

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: 14-0093	Period: From 10/01/2022 To 09/30/2023	Worksheet S Parts I-III Date/Time Prepared: 2/28/2024 8:46 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 2/28/2024	Time: 8:46 pm
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.		
Contractor use only	5. <input type="checkbox"/> 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. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> 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 OSF SACRED HEART MEDICAL CENTER (14-0093) for the cost reporting period beginning 10/01/2022 and ending 09/30/2023 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			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			2
3	Signatory Title			3
4	Date			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	245,080	852	0	1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	2.00
3.00	SUBPROVIDER - IRF	0	0	0	0	3.00
5.00	SWING BED - SNF	0	0	0	0	5.00
6.00	SWING BED - NF	0			0	6.00
200.00	TOTAL	0	245,080	852	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: 14-0093		Period: From 10/01/2022 To 09/30/2023		Worksheet S-2 Part I Date/Time Prepared: 2/28/2024 8:46 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 812 NORTH LOGAN AVENUE			PO Box:				1.00		
2.00	City: DANVILLE			State: IL		Zip Code: 61832-3752		County: VERMILION 2.00		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	
								XIX		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		OSF SACRED HEART MEDICAL CENTER	140093	19180	1	07/01/1966	0	P	0
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2022	09/30/2023		20.00
21.00	Type of Control (see instructions)						1			21.00
							1.00	2.00		
							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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0093		Period: From 10/01/2022 To 09/30/2023		Worksheet S-2 Part I Date/Time Prepared: 2/28/2024 8:46 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	164	327	0	7	1,213	0	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N			56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00

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							V	XVIII	XIX	
							1.00	2.00	3.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.						N			59.00
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code					
			1.00	2.00	3.00					
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.			N					60.00	
			Y/N	IME	Direct GME	IME	Direct GME			
			1.00	2.00	3.00	4.00	5.00			
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)			N		0.00	0.00		61.00	
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)								61.01	
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)								61.02	
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)								61.03	
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).								61.04	
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)								61.05	
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)								61.06	
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count				
			1.00	2.00	3.00	4.00				
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.					0.00	0.00		61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.					0.00	0.00		61.20	
							1.00			
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)										
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00		62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00		62.01	
Teaching Hospitals that Claim Residents in Nonprovider Settings										
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						N		63.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet S-2
Part I
Date/Time Prepared:
2/28/2024 8:46 pm

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

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			1.00		
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?			68.00	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N	70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N	75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			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	Y	98.06
Rural Providers				
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00
		Physical 1.00	Occupational 2.00	Speech 3.00
		Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N		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
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		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2		118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0093	Period: From 10/01/2022 To 09/30/2023	Worksheet S-2 Part I Date/Time Prepared: 2/28/2024 8:46 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	34,153	1,352,232	49,766
		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	N	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	HB1728	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: OSF HEALTHCARE SYSTEM	Contractor's Name: WPS	Contractor's Number: 05901	141.00
142.00	Street: 124 SW ADAMS	PO Box:		142.00
143.00	City: PEORIA	State: IL	Zip Code: 61602	143.00
				1.00
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00
		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			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: 14-0093		Period: From 10/01/2022 To 09/30/2023		Worksheet S-2 Part I Date/Time Prepared: 2/28/2024 8:46 pm		
						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	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0093		Period: From 10/01/2022 To 09/30/2023		Worksheet S-2 Part II Date/Time Prepared: 2/28/2024 8:46 pm	
				Y/N	Date		
				1.00	2.00		
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date	V/I			
		1.00	2.00	3.00			
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type	Date			
		1.00	2.00	3.00			
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	02/02/2023			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.			Y			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	12/14/2023	Y	12/14/2023		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: 14-0093

Period:
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		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				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.	REBECCA	ROBINSON		41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	309-624-7644	REBECCA. C. ROBINSON@OSFHEALTHCARE.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

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		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	STRATEGIC REIMBURSEMENT CONSULTANT		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: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet S-3
Part I
Date/Time Prepared:
2/28/2024 8:46 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P	
	Line No.				Visits / Trips	
	1.00	2.00	3.00	4.00	5.00	
PART I - STATISTICAL DATA						
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	88	28,959	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)		88	28,959	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	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)		100	33,339	0.00	0	14.00
15.00 CAH visits					0	15.00
15.10 REH hours and visits						15.10
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						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)		100			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)		7	854			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	30.00	0	0		0	34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0093

Period:
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Part I
Date/Time Prepared:
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Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	3,363	142	9,645			1.00
2.00	HMO and other (see instructions)	4,446	1,547				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	3,363	142	9,645			7.00
8.00	INTENSIVE CARE UNIT	480	22	1,489			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		0	28			13.00
14.00	Total (see instructions)	3,843	164	11,162	0.00	369.58	14.00
15.00	CAH visits	0	0	0			15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	369.58	27.00
28.00	Observation Bed Days		938	3,022			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	0	1			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	0	0	0			34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet S-3
Part I
Date/Time Prepared:
2/28/2024 8:46 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
	Nonpaid Workers					
	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	965	56	2,816	1.00
2.00 HMO and other (see instructions)			926	485		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	965	56	2,816	14.00
15.00 CAH visits						15.00
15.10 REH hours and visits						15.10
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						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: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet S-3
Part II
Date/Time Prepared:
2/28/2024 8:46 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	29,338,497	-189,925	29,148,572	768,768.00	37.92
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		146,725	804	147,529	4,406.00	33.48
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		3,051,545	0	3,051,545	28,206.00	108.19
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		48,800	0	48,800	427.00	114.29
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		8,464,913	0	8,464,913	207,749.00	40.75
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)		8,853,996	0	8,853,996		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		48,924	0	48,924		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		3,489,014	0	3,489,014		
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: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet S-3
Part II
Date/Time Prepared:
2/28/2024 8:46 pm

		Wkst. A Line Number	Amount Reported	Reclassifi- cation 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	412,144	-412,143	1	0.00	0.00	26.00
27.00	Administrative & General	5.00	2,526,886	13,876	2,540,762	58,768.00	43.23	27.00
28.00	Administrative & General under contract (see inst.)		605,273	0	605,273	3,307.00	183.03	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	836,653	4,585	841,238	24,657.00	34.12	30.00
31.00	Laundry & Linen Service	8.00	44,716	245	44,961	2,086.00	21.55	31.00
32.00	Housekeeping	9.00	1,112,230	6,095	1,118,325	54,270.00	20.61	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	655,560	-346,410	309,150	15,462.00	19.99	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	349,484	349,484	17,654.00	19.80	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,464,864	11,579	1,476,443	33,218.00	44.45	38.00
39.00	Central Services and Supply	14.00	356,085	1,951	358,036	14,564.00	24.58	39.00
40.00	Pharmacy	15.00	961,674	2,129	963,803	18,079.00	53.31	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: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet S-3
Part III
Date/Time Prepared:
2/28/2024 8:46 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	29,943,770	-189,925	29,753,845	772,075.00	38.54	1.00
2.00	Excluded area salaries (see instructions)	146,725	804	147,529	4,406.00	33.48	2.00
3.00	Subtotal salaries (line 1 minus line 2)	29,797,045	-190,729	29,606,316	767,669.00	38.57	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,565,258	0	11,565,258	236,382.00	48.93	4.00
5.00	Subtotal wage-related costs (see inst.)	12,343,010	0	12,343,010	0.00	41.69	5.00
6.00	Total (sum of lines 3 thru 5)	53,705,313	-190,729	53,514,584	1,004,051.00	53.30	6.00
7.00	Total overhead cost (see instructions)	8,976,085	-368,609	8,607,476	242,065.00	35.56	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0093	Period: From 10/01/2022 To 09/30/2023	Worksheet S-3 Part IV Date/Time Prepared: 2/28/2024 8:46 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		909,764	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		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)		5,666,469	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	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)		57,518	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		117,499	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		2,100,277	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	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		51,394	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		8,902,921	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: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet S-3
Part V
Date/Time Prepared:
2/28/2024 8:46 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	3,051,545	8,902,921	1.00
2.00	Hospital	3,051,545	8,902,921	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			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: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet S-10
Parts I & II
Date/Time Prepared:
2/28/2024 8:46 pm

			1.00	
PART I - HOSPITAL AND HOSPITAL COMPLEX DATA				
Uncompensated and Indigent Care Cost-to-Charge Ratio				
1.00	Cost to charge ratio (see instructions)		0.165453	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		8,483,546	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		116,138,769	6.00
7.00	Medicaid cost (line 1 times line 6)		19,215,508	7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)		10,731,962	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		10,731,962	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)	7,666,277	323,121	7,989,398
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,268,409	323,121	1,591,530
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)	1,268,409	323,121	1,591,530
			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)		0	25.01
26.00	Bad debt amount (see instructions)		3,301,076	26.00
27.00	Medicare reimbursable bad debts (see instructions)		256,768	27.00
27.01	Medicare allowable bad debts (see instructions)		395,028	27.01
28.00	Non-Medicare bad debt amount (see instructions)		2,906,048	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		619,074	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		2,210,604	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		12,942,566	31.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0093	Period: From 10/01/2022 To 09/30/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 2/28/2024 8:46 pm
				1.00
PART II - HOSPITAL DATA				
Uncompensated and Indigent Care Cost-to-Charge Ratio				
1.00	Cost to charge ratio (see instructions)		0.165453	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)	7,666,277	323,121	7,989,398
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,268,409	323,121	1,591,530
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)	1,268,409	323,121	1,591,530
				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)		0	25.01
26.00	Bad debt amount (see instructions)		3,301,076	26.00
27.00	Medicare reimbursable bad debts (see instructions)		256,768	27.00
27.01	Medicare allowable bad debts (see instructions)		395,028	27.01
28.00	Non-Medicare bad debt amount (see instructions)		2,906,048	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		619,074	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		2,210,604	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		2,210,604	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023

Worksheet A

Date/Time Prepared:
2/28/2024 8:46 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified amounts (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		3,676,847	3,676,847	124,700	3,801,547	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,742,110	1,742,110	52,612	1,794,722	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	412,144	7,115,723	7,527,867	299,168	7,827,035	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,526,886	28,132,529	30,659,415	-2,316,948	28,342,467	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	1,944,560	1,944,560	-829,403	1,115,157	6.00
7.00	00700	OPERATION OF PLANT	836,653	2,192,611	3,029,264	4,585	3,033,849	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	44,716	215,590	260,306	245	260,551	8.00
9.00	00900	HOUSEKEEPING	1,112,230	285,770	1,398,000	6,095	1,404,095	9.00
10.00	01000	DIETARY	655,560	914,507	1,570,067	-833,422	736,645	10.00
11.00	01100	CAFETERIA	0	0	0	837,014	837,014	11.00
13.00	01300	NURSING ADMINISTRATION	1,464,864	8,743	1,473,607	11,012	1,484,619	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	356,085	-115,404	240,681	-262,599	-21,918	14.00
15.00	01500	PHARMACY	961,674	719,945	1,681,619	5,271	1,686,890	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	589	589	179,468	180,057	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,055,267	1,055,267	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,975,139	4,808,324	10,783,463	-427,901	10,355,562	30.00
31.00	03100	INTENSIVE CARE UNIT	1,769,700	628,018	2,397,718	18,947	2,416,665	31.00
43.00	04300	NURSERY	0	0	0	114,588	114,588	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,162,230	2,784,822	3,947,052	-1,593,894	2,353,158	50.00
51.00	05100	RECOVERY ROOM	282,654	16,416	299,070	1,549	300,619	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	208,446	208,446	52.00
53.00	05300	ANESTHESIOLOGY	11,394	2,899,606	2,911,000	63	2,911,063	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	759,260	702,008	1,461,268	784,495	2,245,763	54.00
54.01	03630	ULTRASOUND	240,378	185,708	426,086	30,619	456,705	54.01
54.02	03440	MAMMOGRAPHY	187,176	15,914	203,090	18,244	221,334	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	481,006	197,983	678,989	-116,888	562,101	55.00
55.01	03480	ONCOLOGY	763,865	77,176	841,041	89,933	930,974	55.01
56.00	05600	RADIOISOTOPE	83,458	77,128	160,586	10,831	171,417	56.00
57.00	05700	CT SCAN	518,960	474,364	993,324	58,441	1,051,765	57.00
58.00	05800	MRI	153,264	19,595	172,859	13,472	186,331	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,505,514	2,785,833	4,291,347	203,891	4,495,238	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	282,578	282,578	0	282,578	63.00
65.00	06500	RESPIRATORY THERAPY	995,539	991,394	1,986,933	18,880	2,005,813	65.00
66.00	06600	PHYSICAL THERAPY	276,059	311,417	587,476	15,209	602,685	66.00
67.00	06700	OCCUPATIONAL THERAPY	286,637	9,431	296,068	51,308	347,376	67.00
68.00	06800	SPEECH PATHOLOGY	95,416	47,557	142,973	24,542	167,515	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	446,283	20,020	466,303	41,188	507,491	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	-308,684	-308,684	507,133	198,449	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,513,041	1,513,041	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,056,570	8,056,570	143,878	8,200,448	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	764,923	94,688	859,611	11,431	871,042	75.00
76.97	07697	CARDIAC REHABILITATION	280,895	10,136	291,031	24,885	315,916	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,781,210	2,276,434	6,057,644	20,869	6,078,513	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,191,772	74,298,556	103,490,328	120,265	103,610,593	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,939	37,107	54,046	93	54,139	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	115,977	115,977	-29,978	85,999	192.00
192.01	19201	APOTHECARY	0	439,952	439,952	0	439,952	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	443,329	443,329	-153,089	290,240	192.03
192.04	19204	OUTREACH PROGRAMS	129,786	31,576	161,362	62,709	224,071	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	29,338,497	75,366,497	104,704,994	0	104,704,994	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet A
Date/Time Prepared:
2/28/2024 8:46 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-584,159	3,217,388	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,300,768	3,095,490	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-19,639	7,807,396	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-10,869,898	17,472,569	5.00
6.00	00600	MAINTENANCE & REPAIRS	-8,079	1,107,078	6.00
7.00	00700	OPERATION OF PLANT	0	3,033,849	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	260,551	8.00
9.00	00900	HOUSEKEEPING	-4,071	1,400,024	9.00
10.00	01000	DIETARY	0	736,645	10.00
11.00	01100	CAFETERIA	-205,039	631,975	11.00
13.00	01300	NURSING ADMINISTRATION	749,352	2,233,971	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	-21,918	14.00
15.00	01500	PHARMACY	26,873	1,713,763	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,203	184,260	16.00
17.00	01700	SOCIAL SERVICE	232,076	1,287,343	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,354,434	7,001,128	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,416,665	31.00
43.00	04300	NURSERY	0	114,588	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-6,852	2,346,306	50.00
51.00	05100	RECOVERY ROOM	-1,000	299,619	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	208,446	52.00
53.00	05300	ANESTHESIOLOGY	-2,857,551	53,512	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-383,350	1,862,413	54.00
54.01	03630	ULTRASOUND	0	456,705	54.01
54.02	03440	MAMMOGRAPHY	0	221,334	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	562,101	55.00
55.01	03480	ONCOLOGY	0	930,974	55.01
56.00	05600	RADIOISOTOPE	-2,964	168,453	56.00
57.00	05700	CT SCAN	-8,100	1,043,665	57.00
58.00	05800	MRI	0	186,331	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-41,530	4,453,708	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	282,578	63.00
65.00	06500	RESPIRATORY THERAPY	-1,000	2,004,813	65.00
66.00	06600	PHYSICAL THERAPY	-3,969	598,716	66.00
67.00	06700	OCCUPATIONAL THERAPY	-2,000	345,376	67.00
68.00	06800	SPEECH PATHOLOGY	-965	166,550	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	03140	CARDIOLOGY	-767	506,724	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	198,449	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,513,041	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,200,448	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	-1,000	870,042	75.00
76.97	07697	CARDIAC REHABILITATION	0	315,916	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	78.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-467,407	5,611,106	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-16,510,502	87,100,091	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	54,139	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	85,999	192.00
192.01	19201	APOTHECARY	0	439,952	192.01
192.02	19202	REAL ESTATE	0	0	192.02
192.03	19203	FOUNDATION	0	290,240	192.03
192.04	19204	OUTREACH PROGRAMS	0	224,071	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-16,510,502	88,194,492	200.00

RECLASSIFICATIONS

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023

Worksheet A-6

Date/Time Prepared:
2/28/2024 8:46 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - WI OTHER BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	134,737		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	1,291	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00	NURSING ADMINISTRATION	13.00	567	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	310	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	765	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00	EMERGENCY	91.00	769	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
	0		3,702	134,737		
	B - RADIOLOGY ADMIN					
1.00	ULTRASOUND	54.01	20,878	8,424		1.00
2.00	MAMMOGRAPHY	54.02	12,268	4,950		2.00
3.00	RADIOISOTOPE	56.00	7,392	2,982		3.00
4.00	CT SCAN	57.00	39,614	15,983		4.00
5.00	MRI	58.00	9,122	3,680		5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	12,150	4,902		6.00
7.00	CARDIOLOGY	69.01	25,479	10,280		7.00
8.00	CARDIAC REHABILITATION	76.97	15,040	6,068		8.00
	0		141,943	57,269		
	C - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	6,042		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
	0		0	6,042		
	D - SHARED RADIOLOGY					
1.00		0.00	0	0		1.00
	0		0	0		
	E - DIETARY/CAFETERIA					
1.00	CAFETERIA	11.00	349,484	487,530		1.00
	0		349,484	487,530		
	F - ALTERNATIVE BIRTHING CTR					
1.00	NURSERY	43.00	57,282	57,306		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	104,201	104,245		2.00
	0		161,483	161,551		
	G - MSCTP					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	242,583		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	242,583		
	H - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,513,041		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	1,513,041		

RECLASSIFICATIONS

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023

Worksheet A-6

Date/Time Prepared:
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	Increases					
	Cost Center	Li ne #	Salary	Other		
	2.00	3.00	4.00	5.00		
	I - HTM / PCI SERVICES					
1.00	MAINTENANCE & REPAIRS	6.00	0	669,518	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	959,615	2.00	
3.00	LABORATORY	60.00	0	184,851	3.00	
	0		0	1,813,984		
	J - MINISTRY ALLOCATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	576,574	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	315,063	2.00	
3.00	SOCIAL SERVICE	17.00	0	1,055,267	3.00	
4.00	PHYSICAL THERAPY	66.00	0	50,049	4.00	
5.00	OCCUPATIONAL THERAPY	67.00	0	25,223	5.00	
6.00	SPEECH PATHOLOGY	68.00	0	12,180	6.00	
7.00	DRUGS CHARGED TO PATIENTS	73.00	0	137,836	7.00	
	0		0	2,172,192		
	K - SHORT TERM DISABILITY					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,264	1.00	
2.00	DIETARY	10.00	0	518	2.00	
3.00	PHARMACY	15.00	0	3,142	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	12,965	4.00	
5.00	INTENSIVE CARE UNIT	31.00	0	13,969	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,410	6.00	
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	5,649	7.00	
8.00	CT SCAN	57.00	0	1,176	8.00	
9.00	MRI	58.00	0	1,507	9.00	
10.00	LABORATORY	60.00	0	3,276	10.00	
11.00	RESPIRATORY THERAPY	65.00	0	202	11.00	
12.00	CARDIOLOGY	69.01	0	717	12.00	
13.00	EMERGENCY	91.00	0	8,095	13.00	
	0		0	58,890		
	M - PROPERTY INSURANCE & TAXES					
1.00	OTHER CAPITAL COSTS	3.00	0	177,312	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
	0		0	177,312		
	N - HOSPITALIST & PALLIATIVE					
1.00		0.00	0	0	1.00	
	0		0	0		
	O - REHAB ADMIN					
1.00	OCCUPATIONAL THERAPY	67.00	23,676	838	1.00	
2.00	SPEECH PATHOLOGY	68.00	11,434	405	2.00	
	0		35,110	1,243		
	P - MINISTRY OSFMG					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	200,145	1.00	
	0		0	200,145		
	Q - PHYSICIAN EXPENSE					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	20,000	1.00	
2.00	LABORATORY	60.00	0	9,000	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	13,800	3.00	
	0		0	42,800		
	R - FOUNDATION EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,724	1.00	
2.00	OPERATING ROOM	50.00	0	160	2.00	
3.00	ONCOLOGY	55.01	0	80,079	3.00	
4.00	OUTREACH PROGRAMS	192.04	0	66,126	4.00	
	0		0	153,089		
	S - MINISTRY MEDICAL RECORDS					
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	179,468	1.00	
	0		0	179,468		
	T - TEAM AWARDS					
1.00	ADMINISTRATIVE & GENERAL	5.00	25,619	0	1.00	
2.00	OPERATION OF PLANT	7.00	8,482	0	2.00	
3.00	LAUNDRY & LINEN SERVICE	8.00	453	0	3.00	
4.00	HOUSEKEEPING	9.00	11,276	0	4.00	
5.00	DIETARY	10.00	6,646	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	17,835	0	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	3,610	0	7.00	
8.00	PHARMACY	15.00	9,750	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	110,396	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	27,190	0	10.00	
11.00	OPERATING ROOM	50.00	21,627	0	11.00	
12.00	RECOVERY ROOM	51.00	2,866	0	12.00	
13.00	ANESTHESIOLOGY	53.00	116	0	13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	7,698	0	14.00	
15.00	ULTRASOUND	54.01	2,437	0	15.00	

RECLASSIFICATIONS

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023

Worksheet A-6

Date/Time Prepared:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
16.00	MAMMOGRAPHY	54.02	1,898	0	16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	7,561	0	17.00
18.00	ONCOLOGY	55.01	13,412	0	18.00
19.00	RADIOISOTOPE	56.00	846	0	19.00
20.00	CT SCAN	57.00	5,261	0	20.00
21.00	MRI	58.00	1,554	0	21.00
22.00	LABORATORY	60.00	17,053	0	22.00
23.00	RESPIRATORY THERAPY	65.00	23,517	0	23.00
24.00	PHYSICAL THERAPY	66.00	2,799	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	2,906	0	25.00
26.00	SPEECH PATHOLOGY	68.00	967	0	26.00
27.00	CARDIOLOGY	69.01	7,508	0	27.00
28.00	ASC (NON-DISTINCT PART)	75.00	17,599	0	28.00
29.00	CARDIAC REHABILITATION	76.97	5,085	0	29.00
30.00	EMERGENCY	91.00	46,688	0	30.00
31.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	172	0	31.00
32.00	OUTREACH PROGRAMS	192.04	1,316	0	32.00
	TOTALS		412,143	0	
U - CONTRACT ADMIN FEES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	264,550	1.00
	TOTALS		0	264,550	
500.00	Grand Total: Increases		1,103,865	7,666,426	500.00

RECLASSIFICATIONS

Provider CCN: 14-0093

Period:
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To 09/30/2023

Worksheet A-6

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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - WI OTHER BENEFITS						
1.00		0.00	0	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	11,770	1,291	0		2.00
3.00	OPERATION OF PLANT	7.00	3,897	0	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	208	0	0		4.00
5.00	HOUSEKEEPING	9.00	5,181	0	0		5.00
6.00	DIETARY	10.00	3,054	0	0		6.00
7.00	NURSING ADMINISTRATION	13.00	6,823	567	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	1,659	0	0		8.00
9.00	PHARMACY	15.00	4,479	0	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	27,830	310	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	8,243	0	0		11.00
12.00	OPERATING ROOM	50.00	5,414	0	0		12.00
13.00	RECOVERY ROOM	51.00	1,317	0	0		13.00
14.00	ANESTHESIOLOGY	53.00	53	0	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	3,537	0	0		15.00
16.00	ULTRASOUND	54.01	1,120	0	0		16.00
17.00	MAMMOGRAPHY	54.02	872	0	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	2,240	765	0		18.00
19.00	ONCOLOGY	55.01	3,558	0	0		19.00
20.00	RADIOISOTOPE	56.00	389	0	0		20.00
21.00	CT SCAN	57.00	2,417	0	0		21.00
22.00	MRI	58.00	714	0	0		22.00
23.00	LABORATORY	60.00	7,013	0	0		23.00
24.00	RESPIRATORY THERAPY	65.00	4,637	0	0		24.00
25.00	PHYSICAL THERAPY	66.00	1,286	0	0		25.00
26.00	OCCUPATIONAL THERAPY	67.00	1,335	0	0		26.00
27.00	SPEECH PATHOLOGY	68.00	444	0	0		27.00
28.00	CARDIOLOGY	69.01	2,079	0	0		28.00
29.00	ASC (NON-DISTINCT PART)	75.00	3,563	0	0		29.00
30.00	CARDIAC REHABILITATION	76.97	1,308	0	0		30.00
31.00	EMERGENCY	91.00	17,613	769	0		31.00
32.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	79	0	0		32.00
33.00	OUTREACH PROGRAMS	192.04	605	0	0		33.00
	0		134,737	3,702			
	B - RADIOLOGY ADMIN						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	141,943	57,269	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
	0		141,943	57,269			
	C - DRUGS CHARGED TO PATIENTS						
1.00	OPERATING ROOM	50.00	0	2,484	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	69	0		2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	714	0		3.00
4.00	MRI	58.00	0	170	0		4.00
5.00	ASC (NON-DISTINCT PART)	75.00	0	2,605	0		5.00
	0		0	6,042			
	D - SHARED RADIOLOGY						
1.00		0.00	0	0	0		1.00
	0		0	0			
	E - DIETARY/CAFETERIA						
1.00	DIETARY	10.00	349,484	487,530	0		1.00
	0		349,484	487,530			
	F - ALTERNATIVE BIRTHING CTR						
1.00	ADULTS & PEDIATRICS	30.00	161,483	161,551	0		1.00
2.00		0.00	0	0	0		2.00
	0		161,483	161,551			
	G - MSCTP						
1.00	OPERATING ROOM	50.00	0	105,020	0		1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	129,357	0		2.00
3.00	EMERGENCY	91.00	0	8,206	0		3.00
	0		0	242,583			
	H - IMPLANTS						
1.00	ADULTS & PEDIATRICS	30.00	0	1,088	0		1.00
2.00	OPERATING ROOM	50.00	0	1,502,763	0		2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	9,190	0		3.00
	0		0	1,513,041			

RECLASSIFICATIONS

Provider CCN: 14-0093

Period:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
I - HTM / PCI SERVICES							
1.00	MAINTENANCE & REPAIRS	6.00	0	1,813,984	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		0	1,813,984			
J - MINISTRY ALLOCATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,172,192	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
	0		0	2,172,192			
K - SHORT TERM DISABILITY							
1.00	ADMINISTRATIVE & GENERAL	5.00	1,264	0	0		1.00
2.00	DIETARY	10.00	518	0	0		2.00
3.00	PHARMACY	15.00	3,142	0	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	12,965	0	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	13,969	0	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	6,410	0	0		6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00	5,649	0	0		7.00
8.00	CT SCAN	57.00	1,176	0	0		8.00
9.00	MRI	58.00	1,507	0	0		9.00
10.00	LABORATORY	60.00	3,276	0	0		10.00
11.00	RESPIRATORY THERAPY	65.00	202	0	0		11.00
12.00	CARDIOLOGY	69.01	717	0	0		12.00
13.00	EMERGENCY	91.00	8,095	0	0		13.00
	0		58,890	0			
M - PROPERTY INSURANCE & TAXES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	143,206	0		1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	29,978	0		2.00
3.00	OUTREACH PROGRAMS	192.04	0	4,128	0		3.00
	0		0	177,312			
N - HOSPITALIST & PALLIATIVE							
1.00		0.00	0	0	0		1.00
	0		0	0			
O - REHAB ADMIN							
1.00	PHYSICAL THERAPY	66.00	35,110	1,243	0		1.00
2.00		0.00	0	0	0		2.00
	0		35,110	1,243			
P - MINISTRY OSFMG							
1.00	ADULTS & PEDIATRICS	30.00	0	200,145	0		1.00
	0		0	200,145			
Q - PHYSICIAN EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	42,800	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		0	42,800			
R - FOUNDATION EXPENSE							
1.00	FOUNDATION	192.03	0	153,089	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	0		0	153,089			
S - MINISTRY MEDICAL RECORDS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	179,468	0		1.00
	0		0	179,468			
T - TEAM AWARDS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	412,143	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00

RECLASSIFICATIONS

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023

Worksheet A-6

Date/Time Prepared:
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	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
	TOTALS		412,143	0			
	U - CONTRACT ADMIN FEES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	264,550	0		1.00
	TOTALS		0	264,550			
500.00	Grand Total: Decreases			1,293,790	7,476,501		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet A-7
Part I
Date/Time Prepared:
2/28/2024 8:46 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,025,000	0	0	0	0	1.00
2.00	Land Improvements	1,299,851	0	0	0	0	2.00
3.00	Buildings and Fixtures	43,084,473	4,912,892	0	4,912,892	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	18,955,522	1,843,653	0	1,843,653	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	65,364,846	6,756,545	0	6,756,545	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	65,364,846	6,756,545	0	6,756,545	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,025,000	0				1.00
2.00	Land Improvements	1,299,851	0				2.00
3.00	Buildings and Fixtures	47,997,365	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	20,799,175	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	72,121,391	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	72,121,391	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	3,676,847	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,742,110	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,418,957	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	3,676,847				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,742,110				2.00
3.00	Total (sum of lines 1-2)	0	5,418,957				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet A-7
Part III
Date/Time Prepared:
2/28/2024 8:46 pm

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	49,297,215	0	49,297,215	0.703278	103,617	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	20,799,175	0	20,799,175	0.296722	43,717	2.00
3.00	Total (sum of lines 1-2)	70,096,390	0	70,096,390	1.000000	147,334	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital -Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	21,083	0	124,700	3,092,688	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	8,895	0	52,612	3,042,878	0	2.00
3.00	Total (sum of lines 1-2)	29,978	0	177,312	6,135,566	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital -Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	103,617	21,083	0	3,217,388	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	43,717	8,895	0	3,095,490	2.00
3.00	Total (sum of lines 1-2)	0	147,334	29,978	0	6,312,878	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023

Worksheet A-8

Date/Time Prepared:
2/28/2024 8:46 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00				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	-7,106,340			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	-2,224,643			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-205,039	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-1,638	MEDICAL RECORDS & LIBRARY	16.00	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)	B	-10,658	ADMINISTRATIVE & GENERAL	5.00	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	A	58,338	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	219,436	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER REVENUE - SURGERY	B		0OPERATING ROOM	50.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023

Worksheet A-8

Date/Time Prepared:
2/28/2024 8:46 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.01	OTHER REVENUE - EB	B	-60	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.01
33.02	INSERVICE EDUCATION	B	-625	NURSING ADMINISTRATION	13.00	0	33.02
33.03	MEDICAID ASSESSMENT	A	-7,228,956	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	LOBBYING DUES	A	-25,280	ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.05	RECRUITING	A	-1,530	ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06	RECRUITING	A	-4,071	HOUSEKEEPING	9.00	0	33.06
33.07	RECRUITING	A	-1,000	PHARMACY	15.00	0	33.07
33.08	RECRUITING	A	-21,221	ADULTS & PEDIATRICS	30.00	0	33.08
33.09	RECRUITING	A	-1,000	RECOVERY ROOM	51.00	0	33.09
33.10	RECRUITING	A	-1,000	RESPIRATORY THERAPY	65.00	0	33.10
33.11	RECRUITING	A	-1,000	ASC (NON-DISTINCT PART)	75.00	0	33.11
33.12	RECRUITING	A	-4,864	EMERGENCY	91.00	0	33.12
33.13	OCC MED	A	-19,579	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.13
33.14	APP / PA	A		ADULTS & PEDIATRICS	30.00	0	33.14
33.15	APP / PA BENEFITS	A		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.15
33.16	ADVERTISING AND MARKETING	A		LABORATORY	60.00	0	33.16
33.17	OTHER REVENUE - DIETARY	B		DIETARY	10.00	0	33.17
33.18	MALPRACTICE FUNDING	A	70,228	ADMINISTRATIVE & GENERAL	5.00	0	33.18
33.19	RECRUITING	A		EMERGENCY	91.00	0	33.19
33.20	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.20
33.21	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.21
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-16,510,502				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: 14-0093

Period:
From 10/01/2022
To 09/30/2023

Worksheet A-8-1

Date/Time Prepared:
2/28/2024 8:46 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	MINISTRY CHG - BLDG	436,049	1,078,546	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MINISTRY CHG - EQUIPMENT	1,081,332	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - POOLED A&G	6,914,180	10,676,451	3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINISTRY CHG - POOLED EB	576,574	576,574	3.01
3.02	6.00	MAINTENANCE & REPAIRS	MINISTRY CHG - POOLED ENGINE	315,063	315,063	3.02
3.06	66.00	PHYSICAL THERAPY	MINISTRY CHG - POOLED PT REH	46,080	50,049	3.06
3.07	67.00	OCCUPATIONAL THERAPY	MINISTRY CHG - POOLED OT REH	23,223	25,223	3.07
3.08	68.00	SPEECH PATHOLOGY	MINISTRY CHG - POOLED ST REH	11,215	12,180	3.08
3.09	15.00	PHARMACY	MINISTRY CHG - POOLED PHARMA	137,836	109,963	3.09
3.10	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - MINISTRY OSFM	200,145	200,145	3.10
3.11	17.00	SOCIAL SERVICE	MINISTRY CHG - CARE MANAGEMEN	1,287,343	1,055,267	3.11
3.12	13.00	NURSING ADMINISTRATION	MINISTRY CHG - FUNCTIONAL NU	749,977	0	3.12
3.13	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - FUNCTIONAL RE	4,093,370	3,832,821	3.13
3.14	16.00	MEDICAL RECORDS & LIBRARY	MINISTRY CHG - FUNCTIONAL ME	185,309	179,468	3.14
3.15	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHG - FUNCTIONAL A	411,375	411,375	3.15
3.16	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHARGES - FUNCTIONA	174,283	174,283	3.16
3.17	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHARGES - FUNCTIONA	80,136	80,136	3.17
3.18	15.00	PHARMACY	MINISTRY CHARGES - FUNCTIONA	27,873	27,873	3.18
3.19	30.00	ADULTS & PEDIATRICS	MINISTRY CHG - EICU	194,193	302,128	3.19
3.20	30.00	ADULTS & PEDIATRICS	PURCHASED SVCS - ST GABRIEL	749,752	751,517	3.20
3.21	15.00	PHARMACY	MINISTRY CHG - FUNCTIONAL E-	512,242	512,242	3.21
4.00	6.00	MAINTENANCE & REPAIRS	PCI HTM - ENGINEERING	167,016	175,095	4.00
4.01	54.00	RADIOLOGY-DIAGNOSTIC	PCI HTM - IMAGING	915,335	959,615	4.01
4.02	60.00	LABORATORY	PCI HTM - LABORATORY	176,321	184,851	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	PCI CREDENTIALING	68,364	68,364	4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			19,534,586	21,759,229	5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

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

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

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

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

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

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

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

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023

Worksheet A-8-1

Date/Time Prepared:
2/28/2024 8:46 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-642,497	9		1.00
2.00	1,081,332	9		2.00
3.00	-3,762,271	0		3.00
3.01	0	0		3.01
3.02	0	0		3.02
3.06	-3,969	9		3.06
3.07	-2,000	0		3.07
3.08	-965	0		3.08
3.09	27,873	0		3.09
3.10	0	0		3.10
3.11	232,076	0		3.11
3.12	749,977	0		3.12
3.13	260,549	0		3.13
3.14	5,841	0		3.14
3.15	0	0		3.15
3.16	0	11		3.16
3.17	0	11		3.17
3.18	0	11		3.18
3.19	-107,935	0		3.19
3.20	-1,765	0		3.20
3.21	0	0		3.21
4.00	-8,079	0		4.00
4.01	-44,280	0		4.01
4.02	-8,530	0		4.02
4.03	0	0		4.03
5.00	-2,224,643			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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	HEALTH CARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023

Worksheet A-8-2

Date/Time Prepared:
2/28/2024 8:46 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	171,980	171,980	0	211,500	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	3,233,768	3,219,968	13,800	197,500	108	2.00
3.00	50.00	OPERATING ROOM	6,852	6,852	0	197,500	0	3.00
4.00	53.00	ANESTHESIOLOGY	2,857,551	2,857,551	0	239,400	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	339,070	339,070	0	271,900	0	5.00
6.00	56.00	RADIOISOTOPE	2,964	2,964	0	271,900	0	6.00
7.00	57.00	CT SCAN	8,100	8,100	0	271,900	0	7.00
8.00	60.00	LABORATORY	33,000	33,000	0	260,300	0	8.00
9.00	69.01	CARDIOLOGY	767	767	0	211,500	0	9.00
10.00	91.00	EMERGENCY	462,543	462,543	0	211,500	0	10.00
200.00			7,116,595	7,102,795	13,800		108	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	10,255	513	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	56.00	RADIOISOTOPE	0	0	0	0	0	6.00
7.00	57.00	CT SCAN	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	0	0	0	0	0	8.00
9.00	69.01	CARDIOLOGY	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	0	0	10.00
200.00			10,255	513	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	171,980		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	10,255	3,545	3,223,513		2.00
3.00	50.00	OPERATING ROOM	0	0	0	6,852		3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	2,857,551		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	339,070		5.00
6.00	56.00	RADIOISOTOPE	0	0	0	2,964		6.00
7.00	57.00	CT SCAN	0	0	0	8,100		7.00
8.00	60.00	LABORATORY	0	0	0	33,000		8.00
9.00	69.01	CARDIOLOGY	0	0	0	767		9.00
10.00	91.00	EMERGENCY	0	0	0	462,543		10.00
200.00			0	10,255	3,545	7,106,340		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet B
Part I
Date/Time Prepared:
2/28/2024 8:46 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,217,388	3,217,388			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,095,490	3,095,490			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,807,396	25,529	0	7,832,925	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	17,472,569	269,008	1,818,419	682,764	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,107,078	29,228	0	0	6.00
7.00	00700	OPERATION OF PLANT	3,033,849	1,422,041	39,139	226,061	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	260,551	14,185	0	12,082	8.00
9.00	00900	HOUSEKEEPING	1,400,024	20,655	2,884	300,521	9.00
10.00	01000	DIETARY	736,645	34,708	3,589	83,076	10.00
11.00	01100	CAFETERIA	631,975	43,913	3,059	93,915	11.00
13.00	01300	NURSING ADMINISTRATION	2,233,971	18,498	145,443	396,755	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-21,918	19,418	15,515	96,213	14.00
15.00	01500	PHARMACY	1,713,763	22,171	19,736	258,997	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	184,260	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,287,343	4,699	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,001,128	368,169	27,142	1,581,062	30.00
31.00	03100	INTENSIVE CARE UNIT	2,416,665	50,146	5,901	476,898	31.00
43.00	04300	NURSERY	114,588	15,158	2,952	15,393	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,346,306	233,512	107,453	316,676	50.00
51.00	05100	RECOVERY ROOM	299,619	15,403	0	76,372	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	208,446	1,394	5,370	28,001	52.00
53.00	05300	ANESTHESIOLOGY	53,512	8,144	21,571	3,079	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,862,413	127,504	66,776	165,284	54.00
54.01	03630	ULTRASOUND	456,705	5,760	29,082	70,560	54.01
54.02	03440	MAMMOGRAPHY	221,334	37,268	129,368	53,871	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	562,101	0	265,242	132,640	55.00
55.01	03480	ONCOLOGY	930,974	0	3,675	207,917	55.01
56.00	05600	RADIOISOTOPE	168,453	5,497	0	24,536	56.00
57.00	05700	CT SCAN	1,043,665	10,844	137,334	150,550	57.00
58.00	05800	MRI	186,331	7,390	0	43,458	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	4,453,708	65,225	18,550	406,385	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	282,578	0	870	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,004,813	37,522	32,035	272,544	65.00
66.00	06600	PHYSICAL THERAPY	598,716	7,601	0	65,155	66.00
67.00	06700	OCCUPATIONAL THERAPY	345,376	7,601	0	83,811	67.00
68.00	06800	SPEECH PATHOLOGY	166,550	7,837	0	28,853	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	506,724	2,840	94,920	128,040	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	198,449	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,513,041	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,200,448	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	870,042	74,675	1,251	209,325	75.00
76.97	07697	CARDIAC REHABILITATION	315,916	0	21,143	80,540	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	5,611,106	133,176	34,277	1,021,946	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	87,100,091	3,146,719	3,052,696	7,793,280	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	54,139	9,477	0	4,577	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	85,999	0	0	0	192.00
192.01	19201	APOTHECARY	439,952	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	35,068	192.02
192.03	19203	FOUNDATION	290,240	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	224,071	61,192	42,794	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	88,194,492	3,217,388	3,095,490	7,832,925	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet B
Part I
Date/Time Prepared:
2/28/2024 8:46 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	20,242,760					5.00
6.00	00600	MAINTENANCE & REPAIRS	338,504	1,474,810				6.00
7.00	00700	OPERATION OF PLANT	1,406,408	724,778	6,852,276			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	85,443	7,230	66,049	445,540		8.00
9.00	00900	HOUSEKEEPING	513,603	10,527	96,176	0	2,344,390	9.00
10.00	01000	DIETARY	255,603	17,690	161,613	0	18,852	10.00
11.00	01100	CAFETERIA	230,235	22,381	204,475	0	21,510	11.00
13.00	01300	NURSING ADMINISTRATION	832,529	9,428	86,134	4,986	11,408	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	32,539	9,897	90,420	0	0	14.00
15.00	01500	PHARMACY	600,167	11,300	103,238	0	14,308	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	54,891	0	0	0	1,112	16.00
17.00	01700	SOCIAL SERVICE	384,898	2,395	21,880	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,674,395	187,647	1,714,342	106,132	967,195	30.00
31.00	03100	INTENSIVE CARE UNIT	878,686	25,558	233,500	24,394	171,938	31.00
43.00	04300	NURSERY	44,116	7,726	70,581	518	5,414	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	894,873	119,015	1,087,325	19,215	187,938	50.00
51.00	05100	RECOVERY ROOM	116,596	7,851	71,724	11,905	30,211	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	72,452	710	6,491	599	30,985	52.00
53.00	05300	ANESTHESIOLOGY	25,710	4,151	37,923	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	661,925	64,986	593,710	51,089	67,576	54.00
54.01	03630	ULTRASOUND	167,451	2,936	26,820	0	145	54.01
54.02	03440	MAMMOGRAPHY	131,624	18,994	173,533	17,267	44,181	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	285,978	0	0	0	93,002	55.00
55.01	03480	ONCOLOGY	340,369	0	0	12,787	0	55.01
56.00	05600	RADIOISOTOPE	59,129	2,802	25,595	0	6,332	56.00
57.00	05700	CT SCAN	399,898	5,527	50,496	0	14,308	57.00
58.00	05800	MRI	70,655	3,767	34,413	0	12,181	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,472,773	33,244	303,713	0	40,169	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	84,439	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	699,143	19,124	174,717	0	34,562	65.00
66.00	06600	PHYSICAL THERAPY	200,031	3,874	35,392	2,705	16,483	66.00
67.00	06700	OCCUPATIONAL THERAPY	130,119	3,874	35,392	0	4,930	67.00
68.00	06800	SPEECH PATHOLOGY	60,545	3,995	36,495	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	218,218	1,448	13,226	6,406	12,084	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	59,118	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	450,733	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,442,905	0	0	0	14,115	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	344,161	38,060	347,719	14,169	35,528	75.00
76.97	07697	CARDIAC REHABILITATION	124,402	0	0	56	23,444	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,025,864	67,877	620,121	173,312	318,160	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	19,871,128	1,438,792	6,523,213	445,540	2,198,071	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,315	4,830	44,128	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	25,619	0	0	0	0	192.00
192.01	19201	APOTHECARY	131,061	0	0	0	0	192.01
192.02	19202	REAL ESTATE	10,447	0	0	0	0	192.02
192.03	19203	FOUNDATION	86,462	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	97,728	31,188	284,935	0	146,319	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
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)	20,242,760	1,474,810	6,852,276	445,540	2,344,390	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet B
Part I
Date/Time Prepared:
2/28/2024 8:46 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	1,311,776					10.00
11.00	01100	CAFETERIA	699,318	1,950,781				11.00
13.00	01300	NURSING ADMINISTRATION	0	108,736	3,847,888			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	47,729	0	289,813		14.00
15.00	01500	PHARMACY	0	59,168	0	3,428	2,806,276	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	489,618	482,471	1,515,093	31,037	7,504	30.00
31.00	03100	INTENSIVE CARE UNIT	78,641	126,575	581,072	11,196	2,716	31.00
43.00	04300	NURSERY	93	3,949	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	94,574	221,846	38,163	35	50.00
51.00	05100	RECOVERY ROOM	0	18,111	96,799	321	218	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	187	7,149	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,498	0	2,751	23	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	58,692	0	651	0	54.00
54.01	03630	ULTRASOUND	0	19,609	0	5,655	66	54.01
54.02	03440	MAMMOGRAPHY	0	17,430	0	799	28	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	31,865	42,735	0	0	55.00
55.01	03480	ONCOLOGY	0	56,989	181,507	5,484	1,378	55.01
56.00	05600	RADIOISOTOPE	0	6,945	0	345	6	56.00
57.00	05700	CT SCAN	0	47,457	0	6,359	12,488	57.00
58.00	05800	MRI	0	13,277	0	1,177	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	166,747	0	5,250	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	48	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	78,369	0	12,339	0	65.00
66.00	06600	PHYSICAL THERAPY	0	16,137	0	223	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	24,375	0	437	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,013	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	34,589	86,306	743	42	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	16,837	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	105,019	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,645,686	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	5,229	55,083	0	5,686	50	75.00
76.97	07697	CARDIAC REHABILITATION	0	26,146	0	417	1	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	38,690	325,664	1,122,530	35,437	7,407	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,311,776	1,936,347	3,847,888	289,802	2,677,648	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,655	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	APOTHECARY	0	0	0	0	128,628	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	11,779	0	11	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
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)	1,311,776	1,950,781	3,847,888	289,813	2,806,276	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet B
Part I
Date/Time Prepared:
2/28/2024 8:46 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	17.00	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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
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	240,263					16.00
17.00	01700	SOCIAL SERVICE	0	1,701,215				17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,483	1,470,007	18,640,425	0	18,640,425	30.00
31.00	03100	INTENSIVE CARE UNIT	3,813	226,940	5,314,639	0	5,314,639	31.00
43.00	04300	NURSERY	23	4,268	284,779	0	284,779	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,456	0	5,681,387	0	5,681,387	50.00
51.00	05100	RECOVERY ROOM	702	0	745,832	0	745,832	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	55	0	361,839	0	361,839	52.00
53.00	05300	ANESTHESIOLOGY	4,604	0	162,966	0	162,966	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,543	0	3,726,149	0	3,726,149	54.00
54.01	03630	ULTRASOUND	3,042	0	787,831	0	787,831	54.01
54.02	03440	MAMMOGRAPHY	1,830	0	847,527	0	847,527	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	14,089	0	1,427,652	0	1,427,652	55.00
55.01	03480	ONCOLOGY	2,922	0	1,744,002	0	1,744,002	55.01
56.00	05600	RADIOISOTOPE	1,393	0	301,033	0	301,033	56.00
57.00	05700	CT SCAN	28,722	0	1,907,648	0	1,907,648	57.00
58.00	05800	MRI	4,773	0	377,422	0	377,422	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	35,822	0	7,001,586	0	7,001,586	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	539	0	368,474	0	368,474	63.00
65.00	06500	RESPIRATORY THERAPY	6,933	0	3,372,101	0	3,372,101	65.00
66.00	06600	PHYSICAL THERAPY	1,449	0	947,766	0	947,766	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,235	0	637,150	0	637,150	67.00
68.00	06800	SPEECH PATHOLOGY	332	0	311,620	0	311,620	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	6,306	0	1,111,892	0	1,111,892	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	349	0	274,753	0	274,753	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,625	0	2,073,418	0	2,073,418	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,910	0	13,349,064	0	13,349,064	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,182	0	2,002,160	0	2,002,160	75.00
76.97	07697	CARDIAC REHABILITATION	454	0	592,519	0	592,519	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	31,677	0	11,567,244	0	11,567,244	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	240,263	1,701,215	85,920,878	0	85,920,878	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	140,121	0	140,121	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	111,618	0	111,618	192.00
192.01	19201	APOTHECARY	0	0	699,641	0	699,641	192.01
192.02	19202	REAL ESTATE	0	0	45,515	0	45,515	192.02
192.03	19203	FOUNDATION	0	0	376,702	0	376,702	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	900,017	0	900,017	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
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)	240,263	1,701,215	88,194,492	0	88,194,492	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet B
Part II
Date/Time Prepared:
2/28/2024 8:46 pm

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	25,529	0	25,529	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,603	269,008	1,818,419	2,097,030	5.00
6.00	00600	MAINTENANCE & REPAIRS	250	29,228	0	29,478	6.00
7.00	00700	OPERATION OF PLANT	5,170	1,422,041	39,139	1,466,350	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	14,185	0	14,185	8.00
9.00	00900	HOUSEKEEPING	0	20,655	2,884	23,539	9.00
10.00	01000	DIETARY	2,502	34,708	3,589	40,799	10.00
11.00	01100	CAFETERIA	0	43,913	3,059	46,972	11.00
13.00	01300	NURSING ADMINISTRATION	0	18,498	145,443	163,941	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,422	19,418	15,515	38,355	14.00
15.00	01500	PHARMACY	63,557	22,171	19,736	105,464	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	4,699	0	4,699	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	81,652	368,169	27,142	476,963	30.00
31.00	03100	INTENSIVE CARE UNIT	4,761	50,146	5,901	60,808	31.00
43.00	04300	NURSERY	0	15,158	2,952	18,110	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,500	233,512	107,453	343,465	50.00
51.00	05100	RECOVERY ROOM	0	15,403	0	15,403	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,394	5,370	6,764	52.00
53.00	05300	ANESTHESIOLOGY	0	8,144	21,571	29,715	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	127,504	66,776	194,280	54.00
54.01	03630	ULTRASOUND	0	5,760	29,082	34,842	54.01
54.02	03440	MAMMOGRAPHY	0	37,268	129,368	166,636	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	265,242	265,242	55.00
55.01	03480	ONCOLOGY	0	0	3,675	3,675	55.01
56.00	05600	RADIOISOTOPE	0	5,497	0	5,497	56.00
57.00	05700	CT SCAN	0	10,844	137,334	148,178	57.00
58.00	05800	MRI	0	7,390	0	7,390	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	27,769	65,225	18,550	111,544	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	870	870	63.00
65.00	06500	RESPIRATORY THERAPY	10,464	37,522	32,035	80,021	65.00
66.00	06600	PHYSICAL THERAPY	0	7,601	0	7,601	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,601	0	7,601	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,837	0	7,837	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	2,840	94,920	97,760	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	74,675	1,251	75,926	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	21,143	21,143	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	133,176	34,277	167,453	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	211,650	3,146,719	3,052,696	6,411,065	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,477	0	9,477	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	31,640	0	0	31,640	192.00
192.01	19201	APOTHECARY	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	1,424	61,192	42,794	105,410	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	244,714	3,217,388	3,095,490	6,557,592	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet B
Part II
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,099,256					5.00
6.00	00600	MAINTENANCE & REPAIRS	35,104	64,582				6.00
7.00	00700	OPERATION OF PLANT	145,849	31,735	1,644,671			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,861	317	15,853	39,255		8.00
9.00	00900	HOUSEKEEPING	53,262	461	23,084	0	101,326	9.00
10.00	01000	DIETARY	26,507	775	38,790	0	815	10.00
11.00	01100	CAFETERIA	23,876	980	49,078	0	930	11.00
13.00	01300	NURSING ADMINISTRATION	86,336	413	20,674	439	493	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,374	433	21,702	0	0	14.00
15.00	01500	PHARMACY	62,239	495	24,779	0	618	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,692	0	0	0	48	16.00
17.00	01700	SOCIAL SERVICE	39,915	105	5,252	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	277,364	8,217	411,472	9,351	41,803	30.00
31.00	03100	INTENSIVE CARE UNIT	91,122	1,119	56,044	2,149	7,431	31.00
43.00	04300	NURSERY	4,575	338	16,941	46	234	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	92,801	5,212	260,978	1,693	8,123	50.00
51.00	05100	RECOVERY ROOM	12,091	344	17,215	1,049	1,306	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,514	31	1,558	53	1,339	52.00
53.00	05300	ANESTHESIOLOGY	2,666	182	9,102	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	68,644	2,846	142,501	4,501	2,921	54.00
54.01	03630	ULTRASOUND	17,365	129	6,437	0	6	54.01
54.02	03440	MAMMOGRAPHY	13,650	832	41,651	1,521	1,910	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	29,657	0	0	0	4,020	55.00
55.01	03480	ONCOLOGY	35,297	0	0	1,127	0	55.01
56.00	05600	RADIOISOTOPE	6,132	123	6,143	0	274	56.00
57.00	05700	CT SCAN	41,471	242	12,120	0	618	57.00
58.00	05800	MRI	7,327	165	8,260	0	526	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	152,731	1,456	72,897	0	1,736	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,757	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	72,503	837	41,935	0	1,494	65.00
66.00	06600	PHYSICAL THERAPY	20,744	170	8,495	238	712	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,494	170	8,495	0	213	67.00
68.00	06800	SPEECH PATHOLOGY	6,279	175	8,759	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	22,630	63	3,175	564	522	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,131	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	46,742	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	253,336	0	0	0	610	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	35,690	1,667	83,459	1,248	1,536	75.00
76.97	07697	CARDIAC REHABILITATION	12,901	0	0	5	1,013	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	210,088	2,972	148,840	15,271	13,751	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,060,717	63,004	1,565,689	39,255	95,002	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,107	212	10,592	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,657	0	0	0	0	192.00
192.01	19201	APOTHECARY	13,591	0	0	0	0	192.01
192.02	19202	REAL ESTATE	1,083	0	0	0	0	192.02
192.03	19203	FOUNDATION	8,966	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	10,135	1,366	68,390	0	6,324	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,099,256	64,582	1,644,671	39,255	101,326	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet B
Part II
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	107,957					10.00
11.00	01100	CAFETERIA	57,553	179,695				11.00
13.00	01300	NURSING ADMINISTRATION	0	10,016	283,605			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,397	0	63,753		14.00
15.00	01500	PHARMACY	0	5,450	0	754	200,643	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	40,295	44,443	111,669	6,827	537	30.00
31.00	03100	INTENSIVE CARE UNIT	6,472	11,659	42,827	2,463	194	31.00
43.00	04300	NURSERY	8	364	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	8,712	16,351	8,395	3	50.00
51.00	05100	RECOVERY ROOM	0	1,668	7,134	71	16	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15	659	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	138	0	605	2	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,406	0	143	0	54.00
54.01	03630	ULTRASOUND	0	1,806	0	1,244	5	54.01
54.02	03440	MAMMOGRAPHY	0	1,606	0	176	2	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,935	3,150	0	0	55.00
55.01	03480	ONCOLOGY	0	5,250	13,378	1,206	99	55.01
56.00	05600	RADIOISOTOPE	0	640	0	76	0	56.00
57.00	05700	CT SCAN	0	4,371	0	1,399	893	57.00
58.00	05800	MRI	0	1,223	0	259	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	15,360	0	1,155	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	11	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	7,219	0	2,714	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,486	0	49	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,245	0	96	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	646	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	3,186	6,361	164	3	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,704	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	23,102	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	189,158	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	430	5,074	0	1,251	4	75.00
76.97	07697	CARDIAC REHABILITATION	0	2,408	0	92	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,184	29,998	82,735	7,795	530	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	107,957	178,365	283,605	63,751	191,446	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	245	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	APOTHECARY	0	0	0	0	9,197	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	1,085	0	2	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	4,822	0	201.00
202.00		TOTAL (sum lines 118 through 201)	107,957	179,695	283,605	68,575	200,643	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet B
Part II
Date/Time Prepared:
2/28/2024 8:46 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	17.00	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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
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	5,740					16.00
17.00	01700	SOCIAL SERVICE	0	49,971				17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	415	43,180	1,477,686	0	1,477,686	30.00
31.00	03100	INTENSIVE CARE UNIT	91	6,666	290,600	0	290,600	31.00
43.00	04300	NURSERY	1	125	40,792	0	40,792	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	343	0	747,108	0	747,108	50.00
51.00	05100	RECOVERY ROOM	17	0	56,563	0	56,563	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1	0	18,025	0	18,025	52.00
53.00	05300	ANESTHESIOLOGY	109	0	42,529	0	42,529	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	132	0	421,913	0	421,913	54.00
54.01	03630	ULTRASOUND	72	0	62,136	0	62,136	54.01
54.02	03440	MAMMOGRAPHY	43	0	228,203	0	228,203	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	335	0	305,771	0	305,771	55.00
55.01	03480	ONCOLOGY	69	0	60,779	0	60,779	55.01
56.00	05600	RADIOISOTOPE	33	0	18,998	0	18,998	56.00
57.00	05700	CT SCAN	682	0	210,465	0	210,465	57.00
58.00	05800	MRI	113	0	25,405	0	25,405	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	851	0	359,055	0	359,055	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13	0	9,651	0	9,651	63.00
65.00	06500	RESPIRATORY THERAPY	165	0	207,776	0	207,776	65.00
66.00	06600	PHYSICAL THERAPY	34	0	39,741	0	39,741	66.00
67.00	06700	OCCUPATIONAL THERAPY	29	0	32,616	0	32,616	67.00
68.00	06800	SPEECH PATHOLOGY	8	0	23,798	0	23,798	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	150	0	134,995	0	134,995	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8	0	9,843	0	9,843	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	110	0	69,954	0	69,954	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,124	0	444,228	0	444,228	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	28	0	206,995	0	206,995	75.00
76.97	07697	CARDIAC REHABILITATION	11	0	37,836	0	37,836	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	753	0	686,701	0	686,701	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,740	49,971	6,270,162	0	6,270,162	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	22,648	0	22,648	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	34,297	0	34,297	192.00
192.01	19201	APOTHECARY	0	0	22,788	0	22,788	192.01
192.02	19202	REAL ESTATE	0	0	1,197	0	1,197	192.02
192.03	19203	FOUNDATION	0	0	8,966	0	8,966	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	192,712	0	192,712	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	4,822	0	4,822	201.00
202.00		TOTAL (sum lines 118 through 201)	5,740	49,971	6,557,592	0	6,557,592	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023

Worksheet B-1

Date/Time Prepared:
2/28/2024 8:46 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	366,998				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,042,878			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,912	0	29,148,567		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	30,685	1,787,509	2,540,762	-20,242,760	5.00
6.00	00600	MAINTENANCE & REPAIRS	3,334	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	162,208	38,474	841,238	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,618	0	44,961	0	8.00
9.00	00900	HOUSEKEEPING	2,356	2,835	1,118,326	0	9.00
10.00	01000	DIETARY	3,959	3,528	309,151	0	10.00
11.00	01100	CAFETERIA	5,009	3,007	349,484	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,110	142,971	1,476,442	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,215	15,251	358,037	0	14.00
15.00	01500	PHARMACY	2,529	19,401	963,802	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	536	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	41,996	26,681	5,883,565	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,720	5,801	1,774,677	0	31.00
43.00	04300	NURSERY	1,729	2,902	57,282	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,636	105,627	1,178,444	0	50.00
51.00	05100	RECOVERY ROOM	1,757	0	284,203	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	159	5,279	104,201	0	52.00
53.00	05300	ANESTHESIOLOGY	929	21,204	11,456	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,544	65,641	615,068	0	54.00
54.01	03630	ULTRASOUND	657	28,588	262,573	0	54.01
54.02	03440	MAMMOGRAPHY	4,251	127,169	200,470	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	260,734	493,592	0	55.00
55.01	03480	ONCOLOGY	0	3,613	773,719	0	55.01
56.00	05600	RADIOISOTOPE	627	0	91,307	0	56.00
57.00	05700	CT SCAN	1,237	135,000	560,242	0	57.00
58.00	05800	MRI	843	0	161,719	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	7,440	18,235	1,512,278	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	855	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,280	31,491	1,014,217	0	65.00
66.00	06600	PHYSICAL THERAPY	867	0	242,462	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	867	0	311,884	0	67.00
68.00	06800	SPEECH PATHOLOGY	894	0	107,372	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	324	93,307	476,474	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	8,518	1,230	778,959	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	20,784	299,712	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	15,191	33,694	3,802,959	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	358,937	3,000,811	29,001,038	-20,242,760	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,081	0	17,032	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	APOTHECARY	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	130,497	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	6,980	42,067	0	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023

Worksheet B-1

Date/Time Prepared:
2/28/2024 8:46 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	3,217,388	3,095,490	7,832,925		20,242,760	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.766773	1.017290	0.268724		0.297899	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			25,529		2,099,256	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000876		0.030893	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: 14-0093

Period:
From 10/01/2022
To 09/30/2023

Worksheet B-1

Date/Time Prepared:
2/28/2024 8:46 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	330,067				6.00
7.00	00700	OPERATION OF PLANT	162,208	167,859			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,618	1,618	302,124		8.00
9.00	00900	HOUSEKEEPING	2,356	2,356	0	48,500	9.00
10.00	01000	DIETARY	3,959	3,959	0	390	10.00
11.00	01100	CAFETERIA	5,009	5,009	0	445	11.00
13.00	01300	NURSING ADMINISTRATION	2,110	2,110	3,381	236	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,215	2,215	0	0	14.00
15.00	01500	PHARMACY	2,529	2,529	0	296	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	23	16.00
17.00	01700	SOCIAL SERVICE	536	536	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	41,996	41,996	71,969	20,009	30.00
31.00	03100	INTENSIVE CARE UNIT	5,720	5,720	16,542	3,557	31.00
43.00	04300	NURSERY	1,729	1,729	351	112	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,636	26,636	13,030	3,888	50.00
51.00	05100	RECOVERY ROOM	1,757	1,757	8,073	625	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	159	159	406	641	52.00
53.00	05300	ANESTHESIOLOGY	929	929	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,544	14,544	34,644	1,398	54.00
54.01	03630	ULTRASOUND	657	657	0	3	54.01
54.02	03440	MAMMOGRAPHY	4,251	4,251	11,709	914	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	1,924	55.00
55.01	03480	ONCOLOGY	0	0	8,671	0	55.01
56.00	05600	RADIOISOTOPE	627	627	0	131	56.00
57.00	05700	CT SCAN	1,237	1,237	0	296	57.00
58.00	05800	MRI	843	843	0	252	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	7,440	7,440	0	831	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,280	4,280	0	715	65.00
66.00	06600	PHYSICAL THERAPY	867	867	1,834	341	66.00
67.00	06700	OCCUPATIONAL THERAPY	867	867	0	102	67.00
68.00	06800	SPEECH PATHOLOGY	894	894	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	324	324	4,344	250	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	292	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	8,518	8,518	9,608	735	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	38	485	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	15,191	15,191	117,524	6,582	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	322,006	159,798	302,124	45,473	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,081	1,081	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	APOTHECARY	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	6,980	6,980	0	3,027	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,474,810	6,852,276	445,540	2,344,390	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.468214	40.821618	1.474693	48.337938	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023

Worksheet B-1

Date/Time Prepared:
2/28/2024 8:46 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	64,582	1,644,671	39,255	101,326	107,957	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.195663	9.797932	0.129930	2.089196	1.280826	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: 14-0093

Period:
From 10/01/2022
To 09/30/2023

Worksheet B-1

Date/Time Prepared:
2/28/2024 8:46 pm

Cost Center Description			CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	28,651					11.00
13.00	01300	NURSING ADMINISTRATION	1,597	207,184				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	701	0	4,175,488			14.00
15.00	01500	PHARMACY	869	0	49,393	8,438,346		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	519,305,570	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,086	81,578	447,170	22,563	37,760,647	30.00
31.00	03100	INTENSIVE CARE UNIT	1,859	31,287	161,301	8,168	8,235,545	31.00
43.00	04300	NURSERY	58	0	0	0	48,765	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,389	11,945	549,829	106	31,222,418	50.00
51.00	05100	RECOVERY ROOM	266	5,212	4,631	656	1,516,565	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	105	0	0	0	118,551	52.00
53.00	05300	ANESTHESIOLOGY	22	0	39,637	70	9,943,933	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	862	0	9,373	0	11,972,677	54.00
54.01	03630	ULTRASOUND	288	0	81,473	197	6,569,683	54.01
54.02	03440	MAMMOGRAPHY	256	0	11,513	85	3,952,987	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	468	2,301	0	0	30,429,801	55.00
55.01	03480	ONCOLOGY	837	9,773	79,008	4,145	6,311,558	55.01
56.00	05600	RADIOISOTOPE	102	0	4,976	18	3,008,425	56.00
57.00	05700	CT SCAN	697	0	91,623	37,550	62,033,548	57.00
58.00	05800	MRI	195	0	16,957	0	10,309,136	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,449	0	75,637	0	77,370,369	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	696	0	1,164,451	63.00
65.00	06500	RESPIRATORY THERAPY	1,151	0	177,769	0	14,975,008	65.00
66.00	06600	PHYSICAL THERAPY	237	0	3,218	0	3,129,250	66.00
67.00	06700	OCCUPATIONAL THERAPY	358	0	6,299	0	2,667,247	67.00
68.00	06800	SPEECH PATHOLOGY	103	0	0	0	716,096	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	508	4,647	10,709	125	13,619,365	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	242,583	0	752,795	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,513,041	0	9,990,185	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,955,455	99,537,025	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	809	0	81,927	151	2,552,739	75.00
76.97	07697	CARDIAC REHABILITATION	384	0	6,011	4	979,750	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	4,783	60,441	510,562	22,274	68,417,051	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,439	207,184	4,175,336	8,051,567	519,305,570	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	39	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	APOTHECARY	0	0	0	386,779	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	173	0	152	0	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,950,781	3,847,888	289,813	2,806,276	240,263	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	68.087711	18.572322	0.069408	0.332562	0.000463	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023

Worksheet B-1

Date/Time Prepared:
2/28/2024 8:46 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	179,695	283,605	68,575	200,643	5,740	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	6.271858	1.368856	0.015268	0.023778	0.000011	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: 14-0093

Period:
From 10/01/2022
To 09/30/2023

Worksheet B-1

Date/Time Prepared:
2/28/2024 8:46 pm

Cost Center Description		SOCIAL SERVICE	
		(TOTAL PATIENT DAYS)	
		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
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
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
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
		11,162	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
		9,645	
		1,489	
		28	
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRASOUND	54.01
54.02	03440	MAMMOGRAPHY	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
55.01	03480	ONCOLOGY	55.01
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.01	03140	CARDIOLOGY	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
76.97	07697	CARDIAC REHABILITATION	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	78.00
OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
OTHER REIMBURSABLE COST CENTERS			
102.00	10200	OPIOID TREATMENT PROGRAM	102.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
		11,162	
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.01	19201	APOTHECARY	192.01
192.02	19202	REAL ESTATE	192.02
192.03	19203	FOUNDATION	192.03
192.04	19204	OUTREACH PROGRAMS	192.04
194.00	07950	INDUSTRIAL MEDICINE	194.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	202.00
		1,701,215	
203.00		Unit cost multiplier (Wkst. B, Part I)	203.00
		152.411306	

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 14-0093	Period: From 10/01/2022 To 09/30/2023	Worksheet B-1 Date/Time Prepared: 2/28/2024 8:46 pm
Cost Center Description			SOCI AL SERVICE		
			(TOTAL PATIENT DAYS)		
			17.00		
204.00		Cost to be allocated (per Wkst. B, Part II)	49,971		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.476886		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: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet C
Part I
Date/Time Prepared:
2/28/2024 8:46 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,640,425		18,640,425	3,545	18,643,970	30.00
31.00	03100	INTENSIVE CARE UNIT	5,314,639		5,314,639	0	5,314,639	31.00
43.00	04300	NURSERY	284,779		284,779	0	284,779	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,681,387		5,681,387	0	5,681,387	50.00
51.00	05100	RECOVERY ROOM	745,832		745,832	0	745,832	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	361,839		361,839	0	361,839	52.00
53.00	05300	ANESTHESIOLOGY	162,966		162,966	0	162,966	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,726,149		3,726,149	0	3,726,149	54.00
54.01	03630	ULTRASOUND	787,831		787,831	0	787,831	54.01
54.02	03440	MAMMOGRAPHY	847,527		847,527	0	847,527	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,427,652		1,427,652	0	1,427,652	55.00
55.01	03480	ONCOLOGY	1,744,002		1,744,002	0	1,744,002	55.01
56.00	05600	RADIOISOTOPE	301,033		301,033	0	301,033	56.00
57.00	05700	CT SCAN	1,907,648		1,907,648	0	1,907,648	57.00
58.00	05800	MRI	377,422		377,422	0	377,422	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	7,001,586		7,001,586	0	7,001,586	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	368,474		368,474	0	368,474	63.00
65.00	06500	RESPIRATORY THERAPY	3,372,101	0	3,372,101	0	3,372,101	65.00
66.00	06600	PHYSICAL THERAPY	947,766	0	947,766	0	947,766	66.00
67.00	06700	OCCUPATIONAL THERAPY	637,150	0	637,150	0	637,150	67.00
68.00	06800	SPEECH PATHOLOGY	311,620	0	311,620	0	311,620	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	69.00
69.01	03140	CARDIOLOGY	1,111,892		1,111,892	0	1,111,892	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	274,753		274,753	0	274,753	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,073,418		2,073,418	0	2,073,418	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,349,064		13,349,064	0	13,349,064	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,002,160		2,002,160	0	2,002,160	75.00
76.97	07697	CARDIAC REHABILITATION	592,519		592,519	0	592,519	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0		0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	11,567,244		11,567,244	0	11,567,244	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,447,931		4,447,931		4,447,931	92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0		0		0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	90,368,809	0	90,368,809	3,545	90,372,354	200.00
201.00		Less Observation Beds	4,447,931		4,447,931		4,447,931	201.00
202.00		Total (see instructions)	85,920,878	0	85,920,878	3,545	85,924,423	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet C
Part I
Date/Time Prepared:
2/28/2024 8:46 pm

			Title XVIII			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	30,426,482		30,426,482			30.00
31.00	03100	INTENSIVE CARE UNIT	8,235,545		8,235,545			31.00
43.00	04300	NURSERY	48,765		48,765			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,704,119	22,518,299	31,222,418	0.181965	0.000000	50.00
51.00	05100	RECOVERY ROOM	514,196	1,002,369	1,516,565	0.491790	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	108,477	10,074	118,551	3.052180	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,662,932	6,281,001	9,943,933	0.016388	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,563,670	9,409,007	11,972,677	0.311221	0.000000	54.00
54.01	03630	ULTRASOUND	690,828	5,878,855	6,569,683	0.119919	0.000000	54.01
54.02	03440	MAMMOGRAPHY	0	3,952,987	3,952,987	0.214402	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	318,625	30,111,176	30,429,801	0.046916	0.000000	55.00
55.01	03480	ONCOLOGY	7,255	6,304,303	6,311,558	0.276319	0.000000	55.01
56.00	05600	RADIOISOTOPE	699,220	2,309,205	3,008,425	0.100063	0.000000	56.00
57.00	05700	CT SCAN	11,904,335	50,129,213	62,033,548	0.030752	0.000000	57.00
58.00	05800	MRI	1,966,509	8,342,627	10,309,136	0.036610	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	23,511,711	53,858,658	77,370,369	0.090494	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	683,289	481,162	1,164,451	0.316436	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	11,176,012	3,798,996	14,975,008	0.225182	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,242,306	1,886,944	3,129,250	0.302873	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,401,407	1,265,840	2,667,247	0.238879	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	557,169	158,927	716,096	0.435165	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
69.01	03140	CARDIOLOGY	5,284,497	8,334,868	13,619,365	0.081641	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	183,312	569,483	752,795	0.364977	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,270,100	4,720,085	9,990,185	0.207546	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,106,461	80,430,564	99,537,025	0.134112	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	148,531	2,404,208	2,552,739	0.784318	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	10,198	969,552	979,750	0.604766	0.000000	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000	0.000000	78.00
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	11,273,576	57,143,475	68,417,051	0.169070	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,683,468	5,650,697	7,334,165	0.606467	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	151,382,995	367,922,575	519,305,570			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	151,382,995	367,922,575	519,305,570			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet C
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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
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.181965			50.00
51.00	05100 RECOVERY ROOM	0.491790			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3.052180			52.00
53.00	05300 ANESTHESIOLOGY	0.016388			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.311221			54.00
54.01	03630 ULTRASOUND	0.119919			54.01
54.02	03440 MAMMOGRAPHY	0.214402			54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.046916			55.00
55.01	03480 ONCOLOGY	0.276319			55.01
56.00	05600 RADIOISOTOPE	0.100063			56.00
57.00	05700 CT SCAN	0.030752			57.00
58.00	05800 MRI	0.036610			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.090494			60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.316436			63.00
65.00	06500 RESPIRATORY THERAPY	0.225182			65.00
66.00	06600 PHYSICAL THERAPY	0.302873			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.238879			67.00
68.00	06800 SPEECH PATHOLOGY	0.435165			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
69.01	03140 CARDIOLOGY	0.081641			69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.364977			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.207546			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.134112			73.00
74.00	07400 RENAL DIALYSIS	0.000000			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.784318			75.00
76.97	07697 CARDIAC REHABILITATION	0.604766			76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000			77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000			78.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.169070			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.606467			92.00
OTHER REIMBURSABLE COST CENTERS					
102.00	10200 OPIOID TREATMENT PROGRAM				102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
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: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet C
Part I
Date/Time Prepared:
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			Title XIX		Hospital		Cost		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE	Total Costs		
						Disallowance			
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	18,640,425		18,640,425	3,545	18,643,970	30.00	
31.00	03100	INTENSIVE CARE UNIT	5,314,639		5,314,639	0	5,314,639	31.00	
43.00	04300	NURSERY	284,779		284,779	0	284,779	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	5,681,387		5,681,387	0	5,681,387	50.00	
51.00	05100	RECOVERY ROOM	745,832		745,832	0	745,832	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	361,839		361,839	0	361,839	52.00	
53.00	05300	ANESTHESIOLOGY	162,966		162,966	0	162,966	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,726,149		3,726,149	0	3,726,149	54.00	
54.01	03630	ULTRASOUND	787,831		787,831	0	787,831	54.01	
54.02	03440	MAMMOGRAPHY	847,527		847,527	0	847,527	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	1,427,652		1,427,652	0	1,427,652	55.00	
55.01	03480	ONCOLOGY	1,744,002		1,744,002	0	1,744,002	55.01	
56.00	05600	RADIOISOTOPE	301,033		301,033	0	301,033	56.00	
57.00	05700	CT SCAN	1,907,648		1,907,648	0	1,907,648	57.00	
58.00	05800	MRI	377,422		377,422	0	377,422	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00	
60.00	06000	LABORATORY	7,001,586		7,001,586	0	7,001,586	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	368,474		368,474	0	368,474	63.00	
65.00	06500	RESPIRATORY THERAPY	3,372,101	0	3,372,101	0	3,372,101	65.00	
66.00	06600	PHYSICAL THERAPY	947,766	0	947,766	0	947,766	66.00	
67.00	06700	OCCUPATIONAL THERAPY	637,150	0	637,150	0	637,150	67.00	
68.00	06800	SPEECH PATHOLOGY	311,620	0	311,620	0	311,620	68.00	
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	69.00	
69.01	03140	CARDIOLOGY	1,111,892		1,111,892	0	1,111,892	69.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	274,753		274,753	0	274,753	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,073,418		2,073,418	0	2,073,418	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	13,349,064		13,349,064	0	13,349,064	73.00	
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	2,002,160		2,002,160	0	2,002,160	75.00	
76.97	07697	CARDIAC REHABILITATION	592,519		592,519	0	592,519	76.97	
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00	
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0		0	0	0	78.00	
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	11,567,244		11,567,244	0	11,567,244	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,447,931		4,447,931		4,447,931	92.00	
OTHER REIMBURSABLE COST CENTERS									
102.00	10200	OPIOID TREATMENT PROGRAM	0		0		0	102.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	90,368,809	0	90,368,809	3,545	90,372,354	200.00	
201.00		Less Observation Beds	4,447,931		4,447,931		4,447,931	201.00	
202.00		Total (see instructions)	85,920,878	0	85,920,878	3,545	85,924,423	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet C
Part I
Date/Time Prepared:
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			Title XIX			Hospital	Cost		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,426,482		30,426,482			30.00	
31.00	03100	INTENSIVE CARE UNIT	8,235,545		8,235,545			31.00	
43.00	04300	NURSERY	48,765		48,765			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,704,119	22,518,299	31,222,418	0.181965	0.000000	50.00	
51.00	05100	RECOVERY ROOM	514,196	1,002,369	1,516,565	0.491790	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	108,477	10,074	118,551	3.052180	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	3,662,932	6,281,001	9,943,933	0.016388	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,563,670	9,409,007	11,972,677	0.311221	0.000000	54.00	
54.01	03630	ULTRASOUND	690,828	5,878,855	6,569,683	0.119919	0.000000	54.01	
54.02	03440	MAMMOGRAPHY	0	3,952,987	3,952,987	0.214402	0.000000	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	318,625	30,111,176	30,429,801	0.046916	0.000000	55.00	
55.01	03480	ONCOLOGY	7,255	6,304,303	6,311,558	0.276319	0.000000	55.01	
56.00	05600	RADIOISOTOPE	699,220	2,309,205	3,008,425	0.100063	0.000000	56.00	
57.00	05700	CT SCAN	11,904,335	50,129,213	62,033,548	0.030752	0.000000	57.00	
58.00	05800	MRI	1,966,509	8,342,627	10,309,136	0.036610	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00	
60.00	06000	LABORATORY	23,511,711	53,858,658	77,370,369	0.090494	0.000000	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	683,289	481,162	1,164,451	0.316436	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	11,176,012	3,798,996	14,975,008	0.225182	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	1,242,306	1,886,944	3,129,250	0.302873	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,401,407	1,265,840	2,667,247	0.238879	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	557,169	158,927	716,096	0.435165	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00	
69.01	03140	CARDIOLOGY	5,284,497	8,334,868	13,619,365	0.081641	0.000000	69.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	183,312	569,483	752,795	0.364977	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,270,100	4,720,085	9,990,185	0.207546	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	19,106,461	80,430,564	99,537,025	0.134112	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	148,531	2,404,208	2,552,739	0.784318	0.000000	75.00	
76.97	07697	CARDIAC REHABILITATION	10,198	969,552	979,750	0.604766	0.000000	76.97	
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	0.000000	77.00	
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000	0.000000	78.00	
	OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	11,273,576	57,143,475	68,417,051	0.169070	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,683,468	5,650,697	7,334,165	0.606467	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	151,382,995	367,922,575	519,305,570			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	151,382,995	367,922,575	519,305,570			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet C
Part I
Date/Time Prepared:
2/28/2024 8:46 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03630	ULTRASOUND	0.000000			54.01
54.02	03440	MAMMOGRAPHY	0.000000			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
55.01	03480	ONCOLOGY	0.000000			55.01
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	03140	CARDIOLOGY	0.000000			69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000			77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000			78.00
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
102.00	10200	OPIOID TREATMENT PROGRAM				102.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
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: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet C
Part I
Date/Time Prepared:
2/28/2024 8:46 pm

			Title V		Hospital		Cost		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE	Total Costs		
						Disallowance			
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	18,640,425		18,640,425	0		0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,314,639		5,314,639	0		0	31.00
43.00	04300	NURSERY	284,779		284,779	0		0	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	5,681,387		5,681,387	0		0	50.00
51.00	05100	RECOVERY ROOM	745,832		745,832	0		0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	361,839		361,839	0		0	52.00
53.00	05300	ANESTHESIOLOGY	162,966		162,966	0		0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,726,149		3,726,149	0		0	54.00
54.01	03630	ULTRASOUND	787,831		787,831	0		0	54.01
54.02	03440	MAMMOGRAPHY	847,527		847,527	0		0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,427,652		1,427,652	0		0	55.00
55.01	03480	ONCOLOGY	1,744,002		1,744,002	0		0	55.01
56.00	05600	RADIOISOTOPE	301,033		301,033	0		0	56.00
57.00	05700	CT SCAN	1,907,648		1,907,648	0		0	57.00
58.00	05800	MRI	377,422		377,422	0		0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0		0	59.00
60.00	06000	LABORATORY	7,001,586		7,001,586	0		0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	368,474		368,474	0		0	63.00
65.00	06500	RESPIRATORY THERAPY	3,372,101	0	3,372,101	0		0	65.00
66.00	06600	PHYSICAL THERAPY	947,766	0	947,766	0		0	66.00
67.00	06700	OCCUPATIONAL THERAPY	637,150	0	637,150	0		0	67.00
68.00	06800	SPEECH PATHOLOGY	311,620	0	311,620	0		0	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0		0	69.00
69.01	03140	CARDIOLOGY	1,111,892		1,111,892	0		0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	274,753		274,753	0		0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,073,418		2,073,418	0		0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,349,064		13,349,064	0		0	73.00
74.00	07400	RENAL DIALYSIS	0		0	0		0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,002,160		2,002,160	0		0	75.00
76.97	07697	CARDIAC REHABILITATION	592,519		592,519	0		0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0		0	0		0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0		0	0		0	78.00
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	11,567,244		11,567,244	0		0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0			0	92.00
OTHER REIMBURSABLE COST CENTERS									
102.00	10200	OPIOID TREATMENT PROGRAM	0		0			0	102.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	85,920,878	0	85,920,878	0		0	200.00
201.00		Less Observation Beds	0		0			0	201.00
202.00		Total (see instructions)	85,920,878	0	85,920,878	0		0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet C
Part I
Date/Time Prepared:
2/28/2024 8:46 pm

			Title V			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
43.00	04300	NURSERY	0		0			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		0	0.000000	0.000000	54.00
54.01	03630	ULTRASOUND	0		0	0.000000	0.000000	54.01
54.02	03440	MAMMOGRAPHY	0		0	0.000000	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0.000000	0.000000	55.00
55.01	03480	ONCOLOGY		0	0	0.000000	0.000000	55.01
56.00	05600	RADIOISOTOPE	0		0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	0		0	0.000000	0.000000	57.00
58.00	05800	MRI	0		0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	0		0	0.000000	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0.000000	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0		0	0.000000	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0		0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0.000000	0.000000	69.00
69.01	03140	CARDIOLOGY	0		0	0.000000	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		0	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0		0	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0.000000	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION			0	0.000000	0.000000	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION			0	0.000000	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0		0	0.000000	0.000000	78.00
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0		0	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0.000000	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0		0			102.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	0	0	0			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	0	0	0			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet C
Part I
Date/Time Prepared:
2/28/2024 8:46 pm

Cost Center Description			PPS Inpatient Ratio	Title V	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03630	ULTRASOUND	0.000000			54.01
54.02	03440	MAMMOGRAPHY	0.000000			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
55.01	03480	ONCOLOGY	0.000000			55.01
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	03140	CARDIOLOGY	0.000000			69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000			77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000			78.00
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
102.00	10200	OPIOID TREATMENT PROGRAM				102.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet D
Part I
Date/Time Prepared:
2/28/2024 8:46 pm

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)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		1,477,686	0	1,477,686	12,667	116.66	30.00
31.00	INTENSIVE CARE UNIT		290,600		290,600	1,489	195.16	31.00
43.00	NURSERY		40,792		40,792	28	1,456.86	43.00
200.00	Total (lines 30 through 199)		1,809,078		1,809,078	14,184		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		3,363	392,328				
31.00	INTENSIVE CARE UNIT		480	93,677				
43.00	NURSERY		0	0				
200.00	Total (lines 30 through 199)		3,843	486,005				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS					Provider CCN: 14-0093	Period: From 10/01/2022 To 09/30/2023	Worksheet D Part II Date/Time Prepared: 2/28/2024 8:46 pm			
					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	747,108	31,222,418	0.023929	3,345,919	80,064	50.00		
51.00	05100	RECOVERY ROOM	56,563	1,516,565	0.037297	0	0	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,025	118,551	0.152044	0	0	52.00		
53.00	05300	ANESTHESIOLOGY	42,529	9,943,933	0.004277	1,257,305	5,377	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	421,913	11,972,677	0.035240	934,716	32,939	54.00		
54.01	03630	ULTRASOUND	62,136	6,569,683	0.009458	186,737	1,766	54.01		
54.02	03440	MAMMOGRAPHY	228,203	3,952,987	0.057729	0	0	54.02		
55.00	05500	RADIOLOGY-THERAPEUTIC	305,771	30,429,801	0.010048	137,215	1,379	55.00		
55.01	03480	ONCOLOGY	60,779	6,311,558	0.009630	7,255	70	55.01		
56.00	05600	RADIOISOTOPE	18,998	3,008,425	0.006315	247,785	1,565	56.00		
57.00	05700	CT SCAN	210,465	62,033,548	0.003393	3,739,933	12,690	57.00		
58.00	05800	MRI	25,405	10,309,136	0.002464	552,773	1,362	58.00		
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00		
60.00	06000	LABORATORY	359,055	77,370,369	0.004641	7,765,047	36,038	60.00		
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,651	1,164,451	0.008288	224,437	1,860	63.00		
65.00	06500	RESPIRATORY THERAPY	207,776	14,975,008	0.013875	3,507,918	48,672	65.00		
66.00	06600	PHYSICAL THERAPY	39,741	3,129,250	0.012700	457,298	5,808	66.00		
67.00	06700	OCCUPATIONAL THERAPY	32,616	2,667,247	0.012228	478,949	5,857	67.00		
68.00	06800	SPEECH PATHOLOGY	23,798	716,096	0.033233	205,915	6,843	68.00		
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00		
69.01	03140	CARDIOLOGY	134,995	13,619,365	0.009912	1,805,825	17,899	69.01		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,843	752,795	0.013075	48,793	638	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	69,954	9,990,185	0.007002	2,075,664	14,534	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	444,228	99,537,025	0.004463	6,312,082	28,171	73.00		
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00		
75.00	07500	ASC (NON-DISTINCT PART)	206,995	2,552,739	0.081087	0	0	75.00		
76.97	07697	CARDIAC REHABILITATION	37,836	979,750	0.038618	3,693	143	76.97		
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00		
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0.000000	0	0	78.00		
OUTPATIENT SERVICE COST CENTERS										
91.00	09100	EMERGENCY	686,701	68,417,051	0.010037	2,663,505	26,734	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	352,534	7,334,165	0.048067	579,452	27,853	92.00		
200.00		Total (lines 50 through 199)	4,813,618	480,594,778		36,538,216	358,262	200.00		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0093		Period: From 10/01/2022 To 09/30/2023	Worksheet D Part III Date/Time Prepared: 2/28/2024 8:46 pm	
				Title XVIII		Hospital	PPS	
Cost Center Description				Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost
				1A	1.00	2A	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0	0
200.00		Total (lines 30 through 199)	0	0	0	0	0	0
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	12,667	0.00	3,363	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	1,489	0.00	480	31.00
43.00	04300	NURSERY	0	0	28	0.00	0	43.00
200.00		Total (lines 30 through 199)	0	0	14,184		3,843	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
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: 14-0093		Period: From 10/01/2022 To 09/30/2023		Worksheet D Part IV Date/Time Prepared: 2/28/2024 8:46 pm	
				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	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
54.01	03630	ULTRASOUND		0	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY		0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
55.01	03480	ONCOLOGY		0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
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
69.01	03140	CARDIOLOGY		0	0	0	0	0	69.01
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
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION		0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY		0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS									
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: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet D
Part IV
Date/Time Prepared:
2/28/2024 8:46 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	31,222,418	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,516,565	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	118,551	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	9,943,933	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	11,972,677	0.000000	54.00
54.01	03630	ULTRASOUND	0	0	0	6,569,683	0.000000	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	3,952,987	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	30,429,801	0.000000	55.00
55.01	03480	ONCOLOGY	0	0	0	6,311,558	0.000000	55.01
56.00	05600	RADIOISOTOPE	0	0	0	3,008,425	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	62,033,548	0.000000	57.00
58.00	05800	MRI	0	0	0	10,309,136	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	77,370,369	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,164,451	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	14,975,008	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,129,250	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,667,247	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	716,096	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY	0	0	0	13,619,365	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	752,795	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,990,185	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	99,537,025	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	2,552,739	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	979,750	0.000000	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	68,417,051	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	7,334,165	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	480,594,778		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet D
Part IV
Date/Time Prepared:
2/28/2024 8:46 pm

Cost Center Description			Title XVIII			Hospital	PPS	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	3,345,919	0	5,199,580	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	315,987	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,257,305	0	1,231,042	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	934,716	0	1,965,492	0	54.00
54.01	03630	ULTRASOUND	0.000000	186,737	0	1,122,710	0	54.01
54.02	03440	MAMMOGRAPHY	0.000000	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	137,215	0	4,615,549	0	55.00
55.01	03480	ONCOLOGY	0.000000	7,255	0	1,385,548	0	55.01
56.00	05600	RADIOISOTOPE	0.000000	247,785	0	636,062	0	56.00
57.00	05700	CT SCAN	0.000000	3,739,933	0	8,643,869	0	57.00
58.00	05800	MRI	0.000000	552,773	0	1,462,958	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	7,765,047	0	4,823,820	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	224,437	0	135,225	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	3,507,918	0	366,265	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	457,298	0	13,092	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	478,949	0	4,240	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	205,915	0	10,436	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0.000000	1,805,825	0	1,596,718	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	48,793	0	182,130	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,075,664	0	978,883	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	6,312,082	0	30,977,733	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	256,463	0	75.00
76.97	07697	CARDIAC REHABILITATION	0.000000	3,693	0	274,303	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.000000	2,663,505	0	7,843,519	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	579,452	0	341,403	0	92.00
200.00		Total (lines 50 through 199)		36,538,216	0	74,383,027	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0093		Period: From 10/01/2022 To 09/30/2023		Worksheet D Part V Date/Time Prepared: 2/28/2024 8:46 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.181965	5,199,580	0	0	946,142	50.00
51.00	05100	RECOVERY ROOM		0.491790	315,987	0	0	155,399	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		3.052180	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.016388	1,231,042	0	0	20,174	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.311221	1,965,492	0	0	611,702	54.00
54.01	03630	ULTRASOUND		0.119919	1,122,710	0	0	134,634	54.01
54.02	03440	MAMMOGRAPHY		0.214402	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0.046916	4,615,549	0	0	216,543	55.00
55.01	03480	ONCOLOGY		0.276319	1,385,548	0	0	382,853	55.01
56.00	05600	RADIOISOTOPE		0.100063	636,062	0	0	63,646	56.00
57.00	05700	CT SCAN		0.030752	8,643,869	0	0	265,816	57.00
58.00	05800	MRI		0.036610	1,462,958	0	0	53,559	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.090494	4,823,820	0	0	436,527	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.316436	135,225	0	0	42,790	63.00
65.00	06500	RESPIRATORY THERAPY		0.225182	366,265	0	0	82,476	65.00
66.00	06600	PHYSICAL THERAPY		0.302873	13,092	0	0	3,965	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.238879	4,240	0	0	1,013	67.00
68.00	06800	SPEECH PATHOLOGY		0.435165	10,436	0	0	4,541	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
69.01	03140	CARDIOLOGY		0.081641	1,596,718	0	0	130,358	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.364977	182,130	0	0	66,473	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.207546	978,883	0	0	203,163	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.134112	30,977,733	0	12,660	4,154,486	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.784318	256,463	0	0	201,149	75.00
76.97	07697	CARDIAC REHABILITATION		0.604766	274,303	0	0	165,889	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION		0.000000	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY		0.000000	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.169070	7,843,519	0	0	1,326,104	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.606467	341,403	0	0	207,050	92.00
200.00		Subtotal (see instructions)			74,383,027	0	12,660	9,876,452	200.00
201.00		Less PBP Clinic Lab. Services-Program				0	0		201.00
		Only Charges							
202.00		Net Charges (line 200 - line 201)			74,383,027	0	12,660	9,876,452	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet D
Part V
Date/Time Prepared:
2/28/2024 8:46 pm

			Title XVIII		Hospital	PPS
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRASOUND	0	0		54.01
54.02	03440	MAMMOGRAPHY	0	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01	03480	ONCOLOGY	0	0		55.01
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
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
69.01	03140	CARDIOLOGY	0	0		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,698		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0		78.00
	OUTPATIENT SERVICE COST CENTERS					
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)	0	1,698		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	1,698		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet D
Part I
Date/Time Prepared:
2/28/2024 8:46 pm

			Title V		Hospital	Cost	
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	1,477,686	0	1,477,686	12,667	116.66	30.00
31.00	INTENSIVE CARE UNIT	290,600		290,600	1,489	195.16	31.00
43.00	NURSERY	40,792		40,792	28	1,456.86	43.00
200.00	Total (lines 30 through 199)	1,809,078		1,809,078	14,184		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	0	0				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	0	0				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0093	Period: From 10/01/2022 To 09/30/2023	Worksheet D Part II Date/Time Prepared: 2/28/2024 8:46 pm	
Cost Center Description				Title V		Hospital	Cost
				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
				1.00	2.00	3.00	4.00
							Capital Costs (column 3 x column 4)
							5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	747,108	0	0.000000	0	0
51.00	05100	RECOVERY ROOM	56,563	0	0.000000	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,025	0	0.000000	0	0
53.00	05300	ANESTHESIOLOGY	42,529	0	0.000000	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	421,913	0	0.000000	0	0
54.01	03630	ULTRASOUND	62,136	0	0.000000	0	0
54.02	03440	MAMMOGRAPHY	228,203	0	0.000000	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	305,771	0	0.000000	0	0
55.01	03480	ONCOLOGY	60,779	0	0.000000	0	0
56.00	05600	RADIOISOTOPE	18,998	0	0.000000	0	0
57.00	05700	CT SCAN	210,465	0	0.000000	0	0
58.00	05800	MRI	25,405	0	0.000000	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0
60.00	06000	LABORATORY	359,055	0	0.000000	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,651	0	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	207,776	0	0.000000	0	0
66.00	06600	PHYSICAL THERAPY	39,741	0	0.000000	0	0
67.00	06700	OCCUPATIONAL THERAPY	32,616	0	0.000000	0	0
68.00	06800	SPEECH PATHOLOGY	23,798	0	0.000000	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0
69.01	03140	CARDIOLOGY	134,995	0	0.000000	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,843	0	0.000000	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	69,954	0	0.000000	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	444,228	0	0.000000	0	0
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0
75.00	07500	ASC (NON-DISTINCT PART)	206,995	0	0.000000	0	0
76.97	07697	CARDIAC REHABILITATION	37,836	0	0.000000	0	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	686,701	0	0.000000	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	0
200.00		Total (lines 50 through 199)	4,461,084	0		0	0

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0093		Period: From 10/01/2022 To 09/30/2023		Worksheet D Part III Date/Time Prepared: 2/28/2024 8:46 pm	
					Title V		Hospital		Cost	
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	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
200.00	Total (lines 30 through 199)		0	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	12,667	0.00	0	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	1,489	0.00	0	31.00		
43.00	04300	NURSERY		0	28	0.00	0	43.00		
200.00	Total (lines 30 through 199)			0	14,184		0	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
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: 14-0093		Period: From 10/01/2022 To 09/30/2023		Worksheet D Part IV Date/Time Prepared: 2/28/2024 8:46 pm	
				Title V		Hospital		Cost	
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
54.01	03630	ULTRASOUND		0	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY		0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
55.01	03480	ONCOLOGY		0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
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
69.01	03140	CARDIOLOGY		0	0	0	0	0	69.01
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
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION		0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY		0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS									
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: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet D
Part IV
Date/Time Prepared:
2/28/2024 8:46 pm

Cost Center Description			Title V		Hospital		Cost	
			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	0	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0.000000	54.00
54.01	03630	ULTRASOUND	0	0	0	0	0.000000	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0.000000	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet D
Part IV
Date/Time Prepared:
2/28/2024 8:46 pm

Cost Center Description			Title V		Hospital	Cost	
			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 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	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	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0 54.00
54.01	03630	ULTRASOUND	0.000000	0	0	0	0 54.01
54.02	03440	MAMMOGRAPHY	0.000000	0	0	0	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0 55.00
55.01	03480	ONCOLOGY	0.000000	0	0	0	0 55.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0 56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0 57.00
58.00	05800	MRI	0.000000	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0 59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0 69.00
69.01	03140	CARDIOLOGY	0.000000	0	0	0	0 69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	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	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0 76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0 77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0 78.00
OUTPATIENT SERVICE COST CENTERS							
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)		0	0	0	0 200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0093	Period: From 10/01/2022 To 09/30/2023	Worksheet D-1 Date/Time Prepared: 2/28/2024 8:46 pm	
		Title XVIII	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)			12,667	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			12,667	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)			9,645	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)			3,363	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)			18,643,970	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)			18,643,970	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)			18,643,970	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)			1,471.85	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			4,949,832	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)			4,949,832	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023

Worksheet D-1

Date/Time Prepared:
2/28/2024 8:46 pm

		Title XVIII		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)	0	0	0.00	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,314,639	1,489	3,569.27	480	1,713,250
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)					5,263,906
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)					11,926,988
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					486,005
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					358,262
52.00	Total Program excludable cost (sum of lines 50 and 51)					844,267
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,082,721
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
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					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)					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)					3,022
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,471.85
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,447,931

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023

Worksheet D-1

Date/Time Prepared:
2/28/2024 8:46 pm

		Title XVIII		Hospital	PPS	
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	1,477,686	18,643,970	0.079258	4,447,931	352,534	90.00
91.00 Nursing Program cost	0	18,643,970	0.000000	4,447,931	0	91.00
92.00 Allied health cost	0	18,643,970	0.000000	4,447,931	0	92.00
93.00 All other Medical Education	0	18,643,970	0.000000	4,447,931	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0093	Period: From 10/01/2022 To 09/30/2023	Worksheet D-3 Date/Time Prepared: 2/28/2024 8:46 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		12,294,273		30.00
31.00	03100	INTENSIVE CARE UNIT		1,789,174		31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.181965	3,345,919	608,840	50.00
51.00	05100	RECOVERY ROOM	0.491790	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3.052180	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.016388	1,257,305	20,605	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.311221	934,716	290,903	54.00
54.01	03630	ULTRASOUND	0.119919	186,737	22,393	54.01
54.02	03440	MAMMOGRAPHY	0.214402	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.046916	137,215	6,438	55.00
55.01	03480	ONCOLOGY	0.276319	7,255	2,005	55.01
56.00	05600	RADIOISOTOPE	0.100063	247,785	24,794	56.00
57.00	05700	CT SCAN	0.030752	3,739,933	115,010	57.00
58.00	05800	MRI	0.036610	552,773	20,237	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000	LABORATORY	0.090494	7,765,047	702,690	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.316436	224,437	71,020	63.00
65.00	06500	RESPIRATORY THERAPY	0.225182	3,507,918	789,920	65.00
66.00	06600	PHYSICAL THERAPY	0.302873	457,298	138,503	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.238879	478,949	114,411	67.00
68.00	06800	SPEECH PATHOLOGY	0.435165	205,915	89,607	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	69.00
69.01	03140	CARDIOLOGY	0.081641	1,805,825	147,429	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.364977	48,793	17,808	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.207546	2,075,664	430,796	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.134112	6,312,082	846,526	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.784318	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0.604766	3,693	2,233	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	78.00
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.169070	2,663,505	450,319	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.606467	579,452	351,419	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		36,538,216	5,263,906	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)		36,538,216		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0093	Period: From 10/01/2022 To 09/30/2023	Worksheet E Part A Date/Time Prepared: 2/28/2024 8:46 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments			0 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			0 1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,338,075	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)		35,503	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)		85.40	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)		7.53	30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.33	31.00
32.00	Sum of lines 30 and 31		22.86	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.07	33.00
34.00	Disproportionate share adjustment (see instructions)		168,221	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0093	Period: From 10/01/2022 To 09/30/2023	Worksheet E Part A Date/Time Prepared: 2/28/2024 8:46 pm	
		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)		0	6,874,403,459	35.00
35.01	Factor 3 (see instructions)	0.000000000	0	0.000140294	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)		0	964,436	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)		0	964,436	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)		964,436		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		9,506,235		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)			9,506,235	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			627,563	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			29,869	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)			10,163,667	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			10,163,667	61.00
62.00	Deductibles billed to program beneficiaries			1,059,104	62.00
63.00	Coinurance billed to program beneficiaries			0	63.00
64.00	Allowable bad debts (see instructions)			230,054	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			149,535	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			210,545	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			9,254,098	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)			0	70.93
70.94	HRR adjustment amount (see instructions)			-66,943	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0093	Period: From 10/01/2022 To 09/30/2023	Worksheet E Part A Date/Time Prepared: 2/28/2024 8:46 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3	0	0	70.98	
70.99	HAC adjustment amount (see instructions)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		9,187,155	71.00	
71.01	Sequestration adjustment (see instructions)		183,743	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		8,758,332	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)		245,080	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		263,599	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/28/2024 8:46 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,338,075	0		8,338,075	8,338,075	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	35,503	0		35,503	35,503	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0807	0.0807	0.0807	0.0807		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	168,221	0	0	168,221	168,221	11.00
11.01	Uncompensated care payments	36.00	964,436	0	0	964,436	964,436	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	9,506,235	0	0	9,506,235	9,506,235	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	9,506,235	0	0	9,506,235	9,506,235	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	627,563	0	0	627,563	627,563	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/28/2024 8:46 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	29,869	0	0	29,869	29,869	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	0	10,163,667	10,163,667	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	625,230	0	0	625,230	625,230	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	2,333	0	0	2,333	2,333	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	627,563	0	0	627,563	627,563	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/28/2024 8:46 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,338,075		8,338,075	8,338,075	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	35,503		35,503	35,503	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0807	0.0807	0.0807		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	168,221	0	168,221	168,221	11.00
11.01	Uncompensated care payments	36.00	964,436	0	964,436	964,436	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	9,506,235	0	9,506,235	9,506,235	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	9,506,235	0	9,506,235	9,506,235	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	627,563	0	627,563	627,563	16.00
17.00	Special add-on payments for new technologies	54.00	29,869	0	29,869	29,869	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			0	10,163,667	10,163,667	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/28/2024 8:46 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	625,230	0	625,230	625,230	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	2,333	0	2,333	2,333	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	627,563	0	627,563	627,563	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	0	0	0	0	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-66,943	0	-66,943	-66,943	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0093	Period: From 10/01/2022 To 09/30/2023	Worksheet E Part B Date/Time Prepared: 2/28/2024 8:46 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,698	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,876,452	2.00
3.00	OPPS or REH payments		8,771,211	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs 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)		1,698	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		12,660	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)		12,660	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)		12,660	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		10,962	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)		1,698	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)		8,771,211	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)		1,523,317	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)		7,249,592	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
28.50	REH facility payment amount		0	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)		7,249,592	30.00
31.00	Primary payer payments		188	31.00
32.00	Subtotal (line 30 minus line 31)		7,249,404	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)		164,974	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		107,233	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		145,880	36.00
37.00	Subtotal (see instructions)		7,356,637	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)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		7,356,637	40.00
40.01	Sequestration adjustment (see instructions)		147,133	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		7,208,652	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		852	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		60,283	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
94.00	Total (sum of lines 91 and 93)		0	94.00

Health Financial Systems		OSF SACRED HEART MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0093	Period: From 10/01/2022 To 09/30/2023	Worksheet E Part B Date/Time Prepared: 2/28/2024 8:46 pm	
		Title XVIII	Hospital	PPS	
				1.00	
MEDICARE PART B ANCILLARY COSTS					
200.00	Part B Combined Billed Days				0200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet E-1
Part I
Date/Time Prepared:
2/28/2024 8:46 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		8,717,699		7,206,437	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	05/10/2023	40,633	05/10/2023	2,215	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)		40,633		2,215	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)		8,758,332		7,208,652	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		245,080		852	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		9,003,412		7,209,504	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: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet E-1
Part II
Date/Time Prepared:
2/28/2024 8:46 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	1.00
2.00	Medicare days (see instructions)	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3.00
4.00	Total inpatient days (see instructions)	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	8.00
9.00	Sequestration adjustment amount (see instructions)	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	30.00
31.00	Other Adjustment (specify)	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	32.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 14-0093	Period: From 10/01/2022 To 09/30/2023	Worksheet E-5 Date/Time Prepared: 2/28/2024 8:46 pm
Title XVIII			PPS	
			1.00	
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0 1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2			0 2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)			0 3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)			0 4.00
5.00	The rate used to calculate the time value of money (see instructions)			0.00 5.00
6.00	Time value of money for operating expenses (see instructions)			0 6.00
7.00	Time value of money for capital related expenses (see instructions)			0 7.00

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

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023

Worksheet G

Date/Time Prepared:
2/28/2024 8:46 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-118,250,113	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	46,955,007	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-37,106,914	0	0	0	6.00
7.00	Inventory	2,475,399	0	0	0	7.00
8.00	Prepaid expenses	211,958	0	0	0	8.00
9.00	Other current assets	516,968	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)	-105,197,695	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,025,000	0	0	0	12.00
13.00	Land improvements	1,299,851	0	0	0	13.00
14.00	Accumulated depreciation	-805,853	0	0	0	14.00
15.00	Buildings	48,003,311	0	0	0	15.00
16.00	Accumulated depreciation	-12,495,686	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	20,799,175	0	0	0	23.00
24.00	Accumulated depreciation	-11,966,390	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	5,300,944	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	52,160,352	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,413,564	3,539,972	103,980	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	7,620,887	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	9,034,451	3,539,972	103,980	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	-44,002,892	3,539,972	103,980	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,552,844	0	0	0	37.00
38.00	Salaries, wages, and fees payable	47,689	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	779	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	6,189,668	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	9,790,980	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	2,332,739	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,332,739	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	12,123,719	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-56,126,611				52.00
53.00	Specific purpose fund		3,539,972			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			103,980		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)	-56,126,611	3,539,972	103,980	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	-44,002,892	3,539,972	103,980	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023

Worksheet G-1

Date/Time Prepared:
2/28/2024 8:46 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		-30,747,522		3,153,573		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-12,524,027				2.00
3.00	Total (sum of line 1 and line 2)		-43,271,549		3,153,573		3.00
4.00	Additions (credit adj) CHANGE IN RNA	0		4,550		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		4,550		10.00
11.00	Subtotal (line 3 plus line 10)		-43,271,549		3,158,123		11.00
12.00	Deductions (debit adj) EQUITY TXFR	12,855,062		0		0	12.00
13.00	CHANGE IN TRNA	0		-381,849		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)		12,855,062		-381,849		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-56,126,611		3,539,972		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	103,980		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)	103,980		0			3.00
4.00	Additions (credit adj) CHANGE IN RNA		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	103,980		0			11.00
12.00	Deductions (debit adj) EQUITY TXFR		0				12.00
13.00	CHANGE IN TRNA		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)	103,980		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023Worksheet G-2
Parts I & II
Date/Time Prepared:
2/28/2024 8:46 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	30,475,247		30,475,247	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	30,475,247		30,475,247	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,235,545		8,235,545	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)	8,235,545		8,235,545	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	38,710,792		38,710,792	17.00
18.00	Ancillary services	99,712,934	305,130,626	404,843,560	18.00
19.00	Outpatient services	12,957,044	62,794,173	75,751,217	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				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	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	151,380,770	367,924,799	519,305,569	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		104,704,994		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)		104,704,994		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0093

Period:
From 10/01/2022
To 09/30/2023

Worksheet G-3

Date/Time Prepared:
2/28/2024 8:46 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	519,305,569	1.00
2.00	Less contractual allowances and discounts on patients' accounts	430,250,662	2.00
3.00	Net patient revenues (line 1 minus line 2)	89,054,907	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	104,704,994	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-15,650,087	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	921,395	6.00
7.00	Income from investments	147,089	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	197,593	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	978,528	17.00
18.00	Revenue from sale of medical records and abstracts	1,638	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	46,553	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	81,319	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	733,121	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	3,107,236	25.00
26.00	Total (line 5 plus line 25)	-12,542,851	26.00
27.00	OTHER - STATE AND FEDERAL TAXES	-18,824	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-18,824	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-12,524,027	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0093	Period: From 10/01/2022 To 09/30/2023	Worksheet L Parts I-III Date/Time Prepared: 2/28/2024 8:46 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier	625,230	1.00	
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01	
2.00	Capital DRG outlier payments	2,333	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)	30.51	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)	0.00	7.00	
8.00	Percentage of Medicaid patient days to total days (see instructions)	0.00	8.00	
9.00	Sum of lines 7 and 8	0.00	9.00	
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00	
11.00	Disproportionate share adjustment (see instructions)	0	11.00	
12.00	Total prospective capital payments (see instructions)	627,563	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	