71,826	147,965	477,643	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,437,806	5,087	430	33,657	63.00
64.00	06400	INTRAVENOUS THERAPY	2,498,446	43,686	53,073	280,646	64.00
65.00	06500	RESPIRATORY THERAPY	1,786,384	11,862	66,999	244,643	65.00
66.00	06600	PHYSICAL THERAPY	3,104,205	67,830	40,196	372,517	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,600,923	18,684	9,009	170,985	67.00
68.00	06800	SPEECH PATHOLOGY	479,247	3,905	3,762	55,061	68.00
69.00	06900	ELECTROCARDIOLOGY	967,309	16,403	82,503	124,248	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	545,278	20,813	33,651	70,573	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,684,868	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,003,822	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,338,359	31,886	539,380	459,409	73.00
74.00	07400	RENAL DIALYSIS	797,128	5,820	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	85,315	15,663	0	12,706	76.00
76.97	07697	CARDIAC REHABILITATION	479,908	38,363	21,690	71,909	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,028,682	14,149	7,115	124,443	90.00
91.00	09100	EMERGENCY	5,167,684	68,114	73,963	668,357	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)	156,885,525	2,696,497	5,082,997	10,753,717	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,721	0	0	190.00
191.00	19100	RESEARCH	47,317	0	0	5,952	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,404	213,162	0	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	339,615	117,184	1,752	10,831	194.00
194.01	07951	ADVERTISING	199,839	6,795	0	0	194.01
194.02	07952	RETAIL PHARMACY	8,861,235	8,233	39,840	102,387	194.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0008		Period: From 07/01/2023 To 06/30/2024		Worksheet B Part I Date/Time Prepared: 11/25/2024 11:32 am	
Cost Center Description				Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
					BLDG & FIXT	MVBLE EQUIP			
				0	1.00	2.00	4.00	5.01	
202.00		TOTAL (sum lines 118 through 201)		166,338,935	3,049,592	5,124,589	10,872,887	501,211	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet B
Part I
Date/Time Prepared:
11/25/2024 11:32 am

Cost Center Description			ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE & 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	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING	1,274,244					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,813,799				5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	24,163,814	24,163,814		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	7,561,428	1,285,125		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	628,086	106,748	0	8.00
9.00	00900	HOUSEKEEPING	0	0	3,536,406	601,040	0	9.00
10.00	01000	DIETARY	0	0	2,491,636	423,473	0	10.00
11.00	01100	CAFETERIA	0	0	608,457	103,412	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,563,806	435,739	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	1,517,400	257,894	0	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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	185,615	264,244	24,108,010	4,097,368	0	30.00
31.00	03100	INTENSIVE CARE UNIT	13,812	19,664	4,249,027	722,156	0	31.00
41.00	04100	SUBPROVIDER - IRF	12,139	17,282	2,834,083	481,675	0	41.00
43.00	04300	NURSERY	2,376	3,383	512,688	87,135	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	79,490	113,162	7,847,739	1,333,786	0	50.00
51.00	05100	RECOVERY ROOM	11,661	16,601	1,490,059	253,247	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,903	8,404	1,323,831	224,996	0	52.00
53.00	05300	ANESTHESIOLOGY	12,144	17,289	773,446	131,453	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,909	56,814	4,182,802	710,901	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	17,317	24,653	1,162,158	197,518	0	55.00
56.00	05600	RADIOISOTOPE	8,660	12,328	747,231	126,998	0	56.00
57.00	05700	CT SCAN	73,086	104,046	1,530,196	260,069	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	25,286	35,997	1,087,449	184,821	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	36,030	51,293	2,813,615	478,196	0	59.00
60.00	06000	LABORATORY	120,803	171,977	7,014,348	1,192,145	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	8,569	12,199	1,506,932	256,115	0	63.00
64.00	06400	INTRAVENOUS THERAPY	25,978	36,983	2,955,965	502,390	0	64.00
65.00	06500	RESPIRATORY THERAPY	14,667	20,880	2,154,214	366,126	0	65.00
66.00	06600	PHYSICAL THERAPY	18,779	26,734	3,638,095	618,323	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,366	14,757	1,826,075	310,356	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,078	4,381	549,704	93,427	0	68.00
69.00	06900	ELECTROCARDIOLOGY	27,322	38,896	1,261,273	214,363	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,270	18,891	707,608	120,264	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,881	25,455	3,728,204	633,638	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,022	15,692	3,030,536	515,064	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	312,286	444,342	21,131,605	3,591,485	0	73.00
74.00	07400	RENAL DIALYSIS	7,009	9,978	820,610	139,469	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	692	985	115,361	19,607	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,918	2,731	616,789	104,828	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,113	10,126	1,197,841	203,583	0	90.00
91.00	09100	EMERGENCY	150,063	213,632	6,381,926	1,084,659	0	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	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,274,244	1,813,799	156,370,453	22,469,592	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	7,721	1,312	0	190.00
191.00	19100	RESEARCH	0	0	53,269	9,053	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	218,566	37,147	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	469,517	79,798	0	194.00
194.01	07951	ADVERTISING	0	0	206,634	35,119	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	9,012,775	1,531,793	0	194.02
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,274,244	1,813,799	166,338,935	24,163,814	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet B
Part I
Date/Time Prepared:
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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	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	8,846,553					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	48,264	783,098				8.00
9.00	00900	HOUSEKEEPING	194,415	0	4,331,861			9.00
10.00	01000	DIETARY	305,772	0	92,511	3,313,392		10.00
11.00	01100	CAFETERIA	135,459	0	122,858	0	970,186	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	64,067	0	18,632	0	43,886	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	62,560	0	12,000	0	0	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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,274,204	616,475	827,404	2,485,523	329,144	30.00
31.00	03100	INTENSIVE CARE UNIT	272,660	55,348	217,959	96,699	36,049	31.00
41.00	04100	SUBPROVIDER - IRF	359,796	97,205	239,685	323,229	28,212	41.00
43.00	04300	NURSERY	14,237	14,070	6,632	0	6,269	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	632,515	0	579,318	0	47,020	50.00
51.00	05100	RECOVERY ROOM	207,796	0	18,158	26,360	17,241	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	237,865	0	201,159	68,924	15,673	52.00
53.00	05300	ANESTHESIOLOGY	9,452	0	0	0	9,404	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	234,557	0	203,685	0	48,588	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	124,589	0	3,158	0	3,135	55.00
56.00	05600	RADIOISOTOPE	45,547	0	12,632	0	3,135	56.00
57.00	05700	CT SCAN	35,829	0	0	0	10,971	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	47,969	0	8,842	0	4,702	58.00
59.00	05900	CARDIAC CATHETERIZATION	175,216	0	124,737	0	9,404	59.00
60.00	06000	LABORATORY	306,924	0	167,053	0	65,828	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	21,740	0	0	0	3,135	63.00
64.00	06400	INTRAVENOUS THERAPY	186,677	0	67,737	0	32,914	64.00
65.00	06500	RESPIRATORY THERAPY	50,686	0	26,369	0	20,375	65.00
66.00	06600	PHYSICAL THERAPY	289,851	0	141,364	0	40,751	66.00
67.00	06700	OCCUPATIONAL THERAPY	79,840	0	20,163	0	20,375	67.00
68.00	06800	SPEECH PATHOLOGY	16,689	0	0	0	4,702	68.00
69.00	06900	ELECTROCARDIOLOGY	70,092	0	11,053	0	12,539	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	88,937	0	16,263	0	9,404	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	136,256	0	13,263	0	39,184	73.00
74.00	07400	RENAL DIALYSIS	24,871	0	4,737	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	66,932	0	8,684	0	1,567	76.00
76.97	07697	CARDIAC REHABILITATION	163,933	0	14,211	0	7,837	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	60,463	0	20,526	0	14,106	90.00
91.00	09100	EMERGENCY	291,062	0	645,729	84,824	70,530	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)	7,337,722	783,098	3,846,522	3,085,559	956,080	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	32,993	0	16,579	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	910,876	0	13,579	0	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	500,748	0	440,970	227,833	3,135	194.00
194.01	07951	ADVERTISING	29,035	0	4,737	0	0	194.01
194.02	07952	RETAIL PHARMACY	35,179	0	9,474	0	10,971	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	8,846,553	783,098	4,331,861	3,313,392	970,186	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet B
Part I
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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	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE & 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	3,126,130				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	1,849,854	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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,771,033	0	0	269,508	30.00
31.00	03100	INTENSIVE CARE UNIT	0	190,028	0	0	20,055	31.00
41.00	04100	SUBPROVIDER - IRF	0	148,861	0	0	17,626	41.00
43.00	04300	NURSERY	0	34,095	0	0	3,450	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	254,866	0	0	115,416	50.00
51.00	05100	RECOVERY ROOM	0	90,856	0	0	16,932	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	84,881	0	0	8,571	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	17,633	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	57,946	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	25,144	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	12,574	56.00
57.00	05700	CT SCAN	0	0	0	0	106,118	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	36,714	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	52,826	0	0	52,315	59.00
60.00	06000	LABORATORY	0	0	0	0	175,402	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	12,442	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	37,720	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	21,296	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	27,267	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	15,051	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	4,468	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	39,670	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	19,267	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	25,962	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	16,004	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	453,122	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	10,177	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	1,004	76.00
76.97	07697	CARDIAC REHABILITATION	0	43,187	0	0	2,785	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	77,129	0	0	10,328	90.00
91.00	09100	EMERGENCY	0	378,368	0	0	217,887	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)	0	3,126,130	0	0	1,849,854	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
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	3,126,130	0	0	1,849,854	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE & 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	0					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		0				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	36,778,669	0	36,778,669	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	5,859,981	0	5,859,981	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	4,530,372	0	4,530,372	41.00
43.00	04300	NURSERY	0	0	678,576	0	678,576	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	10,810,660	0	10,810,660	50.00
51.00	05100	RECOVERY ROOM	0	0	2,120,649	0	2,120,649	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,165,900	0	2,165,900	52.00
53.00	05300	ANESTHESIOLOGY	0	0	941,388	0	941,388	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	5,438,479	0	5,438,479	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	1,515,702	0	1,515,702	55.00
56.00	05600	RADIOISOTOPE	0	0	948,117	0	948,117	56.00
57.00	05700	CT SCAN	0	0	1,943,183	0	1,943,183	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,370,497	0	1,370,497	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	3,706,309	0	3,706,309	59.00
60.00	06000	LABORATORY	0	0	8,921,700	0	8,921,700	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	1,800,364	0	1,800,364	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	3,783,403	0	3,783,403	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	2,639,066	0	2,639,066	65.00
66.00	06600	PHYSICAL THERAPY	0	0	4,755,651	0	4,755,651	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,271,860	0	2,271,860	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	668,990	0	668,990	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,608,990	0	1,608,990	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	961,743	0	961,743	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	4,387,804	0	4,387,804	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	3,561,604	0	3,561,604	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	25,364,915	0	25,364,915	73.00
74.00	07400	RENAL DIALYSIS	0	0	999,864	0	999,864	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	213,155	0	213,155	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	953,570	0	953,570	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	1,583,976	0	1,583,976	90.00
91.00	09100	EMERGENCY	0	0	9,154,985	0	9,154,985	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		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)	0	0	152,440,122	0	152,440,122	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	58,605	0	58,605	190.00
191.00	19100	RESEARCH	0	0	62,322	0	62,322	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,180,168	0	1,180,168	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	1,722,001	0	1,722,001	194.00
194.01	07951	ADVERTISING	0	0	275,525	0	275,525	194.01
194.02	07952	RETAIL PHARMACY	0	0	10,600,192	0	10,600,192	194.02
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	166,338,935	0	166,338,935	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0008

Period:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	16,341	0	16,341	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	0	55,216	839	56,055	5.01
5.02	00570	ADMITTING	0	23,917	0	23,917	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	4,749	0	4,749	5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	0	164,997	155,006	320,003	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	714,115	104,143	818,258	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	11,295	0	11,295	8.00
9.00	00900	HOUSEKEEPING	0	45,497	31,226	76,723	9.00
10.00	01000	DIETARY	0	71,556	58,777	130,333	10.00
11.00	01100	CAFETERIA	0	31,700	25,190	56,890	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	14,993	84,192	99,185	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	14,640	0	14,640	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	532,206	146,633	678,839	30.00
31.00	03100	INTENSIVE CARE UNIT	0	63,807	114,324	178,131	31.00
41.00	04100	SUBPROVIDER - IRF	0	84,199	26,936	111,135	41.00
43.00	04300	NURSERY	0	3,332	12,380	15,712	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	148,020	872,401	1,020,421	50.00
51.00	05100	RECOVERY ROOM	0	48,628	1,108	49,736	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	55,665	30,898	86,563	52.00
53.00	05300	ANESTHESIOLOGY	0	2,212	41,841	44,053	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54,891	440,481	495,372	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	29,156	410,069	439,225	55.00
56.00	05600	RADIOISOTOPE	0	10,659	33,548	44,207	56.00
57.00	05700	CT SCAN	0	8,385	8,639	17,024	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,226	453,338	464,564	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	41,004	951,292	992,296	59.00
60.00	06000	LABORATORY	0	71,826	147,965	219,791	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	5,087	430	5,517	63.00
64.00	06400	INTRAVENOUS THERAPY	0	43,686	53,073	96,759	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,862	66,999	78,861	65.00
66.00	06600	PHYSICAL THERAPY	0	67,830	40,196	108,026	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	18,684	9,009	27,693	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,905	3,762	7,667	68.00
69.00	06900	ELECTROCARDIOLOGY	0	16,403	82,503	98,906	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	20,813	33,651	54,464	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	31,886	539,380	571,266	73.00
74.00	07400	RENAL DIALYSIS	0	5,820	0	5,820	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	15,663	0	15,663	76.00
76.97	07697	CARDIAC REHABILITATION	0	38,363	21,690	60,053	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	14,149	7,115	21,264	90.00
91.00	09100	EMERGENCY	0	68,114	73,963	142,077	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	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	2,696,497	5,082,997	7,779,494	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,721	0	7,721	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	213,162	0	213,162	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	117,184	1,752	118,936	194.00
194.01	07951	ADVERTISING	0	6,795	0	6,795	194.01
194.02	07952	RETAIL PHARMACY	0	8,233	39,840	48,073	194.02
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	3,049,592	5,124,589	8,174,181	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet B
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Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE & 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	00560	PURCHASING RECEIVING AND STORES	56,138					5.01
5.02	00570	ADMITTING	151	24,309				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	4,749			5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	136	0	0	321,530		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	30	0	0	17,104	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	15	0	0	1,421	0	8.00
9.00	00900	HOUSEKEEPING	257	0	0	7,999	0	9.00
10.00	01000	DIETARY	1,316	0	0	5,636	0	10.00
11.00	01100	CAFETERIA	560	0	0	1,376	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	15	0	0	5,799	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	0	3,432	0	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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,807	3,545	644	54,464	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,800	264	48	9,611	0	31.00
41.00	04100	SUBPROVIDER - IRF	741	232	42	6,411	0	41.00
43.00	04300	NURSERY	227	45	8	1,160	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,636	1,518	276	17,752	0	50.00
51.00	05100	RECOVERY ROOM	514	223	40	3,371	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	575	113	20	2,995	0	52.00
53.00	05300	ANESTHESIOLOGY	787	232	42	1,750	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,014	762	139	9,461	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	331	60	2,629	0	55.00
56.00	05600	RADIOISOTOPE	61	165	30	1,690	0	56.00
57.00	05700	CT SCAN	1,573	1,396	254	3,461	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	287	483	88	2,460	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,528	688	125	6,364	0	59.00
60.00	06000	LABORATORY	15,931	2,307	419	15,866	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,029	164	30	3,409	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,921	496	90	6,686	0	64.00
65.00	06500	RESPIRATORY THERAPY	983	280	51	4,873	0	65.00
66.00	06600	PHYSICAL THERAPY	877	359	65	8,229	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	151	198	36	4,131	0	67.00
68.00	06800	SPEECH PATHOLOGY	30	59	11	1,243	0	68.00
69.00	06900	ELECTROCARDIOLOGY	514	522	95	2,853	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	575	253	46	1,601	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	341	62	8,433	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	210	38	6,855	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	666	5,937	1,411	47,800	0	73.00
74.00	07400	RENAL DIALYSIS	76	134	24	1,856	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	13	2	261	0	76.00
76.97	07697	CARDIAC REHABILITATION	30	37	7	1,395	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	696	136	25	2,710	0	90.00
91.00	09100	EMERGENCY	4,493	2,866	521	14,436	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)	56,002	24,309	4,749	298,983	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	17	0	190.00
191.00	19100	RESEARCH	0	0	0	120	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	494	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	15	0	0	1,062	0	194.00
194.01	07951	ADVERTISING	0	0	0	467	0	194.01
194.02	07952	RETAIL PHARMACY	121	0	0	20,387	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	56,138	24,309	4,749	321,530	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet B
Part II
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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	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	835,893					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,560	17,319				8.00
9.00	00900	HOUSEKEEPING	18,370	0	103,935			9.00
10.00	01000	DIETARY	28,892	0	2,220	168,683		10.00
11.00	01100	CAFETERIA	12,799	0	2,948	0	74,796	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,054	0	447	0	3,383	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	5,911	0	288	0	0	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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	214,886	13,634	19,851	126,537	25,371	30.00
31.00	03100	INTENSIVE CARE UNIT	25,763	1,224	5,230	4,923	2,779	31.00
41.00	04100	SUBPROVIDER - IRF	33,996	2,150	5,751	16,455	2,175	41.00
43.00	04300	NURSERY	1,345	311	159	0	483	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	59,765	0	13,900	0	3,625	50.00
51.00	05100	RECOVERY ROOM	19,634	0	436	1,342	1,329	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,475	0	4,826	3,509	1,208	52.00
53.00	05300	ANESTHESIOLOGY	893	0	0	0	725	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,163	0	4,887	0	3,746	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	11,772	0	76	0	242	55.00
56.00	05600	RADIOISOTOPE	4,304	0	303	0	242	56.00
57.00	05700	CT SCAN	3,385	0	0	0	846	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,532	0	212	0	363	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,556	0	2,993	0	725	59.00
60.00	06000	LABORATORY	29,001	0	4,008	0	5,075	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,054	0	0	0	242	63.00
64.00	06400	INTRAVENOUS THERAPY	17,639	0	1,625	0	2,538	64.00
65.00	06500	RESPIRATORY THERAPY	4,789	0	633	0	1,571	65.00
66.00	06600	PHYSICAL THERAPY	27,387	0	3,392	0	3,142	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,544	0	484	0	1,571	67.00
68.00	06800	SPEECH PATHOLOGY	1,577	0	0	0	363	68.00
69.00	06900	ELECTROCARDIOLOGY	6,623	0	265	0	967	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,404	0	390	0	725	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	12,875	0	318	0	3,021	73.00
74.00	07400	RENAL DIALYSIS	2,350	0	114	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,324	0	208	0	121	76.00
76.97	07697	CARDIAC REHABILITATION	15,490	0	341	0	604	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,713	0	492	0	1,088	90.00
91.00	09100	EMERGENCY	27,502	0	15,493	4,318	5,438	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)	693,327	17,319	92,290	157,084	73,708	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,117	0	398	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	86,067	0	326	0	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	47,315	0	10,580	11,599	242	194.00
194.01	07951	ADVERTISING	2,743	0	114	0	0	194.01
194.02	07952	RETAIL PHARMACY	3,324	0	227	0	846	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	835,893	17,319	103,935	168,683	74,796	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet B
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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	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE & 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	115,291				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	24,271	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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	65,317	0	0	3,545	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,008	0	0	264	31.00
41.00	04100	SUBPROVIDER - IRF	0	5,490	0	0	232	41.00
43.00	04300	NURSERY	0	1,257	0	0	45	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	9,399	0	0	1,518	50.00
51.00	05100	RECOVERY ROOM	0	3,351	0	0	223	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,130	0	0	113	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	232	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	762	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	331	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	165	56.00
57.00	05700	CT SCAN	0	0	0	0	1,396	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	483	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,948	0	0	688	59.00
60.00	06000	LABORATORY	0	0	0	0	2,307	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	164	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	496	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	280	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	359	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	198	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	59	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	522	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	253	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	341	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	210	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,899	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	134	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	13	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,593	0	0	37	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	2,844	0	0	136	90.00
91.00	09100	EMERGENCY	0	13,954	0	0	2,866	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)	0	115,291	0	0	24,271	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
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	115,291	0	0	24,271	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet B
Part II
Date/Time Prepared:
11/25/2024 11:32 am

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE & 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	0					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		0				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0		1,217,271	0	1,217,271	30.00
31.00	03100	INTENSIVE CARE UNIT	0		237,633	0	237,633	31.00
41.00	04100	SUBPROVIDER - IRF	0		185,105	0	185,105	41.00
43.00	04300	NURSERY	0		20,841	0	20,841	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0		1,138,487	0	1,138,487	50.00
51.00	05100	RECOVERY ROOM	0		80,461	0	80,461	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		125,749	0	125,749	52.00
53.00	05300	ANESTHESIOLOGY	0		49,303	0	49,303	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		538,857	0	538,857	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0		454,756	0	454,756	55.00
56.00	05600	RADIOISOTOPE	0		51,227	0	51,227	56.00
57.00	05700	CT SCAN	0		29,494	0	29,494	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		473,568	0	473,568	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		1,024,061	0	1,024,061	59.00
60.00	06000	LABORATORY	0		295,422	0	295,422	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0		12,660	0	12,660	63.00
64.00	06400	INTRAVENOUS THERAPY	0		128,671	0	128,671	64.00
65.00	06500	RESPIRATORY THERAPY	0		92,688	0	92,688	65.00
66.00	06600	PHYSICAL THERAPY	0		152,395	0	152,395	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		42,263	0	42,263	67.00
68.00	06800	SPEECH PATHOLOGY	0		11,092	0	11,092	68.00
69.00	06900	ELECTROCARDIOLOGY	0		111,454	0	111,454	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		66,817	0	66,817	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		9,177	0	9,177	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		7,313	0	7,313	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		649,883	0	649,883	73.00
74.00	07400	RENAL DIALYSIS	0		10,508	0	10,508	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		22,624	0	22,624	76.00
76.97	07697	CARDIAC REHABILITATION	0		79,695	0	79,695	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		35,291	0	35,291	90.00
91.00	09100	EMERGENCY	0		234,968	0	234,968	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		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	0	7,589,734	0	7,589,734	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		11,253	0	11,253	190.00
191.00	19100	RESEARCH	0		129	0	129	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		300,049	0	300,049	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0		189,765	0	189,765	194.00
194.01	07951	ADVERTISING	0		10,119	0	10,119	194.01
194.02	07952	RETAIL PHARMACY	0		73,132	0	73,132	194.02
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	8,174,181	0	8,174,181	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0008

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

Worksheet B-1

Date/Time Prepared:
11/25/2024 11:32 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COSTED REQ)	ADMITTING (GROSS REVE NUE)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	441,183					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		14,050,933				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,364	0	63,786,763			4.00
5.01	00560	PURCHASING RECEIVING AND STORES	7,988	2,301	324,486	3,711		5.01
5.02	00570	ADMITTING	3,460	0	939,751	10	737,309,824	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	687	0	0	0	0	5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	23,870	425,005	5,433,720	9	0	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	103,311	285,547	1,955,265	2	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,634	0	107,555	1	0	8.00
9.00	00900	HOUSEKEEPING	6,582	85,617	2,288,189	17	0	9.00
10.00	01000	DIETARY	10,352	161,158	1,116,969	87	0	10.00
11.00	01100	CAFETERIA	4,586	69,068	872,496	37	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,169	230,842	1,592,289	1	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	2,118	0	0	0	0	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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	76,994	402,048	14,928,286	450	107,416,320	30.00
31.00	03100	INTENSIVE CARE UNIT	9,231	313,461	2,295,066	119	7,993,322	31.00
41.00	04100	SUBPROVIDER - IRF	12,181	73,854	1,151,484	49	7,025,134	41.00
43.00	04300	NURSERY	482	33,945	348,045	15	1,375,003	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,414	2,392,008	2,646,099	637	46,000,983	50.00
51.00	05100	RECOVERY ROOM	7,035	3,038	1,023,612	34	6,748,353	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,053	84,717	866,449	38	3,416,195	52.00
53.00	05300	ANESTHESIOLOGY	320	114,723	2,299,578	52	7,028,026	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,941	1,207,740	2,151,618	67	23,095,204	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	4,218	1,124,355	350,468	0	10,021,389	55.00
56.00	05600	RADIOISOTOPE	1,542	91,984	234,102	4	5,011,467	56.00
57.00	05700	CT SCAN	1,213	23,688	621,682	104	42,295,069	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,624	1,242,992	374,612	19	14,633,104	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,932	2,608,311	587,550	101	20,850,954	59.00
60.00	06000	LABORATORY	10,391	405,700	2,802,129	1,053	69,909,207	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	736	1,180	197,454	68	4,958,913	63.00
64.00	06400	INTRAVENOUS THERAPY	6,320	145,518	1,646,435	127	15,033,742	64.00
65.00	06500	RESPIRATORY THERAPY	1,716	183,703	1,435,221	65	8,487,700	65.00
66.00	06600	PHYSICAL THERAPY	9,813	110,213	2,185,399	58	10,867,493	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,703	24,701	1,003,098	10	5,998,654	67.00
68.00	06800	SPEECH PATHOLOGY	565	10,314	323,018	2	1,780,961	68.00
69.00	06900	ELECTROCARDIOLOGY	2,373	226,213	728,911	34	15,811,215	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,011	92,266	414,021	38	7,679,187	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	10,347,536	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,378,703	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,613	1,478,907	2,695,158	44	180,620,669	73.00
74.00	07400	RENAL DIALYSIS	842	0	0	5	4,056,274	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,266	0	74,539	0	400,324	76.00
76.97	07697	CARDIAC REHABILITATION	5,550	59,471	421,858	2	1,110,091	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,047	19,509	730,055	46	4,116,377	90.00
91.00	09100	EMERGENCY	9,854	202,796	3,920,974	297	86,842,255	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)	390,101	13,936,893	63,087,641	3,702	737,309,824	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,117	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	34,920	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	30,838	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	16,953	4,803	63,540	1	0	194.00
194.01	07951	ADVERTISING	983	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	1,191	109,237	600,662	8	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 15-0008	Period: From 07/01/2023 To 06/30/2024	Worksheet B-1 Date/Time Prepared: 11/25/2024 11:32 am
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COSTED REQ)	ADMITTING (GROSS REVENUE)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
202.00		Cost to be allocated (per Wkst. B, Part I)	3,049,592	5,124,589	10,872,887	501,211	1,274,244	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.912306	0.364715	0.170457	135.060900	0.001728	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			16,341	56,138	24,309	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000256	15.127459	0.000033	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: 15-0008

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

Worksheet B-1

Date/Time Prepared:

11/25/2024 11:32 am

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & 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	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	737,309,824					5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	0	-24,163,814	142,175,121			5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	402,814		6.00
7.00	00700	OPERATION OF PLANT	0	0	7,561,428	103,311	299,503	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	628,086	1,634	1,634	8.00
9.00	00900	HOUSEKEEPING	0	0	3,536,406	6,582	6,582	9.00
10.00	01000	DIETARY	0	0	2,491,636	10,352	10,352	10.00
11.00	01100	CAFETERIA	0	0	608,457	4,586	4,586	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,563,806	2,169	2,169	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	1,517,400	2,118	2,118	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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	107,416,320	0	24,108,010	76,994	76,994	30.00
31.00	03100	INTENSIVE CARE UNIT	7,993,322	0	4,249,027	9,231	9,231	31.00
41.00	04100	SUBPROVIDER - IRF	7,025,134	0	2,834,083	12,181	12,181	41.00
43.00	04300	NURSERY	1,375,003	0	512,688	482	482	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	46,000,983	0	7,847,739	21,414	21,414	50.00
51.00	05100	RECOVERY ROOM	6,748,353	0	1,490,059	7,035	7,035	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,416,195	0	1,323,831	8,053	8,053	52.00
53.00	05300	ANESTHESIOLOGY	7,028,026	0	773,446	320	320	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,095,204	0	4,182,802	7,941	7,941	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	10,021,389	0	1,162,158	4,218	4,218	55.00
56.00	05600	RADIOISOTOPE	5,011,467	0	747,231	1,542	1,542	56.00
57.00	05700	CT SCAN	42,295,069	0	1,530,196	1,213	1,213	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,633,104	0	1,087,449	1,624	1,624	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,850,954	0	2,813,615	5,932	5,932	59.00
60.00	06000	LABORATORY	69,909,207	0	7,014,348	10,391	10,391	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,958,913	0	1,506,932	736	736	63.00
64.00	06400	INTRAVENOUS THERAPY	15,033,742	0	2,955,965	6,320	6,320	64.00
65.00	06500	RESPIRATORY THERAPY	8,487,700	0	2,154,214	1,716	1,716	65.00
66.00	06600	PHYSICAL THERAPY	10,867,493	0	3,638,095	9,813	9,813	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,998,654	0	1,826,075	2,703	2,703	67.00
68.00	06800	SPEECH PATHOLOGY	1,780,961	0	549,704	565	565	68.00
69.00	06900	ELECTROCARDIOLOGY	15,811,215	0	1,261,273	2,373	2,373	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,679,187	0	707,608	3,011	3,011	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,347,536	0	3,728,204	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,378,703	0	3,030,536	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	180,620,669	0	21,131,605	4,613	4,613	73.00
74.00	07400	RENAL DIALYSIS	4,056,274	0	820,610	842	842	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	400,324	0	115,361	2,266	2,266	76.00
76.97	07697	CARDIAC REHABILITATION	1,110,091	0	616,789	5,550	5,550	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,116,377	0	1,197,841	2,047	2,047	90.00
91.00	09100	EMERGENCY	86,842,255	0	6,381,926	9,854	9,854	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)	737,309,824	-24,163,814	132,206,639	351,732	248,421	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	7,721	1,117	1,117	190.00
191.00	19100	RESEARCH	0	0	53,269	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	218,566	30,838	30,838	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	469,517	16,953	16,953	194.00
194.01	07951	ADVERTISING	0	0	206,634	983	983	194.01
194.02	07952	RETAIL PHARMACY	0	0	9,012,775	1,191	1,191	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,813,799		24,163,814	0	8,846,553	202.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 15-0008		Period: From 07/01/2023 To 06/30/2024	Worksheet B-1 Date/Time Prepared: 11/25/2024 11:32 am	
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Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5A.04	5.04	6.00	7.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	0.002460		0.169958	0.000000	29.537444	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,749		321,530	0	835,893	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000006		0.002262	0.000000	2.790934	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: 15-0008

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 (HOUSEKEEP HOURS)	DIETARY (MEALS SERVED)	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	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	31,113					8.00
9.00	00900	HOUSEKEEPING	0	274,350				9.00
10.00	01000	DIETARY	0	5,859	119,413			10.00
11.00	01100	CAFETERIA	0	7,781	0	619		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,180	0	28		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	760	0	0	0	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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,493	52,402	89,577	210	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,199	13,804	3,485	23	0	31.00
41.00	04100	SUBPROVIDER - IRF	3,862	15,180	11,649	18	0	41.00
43.00	04300	NURSERY	559	420	0	4	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	36,690	0	30	0	50.00
51.00	05100	RECOVERY ROOM	0	1,150	950	11	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,740	2,484	10	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	6	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,900	0	31	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	200	0	2	0	55.00
56.00	05600	RADIOISOTOPE	0	800	0	2	0	56.00
57.00	05700	CT SCAN	0	0	0	7	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	560	0	3	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,900	0	6	0	59.00
60.00	06000	LABORATORY	0	10,580	0	42	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	2	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	4,290	0	21	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,670	0	13	0	65.00
66.00	06600	PHYSICAL THERAPY	0	8,953	0	26	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,277	0	13	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	700	0	8	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,030	0	6	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	840	0	25	0	73.00
74.00	07400	RENAL DIALYSIS	0	300	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	550	0	1	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	900	0	5	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,300	0	9	0	90.00
91.00	09100	EMERGENCY	0	40,896	3,057	45	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)	31,113	243,612	111,202	610	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,050	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	860	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	27,928	8,211	2	0	194.00
194.01	07951	ADVERTISING	0	300	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	600	0	7	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	783,098	4,331,861	3,313,392	970,186	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.169479	15.789543	27.747331	1,567.344103	0.000000	203.00

Cost Center Description			LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (HOUSEKEEP HOURS)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
			8.00	9.00	10.00	11.00	12.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	17,319	103,935	168,683	74,796	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.556648	0.378841	1.412602	120.833603	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: 15-0008

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

Worksheet B-1

Date/Time Prepared:

11/25/2024 11:32 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
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	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE & 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	772,205					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0				14.00
15.00	01500	PHARMACY	0	0	0			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	737,309,824		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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	437,474	0	0	107,416,320	0	30.00
31.00	03100	INTENSIVE CARE UNIT	46,940	0	0	7,993,322	0	31.00
41.00	04100	SUBPROVIDER - IRF	36,771	0	0	7,025,134	0	41.00
43.00	04300	NURSERY	8,422	0	0	1,375,003	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	62,956	0	0	46,000,983	0	50.00
51.00	05100	RECOVERY ROOM	22,443	0	0	6,748,353	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,967	0	0	3,416,195	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,028,026	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	23,095,204	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	10,021,389	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,011,467	0	56.00
57.00	05700	CT SCAN	0	0	0	42,295,069	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	14,633,104	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,049	0	0	20,850,954	0	59.00
60.00	06000	LABORATORY	0	0	0	69,909,207	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	4,958,913	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	15,033,742	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	8,487,700	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,867,493	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,998,654	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,780,961	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	15,811,215	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,679,187	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,347,536	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,378,703	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	180,620,669	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,056,274	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	400,324	0	76.00
76.97	07697	CARDIAC REHABILITATION	10,668	0	0	1,110,091	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	19,052	0	0	4,116,377	0	90.00
91.00	09100	EMERGENCY	93,463	0	0	86,842,255	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)	772,205	0	0	737,309,824	0	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
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)	3,126,130	0	0	1,849,854	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0008

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	4.048316	0.000000	0.000000	0.002509	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	115,291	0	0	24,271	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.149301	0.000000	0.000000	0.000033	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: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet B-1
Date/Time Prepared:
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Cost Center Description			NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			19.00	
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	00560	PURCHASING RECEIVING AND STORES		5.01
5.02	00570	ADMITTING		5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.03
5.04	00590	OTHER ADMINISTRATIVE & 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	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	194.00
194.01	07951	ADVERTISING	0	194.01
194.02	07952	RETAIL PHARMACY	0	194.02
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0008	Period: From 07/01/2023 To 06/30/2024	Worksheet B-1 Date/Time Prepared: 11/25/2024 11:32 am
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Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
		19.00		
204.00	Cost to be allocated (per Wkst. B, Part II)	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet C
Part I
Date/Time Prepared:
11/25/2024 11:32 am

				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
					Total Costs	RCE Disallowance			
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	36,778,669		36,778,669	0	36,778,669	30.00	
31.00	03100	INTENSIVE CARE UNIT	5,859,981		5,859,981	0	5,859,981	31.00	
41.00	04100	SUBPROVIDER - IRF	4,530,372		4,530,372	0	4,530,372	41.00	
43.00	04300	NURSERY	678,576		678,576	0	678,576	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	10,810,660		10,810,660	0	10,810,660	50.00	
51.00	05100	RECOVERY ROOM	2,120,649		2,120,649	0	2,120,649	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,165,900		2,165,900	0	2,165,900	52.00	
53.00	05300	ANESTHESIOLOGY	941,388		941,388	0	941,388	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,438,479		5,438,479	0	5,438,479	54.00	
55.00	05500	RADIOLOGY - THERAPEUTIC	1,515,702		1,515,702	0	1,515,702	55.00	
56.00	05600	RADIOISOTOPE	948,117		948,117	0	948,117	56.00	
57.00	05700	CT SCAN	1,943,183		1,943,183	0	1,943,183	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,370,497		1,370,497	0	1,370,497	58.00	
59.00	05900	CARDIAC CATHETERIZATION	3,706,309		3,706,309	0	3,706,309	59.00	
60.00	06000	LABORATORY	8,921,700		8,921,700	0	8,921,700	60.00	
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,800,364		1,800,364	0	1,800,364	63.00	
64.00	06400	INTRAVENOUS THERAPY	3,783,403		3,783,403	0	3,783,403	64.00	
65.00	06500	RESPIRATORY THERAPY	2,639,066	0	2,639,066	0	2,639,066	65.00	
66.00	06600	PHYSICAL THERAPY	4,755,651	0	4,755,651	0	4,755,651	66.00	
67.00	06700	OCCUPATIONAL THERAPY	2,271,860	0	2,271,860	0	2,271,860	67.00	
68.00	06800	SPEECH PATHOLOGY	668,990	0	668,990	0	668,990	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,608,990		1,608,990	0	1,608,990	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	961,743		961,743	0	961,743	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,387,804		4,387,804	0	4,387,804	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,561,604		3,561,604	0	3,561,604	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	25,364,915		25,364,915	0	25,364,915	73.00	
74.00	07400	RENAL DIALYSIS	999,864		999,864	0	999,864	74.00	
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	213,155		213,155	0	213,155	76.00	
76.97	07697	CARDIAC REHABILITATION	953,570		953,570	0	953,570	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	1,583,976		1,583,976	0	1,583,976	90.00	
91.00	09100	EMERGENCY	9,154,985		9,154,985	0	9,154,985	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,169,808		7,169,808		7,169,808	92.00	
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00	
200.00		Subtotal (see instructions)	159,609,930	0	159,609,930	0	159,609,930	200.00	
201.00		Less Observation Beds	7,169,808		7,169,808		7,169,808	201.00	
202.00		Total (see instructions)	152,440,122	0	152,440,122	0	152,440,122	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet C
Part I
Date/Time Prepared:
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			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	85,881,856		85,881,856		30.00
31.00	03100	INTENSIVE CARE UNIT	7,993,322		7,993,322		31.00
41.00	04100	SUBPROVIDER - IRF	7,025,134		7,025,134		41.00
43.00	04300	NURSERY	1,375,003		1,375,003		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,426,051	34,574,932	46,000,983	0.235009	0.000000
51.00	05100	RECOVERY ROOM	900,066	5,848,287	6,748,353	0.314247	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,395,661	1,020,534	3,416,195	0.634009	0.000000
53.00	05300	ANESTHESIOLOGY	1,640,698	5,387,328	7,028,026	0.133948	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,950,770	20,144,434	23,095,204	0.235481	0.000000
55.00	05500	RADIOLOGY - THERAPEUTIC	0	10,021,389	10,021,389	0.151247	0.000000
56.00	05600	RADIOISOTOPE	811,400	4,200,067	5,011,467	0.189190	0.000000
57.00	05700	CT SCAN	8,060,770	34,234,299	42,295,069	0.045943	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,982,347	12,650,757	14,633,104	0.093657	0.000000
59.00	05900	CARDIAC CATHETERIZATION	9,409,655	11,441,299	20,850,954	0.177752	0.000000
60.00	06000	LABORATORY	19,892,230	50,016,977	69,909,207	0.127618	0.000000
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,338,820	3,620,093	4,958,913	0.363056	0.000000
64.00	06400	INTRAVENOUS THERAPY	7,534	15,026,208	15,033,742	0.251661	0.000000
65.00	06500	RESPIRATORY THERAPY	7,040,419	1,447,281	8,487,700	0.310928	0.000000
66.00	06600	PHYSICAL THERAPY	3,766,869	7,100,624	10,867,493	0.437603	0.000000
67.00	06700	OCCUPATIONAL THERAPY	3,651,386	2,347,268	5,998,654	0.378728	0.000000
68.00	06800	SPEECH PATHOLOGY	750,154	1,030,807	1,780,961	0.375634	0.000000
69.00	06900	ELECTROCARDIOLOGY	4,737,657	11,073,558	15,811,215	0.101763	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	228,706	7,450,481	7,679,187	0.125240	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,265,598	5,081,938	10,347,536	0.424043	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,315,646	4,063,057	6,378,703	0.558359	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	22,596,811	158,023,858	180,620,669	0.140432	0.000000
74.00	07400	RENAL DIALYSIS	3,230,102	826,172	4,056,274	0.246498	0.000000
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,861	397,463	400,324	0.532456	0.000000
76.97	07697	CARDIAC REHABILITATION	38,426	1,071,665	1,110,091	0.859002	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	6,141	4,110,236	4,116,377	0.384799	0.000000
91.00	09100	EMERGENCY	17,480,024	69,362,231	86,842,255	0.105421	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,624,987	18,909,477	21,534,464	0.332946	0.000000
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
200.00		Subtotal (see instructions)	236,827,104	500,482,720	737,309,824		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	236,827,104	500,482,720	737,309,824		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet C
Part I
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Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.235009			50.00
51.00	05100	RECOVERY ROOM	0.314247			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.634009			52.00
53.00	05300	ANESTHESIOLOGY	0.133948			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.235481			54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.151247			55.00
56.00	05600	RADIOISOTOPE	0.189190			56.00
57.00	05700	CT SCAN	0.045943			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.093657			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.177752			59.00
60.00	06000	LABORATORY	0.127618			60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.363056			63.00
64.00	06400	INTRAVENOUS THERAPY	0.251661			64.00
65.00	06500	RESPIRATORY THERAPY	0.310928			65.00
66.00	06600	PHYSICAL THERAPY	0.437603			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.378728			67.00
68.00	06800	SPEECH PATHOLOGY	0.375634			68.00
69.00	06900	ELECTROCARDIOLOGY	0.101763			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.125240			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.424043			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.558359			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.140432			73.00
74.00	07400	RENAL DIALYSIS	0.246498			74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.532456			76.00
76.97	07697	CARDIAC REHABILITATION	0.859002			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.384799			90.00
91.00	09100	EMERGENCY	0.105421			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.332946			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: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet C
Part I
Date/Time Prepared:
11/25/2024 11:32 am

			Title XIX		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
1.00			2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	36,778,669		36,778,669	0	36,778,669	30.00
31.00	03100	INTENSIVE CARE UNIT	5,859,981		5,859,981	0	5,859,981	31.00
41.00	04100	SUBPROVIDER - IRF	4,530,372		4,530,372	0	4,530,372	41.00
43.00	04300	NURSERY	678,576		678,576	0	678,576	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,810,660		10,810,660	0	10,810,660	50.00
51.00	05100	RECOVERY ROOM	2,120,649		2,120,649	0	2,120,649	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,165,900		2,165,900	0	2,165,900	52.00
53.00	05300	ANESTHESIOLOGY	941,388		941,388	0	941,388	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,438,479		5,438,479	0	5,438,479	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,515,702		1,515,702	0	1,515,702	55.00
56.00	05600	RADIOISOTOPE	948,117		948,117	0	948,117	56.00
57.00	05700	CT SCAN	1,943,183		1,943,183	0	1,943,183	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,370,497		1,370,497	0	1,370,497	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,706,309		3,706,309	0	3,706,309	59.00
60.00	06000	LABORATORY	8,921,700		8,921,700	0	8,921,700	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,800,364		1,800,364	0	1,800,364	63.00
64.00	06400	INTRAVENOUS THERAPY	3,783,403		3,783,403	0	3,783,403	64.00
65.00	06500	RESPIRATORY THERAPY	2,639,066	0	2,639,066	0	2,639,066	65.00
66.00	06600	PHYSICAL THERAPY	4,755,651	0	4,755,651	0	4,755,651	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,271,860	0	2,271,860	0	2,271,860	67.00
68.00	06800	SPEECH PATHOLOGY	668,990	0	668,990	0	668,990	68.00
69.00	06900	ELECTROCARDIOLOGY	1,608,990		1,608,990	0	1,608,990	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	961,743		961,743	0	961,743	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,387,804		4,387,804	0	4,387,804	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,561,604		3,561,604	0	3,561,604	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,364,915		25,364,915	0	25,364,915	73.00
74.00	07400	RENAL DIALYSIS	999,864		999,864	0	999,864	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	213,155		213,155	0	213,155	76.00
76.97	07697	CARDIAC REHABILITATION	953,570		953,570	0	953,570	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,583,976		1,583,976	0	1,583,976	90.00
91.00	09100	EMERGENCY	9,154,985		9,154,985	0	9,154,985	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,169,808		7,169,808		7,169,808	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
200.00		Subtotal (see instructions)	159,609,930	0	159,609,930	0	159,609,930	200.00
201.00		Less Observation Beds	7,169,808		7,169,808		7,169,808	201.00
202.00		Total (see instructions)	152,440,122	0	152,440,122	0	152,440,122	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet C
Part I
Date/Time Prepared:
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			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		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	85,881,856		85,881,856		30.00
31.00	03100	INTENSIVE CARE UNIT	7,993,322		7,993,322		31.00
41.00	04100	SUBPROVIDER - IRF	7,025,134		7,025,134		41.00
43.00	04300	NURSERY	1,375,003		1,375,003		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,426,051	34,574,932	46,000,983	0.235009	0.000000
51.00	05100	RECOVERY ROOM	900,066	5,848,287	6,748,353	0.314247	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,395,661	1,020,534	3,416,195	0.634009	0.000000
53.00	05300	ANESTHESIOLOGY	1,640,698	5,387,328	7,028,026	0.133948	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,950,770	20,144,434	23,095,204	0.235481	0.000000
55.00	05500	RADIOLOGY - THERAPEUTIC	0	10,021,389	10,021,389	0.151247	0.000000
56.00	05600	RADIOISOTOPE	811,400	4,200,067	5,011,467	0.189190	0.000000
57.00	05700	CT SCAN	8,060,770	34,234,299	42,295,069	0.045943	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,982,347	12,650,757	14,633,104	0.093657	0.000000
59.00	05900	CARDIAC CATHETERIZATION	9,409,655	11,441,299	20,850,954	0.177752	0.000000
60.00	06000	LABORATORY	19,892,230	50,016,977	69,909,207	0.127618	0.000000
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,338,820	3,620,093	4,958,913	0.363056	0.000000
64.00	06400	INTRAVENOUS THERAPY	7,534	15,026,208	15,033,742	0.251661	0.000000
65.00	06500	RESPIRATORY THERAPY	7,040,419	1,447,281	8,487,700	0.310928	0.000000
66.00	06600	PHYSICAL THERAPY	3,766,869	7,100,624	10,867,493	0.437603	0.000000
67.00	06700	OCCUPATIONAL THERAPY	3,651,386	2,347,268	5,998,654	0.378728	0.000000
68.00	06800	SPEECH PATHOLOGY	750,154	1,030,807	1,780,961	0.375634	0.000000
69.00	06900	ELECTROCARDIOLOGY	4,737,657	11,073,558	15,811,215	0.101763	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	228,706	7,450,481	7,679,187	0.125240	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,265,598	5,081,938	10,347,536	0.424043	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,315,646	4,063,057	6,378,703	0.558359	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	22,596,811	158,023,858	180,620,669	0.140432	0.000000
74.00	07400	RENAL DIALYSIS	3,230,102	826,172	4,056,274	0.246498	0.000000
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,861	397,463	400,324	0.532456	0.000000
76.97	07697	CARDIAC REHABILITATION	38,426	1,071,665	1,110,091	0.859002	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	6,141	4,110,236	4,116,377	0.384799	0.000000
91.00	09100	EMERGENCY	17,480,024	69,362,231	86,842,255	0.105421	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,624,987	18,909,477	21,534,464	0.332946	0.000000
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
200.00		Subtotal (see instructions)	236,827,104	500,482,720	737,309,824		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	236,827,104	500,482,720	737,309,824		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0008	Period: From 07/01/2023 To 06/30/2024	Worksheet C Part I Date/Time Prepared: 11/25/2024 11:32 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
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.235009		50.00
51.00	05100	RECOVERY ROOM	0.314247		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.634009		52.00
53.00	05300	ANESTHESIOLOGY	0.133948		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.235481		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.151247		55.00
56.00	05600	RADIOISOTOPE	0.189190		56.00
57.00	05700	CT SCAN	0.045943		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.093657		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.177752		59.00
60.00	06000	LABORATORY	0.127618		60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.363056		63.00
64.00	06400	INTRAVENOUS THERAPY	0.251661		64.00
65.00	06500	RESPIRATORY THERAPY	0.310928		65.00
66.00	06600	PHYSICAL THERAPY	0.437603		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.378728		67.00
68.00	06800	SPEECH PATHOLOGY	0.375634		68.00
69.00	06900	ELECTROCARDIOLOGY	0.101763		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.125240		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.424043		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.558359		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.140432		73.00
74.00	07400	RENAL DIALYSIS	0.246498		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.532456		76.00
76.97	07697	CARDIAC REHABILITATION	0.859002		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.384799		90.00
91.00	09100	EMERGENCY	0.105421		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.332946		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: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet C
Part II
Date/Time Prepared:
11/25/2024 11:32 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	10,810,660	1,138,487	9,672,173	0	0	50.00
51.00	05100	RECOVERY ROOM	2,120,649	80,461	2,040,188	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,165,900	125,749	2,040,151	0	0	52.00
53.00	05300	ANESTHESIOLOGY	941,388	49,303	892,085	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,438,479	538,857	4,899,622	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,515,702	454,756	1,060,946	0	0	55.00
56.00	05600	RADIOISOTOPE	948,117	51,227	896,890	0	0	56.00
57.00	05700	CT SCAN	1,943,183	29,494	1,913,689	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,370,497	473,568	896,929	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,706,309	1,024,061	2,682,248	0	0	59.00
60.00	06000	LABORATORY	8,921,700	295,422	8,626,278	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,800,364	12,660	1,787,704	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,783,403	128,671	3,654,732	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,639,066	92,688	2,546,378	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,755,651	152,395	4,603,256	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,271,860	42,263	2,229,597	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	668,990	11,092	657,898	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,608,990	111,454	1,497,536	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	961,743	66,817	894,926	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,387,804	9,177	4,378,627	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,561,604	7,313	3,554,291	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,364,915	649,883	24,715,032	0	0	73.00
74.00	07400	RENAL DIALYSIS	999,864	10,508	989,356	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	213,155	22,624	190,531	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	953,570	79,695	873,875	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,583,976	35,291	1,548,685	0	0	90.00
91.00	09100	EMERGENCY	9,154,985	234,968	8,920,017	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,169,808	237,299	6,932,509	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
200.00		Subtotal (sum of lines 50 thru 199)	111,762,332	6,166,183	105,596,149	0	0	200.00
201.00		Less Observation Beds	7,169,808	237,299	6,932,509	0	0	201.00
202.00		Total (line 200 minus line 201)	104,592,524	5,928,884	98,663,640	0	0	202.00

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

Provider CCN: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet C
Part II
Date/Time Prepared:
11/25/2024 11:32 am

			Title XIX		Hospital	PPS
Cost Center Description			Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
			6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	10,810,660	46,000,983	0.235009	50.00
51.00	05100	RECOVERY ROOM	2,120,649	6,748,353	0.314247	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,165,900	3,416,195	0.634009	52.00
53.00	05300	ANESTHESIOLOGY	941,388	7,028,026	0.133948	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,438,479	23,095,204	0.235481	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,515,702	10,021,389	0.151247	55.00
56.00	05600	RADIOISOTOPE	948,117	5,011,467	0.189190	56.00
57.00	05700	CT SCAN	1,943,183	42,295,069	0.045943	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,370,497	14,633,104	0.093657	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,706,309	20,850,954	0.177752	59.00
60.00	06000	LABORATORY	8,921,700	69,909,207	0.127618	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,800,364	4,958,913	0.363056	63.00
64.00	06400	INTRAVENOUS THERAPY	3,783,403	15,033,742	0.251661	64.00
65.00	06500	RESPIRATORY THERAPY	2,639,066	8,487,700	0.310928	65.00
66.00	06600	PHYSICAL THERAPY	4,755,651	10,867,493	0.437603	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,271,860	5,998,654	0.378728	67.00
68.00	06800	SPEECH PATHOLOGY	668,990	1,780,961	0.375634	68.00
69.00	06900	ELECTROCARDIOLOGY	1,608,990	15,811,215	0.101763	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	961,743	7,679,187	0.125240	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,387,804	10,347,536	0.424043	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,561,604	6,378,703	0.558359	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,364,915	180,620,669	0.140432	73.00
74.00	07400	RENAL DIALYSIS	999,864	4,056,274	0.246498	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	213,155	400,324	0.532456	76.00
76.97	07697	CARDIAC REHABILITATION	953,570	1,110,091	0.859002	76.97
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1,583,976	4,116,377	0.384799	90.00
91.00	09100	EMERGENCY	9,154,985	86,842,255	0.105421	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,169,808	21,534,464	0.332946	92.00
	OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	0	0.000000	101.00
200.00		Subtotal (sum of lines 50 thru 199)	111,762,332	635,034,509		200.00
201.00		Less Observation Beds	7,169,808	0		201.00
202.00		Total (line 200 minus line 201)	104,592,524	635,034,509		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet D
Part I
Date/Time Prepared:
11/25/2024 11:32 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,217,271	0	1,217,271	30,424	40.01	30.00
31.00	INTENSIVE CARE UNIT	237,633		237,633	2,199	108.06	31.00
41.00	SUBPROVIDER - IRF	185,105	0	185,105	3,862	47.93	41.00
43.00	NURSERY	20,841		20,841	559	37.28	43.00
200.00	Total (lines 30 through 199)	1,660,850		1,660,850	37,044		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	4,748	189,967				
31.00	INTENSIVE CARE UNIT	433	46,790				
41.00	SUBPROVIDER - IRF	1,858	89,054				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	7,039	325,811				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 15-0008	Period: From 07/01/2023 To 06/30/2024	Worksheet D Part II Date/Time Prepared: 11/25/2024 11:32 am		
				Title XVIII		Hospital		PPS
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,138,487	46,000,983	0.024749	2,471,691	61,172	50.00
51.00	05100	RECOVERY ROOM	80,461	6,748,353	0.011923	149,446	1,782	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	125,749	3,416,195	0.036810	0	0	52.00
53.00	05300	ANESTHESIOLOGY	49,303	7,028,026	0.007015	276,801	1,942	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	538,857	23,095,204	0.023332	732,237	17,085	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	454,756	10,021,389	0.045379	0	0	55.00
56.00	05600	RADIOISOTOPE	51,227	5,011,467	0.010222	195,104	1,994	56.00
57.00	05700	CT SCAN	29,494	42,295,069	0.000697	2,055,711	1,433	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	473,568	14,633,104	0.032363	463,889	15,013	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,024,061	20,850,954	0.049113	2,126,478	104,438	59.00
60.00	06000	LABORATORY	295,422	69,909,207	0.004226	4,304,380	18,190	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	12,660	4,958,913	0.002553	197,222	504	63.00
64.00	06400	INTRAVENOUS THERAPY	128,671	15,033,742	0.008559	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	92,688	8,487,700	0.010920	1,504,937	16,434	65.00
66.00	06600	PHYSICAL THERAPY	152,395	10,867,493	0.014023	577,402	8,097	66.00
67.00	06700	OCCUPATIONAL THERAPY	42,263	5,998,654	0.007045	451,839	3,183	67.00
68.00	06800	SPEECH PATHOLOGY	11,092	1,780,961	0.006228	106,875	666	68.00
69.00	06900	ELECTROCARDIOLOGY	111,454	15,811,215	0.007049	1,340,530	9,449	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	66,817	7,679,187	0.008701	77,557	675	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,177	10,347,536	0.000887	1,286,050	1,141	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,313	6,378,703	0.001146	546,854	627	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	649,883	180,620,669	0.003598	4,246,592	15,279	73.00
74.00	07400	RENAL DIALYSIS	10,508	4,056,274	0.002591	933,572	2,419	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	22,624	400,324	0.056514	645	36	76.00
76.97	07697	CARDIAC REHABILITATION	79,695	1,110,091	0.071791	7,090	509	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	35,291	4,116,377	0.008573	0	0	90.00
91.00	09100	EMERGENCY	234,968	86,842,255	0.002706	3,695,660	10,000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	237,299	21,534,464	0.011019	714,008	7,868	92.00
200.00		Total (lines 50 through 199)	6,166,183	635,034,509		28,462,570	299,936	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 15-0008		Period: From 07/01/2023 To 06/30/2024		Worksheet D Part III Date/Time Prepared: 11/25/2024 11:32 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	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	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	30,424	0.00	4,748	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	2,199	0.00	433	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	3,862	0.00	1,858	41.00		
43.00	04300	NURSERY		0	559	0.00	0	43.00		
200.00		Total (lines 30 through 199)		0	37,044		7,039	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						
41.00	04100	SUBPROVIDER - IRF	0	41.00						
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: 15-0008		Period: From 07/01/2023 To 06/30/2024		Worksheet D Part IV Date/Time Prepared: 11/25/2024 11:32 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	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	MAGNETIC RESONANCE IMAGING (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	0	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	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	76.00
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	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet D
Part IV
Date/Time Prepared:
11/25/2024 11:32 am

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	46,000,983	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	6,748,353	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,416,195	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,028,026	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	23,095,204	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	10,021,389	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,011,467	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	42,295,069	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	14,633,104	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	20,850,954	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	69,909,207	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	4,958,913	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	15,033,742	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	8,487,700	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,867,493	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,998,654	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,780,961	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	15,811,215	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,679,187	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,347,536	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,378,703	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	180,620,669	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,056,274	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	400,324	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,110,091	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	4,116,377	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	86,842,255	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	21,534,464	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	635,034,509		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0008		Period: From 07/01/2023 To 06/30/2024		Worksheet D Part IV Date/Time Prepared: 11/25/2024 11:32 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		2,471,691	0	3,890,315	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		149,446	0	612,827	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		276,801	0	606,876	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		732,237	0	1,625,278	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000		0	0	5,095,633	0	55.00
56.00	05600	RADIOISOTOPE	0.000000		195,104	0	732,153	0	56.00
57.00	05700	CT SCAN	0.000000		2,055,711	0	4,486,086	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		463,889	0	1,870,210	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		2,126,478	0	1,500,128	0	59.00
60.00	06000	LABORATORY	0.000000		4,304,380	0	3,164,023	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000		197,222	0	213,952	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		0	0	1,338,276	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		1,504,937	0	141,438	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		577,402	0	57,579	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		451,839	0	31,052	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		106,875	0	42,648	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		1,340,530	0	949,607	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		77,557	0	797,173	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		1,286,050	0	619,901	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		546,854	0	610,324	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		4,246,592	0	21,274,262	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000		933,572	0	184,404	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		645	0	31,535	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		7,090	0	223,033	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000		0	0	507,326	0	90.00
91.00	09100	EMERGENCY	0.000000		3,695,660	0	4,226,227	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		714,008	0	1,276,295	0	92.00
200.00		Total (lines 50 through 199)			28,462,570	0	56,108,561	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 15-0008		Period: From 07/01/2023 To 06/30/2024		Worksheet D Part V Date/Time Prepared: 11/25/2024 11:32 am	
				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		0.235009	3,890,315	0	0	914,259	50.00
51.00	05100	RECOVERY ROOM		0.314247	612,827	0	0	192,579	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.634009	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.133948	606,876	0	0	81,290	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.235481	1,625,278	0	0	382,722	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC		0.151247	5,095,633	0	0	770,699	55.00
56.00	05600	RADIOISOTOPE		0.189190	732,153	0	0	138,516	56.00
57.00	05700	CT SCAN		0.045943	4,486,086	0	0	206,104	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.093657	1,870,210	0	0	175,158	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.177752	1,500,128	0	0	266,651	59.00
60.00	06000	LABORATORY		0.127618	3,164,023	79	0	403,786	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.		0.363056	213,952	0	0	77,677	63.00
64.00	06400	INTRAVENOUS THERAPY		0.251661	1,338,276	0	0	336,792	64.00
65.00	06500	RESPIRATORY THERAPY		0.310928	141,438	0	0	43,977	65.00
66.00	06600	PHYSICAL THERAPY		0.437603	57,579	0	0	25,197	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.378728	31,052	0	0	11,760	67.00
68.00	06800	SPEECH PATHOLOGY		0.375634	42,648	0	0	16,020	68.00
69.00	06900	ELECTROCARDIOLOGY		0.101763	949,607	0	0	96,635	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.125240	797,173	0	0	99,838	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.424043	619,901	0	0	262,865	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.558359	610,324	9,635	0	340,780	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.140432	21,274,262	0	8,560	2,987,587	73.00
74.00	07400	RENAL DIALYSIS		0.246498	184,404	0	0	45,455	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.532456	31,535	0	0	16,791	76.00
76.97	07697	CARDIAC REHABILITATION		0.859002	223,033	0	0	191,586	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.384799	507,326	0	0	195,219	90.00
91.00	09100	EMERGENCY		0.105421	4,226,227	0	0	445,533	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.332946	1,276,295	0	0	424,937	92.00
200.00		Subtotal (see instructions)			56,108,561	9,714	8,560	9,150,413	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			56,108,561	9,714	8,560	9,150,413	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0008		Period: From 07/01/2023 To 06/30/2024	Worksheet D Part V Date/Time Prepared: 11/25/2024 11:32 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	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	10	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	5,380	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,202		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
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	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	5,390	1,202		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	5,390	1,202		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS					Provider CCN: 15-0008	Period: From 07/01/2023 To 06/30/2024	Worksheet D Part II Date/Time Prepared: 11/25/2024 11:32 am	
					Component CCN: 15-T008			
					Title XVIII		Subprovider - IRF	PPS
	Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,138,487	46,000,983	0.024749	21,516	532	50.00
51.00	05100	RECOVERY ROOM	80,461	6,748,353	0.011923	1,036	12	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	125,749	3,416,195	0.036810	0	0	52.00
53.00	05300	ANESTHESIOLOGY	49,303	7,028,026	0.007015	2,669	19	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	538,857	23,095,204	0.023332	61,141	1,427	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	454,756	10,021,389	0.045379	0	0	55.00
56.00	05600	RADIOISOTOPE	51,227	5,011,467	0.010222	5,045	52	56.00
57.00	05700	CT SCAN	29,494	42,295,069	0.000697	48,445	34	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	473,568	14,633,104	0.032363	10,858	351	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,024,061	20,850,954	0.049113	0	0	59.00
60.00	06000	LABORATORY	295,422	69,909,207	0.004226	445,788	1,884	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	12,660	4,958,913	0.002553	1,684	4	63.00
64.00	06400	INTRAVENOUS THERAPY	128,671	15,033,742	0.008559	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	92,688	8,487,700	0.010920	296,729	3,240	65.00
66.00	06600	PHYSICAL THERAPY	152,395	10,867,493	0.014023	855,808	12,001	66.00
67.00	06700	OCCUPATIONAL THERAPY	42,263	5,998,654	0.007045	986,234	6,948	67.00
68.00	06800	SPEECH PATHOLOGY	11,092	1,780,961	0.006228	182,475	1,136	68.00
69.00	06900	ELECTROCARDIOLOGY	111,454	15,811,215	0.007049	16,542	117	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	66,817	7,679,187	0.008701	2,370	21	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,177	10,347,536	0.000887	157,144	139	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,313	6,378,703	0.001146	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	649,883	180,620,669	0.003598	981,587	3,532	73.00
74.00	07400	RENAL DIALYSIS	10,508	4,056,274	0.002591	91,518	237	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	22,624	400,324	0.056514	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	79,695	1,110,091	0.071791	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	35,291	4,116,377	0.008573	0	0	90.00
91.00	09100	EMERGENCY	234,968	86,842,255	0.002706	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	21,534,464	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	5,928,884	635,034,509		4,168,589	31,686	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0008 Component CCN: 15-T008		Period: From 07/01/2023 To 06/30/2024		Worksheet D Part IV Date/Time Prepared: 11/25/2024 11:32 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	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	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
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	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	0	76.00
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	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0008 Component CCN: 15-T008		Period: From 07/01/2023 To 06/30/2024		Worksheet D Part IV Date/Time Prepared: 11/25/2024 11:32 am	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	46,000,983	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	6,748,353	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,416,195	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,028,026	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	23,095,204	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	10,021,389	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,011,467	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	42,295,069	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	14,633,104	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	20,850,954	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	69,909,207	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	4,958,913	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	15,033,742	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	8,487,700	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,867,493	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,998,654	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,780,961	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	15,811,215	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,679,187	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,347,536	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,378,703	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	180,620,669	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,056,274	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	400,324	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,110,091	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	4,116,377	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	86,842,255	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	21,534,464	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	635,034,509		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0008 Component CCN: 15-T008		Period: From 07/01/2023 To 06/30/2024		Worksheet D Part IV Date/Time Prepared: 11/25/2024 11:32 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		21,516	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		1,036	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		2,669	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		61,141	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000		0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000		5,045	0	0	0	56.00
57.00	05700	CT SCAN	0.000000		48,445	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		10,858	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000		445,788	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000		1,684	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		296,729	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		855,808	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		986,234	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		182,475	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		16,542	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		2,370	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		157,144	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		981,587	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000		91,518	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		0	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		0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		0	0	0	0	92.00
200.00		Total (lines 50 through 199)			4,168,589	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet D
Part I
Date/Time Prepared:
11/25/2024 11:32 am

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		1,217,271	0	1,217,271	30,424	40.01	30.00
31.00	INTENSIVE CARE UNIT		237,633		237,633	2,199	108.06	31.00
41.00	SUBPROVIDER - IRF		185,105	0	185,105	3,862	47.93	41.00
43.00	NURSERY		20,841		20,841	559	37.28	43.00
200.00	Total (lines 30 through 199)		1,660,850		1,660,850	37,044		200.00
Cost Center Description			Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
			6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		2,135	85,421				
31.00	INTENSIVE CARE UNIT		249	26,907				
41.00	SUBPROVIDER - IRF		106	5,081				
43.00	NURSERY		103	3,840				
200.00	Total (lines 30 through 199)		2,593	121,249				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet D
Part II
Date/Time Prepared:
11/25/2024 11:32 am

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	1,138,487	46,000,983	0.024749	803,685	19,890 50.00
51.00	05100	RECOVERY ROOM	80,461	6,748,353	0.011923	79,768	951 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	125,749	3,416,195	0.036810	216,078	7,954 52.00
53.00	05300	ANESTHESIOLOGY	49,303	7,028,026	0.007015	165,265	1,159 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	538,857	23,095,204	0.023332	201,158	4,693 54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	454,756	10,021,389	0.045379	0	0 55.00
56.00	05600	RADIOISOTOPE	51,227	5,011,467	0.010222	19,576	200 56.00
57.00	05700	CT SCAN	29,494	42,295,069	0.000697	421,024	293 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	473,568	14,633,104	0.032363	63,244	2,047 58.00
59.00	05900	CARDIAC CATHETERIZATION	1,024,061	20,850,954	0.049113	200,723	9,858 59.00
60.00	06000	LABORATORY	295,422	69,909,207	0.004226	1,171,796	4,952 60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	12,660	4,958,913	0.002553	76,533	195 63.00
64.00	06400	INTRAVENOUS THERAPY	128,671	15,033,742	0.008559	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	92,688	8,487,700	0.010920	309,472	3,379 65.00
66.00	06600	PHYSICAL THERAPY	152,395	10,867,493	0.014023	74,638	1,047 66.00
67.00	06700	OCCUPATIONAL THERAPY	42,263	5,998,654	0.007045	52,517	370 67.00
68.00	06800	SPEECH PATHOLOGY	11,092	1,780,961	0.006228	35,681	222 68.00
69.00	06900	ELECTROCARDIOLOGY	111,454	15,811,215	0.007049	257,985	1,819 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	66,817	7,679,187	0.008701	27,655	241 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,177	10,347,536	0.000887	191,082	169 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,313	6,378,703	0.001146	49,692	57 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	649,883	180,620,669	0.003598	1,489,683	5,360 73.00
74.00	07400	RENAL DIALYSIS	10,508	4,056,274	0.002591	202,767	525 74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	22,624	400,324	0.056514	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	79,695	1,110,091	0.071791	2,365	170 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	35,291	4,116,377	0.008573	0	0 90.00
91.00	09100	EMERGENCY	234,968	86,842,255	0.002706	810,000	2,192 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	237,299	21,534,464	0.011019	111,597	1,230 92.00
200.00		Total (lines 50 through 199)	6,166,183	635,034,509		7,033,984	68,973 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 15-0008		Period: From 07/01/2023 To 06/30/2024		Worksheet D Part III Date/Time Prepared: 11/25/2024 11:32 am		
					Title XIX		Hospital		PPS		
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00			
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00			
43.00	04300	NURSERY	0	0	0	0	0	43.00			
200.00		Total (lines 30 through 199)	0	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	30,424	0.00	2,135	30.00			
31.00	03100	INTENSIVE CARE UNIT		0	2,199	0.00	249	31.00			
41.00	04100	SUBPROVIDER - IRF	0	0	3,862	0.00	106	41.00			
43.00	04300	NURSERY		0	559	0.00	103	43.00			
200.00		Total (lines 30 through 199)		0	37,044		2,593	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
41.00	04100	SUBPROVIDER - IRF	0								41.00
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: 15-0008		Period: From 07/01/2023 To 06/30/2024		Worksheet D Part IV Date/Time Prepared: 11/25/2024 11:32 am	
				Title XIX		Hospital		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	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	MAGNETIC RESONANCE IMAGING (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	0	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	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	76.00
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	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet D
Part IV
Date/Time Prepared:
11/25/2024 11:32 am

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	46,000,983	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	6,748,353	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,416,195	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,028,026	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	23,095,204	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	10,021,389	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,011,467	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	42,295,069	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	14,633,104	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	20,850,954	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	69,909,207	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	4,958,913	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	15,033,742	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	8,487,700	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,867,493	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,998,654	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,780,961	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	15,811,215	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,679,187	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,347,536	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,378,703	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	180,620,669	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,056,274	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	400,324	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,110,091	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	4,116,377	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	86,842,255	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	21,534,464	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	635,034,509		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet D
Part IV
Date/Time Prepared:
11/25/2024 11:32 am

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	803,685	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	79,768	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	216,078	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	165,265	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	201,158	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	19,576	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	421,024	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	63,244	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	200,723	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	1,171,796	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	76,533	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	309,472	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	74,638	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	52,517	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	35,681	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	257,985	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	27,655	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	191,082	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	49,692	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,489,683	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	202,767	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	2,365	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	810,000	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	111,597	0	0	0	92.00
200.00		Total (lines 50 through 199)		7,033,984	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0008

Period:

Worksheet D

Component CCN: 15-T008

From 07/01/2023
To 06/30/2024Part II
Date/Time Prepared:
11/25/2024 11:32 am

Title XIX

Subprovider -
IRF

PPS

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,138,487	46,000,983	0.024749	0	0	50.00
51.00	05100	RECOVERY ROOM	80,461	6,748,353	0.011923	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	125,749	3,416,195	0.036810	0	0	52.00
53.00	05300	ANESTHESIOLOGY	49,303	7,028,026	0.007015	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	538,857	23,095,204	0.023332	549	13	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	454,756	10,021,389	0.045379	0	0	55.00
56.00	05600	RADIOISOTOPE	51,227	5,011,467	0.010222	0	0	56.00
57.00	05700	CT SCAN	29,494	42,295,069	0.000697	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	473,568	14,633,104	0.032363	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,024,061	20,850,954	0.049113	0	0	59.00
60.00	06000	LABORATORY	295,422	69,909,207	0.004226	5,815	25	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	12,660	4,958,913	0.002553	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	128,671	15,033,742	0.008559	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	92,688	8,487,700	0.010920	4,775	52	65.00
66.00	06600	PHYSICAL THERAPY	152,395	10,867,493	0.014023	14,401	202	66.00
67.00	06700	OCCUPATIONAL THERAPY	42,263	5,998,654	0.007045	18,767	132	67.00
68.00	06800	SPEECH PATHOLOGY	11,092	1,780,961	0.006228	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	111,454	15,811,215	0.007049	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	66,817	7,679,187	0.008701	1,185	10	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,177	10,347,536	0.000887	3,452	3	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,313	6,378,703	0.001146	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	649,883	180,620,669	0.003598	10,242	37	73.00
74.00	07400	RENAL DIALYSIS	10,508	4,056,274	0.002591	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	22,624	400,324	0.056514	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	79,695	1,110,091	0.071791	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	35,291	4,116,377	0.008573	0	0	90.00
91.00	09100	EMERGENCY	234,968	86,842,255	0.002706	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	21,534,464	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	5,928,884	635,034,509		59,186	474	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0008 Component CCN: 15-T008		Period: From 07/01/2023 To 06/30/2024		Worksheet D Part IV Date/Time Prepared: 11/25/2024 11:32 am	
				Title XIX		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	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	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
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	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	0	76.00
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	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0008 Component CCN: 15-T008		Period: From 07/01/2023 To 06/30/2024		Worksheet D Part IV Date/Time Prepared: 11/25/2024 11:32 am	
			Title XIX		Subprovider - IRF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	46,000,983	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	6,748,353	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,416,195	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,028,026	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	23,095,204	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	10,021,389	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,011,467	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	42,295,069	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	14,633,104	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	20,850,954	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	69,909,207	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	4,958,913	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	15,033,742	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	8,487,700	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,867,493	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,998,654	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,780,961	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	15,811,215	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,679,187	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,347,536	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,378,703	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	180,620,669	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,056,274	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	400,324	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,110,091	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	4,116,377	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	86,842,255	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	21,534,464	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	635,034,509		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0008 Component CCN: 15-T008		Period: From 07/01/2023 To 06/30/2024		Worksheet D Part IV Date/Time Prepared: 11/25/2024 11:32 am	
				Title XIX		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	549	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	5,815	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	4,775	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	14,401	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	18,767	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,185	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,452	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	10,242	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			59,186	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008	Period: From 07/01/2023 To 06/30/2024	Worksheet D-1 Date/Time Prepared: 11/25/2024 11:32 am
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		30,424	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		30,424	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)		24,493	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)		4,748	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)		36,778,669	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)		36,778,669	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)		36,778,669	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)		1,208.87	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,739,715	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)		5,739,715	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0008

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

Worksheet D-1

Date/Time Prepared:
11/25/2024 11:32 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		42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	5,859,981	2,199	2,664.84	433	1,153,876		43.00
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,399,968		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)					12,293,559		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)					236,757		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					299,936		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					536,693		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,756,866		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)					5,931		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,208.87		88.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0008		Period: From 07/01/2023 To 06/30/2024		Worksheet D-1 Date/Time Prepared: 11/25/2024 11:32 am	
				Title XVIII		Hospital		PPS	
Cost Center Description								1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)						7,169,808	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	1,217,271	36,778,669	0.033097	7,169,808	237,299	90.00		
91.00	Nursing Program cost	0	36,778,669	0.000000	7,169,808	0	91.00		
92.00	Allied health cost	0	36,778,669	0.000000	7,169,808	0	92.00		
93.00	All other Medical Education	0	36,778,669	0.000000	7,169,808	0	93.00		

Health Financial Systems		ST. CATHERINE HOSPITAL		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008	Period: From 07/01/2023 To 06/30/2024	Worksheet D-1	
		Component CCN: 15-T008		Date/Time Prepared: 11/25/2024 11:32 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,862	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,862	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			3,862	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)			1,858	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)			4,530,372	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)			4,530,372	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)			4,530,372	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)			1,173.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,179,545	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			2,179,545	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2023 To 06/30/2024	Worksheet D-1 Date/Time Prepared: 11/25/2024 11:32 am
			Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,219,681
48.01 Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0
49.00 Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					3,399,226
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					89,054
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					31,686
52.00 Total Program excludable cost (sum of lines 50 and 51)					120,740
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,278,486
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
55.01 Permanent adjustment amount per discharge					0.00
55.02 Adjustment amount per discharge (contractor use only)					0.00
55.03 CAR T-cell amount paid as an interim payment					
56.00 Target amount ((line 54 x sum of lines 55, 55.01, and 55.02) plus line 55.03)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00
60.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00
61.00 Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2023 To 06/30/2024	Worksheet D-1 Date/Time Prepared: 11/25/2024 11:32 am	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description						1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	185,105	4,530,372	0.040859	0	0	90.00
91.00	Nursing Program cost	0	4,530,372	0.000000	0	0	91.00
92.00	Allied health cost	0	4,530,372	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,530,372	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008	Period: From 07/01/2023 To 06/30/2024	Worksheet D-1 Date/Time Prepared: 11/25/2024 11:32 am	
		Title XIX	Hospital	PPS	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			30,424	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			30,424	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)			24,493	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			2,135	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)			559	15.00
16.00	Nursery days (title V or XIX only)			103	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)			36,778,669	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)			36,778,669	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)			36,778,669	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)			1,208.87	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,580,937	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			2,580,937	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0008

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

Worksheet D-1

Date/Time Prepared:
11/25/2024 11:32 am

			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)	678,576	559	1,213.91	103	125,033	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,859,981	2,199	2,664.84	249	663,545	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	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)					1,346,847	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)					4,716,362	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)					116,168	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					68,973	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					185,141	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,531,221	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)					5,931	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,208.87	88.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0008		Period: From 07/01/2023 To 06/30/2024		Worksheet D-1 Date/Time Prepared: 11/25/2024 11:32 am	
				Title XIX		Hospital		PPS	
Cost Center Description								1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,169,808		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	1,217,271	36,778,669	0.033097	7,169,808	237,299	90.00		
91.00	Nursing Program cost	0	36,778,669	0.000000	7,169,808	0	91.00		
92.00	Allied health cost	0	36,778,669	0.000000	7,169,808	0	92.00		
93.00	All other Medical Education	0	36,778,669	0.000000	7,169,808	0	93.00		

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2023 To 06/30/2024	Worksheet D-1 Date/Time Prepared: 11/25/2024 11:32 am
		Title XIX	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,862	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,862	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,862	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)		106	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)		559	15.00
16.00	Nursery days (title V or XIX only)		103	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)		4,530,372	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)		4,530,372	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)		4,530,372	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)		1,173.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		124,344	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)		124,344	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2023 To 06/30/2024	Worksheet D-1 Date/Time Prepared: 11/25/2024 11:32 am
			Title XIX	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					18,816
48.01 Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0
49.00 Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					143,160
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					5,081
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					474
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,555
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					137,605
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
55.01 Permanent adjustment amount per discharge					0.00
55.02 Adjustment amount per discharge (contractor use only)					0.00
55.03 CAR T-cell amount paid as an interim payment					
56.00 Target amount ((line 54 x sum of lines 55, 55.01, and 55.02) plus line 55.03)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00
60.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00
61.00 Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2023 To 06/30/2024	Worksheet D-1 Date/Time Prepared: 11/25/2024 11:32 am	
				Title XIX	Subprovider - IRF	PPS	
Cost Center Description						1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	185,105	4,530,372	0.040859	0	0	90.00
91.00	Nursing Program cost	0	4,530,372	0.000000	0	0	91.00
92.00	Allied health cost	0	4,530,372	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,530,372	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0008	Period: From 07/01/2023 To 06/30/2024	Worksheet D-3 Date/Time Prepared: 11/25/2024 11:32 am	
Cost Center Description		Title XVIII	Hospital	PPS	
		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		14,223,186	30.00
31.00	03100	INTENSIVE CARE UNIT		1,653,234	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.235009	2,471,691	50.00
51.00	05100	RECOVERY ROOM	0.314247	149,446	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.634009	0	52.00
53.00	05300	ANESTHESIOLOGY	0.133948	276,801	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.235481	732,237	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.151247	0	55.00
56.00	05600	RADIOISOTOPE	0.189190	195,104	56.00
57.00	05700	CT SCAN	0.045943	2,055,711	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.093657	463,889	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.177752	2,126,478	59.00
60.00	06000	LABORATORY	0.127618	4,304,380	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.363056	197,222	63.00
64.00	06400	INTRAVENOUS THERAPY	0.251661	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.310928	1,504,937	65.00
66.00	06600	PHYSICAL THERAPY	0.437603	577,402	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.378728	451,839	67.00
68.00	06800	SPEECH PATHOLOGY	0.375634	106,875	68.00
69.00	06900	ELECTROCARDIOLOGY	0.101763	1,340,530	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.125240	77,557	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.424043	1,286,050	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.558359	546,854	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.140432	4,246,592	73.00
74.00	07400	RENAL DIALYSIS	0.246498	933,572	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.532456	645	76.00
76.97	07697	CARDIAC REHABILITATION	0.859002	7,090	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.384799	0	90.00
91.00	09100	EMERGENCY	0.105421	3,695,660	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.332946	714,008	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		28,462,570	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)		28,462,570	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2023 To 06/30/2024	Worksheet D-3 Date/Time Prepared: 11/25/2024 11:32 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
41.00	04100 SUBPROVIDER - IRF		3,368,800		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.235009	21,516	5,056	50.00
51.00	05100 RECOVERY ROOM	0.314247	1,036	326	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.634009	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.133948	2,669	358	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.235481	61,141	14,398	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.151247	0	0	55.00
56.00	05600 RADIOISOTOPE	0.189190	5,045	954	56.00
57.00	05700 CT SCAN	0.045943	48,445	2,226	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.093657	10,858	1,017	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.177752	0	0	59.00
60.00	06000 LABORATORY	0.127618	445,788	56,891	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.363056	1,684	611	63.00
64.00	06400 INTRAVENOUS THERAPY	0.251661	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.310928	296,729	92,261	65.00
66.00	06600 PHYSICAL THERAPY	0.437603	855,808	374,504	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.378728	986,234	373,514	67.00
68.00	06800 SPEECH PATHOLOGY	0.375634	182,475	68,544	68.00
69.00	06900 ELECTROCARDIOLOGY	0.101763	16,542	1,683	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.125240	2,370	297	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.424043	157,144	66,636	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.558359	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.140432	981,587	137,846	73.00
74.00	07400 RENAL DIALYSIS	0.246498	91,518	22,559	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.532456	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.859002	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.384799	0	0	90.00
91.00	09100 EMERGENCY	0.105421	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.332946	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		4,168,589	1,219,681	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		4,168,589		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0008	Period: From 07/01/2023 To 06/30/2024	Worksheet D-3 Date/Time Prepared: 11/25/2024 11:32 am	
		Title XIX	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		5,460,948	30.00
31.00	03100	INTENSIVE CARE UNIT		596,330	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		229,863	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.235009	803,685	50.00
51.00	05100	RECOVERY ROOM	0.314247	79,768	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.634009	216,078	52.00
53.00	05300	ANESTHESIOLOGY	0.133948	165,265	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.235481	201,158	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.151247	0	55.00
56.00	05600	RADIOISOTOPE	0.189190	19,576	56.00
57.00	05700	CT SCAN	0.045943	421,024	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.093657	63,244	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.177752	200,723	59.00
60.00	06000	LABORATORY	0.127618	1,171,796	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.363056	76,533	63.00
64.00	06400	INTRAVENOUS THERAPY	0.251661	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.310928	309,472	65.00
66.00	06600	PHYSICAL THERAPY	0.437603	74,638	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.378728	52,517	67.00
68.00	06800	SPEECH PATHOLOGY	0.375634	35,681	68.00
69.00	06900	ELECTROCARDIOLOGY	0.101763	257,985	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.125240	27,655	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.424043	191,082	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.558359	49,692	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.140432	1,489,683	73.00
74.00	07400	RENAL DIALYSIS	0.246498	202,767	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.532456	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.859002	2,365	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.384799	0	90.00
91.00	09100	EMERGENCY	0.105421	810,000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.332946	111,597	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		7,033,984	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)		7,033,984	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2023 To 06/30/2024	Worksheet D-3 Date/Time Prepared: 11/25/2024 11:32 am	
		Title XIX	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
41.00	04100 SUBPROVIDER - IRF		59,955		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.235009	0	0	50.00
51.00	05100 RECOVERY ROOM	0.314247	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.634009	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.133948	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.235481	549	129	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.151247	0	0	55.00
56.00	05600 RADIOISOTOPE	0.189190	0	0	56.00
57.00	05700 CT SCAN	0.045943	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.093657	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.177752	0	0	59.00
60.00	06000 LABORATORY	0.127618	5,815	742	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.363056	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.251661	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.310928	4,775	1,485	65.00
66.00	06600 PHYSICAL THERAPY	0.437603	14,401	6,302	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.378728	18,767	7,108	67.00
68.00	06800 SPEECH PATHOLOGY	0.375634	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.101763	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.125240	1,185	148	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.424043	3,452	1,464	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.558359	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.140432	10,242	1,438	73.00
74.00	07400 RENAL DIALYSIS	0.246498	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.532456	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.859002	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.384799	0	0	90.00
91.00	09100 EMERGENCY	0.105421	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.332946	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		59,186	18,816	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		59,186		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0008	Period: From 07/01/2023 To 06/30/2024	Worksheet E Part A Date/Time Prepared: 11/25/2024 11:32 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)		2,046,800	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		7,499,470	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)		0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		28,166	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)		105.65	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)		10.54	30.00
31.00	Percentage of Medicaid patient days (see instructions)		40.94	31.00
32.00	Sum of lines 30 and 31		51.48	32.00
33.00	Allowable disproportionate share percentage (see instructions)		31.69	33.00
34.00	Disproportionate share adjustment (see instructions)		756,304	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0008	Period: From 07/01/2023 To 06/30/2024	Worksheet E Part A Date/Time Prepared: 11/25/2024 11:32 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)		0.000159469	0.000140896	35.01
35.02	Hospital UCP, including supplemental UCP (see instructions)		1,096,254	836,641	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)		276,316	626,338	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)		902,654		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)		2,031		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)		211	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		203	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		10.39		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		1,375		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.967628		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		435.60	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		85,565		46.00
47.00	Subtotal (see instructions)		11,318,959		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)			11,318,959	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			817,870	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			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
55.01	Cellular therapy acquisition cost (see instructions)			0	55.01
56.00	Cost of physicians' services in a teaching hospital (see 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)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			12,136,829	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			12,136,829	61.00
62.00	Deductibles billed to program beneficiaries			977,440	62.00
63.00	Coinsurance billed to program beneficiaries			102,456	63.00
64.00	Allowable bad debts (see instructions)			319,422	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			207,624	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			176,105	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			11,264,557	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)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-81,484	70.93
70.94	HRR adjustment amount (see instructions)			-2,865	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0008	Period: From 07/01/2023 To 06/30/2024	Worksheet E Part A Date/Time Prepared: 11/25/2024 11:32 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)		11,180,208	71.00	
71.01	Sequestration adjustment (see instructions)		223,604	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
71.03	Sequestration adjustment-PARHM pass-throughs			71.03	
72.00	Interim payments		10,699,288	72.00	
72.01	Interim payments-PARHM			72.01	
73.00	Tentative settlement (for contractor use only)		0	73.00	
73.01	Tentative settlement-PARHM (for contractor use only)			73.01	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		257,316	74.00	
74.01	Balance due provider/program-PARHM (see instructions)			74.01	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		433,509	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVPB Adjustment for HSP Bonus Payment					
101.00	HVPB adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVPB adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
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: 15-0008	Period: From 07/01/2023 To 06/30/2024	Worksheet E Part B Date/Time Prepared: 11/25/2024 11:32 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		6,592	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,150,413	2.00
3.00	OPPS or REH payments		7,706,572	3.00
4.00	Outlier payment (see instructions)		4,061	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs including REH direct graduate medical education costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		6,592	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		18,274	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)		18,274	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		18,274	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		11,682	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)		6,592	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)		7,710,633	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)		1,428,262	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)		6,288,963	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)		6,288,963	30.00
31.00	Primary payer payments		9,052	31.00
32.00	Subtotal (line 30 minus line 31)		6,279,911	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)		302,182	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		196,418	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		174,256	36.00
37.00	Subtotal (see instructions)		6,476,329	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		6,476,329	40.00
40.01	Sequestration adjustment (see instructions)		129,527	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		6,368,954	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)		-22,152	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: 15-0008	Period: From 07/01/2023 To 06/30/2024	Worksheet E Part B Date/Time Prepared: 11/25/2024 11:32 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: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet E-1
Part I
Date/Time Prepared:
11/25/2024 11:32 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		10,699,288		6,368,954	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)		10,699,288		6,368,954	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		257,316		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		22,152	6.02
7.00	Total Medicare program liability (see instructions)		10,956,604		6,346,802	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0008 Component CCN: 15-T008		Period: From 07/01/2023 To 06/30/2024		Worksheet E-1 Part I Date/Time Prepared: 11/25/2024 11:32 am	
		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider					0	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		4,058,393			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)		4,058,393			0	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		21,786			0	6.02
7.00	Total Medicare program liability (see instructions)		4,036,607			0	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: 15-0008	Period: From 07/01/2023 To 06/30/2024	Worksheet E-1 Part II Date/Time Prepared: 11/25/2024 11:32 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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2023 To 06/30/2024	Worksheet E-3 Part III Date/Time Prepared: 11/25/2024 11:32 am
		Title XVIII	Subprovider - IRF	PPS
			1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS			
1.00	Net Federal PPS Payment (see instructions)		3,919,539	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0338	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		193,625	3.00
4.00	Outlier Payments		14,289	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		10.551913	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	12.00
13.00	Total PPS Payment (see instructions)		4,127,453	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		0	15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		4,127,453	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		4,127,453	19.00
20.00	Deductibles		16,128	20.00
21.00	Subtotal (line 19 minus line 20)		4,111,325	21.00
22.00	Coinsurance		408	22.00
23.00	Subtotal (line 21 minus line 22)		4,110,917	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		12,416	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		8,070	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,989	26.00
27.00	Subtotal (sum of lines 23 and 25)		4,118,987	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		0	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.98	Recovery of accelerated depreciation.		0	31.98
31.99	Demonstration payment adjustment amount before sequestration		0	31.99
32.00	Total amount payable to the provider (see instructions)		4,118,987	32.00
32.01	Sequestration adjustment (see instructions)		82,380	32.01
32.02	Demonstration payment adjustment amount after sequestration		0	32.02
33.00	Interim payments		4,058,393	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)		-21,786	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		14,289	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING ON OR BEFORE MAY 11, 2023 (THE END OF THE COVID-19 PHE)				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.		0.000000	99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)		0.000000	99.01

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0008	Period: From 07/01/2023 To 06/30/2024	Worksheet E-5 Date/Time Prepared: 11/25/2024 11:32 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: 15-0008

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

Worksheet G

Date/Time Prepared:
11/25/2024 11:32 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	1,290	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	19,067,280	0	0	0	4.00
5.00	Other receivable	804,407	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	5,815,377	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	3,994,991	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)	29,683,345	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	41,864,388	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)	41,864,388	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	3,325,424	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,325,424	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	74,873,157	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	709,456	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,507,727	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	7,344,658	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	12,561,841	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	2,411,114	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,411,114	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	14,972,955	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	59,900,202				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	59,900,202	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	74,873,157	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0008

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

Worksheet G-1

Date/Time Prepared:
11/25/2024 11:32 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		51,406,084		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		7,855,644				2.00
3.00	Total (sum of line 1 and line 2)		59,261,728		0		3.00
4.00	RESTRICTED CONTRIBUTIONS	627,956		0		0	4.00
5.00	INVESTMENT INCOME	15,540		0		0	5.00
6.00	TRANSFERRED TO/FROM AFFILIATES	692,956		0		0	6.00
7.00	NET ASSETS RELEASED-CAPITAL	542,686		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)		1,879,138		0		10.00
11.00	Subtotal (line 3 plus line 10)		61,140,866		0		11.00
12.00	NET ASSETS RELEASED-OPERATING	671,581		0		0	12.00
13.00	NET ASSETS RELEASED-CAPITAL	569,083		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)		1,240,664		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		59,900,202		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	TRANSFERRED TO/FROM AFFILIATES		0				6.00
7.00	NET ASSETS RELEASED-CAPITAL		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	NET ASSETS RELEASED-OPERATING		0				12.00
13.00	NET ASSETS RELEASED-CAPITAL		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: 15-0008

Period:
From 07/01/2023
To 06/30/2024Worksheet G-2
Parts I & II
Date/Time Prepared:
11/25/2024 11:32 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	86,988,010		86,988,010	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	6,991,425		6,991,425	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)	93,979,435		93,979,435	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,106,152		8,106,152	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	8,106,152		8,106,152	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	102,085,587		102,085,587	17.00
18.00	Ancillary services	134,741,516		134,741,516	18.00
19.00	Outpatient services	0	496,020,342	496,020,342	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	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	2,165,669	3,595,001	5,760,670	27.00
27.01	TAXABLE LAB	0	745,741	745,741	27.01
27.02	REGENCY	0	4,462,982	4,462,982	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	238,992,772	504,824,066	743,816,838	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		173,568,896		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)		173,568,896		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0008

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

Worksheet G-3

Date/Time Prepared:

11/25/2024 11:32 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	743,816,838	1.00
2.00	Less contractual allowances and discounts on patients' accounts	580,303,022	2.00
3.00	Net patient revenues (line 1 minus line 2)	163,513,816	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	173,568,896	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-10,055,080	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	130,481	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,140,768	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	12,408,680	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	20,765	21.00
22.00	Rental of hospital space	1,311,827	22.00
23.00	Governmental appropriations	0	23.00
24.00	CAPITATION REVENUE	0	24.00
24.01	GRANT INCOME	290,006	24.01
24.02	OTHER INCOME	1,902,082	24.02
24.03	CLASSES	0	24.03
24.04	TEMP ASSETS RELEASED FRM RESTRICTION	671,581	24.04
24.05	GAIN ON SALE OF ASSETS	34,534	24.05
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	17,910,724	25.00
26.00	Total (line 5 plus line 25)	7,855,644	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)	7,855,644	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0008	Period: From 07/01/2023 To 06/30/2024	Worksheet L Parts I-III Date/Time Prepared: 11/25/2024 11:32 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		736,872	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		89	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)		73.05	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)		10.54	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		40.94	8.00
9.00	Sum of lines 7 and 8		51.48	9.00
10.00	Allowable disproportionate share percentage (see instructions)		10.98	10.00
11.00	Disproportionate share adjustment (see instructions)		80,909	11.00
12.00	Total prospective capital payments (see instructions)		817,870	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