

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: 14-0189	Period: From 07/01/2022 To 06/30/2023	Worksheet S Parts I-III Date/Time Prepared: 11/20/2023 11:58 am
--	-----------------------	---------------------------------------	---

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 11/20/2023	Time: 11:58 am
	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 SARAH BUSH LINCOLN HEALTH CENTER (14-0189) for the cost reporting period beginning 07/01/2022 and ending 06/30/2023 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	-418,213	-104,299	0	0	1.00
2.00	SUBPROVIDER - IPF	0	29,225	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
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	TOTAL	0	-388,988	-104,299	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The number for this information collection is OMB 0938-0050 and the number for the Supplement to Form CMS 2552-10, Worksheet N95, is OMB 0938-1425. The time required to complete and review the information collection is estimated 675 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0189		Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part I Date/Time Prepared: 11/20/2023 11:58 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 1000 HEALTH CENTER DRIVE			PO Box: 372				1.00	
2.00	City: MATTOON			State: IL		Zip Code: 61920-		County: COLES	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00
								8.00	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital		SARAH BUSH LINCOLN HEALTH CENTER		140189	99914	1	05/01/1977	N
4.00	Subprovider - IPF		SARAH BUSH LINCOLN HEALTH CENTER		14S189	99914	4	01/01/1990	N
5.00	Subprovider - IRF								P
6.00	Subprovider - (Other)								O
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA		LINCOLN LAND HOME CARE OF SBLHS		147594	99914		06/18/1996	N
13.00	Separately Certified ASC								P
14.00	Hospital-Based Hospice		LINCOLN LAND HOSPICE OF SBLHS		141599	99914		08/10/1999	N
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2022	06/30/2023	
21.00	Type of Control (see instructions)						2		
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		
22.01	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	N		
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		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N	N	
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.								
23.00	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)								
23.00	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.								
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.					1	N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0189		Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part I Date/Time Prepared: 11/20/2023 11:58 am			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	516	478	0	0	3,435	143	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.					2		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.					2		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.					1		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.					07/01/2022	06/30/2023	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)					Y	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.								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.								58.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0189		Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part I Date/Time Prepared: 11/20/2023 11:58 am			
							V	XVIII	XIX	
							1.00	2.00	3.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.						N			59.00
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code					
			1.00	2.00	3.00					
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.			N					60.00	
			Y/N	IME	Direct GME	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: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet S-2
Part I
Date/Time Prepared:
11/20/2023 11:58 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0189	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 11/20/2023 11:58 am		
			1.00			
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?			N	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.			Y	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)			N N 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.			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.			Y	N	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0189	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 11/20/2023 11:58 am
		V 1.00	XIX 2.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	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.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06
Rural Providers				
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00
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	N	N
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
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
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0189	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 11/20/2023 11:58 am
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	8,566,858	0	0
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.			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		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:	Contractor's Name:	Contractor's Number:	
142.00	Street:	PO Box:		
143.00	City:	State:	Zip Code:	
			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: 14-0189		Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part I Date/Time Prepared: 11/20/2023 11:58 am	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	169.00
		Beginning	Ending				
		1.00	2.00				
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						170.00
		1.00	2.00				
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0189		Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part II Date/Time Prepared: 11/20/2023 11:58 am	
				Y/N	Date		
				1.00	2.00		
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y					12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N					13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.	N					14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N					15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	09/19/2023	Y	09/19/2023		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)	N		N			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: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet S-2
Part II
Date/Time Prepared:
11/20/2023 11:58 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		N		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.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		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.		N		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		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		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.		N		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.		N		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.		Y		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.		Y		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		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.		N		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.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		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.	DENNIS	PLUARD		41.00
42.00	Enter the employer/company name of the cost report preparer.	SARAH BUSH LINCOLN HEALTH CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	217-258-2102	DPLUARD@SBLHS.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet S-2
Part II
Date/Time Prepared:
11/20/2023 11:58 am

		3.00			
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	VP FINANCE		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: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet S-3
Part I
Date/Time Prepared:
11/20/2023 11:58 am

Component	Worksheet A Line No.	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P	30.00	
					Visits / Trips		
					Title V		
	1.00	2.00	3.00	4.00	5.00		
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	91	33,215	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)		91	33,215	0.00	0	7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT	32.00	9	3,285	0.00	0	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	36,500	0.00	0	14.00
15.00	CAH visits					0	15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF	40.00	20	7,300		0	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY	45.00	0	0		0	20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	0	0			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)		120				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet S-3
Part I
Date/Time Prepared:
11/20/2023 11:58 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents			
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll		
		6.00	7.00	8.00	9.00	10.00		
	PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,812	352	22,092			1.00	
2.00	HMO and other (see instructions)	6,047	3,913				2.00	
3.00	HMO IPF Subprovider	0	2,277				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)	9,812	352	22,092			7.00	
8.00	INTENSIVE CARE UNIT						8.00	
9.00	CORONARY CARE UNIT	782	7	2,209			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		157	1,222			13.00	
14.00	Total (see instructions)	10,594	516	25,523	0.00	2,356.95	14.00	
15.00	CAH visits	0	0	0			15.00	
15.10	REH hours and visits						15.10	
16.00	SUBPROVIDER - IPF	855	338	4,959	0.00	0.00	16.00	
17.00	SUBPROVIDER - IRF						17.00	
18.00	SUBPROVIDER						18.00	
19.00	SKILLED NURSING FACILITY						19.00	
20.00	NURSING FACILITY		0	0	0.00	0.00	20.00	
21.00	OTHER LONG TERM CARE						21.00	
22.00	HOME HEALTH AGENCY	16,139	0	31,501	0.00	0.00	22.00	
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00	HOSPICE	0	0	0	0.00	0.00	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	2,356.95	27.00	
28.00	Observation Bed Days		2,301	11,473			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)	225	143	538			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: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet S-3
Part I
Date/Time Prepared:
11/20/2023 11:58 am

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	2,690	145	6,454	1.00
2.00 HMO and other (see instructions)			1,184	1,067		2.00
3.00 HMO IPF Subprovider				474		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	2,690	145	6,454	14.00
15.00 CAH visits						15.00
15.10 REH hours and visits						15.10
16.00 SUBPROVIDER - IPF	28.54	0	99	60	871	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	63.36					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	28.39					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)	120.29					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: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet S-3
Part II
Date/Time Prepared:
11/20/2023 11:58 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	243,326,481	0	243,326,481	5,152,661.00	47.22
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		40,000	0	40,000	193.00	207.25
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		42,009,872	0	42,009,872	135,353.00	310.37
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)		58,808,806	-49,557	58,759,249	1,361,787.00	43.15
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		0	0	0	0.00	0.00
12.00	Contract Labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
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		0	0	0	0.00	0.00
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)		44,941,059	0	44,941,059		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		16,897,603	0	16,897,603		
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		4,272	0	4,272		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		3,604,865	0	3,604,865		
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)		0	0	0		
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: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet S-3
Part II
Date/Time Prepared:
11/20/2023 11:58 am

		Wkst. A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,143,759	0	1,143,759	28,594.00	40.00	26.00
27.00	Administrative & General	5.00	24,984,892	0	24,984,892	635,847.00	39.29	27.00
28.00	Administrative & General under contract (see inst.)		729,252	0	729,252	2,322.00	314.06	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,662,093	0	1,662,093	57,775.00	28.77	30.00
31.00	Laundry & Linen Service	8.00	39,552	0	39,552	2,199.00	17.99	31.00
32.00	Housekeeping	9.00	2,804,926	0	2,804,926	126,766.00	22.13	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,207,755	-1,561,104	646,651	29,460.00	21.95	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,561,104	1,561,104	71,122.00	21.95	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	4,155,194	0	4,155,194	104,830.00	39.64	38.00
39.00	Central Services and Supply	14.00	1,511,524	0	1,511,524	53,388.00	28.31	39.00
40.00	Pharmacy	15.00	2,686,113	0	2,686,113	60,026.00	44.75	40.00
41.00	Medical Records & Medical Records Library	16.00	2,377,876	0	2,377,876	88,852.00	26.76	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: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet S-3
Part III
Date/Time Prepared:
11/20/2023 11:58 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	202,045,861	0	202,045,861	5,019,630.00	40.25	1.00
2.00	Excluded area salaries (see instructions)	58,808,806	-49,557	58,759,249	1,361,787.00	43.15	2.00
3.00	Subtotal salaries (line 1 minus line 2)	143,237,055	49,557	143,286,612	3,657,843.00	39.17	3.00
4.00	Subtotal other wages & related costs (see inst.)	0	0	0	0.00	0.00	4.00
5.00	Subtotal wage-related costs (see inst.)	44,945,331	0	44,945,331	0.00	31.37	5.00
6.00	Total (sum of lines 3 thru 5)	188,182,386	49,557	188,231,943	3,657,843.00	51.46	6.00
7.00	Total overhead cost (see instructions)	44,302,936	0	44,302,936	1,261,181.00	35.13	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0189	Period: From 07/01/2022 To 06/30/2023	Worksheet S-3 Part IV Date/Time Prepared: 11/20/2023 11:58 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		9,627,634	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		70,694	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)		38,608,497	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		951,853	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		465,582	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		50,941	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		392,295	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,673,162	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		13,020,634	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		24,167	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		374,409	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		65,259,868	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: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet S-3
Part V
Date/Time Prepared:
11/20/2023 11:58 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	65,259,868	1.00
2.00	Hospital	0	62,419,585	2.00
3.00	SUBPROVIDER - IPF	0	698,139	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	0	0	9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	1,566,348	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice	0	575,796	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			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0189 Component CCN: 14-7594		Period: From 07/01/2022 To 06/30/2023		Worksheet S-4 Date/Time Prepared: 11/20/2023 11:58 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,014.00	0.00	974.00	1,988.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00		1.00	0.00	1.00	3.00
4.00	Director(s) and Assistant Director(s)			1.00	0.00	1.00	4.00
5.00	Other Administrative Personnel			14.39	0.00	14.39	5.00
6.00	Direct Nursing Service			29.91	0.00	29.91	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			9.40	0.00	9.40	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			4.08	0.00	4.08	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.31	0.00	0.31	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.01	0.00	1.01	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.26	0.00	2.26	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
						CBSA Data	
						1.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.					2	19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).					99914	20.00
20.01						16580	20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	5,571	1,933	132	163	7,799	21.00
22.00	Skilled Nursing Visit Charges	889,713	310,227	21,088	25,798	1,246,826	22.00
23.00	Physical Therapy Visits	3,291	1,168	40	91	4,590	23.00
24.00	Physical Therapy Visit Charges	574,872	204,782	6,985	15,885	802,524	24.00
25.00	Occupational Therapy Visits	1,148	789	11	56	2,004	25.00
26.00	Occupational Therapy Visit Charges	201,522	139,337	1,935	9,824	352,618	26.00
27.00	Speech Pathology Visits	92	96	2	8	198	27.00
28.00	Speech Pathology Visit Charges	17,461	18,366	380	1,506	37,713	28.00
29.00	Medical Social Service Visits	42	29	1	2	74	29.00
30.00	Medical Social Service Visit Charges	10,644	7,395	252	513	18,804	30.00
31.00	Home Health Aide Visits	900	537	2	35	1,474	31.00
32.00	Home Health Aide Visit Charges	64,838	38,958	74	2,524	106,394	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	11,044	4,552	188	355	16,139	33.00
34.00	Other Charges	233,905	130,457	9,966	9,008	383,336	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,992,955	849,522	40,680	65,058	2,948,215	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,174		109	0	1,283	36.00
37.00	Total Number of Outlier Episodes		233		35	268	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0189

Period:

Worksheet S-9

Hospice CCN: 14-1599

From 07/01/2022
To 06/30/2023PARTS I THROUGH IV
Date/Time Prepared:
11/20/2023 11:58 am

		Hospice I					
		Unduplicated Days					
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)
		1.00	2.00	3.00	4.00	5.00	6.00
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
1.00	Hospice Continuous Home Care						1.00
2.00	Hospice Routine Home Care						2.00
3.00	Hospice Inpatient Respite Care						3.00
4.00	Hospice General Inpatient Care						4.00
5.00	Total Hospice Days						5.00
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
6.00	Number of patients receiving hospice care						6.00
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00
8.00	Average Length of Stay (line 5 / line 6)						8.00
9.00	Unduplicated census count						9.00

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	20,231	103	1,380	21,714	11.00
12.00	Hospice Inpatient Respite Care	6	0	0	6	12.00
13.00	Hospice General Inpatient Care	7	0	2	9	13.00
14.00	Total Hospice Days	20,244	103	1,382	21,729	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023

Worksheet S-10

Date/Time Prepared:
11/20/2023 11:58 am

			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.241450	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		32,989,002	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?		N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		23,432,431	5.00
6.00	Medicaid charges		249,044,213	6.00
7.00	Medicaid cost (line 1 times line 6)		60,131,725	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		3,710,292	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 (line 11 minus line 9; if < zero then enter zero)		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 (line 15 minus line 13; if < zero then enter zero)		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)		3,710,292	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	
			3.00	
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	4,559,939	3,921,934	8,481,873
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,100,997	3,921,934	5,022,931
22.00	Payments received from patients for amounts previously written off as charity care	14,036	68,878	82,914
23.00	Cost of charity care (line 21 minus line 22)	1,086,961	3,853,056	4,940,017
			1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		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
26.00	Total bad debt expense for the entire hospital complex (see instructions)		18,722,018	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		777,941	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,196,833	27.01
28.00	Non-Medicare bad debt expense (see instructions)		17,525,185	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		4,650,348	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		9,590,365	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		13,300,657	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023

Worksheet A

Date/Time Prepared:
11/20/2023 11:58 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	11,092,168	11,092,168	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	18,128,321	18,128,321	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,143,759	53,283,622	54,427,381	345,241	54,772,622	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	24,984,892	73,029,718	98,014,610	-31,637,915	66,376,695	5.00
7.00	00700	OPERATION OF PLANT	1,662,093	5,241,152	6,903,245	-29,711	6,873,534	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	39,552	1,155,862	1,195,414	0	1,195,414	8.00
9.00	00900	HOUSEKEEPING	2,804,926	812,305	3,617,231	0	3,617,231	9.00
10.00	01000	DIETARY	2,207,755	2,137,866	4,345,621	-3,072,789	1,272,832	10.00
11.00	01100	CAFETERIA	0	0	0	3,072,789	3,072,789	11.00
13.00	01300	NURSING ADMINISTRATION	4,155,194	1,480,956	5,636,150	-47,433	5,588,717	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,511,524	1,388,236	2,899,760	-1,453	2,898,307	14.00
15.00	01500	PHARMACY	2,686,113	30,890,093	33,576,206	-29,299,185	4,277,021	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,377,876	1,610,224	3,988,100	-8,637	3,979,463	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	39,965,350	6,004,433	45,969,783	-1,027,646	44,942,137	30.00
32.00	03200	CORONARY CARE UNIT	3,016,220	1,721,202	4,737,422	-2,435	4,734,987	32.00
40.00	04000	SUBPROVIDER - IPF	2,432,086	318,865	2,750,951	-2,490	2,748,461	40.00
43.00	04300	NURSERY	0	20,074	20,074	651,951	672,025	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,939,536	7,250,793	21,190,329	-133,896	21,056,433	50.00
51.00	05100	RECOVERY ROOM	2,300,583	486,408	2,786,991	-16,027	2,770,964	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	97,429	97,429	989,375	1,086,804	52.00
53.00	05300	ANESTHESIOLOGY	1,140,413	11,586,104	12,726,517	135,913	12,862,430	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,836,530	2,474,630	12,311,160	-760,648	11,550,512	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,854,957	2,581,037	6,435,994	29,948	6,465,942	55.00
56.00	05600	RADIOISOTOPE	2,490,108	1,602,918	4,093,026	494,309	4,587,335	56.00
57.00	05700	CT SCAN	1,112,586	921,204	2,033,790	221,859	2,255,649	57.00
58.00	05800	MRI	604,210	425,513	1,029,723	123,790	1,153,513	58.00
59.00	05900	CARDIAC CATHETERIZATION	760,335	730,133	1,490,468	-3,158	1,487,310	59.00
60.00	06000	LABORATORY	7,974,792	9,451,458	17,426,250	100,574	17,526,824	60.00
65.00	06500	RESPIRATORY THERAPY	3,350,735	1,435,037	4,785,772	4,775	4,790,547	65.00
66.00	06600	PHYSICAL THERAPY	4,197,108	597,327	4,794,435	-4,943	4,789,492	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,259,246	142,394	1,401,640	0	1,401,640	67.00
68.00	06800	SPEECH PATHOLOGY	841,133	848,451	1,689,584	-753	1,688,831	68.00
69.00	06900	ELECTROCARDIOLOGY	5,553,335	745,827	6,299,162	11,291	6,310,453	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,126,271	2,061,836	4,188,107	37,204	4,225,311	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,246,956	6,246,956	0	6,246,956	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,563,351	16,563,351	0	16,563,351	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	28,904,670	28,904,670	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,298,058	507,163	3,805,221	-20,800	3,784,421	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	383,624	923,042	1,306,666	-1,225	1,305,441	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,442,879	1,091,089	7,533,968	51,455	7,585,423	90.00
90.01	09001	CLINIC-UROLOGY	2,019,990	356,209	2,376,199	6,489	2,382,688	90.01
90.02	09002	CLINIC-SURGEONS	3,483,564	172,610	3,656,174	13,727	3,669,901	90.02
90.03	09003	CLINIC-PODIATRY	80,673	6,515	87,188	22,682	109,870	90.03
90.04	09004	CLINIC-ENT PRAC	2,504,208	525,818	3,030,026	2,848	3,032,874	90.04
90.05	09005	CLINIC-OB/GYN PRAC	3,161,614	704,040	3,865,654	23,751	3,889,405	90.05
91.00	09100	EMERGENCY	15,245,933	3,026,686	18,272,619	369,368	18,641,987	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	5,494,761	984,438	6,479,199	-10,696	6,468,503	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	2,008,455	875,466	2,883,921	-2,591	2,881,330	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	194,452,977	254,516,490	448,969,467	-1,249,933	447,719,534	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	43,348,071	12,026,011	55,374,082	1,575,595	56,949,677	192.00
194.00	07950	WELLNESS	484,248	97,044	581,292	-690	580,602	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	1,102,817	1,274,251	2,377,068	-1,708	2,375,360	194.01
194.02	07951	OCCUPATIONAL HEALTH	818,042	238,231	1,056,273	-319,327	736,946	194.02
194.03	07952	MISC. NONREIMBURSABLE	3,120,326	18,130,827	21,251,153	-3,937	21,247,216	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	243,326,481	286,282,854	529,609,335	0	529,609,335	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet A
Date/Time Prepared:
11/20/2023 11:58 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-2,009,214	9,082,954	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	18,128,321	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,776,329	50,996,293	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-12,681,002	53,695,693	5.00
7.00	00700	OPERATION OF PLANT	-343,901	6,529,633	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,195,414	8.00
9.00	00900	HOUSEKEEPING	-211	3,617,020	9.00
10.00	01000	DIETARY	0	1,272,832	10.00
11.00	01100	CAFETERIA	-1,321,684	1,751,105	11.00
13.00	01300	NURSING ADMINISTRATION	-24,999	5,563,718	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,898,307	14.00
15.00	01500	PHARMACY	-3,679,270	597,751	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-47,836	3,931,627	16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-9,309,531	35,632,606	30.00
32.00	03200	CORONARY CARE UNIT	0	4,734,987	32.00
40.00	04000	SUBPROVIDER - IPF	0	2,748,461	40.00
43.00	04300	NURSERY	0	672,025	43.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-887,507	20,168,926	50.00
51.00	05100	RECOVERY ROOM	0	2,770,964	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,086,804	52.00
53.00	05300	ANESTHESIOLOGY	-12,080,486	781,944	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-5,340,372	6,210,140	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-3,019,336	3,446,606	55.00
56.00	05600	RADIOISOTOPE	-7,226	4,580,109	56.00
57.00	05700	CT SCAN	0	2,255,649	57.00
58.00	05800	MRI	0	1,153,513	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,487,310	59.00
60.00	06000	LABORATORY	-1,500,547	16,026,277	60.00
65.00	06500	RESPIRATORY THERAPY	-1,278,430	3,512,117	65.00
66.00	06600	PHYSICAL THERAPY	0	4,789,492	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,401,640	67.00
68.00	06800	SPEECH PATHOLOGY	-1,150,800	538,031	68.00
69.00	06900	ELECTROCARDIOLOGY	-3,339,951	2,970,502	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-758,855	3,466,456	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,246,956	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,563,351	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	28,904,670	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-1,839,120	1,945,301	76.00
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	1,305,441	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-5,104,879	2,480,544	90.00
90.01	09001	CLINIC-UROLOGY	-1,179,080	1,203,608	90.01
90.02	09002	CLINIC-SURGEONS	-2,805,772	864,129	90.02
90.03	09003	CLINIC-PODIATRY	-102,143	7,727	90.03
90.04	09004	CLINIC-ENT PRAC	-2,148,098	884,776	90.04
90.05	09005	CLINIC-OB/GYN PRAC	-1,904,142	1,985,263	90.05
91.00	09100	EMERGENCY	-7,078,234	11,563,753	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	6,468,503	101.00
102.00	10200	OPICID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	0	2,881,330	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-84,718,955	363,000,579	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-161,859	56,787,818	192.00
194.00	07950	WELLNESS	0	580,602	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	0	2,375,360	194.01
194.02	07951	OCCUPATIONAL HEALTH	0	736,946	194.02
194.03	07952	MISC. NONREIMBURSABLE	0	21,247,216	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-84,880,814	444,728,521	200.00

RECLASSIFICATIONS

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-6

Date/Time Prepared:
11/20/2023 11:58 am

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
A - DRUGS CHARGED TO PATIENTS					
1.00 DRUGS CHARGED TO PATIENTS	73.00	0	28,904,670		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	28,904,670		
B - RADIOLOGY ADMIN EXPENSE ALLOCATION					
1.00 RADIOISOTOPE	56.00	325,619	168,690		1.00
2.00 CT SCAN	57.00	145,487	96,947		2.00
3.00 MRI	58.00	79,009	44,781		3.00
0		550,115	310,418		
C - CAP REL COSTS-MOVABLE EQUIP					
1.00 CAP REL COSTS-MVBLE EQUIP	2.00	0	909,563		1.00
2.00	0.00	0	0		2.00
3.00	0.00	0	0		3.00
4.00	0.00	0	0		4.00
5.00	0.00	0	0		5.00
6.00	0.00	0	0		6.00
7.00	0.00	0	0		7.00
8.00	0.00	0	0		8.00
9.00	0.00	0	0		9.00
10.00	0.00	0	0		10.00
11.00	0.00	0	0		11.00
12.00	0.00	0	0		12.00
13.00	0.00	0	0		13.00
14.00	0.00	0	0		14.00
15.00	0.00	0	0		15.00
16.00	0.00	0	0		16.00
17.00	0.00	0	0		17.00
18.00	0.00	0	0		18.00
19.00	0.00	0	0		19.00
20.00	0.00	0	0		20.00
21.00	0.00	0	0		21.00
22.00	0.00	0	0		22.00
23.00	0.00	0	0		23.00
24.00	0.00	0	0		24.00
25.00	0.00	0	0		25.00
26.00	0.00	0	0		26.00
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	0.00	0	0		31.00
32.00	0.00	0	0		32.00
33.00	0.00	0	0		33.00
34.00	0.00	0	0		34.00
35.00	0.00	0	0		35.00
36.00	0.00	0	0		36.00
37.00	0.00	0	0		37.00
0		0	909,563		
D - DEPRECIATION					
1.00 CAP REL COSTS-BLDG & FIXT	1.00	0	9,984,153		1.00
2.00 CAP REL COSTS-MVBLE EQUIP	2.00	0	17,218,758		2.00
0		0	27,202,911		
E - CAFETERIA EXPENSE					
1.00 CAFETERIA	11.00	1,561,104	1,511,685		1.00
0		1,561,104	1,511,685		
F - EMPLOYEE PHYSICALS/BENF EXP					
1.00 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	317,839		1.00
0		0	317,839		
G - EAP BENEFITS					
1.00 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36,862		1.00
0		0	36,862		
H - INTEREST EXPENSE					
1.00 CAP REL COSTS-BLDG & FIXT	1.00	0	1,108,015		1.00
0		0	1,108,015		
I - NURSERY/L&D EXP					
1.00 NURSERY	43.00	651,951	0		1.00
2.00 DELIVERY ROOM & LABOR ROOM	52.00	989,375	0		2.00
0		1,641,326	0		

RECLASSIFICATIONS

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-6

Date/Time Prepared:
11/20/2023 11:58 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	J - PHYSN PROF LIAB EXP				
1.00	ADULTS & PEDIATRICS	30.00	0	637,760	1.00
2.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	18,967	2.00
3.00	OPERATING ROOM	50.00	0	3,902	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	104,657	4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	33,082	5.00
6.00	LABORATORY	60.00	0	54,650	6.00
7.00	EMERGENCY	91.00	0	373,796	7.00
8.00	CLINIC	90.00	0	53,404	8.00
9.00	CLINIC-UROLOGY	90.01	0	9,281	9.00
10.00	ELECTROCARDIOLOGY	69.00	0	17,221	10.00
11.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,690,523	11.00
12.00	ELECTROENCEPHALOGRAPHY	70.00	0	51,726	12.00
13.00	ANESTHESIOLOGY	53.00	0	145,380	13.00
14.00	CLINIC-SURGEONS	90.02	0	14,469	14.00
15.00	CLINIC-PODIATRY	90.03	0	22,682	15.00
16.00	CLINIC-ENT PRAC	90.04	0	4,886	16.00
17.00	CLINIC-OB/GYN PRAC	90.05	0	25,526	17.00
18.00	RESPIRATORY THERAPY	65.00	0	8,893	18.00
			0	3,270,805	
	K - PHYSN PRAC-LAB STAFF EXPENSE				
1.00	LABORATORY	60.00	49,557	3,780	1.00
			49,557	3,780	
500.00	Grand Total: Increases		3,802,102	63,576,548	500.00

RECLASSIFICATIONS

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-6

Date/Time Prepared:
11/20/2023 11:58 am

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00			10.00
	A - DRUGS CHARGED TO PATIENTS						
1.00	PHARMACY	15.00	0	28,861,034	0	1.00	
2.00	RECOVERY ROOM	51.00	0	13,040	0	2.00	
3.00	ANESTHESIOLOGY	53.00	0	9,467	0	3.00	
4.00	CT SCAN	57.00	0	14,880	0	4.00	
5.00	OPERATING ROOM	50.00	0	6,249	0	5.00	
	0		0	28,904,670			
	B - RADIOLOGY ADMIN EXPENSE ALLOCATION						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	550,115	310,418	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
	0		550,115	310,418			
	C - CAP REL COSTS-MOVABLE EQUIP						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,460	14	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	56,184	14	2.00	
3.00	OPERATION OF PLANT	7.00	0	29,711	14	3.00	
4.00	NURSING ADMINISTRATION	13.00	0	47,433	14	4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,453	14	5.00	
6.00	PHARMACY	15.00	0	438,151	14	6.00	
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	8,637	14	7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	24,080	14	8.00	
9.00	CORONARY CARE UNIT	32.00	0	2,435	14	9.00	
10.00	SUBPROVIDER - IPF	40.00	0	2,490	14	10.00	
11.00	HYPERBARIC OXYGEN THERAPY	76.98	0	1,225	14	11.00	
12.00	OPERATING ROOM	50.00	0	131,549	14	12.00	
13.00	RECOVERY ROOM	51.00	0	2,987	14	13.00	
14.00	OTHER NONREIMB PROGRAM: PEACE MEAL	194.01	0	1,708	14	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,772	14	15.00	
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,134	14	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0	3,158	14	17.00	
18.00	LABORATORY	60.00	0	7,413	14	18.00	
19.00	RESPIRATORY THERAPY	65.00	0	4,118	14	19.00	
20.00	PHYSICAL THERAPY	66.00	0	4,943	14	20.00	
21.00	SPEECH PATHOLOGY	68.00	0	753	14	21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	5,930	14	22.00	
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	14,522	14	23.00	
24.00	CLINIC	90.00	0	1,949	14	24.00	
25.00	CLINIC-UROLOGY	90.01	0	2,792	14	25.00	
26.00	HOSPICE	116.00	0	2,591	14	26.00	
27.00	EMERGENCY	91.00	0	4,428	14	27.00	
28.00	HOME HEALTH AGENCY	101.00	0	10,696	14	28.00	
29.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	2,905	14	29.00	
30.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	61,591	14	30.00	
31.00	WELLNESS	194.00	0	690	14	31.00	
32.00	MISC. NONREIMBURSABLE	194.03	0	3,937	14	32.00	
33.00	OCCUPATIONAL HEALTH	194.02	0	1,488	14	33.00	
34.00	CLINIC-SURGEONS	90.02	0	742	14	34.00	
35.00	CLINIC-ENT PRAC	90.04	0	2,038	14	35.00	
36.00	CLINIC-OB/GYN PRAC	90.05	0	1,775	14	36.00	
37.00	CT SCAN	57.00	0	5,695	14	37.00	
	0		0	909,563			
	D - DEPRECIATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	27,202,911	9	1.00	
2.00		0.00	0	0	9	2.00	
	0		0	27,202,911			
	E - CAFETERIA EXPENSE						
1.00	DIETARY	10.00	1,561,104	1,511,685	0	1.00	
	0		1,561,104	1,511,685			
	F - EMPLOYEE PHYSICALS/BENF EXP						
1.00	OCCUPATIONAL HEALTH	194.02	0	317,839	0	1.00	
	0		0	317,839			
	G - EAP BENEFITS						
1.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	36,862	0	1.00	
	0		0	36,862			
	H - INTEREST EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,108,015	11	1.00	
	0		0	1,108,015			
	I - NURSRY/L&D EXP						
1.00	ADULTS & PEDIATRICS	30.00	1,641,326	0	0	1.00	
2.00		0.00	0	0	0	2.00	
	0		1,641,326	0			

RECLASSIFICATIONS

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-6

Date/Time Prepared:
11/20/2023 11:58 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	J - PHYSN PROF LIAB EXP						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,270,805	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
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
	0		0	3,270,805			
	K - PHYSN PRAC-LAB STAFF EXPENSE						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	49,557	3,780	0		1.00
	0		49,557	3,780			
500.00	Grand Total: Decreases		3,802,102	63,576,548			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet A-7
Part I
Date/Time Prepared:
11/20/2023 11:58 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,165,645	51,030	0	51,030	0	1.00
2.00	Land Improvements	14,604,833	1,894,916	0	1,894,916	0	2.00
3.00	Buildings and Fixtures	228,593,157	30,335,777	0	30,335,777	0	3.00
4.00	Building Improvements	498,573	0	0	0	0	4.00
5.00	Fixed Equipment	23,417,132	954,231	0	954,231	0	5.00
6.00	Movable Equipment	158,512,624	15,016,255	0	15,016,255	4,815,466	6.00
7.00	HIT designated Assets	684,552	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	434,476,516	48,252,209	0	48,252,209	4,815,466	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	434,476,516	48,252,209	0	48,252,209	4,815,466	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,216,675	0				1.00
2.00	Land Improvements	16,499,749	0				2.00
3.00	Buildings and Fixtures	258,928,934	0				3.00
4.00	Building Improvements	498,573	0				4.00
5.00	Fixed Equipment	24,371,363	0				5.00
6.00	Movable Equipment	168,713,413	0				6.00
7.00	HIT designated Assets	684,552	0				7.00
8.00	Subtotal (sum of lines 1-7)	477,913,259	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	477,913,259	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet A-7
Part II
Date/Time Prepared:
11/20/2023 11:58 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet A-7
Part III
Date/Time Prepared:
11/20/2023 11:58 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	9,082,954	0	9,082,954	0.333660	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	18,139,237	0	18,139,237	0.666340	0	2.00
3.00	Total (sum of lines 1-2)	27,222,191	0	27,222,191	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital -Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	9,984,153	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	17,218,758	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	27,202,911	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	-901,199	0	0	0	9,082,954	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	909,563	18,128,321	2.00
3.00	Total (sum of lines 1-2)	-901,199	0	0	909,563	27,211,275	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-8

Date/Time Prepared:
11/20/2023 11:58 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-59,357,977			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	-5,957,802			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,287,825	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others	B	-271,086	OPERATION OF PLANT	7.00	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	B	-3,679,270	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-47,836	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	B	-211	HOUSEKEEPING	9.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			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	INVESTMENT INCOME	B	-2,009,214	CAP REL COSTS-BLDG & FIXT	1.00	11	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-8

Date/Time Prepared:
11/20/2023 11:58 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
35.00	A&G OTHER INCOME	B	-484,202	ADMINISTRATIVE & GENERAL	5.00	0	35.00
36.00	OTHER REV-NSG ADMIN/EDUC	B	-24,999	NURSING ADMINISTRATION	13.00	0	36.00
37.00	FACILITIES SVC OTHER REV	B	-4,102	OPERATION OF PLANT	7.00	0	37.00
38.00	W&C (BABY CLASSES), 4W MISC	B	-2,557	ADULTS & PEDIATRICS	30.00	0	38.00
38.01	XRAY OTHER REVENUE	B	-86,284	RADIOLOGY-DIAGNOSTIC	54.00	0	38.01
39.01	MEDICAID ASSESSMENT TAX	A	-10,199,348	ADMINISTRATIVE & GENERAL	5.00	0	39.01
41.00	SPEECH/AUDIO OTHER REV	B	-1,150,800	SPEECH PATHOLOGY	68.00	0	41.00
42.00	METS/REHAB MISC REV	B	-19,999	ELECTROCARDIOLOGY	69.00	0	42.00
43.00	EMERGENCY (EMS)OTHER REV	B	-216,892	EMERGENCY	91.00	0	43.00
44.00	AHA/IIHA LOBBYING FEES	A	-46,551	ADMINISTRATIVE & GENERAL	5.00	0	44.00
45.00	CAFETERIA REV/OTHER	B	-33,859	CAFETERIA	11.00	0	45.00
45.03	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.03
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-84,880,814				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: 14-0189

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-8-1

Date/Time Prepared:

11/20/2023 11:58 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	HUMAN RESOURCES	0	3,776,329 1.00
2.00		5.00	ADMINISTRATIVE & GENERAL	A&G	0	1,950,901 2.00
3.00		7.00	OPERATION OF PLANT	OPERATION OF PLANT	0	68,713 3.00
4.00		192.00	PHYSICIANS' PRIVATE OFFICES	PHYSICIANS PRIVATE OFFICES	0	161,859 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				0	5,957,802 5.00

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

	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	G	SARAH BUSH LINC	100.00	FAYETTE CO.	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:	FINANCIAL				100.00

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

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

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

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-8-1

Date/Time Prepared:
11/20/2023 11:58 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-3,776,329	0		1.00
2.00	-1,950,901	0		2.00
3.00	-68,713	0		3.00
4.00	-161,859	0		4.00
5.00	-5,957,802			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	HOSPITAL		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: 14-0189

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-8-2

Date/Time Prepared:
11/20/2023 11:58 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	9,306,974	9,306,974	0	179,000	0	1.00
2.00	76.00	AGGREGATE-PSYCHIATRIC/PSYCHOLOGICAL	1,839,120	1,839,120	0	181,300	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	887,507	887,507	0	211,500	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	12,080,486	12,080,486	0	239,400	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	5,254,088	5,254,088	0	271,900	0	5.00
6.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	3,019,336	3,019,336	0	271,900	0	6.00
7.00	56.00	AGGREGATE-RADIOISOTOPE	7,226	7,226	0	271,900	0	7.00
8.00	60.00	AGGREGATE-LABORATORY	1,500,547	1,500,547	0	260,300	0	8.00
9.00	65.00	AGGREGATE-RESPIRATORY THERAPY	1,278,430	1,278,430	0	211,500	0	9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	3,319,952	3,319,952	0	211,500	0	10.00
11.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	758,855	758,855	0	211,500	0	11.00
12.00	90.00	AGGREGATE-CLINIC	5,104,879	5,104,879	0	211,500	0	12.00
13.00	90.01	AGGREGATE-CLINIC-UROLOGY	1,179,080	1,179,080	0	211,500	0	13.00
14.00	90.02	AGGREGATE-CLINIC-SURGEONS	2,805,772	2,805,772	0	246,400	0	14.00
15.00	90.03	AGGREGATE-CLINIC-PODIATRY	102,143	102,143	0	211,500	0	15.00
16.00	90.04	AGGREGATE-CLINIC-ENT PRAC	2,148,098	2,148,098	0	211,500	0	16.00
17.00	90.05	AGGREGATE-CLINIC-OB/GYN PRAC	1,904,142	1,904,142	0	237,100	0	17.00
18.00	91.00	DR. B	560,440	520,440	40,000	211,500	193	18.00
19.00	91.00	AGGREGATE-EMERGENCY	6,322,800	6,322,800	0	211,500	0	19.00
200.00			59,379,875	59,339,875	40,000		193	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-8-2

Date/Time Prepared:
11/20/2023 11:58 am

	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	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	71,656	0	637,760	1.00
2.00	76.00	AGGREGATE-PSYCHIATRIC/PSYCHOLOGICAL	0	0	17,300	0	18,967	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	6,995	0	3,902	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	6,000	0	145,380	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	10,173	0	104,657	5.00
6.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	5,112	0	33,082	6.00
7.00	56.00	AGGREGATE-RADIOISOTOPE	0	0	0	0	0	7.00
8.00	60.00	AGGREGATE-LABORATORY	0	0	4,541	0	54,650	8.00
9.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	30	0	8,893	9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	14,835	0	17,221	10.00
11.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	6,000	0	51,726	11.00
12.00	90.00	AGGREGATE-CLINIC	0	0	22,047	0	53,404	12.00
13.00	90.01	AGGREGATE-CLINIC-UROLOGY	0	0	4,804	0	9,281	13.00
14.00	90.02	AGGREGATE-CLINIC-SURGEONS	0	0	19,315	0	14,469	14.00
15.00	90.03	AGGREGATE-CLINIC-PODIATRY	0	0	2,290	0	22,682	15.00
16.00	90.04	AGGREGATE-CLINIC-ENT PRAC	0	0	10,451	0	4,886	16.00
17.00	90.05	AGGREGATE-CLINIC-OB/GYN PRAC	0	0	13,640	0	25,526	17.00
18.00	91.00	DR. B	19,625	981	695	50	31,150	18.00
19.00	91.00	AGGREGATE-EMERGENCY	0	0	62,760	0	342,646	19.00
200.00			19,625	981	278,644	50	1,580,282	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-8-2

Date/Time Prepared:
11/20/2023 11:58 am

	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	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	9,306,974		1.00
2.00	76.00	AGGREGATE-PSYCHIATRIC/PSYCHOLOGICAL	0	0	0	1,839,120		2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	887,507		3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	12,080,486		4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	5,254,088		5.00
6.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	3,019,336		6.00
7.00	56.00	AGGREGATE-RADIOISOTOPE	0	0	0	7,226		7.00
8.00	60.00	AGGREGATE-LABORATORY	0	0	0	1,500,547		8.00
9.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	1,278,430		9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	3,319,952		10.00
11.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	0	758,855		11.00
12.00	90.00	AGGREGATE-CLINIC	0	0	0	5,104,879		12.00
13.00	90.01	AGGREGATE-CLINIC-UROLOGY	0	0	0	1,179,080		13.00
14.00	90.02	AGGREGATE-CLINIC-SURGEONS	0	0	0	2,805,772		14.00
15.00	90.03	AGGREGATE-CLINIC-PODIATRY	0	0	0	102,143		15.00
16.00	90.04	AGGREGATE-CLINIC-ENT PRAC	0	0	0	2,148,098		16.00
17.00	90.05	AGGREGATE-CLINIC-OB/GYN PRAC	0	0	0	1,904,142		17.00
18.00	91.00	DR. B	2,223	21,898	18,102	538,542		18.00
19.00	91.00	AGGREGATE-EMERGENCY	0	0	0	6,322,800		19.00
200.00			2,223	21,898	18,102	59,357,977		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part I
Date/Time Prepared:
11/20/2023 11:58 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst Allocation 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	9,082,954	9,082,954			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	18,128,321		18,128,321		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	50,996,293	52,931	3,655	51,052,879	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	53,695,693	658,427	6,101,141	5,266,890	5.00
7.00	00700	OPERATION OF PLANT	6,529,633	544,939	121,540	350,374	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,195,414	15,367	0	8,338	8.00
9.00	00900	HOUSEKEEPING	3,617,020	46,579	13,338	591,287	9.00
10.00	01000	DIETARY	1,272,832	94,981	13,911	136,316	10.00
11.00	01100	CAFETERIA	1,751,105	57,489	33,583	329,085	11.00
13.00	01300	NURSING ADMINISTRATION	5,563,718	29,186	357,803	875,927	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,898,307	96,544	353,859	318,634	14.00
15.00	01500	PHARMACY	597,751	42,469	86,705	566,241	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,931,627	55,767	5,326	501,263	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	35,632,606	1,019,090	782,573	8,078,819	30.00
32.00	03200	CORONARY CARE UNIT	4,734,987	71,019	105,142	635,828	32.00
40.00	04000	SUBPROVIDER - IPF	2,748,461	126,135	36,460	512,691	40.00
43.00	04300	NURSERY	672,025	8,928	72,309	137,433	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	20,168,926	810,144	3,294,655	2,938,496	50.00
51.00	05100	RECOVERY ROOM	2,770,964	123,024	30,490	484,970	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,086,804	20,359	30,116	208,563	52.00
53.00	05300	ANESTHESIOLOGY	781,944	9,348	75,345	240,402	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,210,140	236,844	1,624,898	1,957,604	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,446,606	311,104	611,729	812,637	55.00
56.00	05600	RADIOISOTOPE	4,580,109	37,998	391,419	593,564	56.00
57.00	05700	CT SCAN	2,255,649	22,081	659,708	265,206	57.00
58.00	05800	MRI	1,153,513	29,562	720,834	144,025	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,487,310	142,298	480,188	160,281	59.00
60.00	06000	LABORATORY	16,026,277	193,261	389,252	1,691,557	60.00
65.00	06500	RESPIRATORY THERAPY	3,512,117	22,356	57,323	706,345	65.00
66.00	06600	PHYSICAL THERAPY	4,789,492	208,049	48,113	884,763	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,401,640	6,106	2,030	265,453	67.00
68.00	06800	SPEECH PATHOLOGY	538,031	44,770	15,924	177,313	68.00
69.00	06900	ELECTROCARDIOLOGY	2,970,502	282,714	103,627	1,170,660	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,466,456	66,432	84,199	448,224	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,246,956	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,563,351	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,904,670	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,945,301	39,344	15,214	695,241	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,305,441	56,433	6,975	80,869	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,480,544	258,390	17,190	1,358,178	90.00
90.01	09001	CLINIC-UROLOGY	1,203,608	70,903	62,468	425,820	90.01
90.02	09002	CLINIC-SURGEONS	864,129	50,645	15,009	734,346	90.02
90.03	09003	CLINIC-PODIATRY	7,727	22,790	3,153	17,006	90.03
90.04	09004	CLINIC-ENT PRAC	884,776	57,880	76,813	527,895	90.04
90.05	09005	CLINIC-OB/GYN PRAC	1,985,263	156,796	23,163	666,478	90.05
91.00	09100	EMERGENCY	11,563,753	258,173	284,376	3,213,888	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	6,468,503	57,735	6,800	1,158,312	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	2,881,330	21,705	616	423,388	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	363,000,579	6,537,095	17,218,972	40,760,610	349,253,102
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	56,787,818	1,834,096	610,064	9,127,491	192.00
194.00	07950	WELLNESS	580,602	337,150	25,720	102,081	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	2,375,360	0	18,845	232,477	194.01
194.02	07951	OCCUPATIONAL HEALTH	736,946	42,122	11,781	172,446	194.02
194.03	07952	MISC. NONREIMBURSABLE	21,247,216	332,491	242,939	657,774	194.03
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)	444,728,521	9,082,954	18,128,321	51,052,879	444,728,521

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part I
Date/Time Prepared:
11/20/2023 11:58 am

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	65,722,151					5.00
7.00	00700	OPERATION OF PLANT	1,308,606	8,855,092				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	211,403	17,386	1,447,908			8.00
9.00	00900	HOUSEKEEPING	740,136	52,699	66,483	5,127,542		9.00
10.00	01000	DIETARY	263,237	107,461	16,081	0	1,904,819	10.00
11.00	01100	CAFETERIA	376,510	65,043	0	126,142	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,183,779	33,021	0	36,757	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	635,939	109,230	29,111	50,123	0	14.00
15.00	01500	PHARMACY	224,243	48,050	0	24,226	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	779,284	63,095	0	16,708	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,892,243	1,153,000	384,971	68,501	1,576,667	30.00
32.00	03200	CORONARY CARE UNIT	961,879	80,351	5,635	96,904	36,542	32.00
40.00	04000	SUBPROVIDER - IPF	593,698	142,709	31,786	134,913	192,561	40.00
43.00	04300	NURSERY	154,452	10,101	8,971	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,718,762	916,598	240,900	1,704,167	18,522	50.00
51.00	05100	RECOVERY ROOM	591,219	139,189	90,114	53,464	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	233,377	23,034	27,456	0	0	52.00
53.00	05300	ANESTHESIOLOGY	191,967	10,576	0	8,354	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,739,173	267,966	75,473	205,503	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	898,603	351,984	0	272,333	0	55.00
56.00	05600	RADIOISOTOPE	971,609	42,991	41,968	25,061	0	56.00
57.00	05700	CT SCAN	555,358	24,983	38,225	18,796	0	57.00
58.00	05800	MRI	355,124	33,447	12,023	58,476	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	393,645	160,996	33,755	150,368	0	59.00
60.00	06000	LABORATORY	3,173,390	218,656	1,262	120,712	0	60.00
65.00	06500	RESPIRATORY THERAPY	745,323	25,294	0	21,302	0	65.00
66.00	06600	PHYSICAL THERAPY	1,028,370	235,387	0	91,891	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	290,495	6,909	0	8,354	0	67.00
68.00	06800	SPEECH PATHOLOGY	134,570	50,653	696	33,415	0	68.00
69.00	06900	ELECTROCARDIOLOGY	785,096	319,863	22,542	255,625	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	704,949	75,161	0	106,928	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,083,260	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,872,184	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,012,243	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	467,347	44,514	0	41,769	0	76.00
76.98	07698	HYPERBARI C OXYGEN THERAPY	251,390	63,848	9,785	28,403	0	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	713,445	292,343	0	108,599	0	90.00
90.01	09001	CLINIC-UROLOGY	305,680	80,220	277	45,110	0	90.01
90.02	09002	CLINIC-SURGEONS	288,570	57,300	0	23,391	0	90.02
90.03	09003	CLINIC-PODIATRY	8,788	25,785	0	0	0	90.03
90.04	09004	CLINIC-ENT PRAC	268,322	65,485	0	66,830	0	90.04
90.05	09005	CLINIC-OB/GYN PRAC	491,034	177,400	0	133,660	0	90.05
91.00	09100	EMERGENCY	2,656,613	292,097	310,394	478,671	80,527	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,333,726	65,322	0	23,391	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	576,929	24,557	0	20,049	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	49,165,970	5,974,704	1,447,908	4,658,896	1,904,819	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,854,113	2,075,098	0	272,333	0	192.00
194.00	07950	WELLNESS	181,305	381,452	0	129,483	0	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	455,482	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL HEALTH	167,041	47,657	0	33,415	0	194.02
194.03	07952	MISC. NONREIMBURSABLE	3,898,240	376,181	0	33,415	0	194.03
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)	65,722,151	8,855,092	1,447,908	5,127,542	1,904,819	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part I
Date/Time Prepared:
11/20/2023 11:58 am

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			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
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,738,957					11.00
13.00	01300	NURSING ADMINISTRATION	95,501	8,175,692				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	49,660	0	4,541,407			14.00
15.00	01500	PHARMACY	55,390	0	0	1,645,075		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	64,940	0	0	0	5,418,010	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	605,480	3,952,177	0	0	225,113	30.00
32.00	03200	CORONARY CARE UNIT	61,120	409,746	0	0	19,810	32.00
40.00	04000	SUBPROVIDER - IPF	55,390	341,436	0	0	29,682	40.00
43.00	04300	NURSERY	15,280	112,432	0	0	8,334	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	252,122	1,607,132	0	0	622,452	50.00
51.00	05100	RECOVERY ROOM	53,480	334,387	0	0	64,591	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,920	162,824	0	0	31,447	52.00
53.00	05300	ANESTHESIOLOGY	5,730	13,915	0	0	101,869	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	95,501	0	0	0	312,738	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	66,850	0	0	0	110,078	55.00
56.00	05600	RADIOISOTOPE	36,290	0	0	0	259,321	56.00
57.00	05700	CT SCAN	21,010	0	0	0	500,426	57.00
58.00	05800	MRI	13,370	0	0	0	172,335	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,280	0	0	0	79,767	59.00
60.00	06000	LABORATORY	202,461	0	0	0	436,083	60.00
65.00	06500	RESPIRATORY THERAPY	49,660	0	0	0	68,286	65.00
66.00	06600	PHYSICAL THERAPY	64,940	0	0	0	252,389	66.00
67.00	06700	OCCUPATIONAL THERAPY	21,010	0	0	0	27,261	67.00
68.00	06800	SPEECH PATHOLOGY	21,010	0	0	0	13,811	68.00
69.00	06900	ELECTROCARDIOLOGY	70,670	0	0	0	68,212	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,640	0	0	0	39,946	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,226,180	0	210,519	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	3,315,227	0	229,164	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,645,075	1,028,208	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	47,750	0	0	0	4,869	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	7,640	0	0	0	25,585	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	59,210	0	0	0	14,465	90.00
90.01	09001	CLINIC-UROLOGY	28,650	0	0	0	10,437	90.01
90.02	09002	CLINIC-SURGEONS	26,740	0	0	0	3,207	90.02
90.03	09003	CLINIC-PODIATRY	0	0	0	0	0	90.03
90.04	09004	CLINIC-ENT PRAC	22,920	0	0	0	2,366	90.04
90.05	09005	CLINIC-OB/GYN PRAC	45,840	0	0	0	8,233	90.05
91.00	09100	EMERGENCY	223,471	1,241,643	0	0	388,652	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	30,560	0	0	0	23,685	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	9,550	0	0	0	24,669	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,525,036	8,175,692	4,541,407	1,645,075	5,418,010	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	156,621	0	0	0	0	192.00
194.00	07950	WELLNESS	19,100	0	0	0	0	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	0	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL HEALTH	21,010	0	0	0	0	194.02
194.03	07952	MISC. NONREIMBURSABLE	17,190	0	0	0	0	194.03
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)	2,738,957	8,175,692	4,541,407	1,645,075	5,418,010	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part I
Date/Time Prepared:
11/20/2023 11:58 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			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
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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	61,371,240	0	61,371,240	30.00
32.00	03200	CORONARY CARE UNIT	7,218,963	0	7,218,963	32.00
40.00	04000	SUBPROVIDER - IPF	4,945,922	0	4,945,922	40.00
43.00	04300	NURSERY	1,200,265	0	1,200,265	43.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	37,292,876	0	37,292,876	50.00
51.00	05100	RECOVERY ROOM	4,735,892	0	4,735,892	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,846,900	0	1,846,900	52.00
53.00	05300	ANESTHESIOLOGY	1,439,450	0	1,439,450	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,725,840	0	12,725,840	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,881,924	0	6,881,924	55.00
56.00	05600	RADIOISOTOPE	6,980,330	0	6,980,330	56.00
57.00	05700	CT SCAN	4,361,442	0	4,361,442	57.00
58.00	05800	MRI	2,692,709	0	2,692,709	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,103,888	0	3,103,888	59.00
60.00	06000	LABORATORY	22,452,911	0	22,452,911	60.00
65.00	06500	RESPIRATORY THERAPY	5,208,006	0	5,208,006	65.00
66.00	06600	PHYSICAL THERAPY	7,603,394	0	7,603,394	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,029,258	0	2,029,258	67.00
68.00	06800	SPEECH PATHOLOGY	1,030,193	0	1,030,193	68.00
69.00	06900	ELECTROCARDIOLOGY	6,049,511	0	6,049,511	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,999,935	0	4,999,935	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,766,915	0	8,766,915	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,979,926	0	22,979,926	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,590,196	0	36,590,196	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,301,349	0	3,301,349	76.00
76.98	07698	HYPERBARI C OXYGEN THERAPY	1,836,369	0	1,836,369	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,302,364	0	5,302,364	90.00
90.01	09001	CLINIC-UROLOGY	2,233,173	0	2,233,173	90.01
90.02	09002	CLINIC-SURGEONS	2,063,337	0	2,063,337	90.02
90.03	09003	CLINIC-PODIATRY	85,249	0	85,249	90.03
90.04	09004	CLINIC-ENT PRAC	1,973,287	0	1,973,287	90.04
90.05	09005	CLINIC-OB/GYN PRAC	3,687,867	0	3,687,867	90.05
91.00	09100	EMERGENCY	20,992,258	0	20,992,258	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	9,168,034	0	9,168,034	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	3,982,793	0	3,982,793	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	329,133,966	0	329,133,966	118.00
NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	82,717,634	0	82,717,634	192.00
194.00	07950	WELLNESS	1,756,893	0	1,756,893	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	3,082,164	0	3,082,164	194.01
194.02	07951	OCCUPATIONAL HEALTH	1,232,418	0	1,232,418	194.02
194.03	07952	MISC. NONREIMBURSABLE	26,805,446	0	26,805,446	194.03
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	444,728,521	0	444,728,521	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part II
Date/Time Prepared:
11/20/2023 11:58 am

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	52,931	3,655	56,586	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	658,427	6,101,141	6,759,568	5.00
7.00	00700	OPERATION OF PLANT	0	544,939	121,540	666,479	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	15,367	0	15,367	8.00
9.00	00900	HOUSEKEEPING	0	46,579	13,338	59,917	9.00
10.00	01000	DIETARY	0	94,981	13,911	108,892	10.00
11.00	01100	CAFETERIA	0	57,489	33,583	91,072	11.00
13.00	01300	NURSING ADMINISTRATION	0	29,186	357,803	386,989	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	96,544	353,859	450,403	14.00
15.00	01500	PHARMACY	0	42,469	86,705	129,174	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	55,767	5,326	61,093	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,019,090	782,573	1,801,663	30.00
32.00	03200	CORONARY CARE UNIT	0	71,019	105,142	176,161	32.00
40.00	04000	SUBPROVIDER - IPF	0	126,135	36,460	162,595	40.00
43.00	04300	NURSERY	0	8,928	72,309	81,237	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	810,144	3,294,655	4,104,799	50.00
51.00	05100	RECOVERY ROOM	0	123,024	30,490	153,514	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	20,359	30,116	50,475	52.00
53.00	05300	ANESTHESIOLOGY	0	9,348	75,345	84,693	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	236,844	1,624,898	1,861,742	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	311,104	611,729	922,833	55.00
56.00	05600	RADIOISOTOPE	0	37,998	391,419	429,417	56.00
57.00	05700	CT SCAN	0	22,081	659,708	681,789	57.00
58.00	05800	MRI	0	29,562	720,834	750,396	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	142,298	480,188	622,486	59.00
60.00	06000	LABORATORY	0	193,261	389,252	582,513	60.00
65.00	06500	RESPIRATORY THERAPY	0	22,356	57,323	79,679	65.00
66.00	06600	PHYSICAL THERAPY	0	208,049	48,113	256,162	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,106	2,030	8,136	67.00
68.00	06800	SPEECH PATHOLOGY	0	44,770	15,924	60,694	68.00
69.00	06900	ELECTROCARDIOLOGY	0	282,714	103,627	386,341	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	66,432	84,199	150,631	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	39,344	15,214	54,558	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	56,433	6,975	63,408	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	258,390	17,190	275,580	90.00
90.01	09001	CLINIC-UROLOGY	0	70,903	62,468	133,371	90.01
90.02	09002	CLINIC-SURGEONS	0	50,645	15,009	65,654	90.02
90.03	09003	CLINIC-PODIATRY	0	22,790	3,153	25,943	90.03
90.04	09004	CLINIC-ENT PRAC	0	57,880	76,813	134,693	90.04
90.05	09005	CLINIC-OB/GYN PRAC	0	156,796	23,163	179,959	90.05
91.00	09100	EMERGENCY	0	258,173	284,376	542,549	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	57,735	6,800	64,535	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	21,705	616	22,321	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	6,537,095	17,218,972	23,756,067	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,834,096	610,064	2,444,160	192.00
194.00	07950	WELLNESS	0	337,150	25,720	362,870	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	0	0	18,845	18,845	194.01
194.02	07951	OCCUPATIONAL HEALTH	0	42,122	11,781	53,903	194.02
194.03	07952	MISC. NONREIMBURSABLE	0	332,491	242,939	575,430	194.03
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	9,082,954	18,128,321	27,211,275	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part II
Date/Time Prepared:
11/20/2023 11:58 am

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,765,414				5.00
7.00	00700	OPERATION OF PLANT	134,705	801,573			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	21,761	1,574	38,711		8.00
9.00	00900	HOUSEKEEPING	76,188	4,770	1,777	143,308	9.00
10.00	01000	DIETARY	27,097	9,728	430	0	10.00
11.00	01100	CAFETERIA	38,757	5,888	0	3,525	0 11.00
13.00	01300	NURSING ADMINISTRATION	121,855	2,989	0	1,027	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	65,462	9,888	778	1,401	0 14.00
15.00	01500	PHARMACY	23,083	4,350	0	677	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	80,218	5,711	0	467	0 16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	812,409	104,371	10,292	1,915	121,094 30.00
32.00	03200	CORONARY CARE UNIT	99,014	7,273	151	2,708	2,807 32.00
40.00	04000	SUBPROVIDER - IPF	61,114	12,918	850	3,771	14,789 40.00
43.00	04300	NURSERY	15,899	914	240	0	0 43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	485,738	82,972	6,441	47,631	1,423 50.00
51.00	05100	RECOVERY ROOM	60,859	12,600	2,409	1,494	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,023	2,085	734	0	0 52.00
53.00	05300	ANESTHESIOLOGY	19,761	957	0	233	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	179,026	24,257	2,018	5,744	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	92,500	31,862	0	7,611	0 55.00
56.00	05600	RADIOISOTOPE	100,015	3,892	1,122	700	0 56.00
57.00	05700	CT SCAN	57,167	2,261	1,022	525	0 57.00
58.00	05800	MRI	36,556	3,028	321	1,634	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	40,521	14,574	902	4,203	0 59.00
60.00	06000	LABORATORY	326,661	19,793	34	3,374	0 60.00
65.00	06500	RESPIRATORY THERAPY	76,722	2,290	0	595	0 65.00
66.00	06600	PHYSICAL THERAPY	105,858	21,308	0	2,568	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	29,903	625	0	233	0 67.00
68.00	06800	SPEECH PATHOLOGY	13,852	4,585	19	934	0 68.00
69.00	06900	ELECTROCARDIOLOGY	80,816	28,954	603	7,144	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	72,566	6,804	0	2,989	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	111,508	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	295,656	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	515,948	0	0	0	0 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	48,108	4,029	0	1,167	0 76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	25,877	5,780	262	794	0 76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	73,440	26,463	0	3,035	0 90.00
90.01	09001	CLINIC-UROLOGY	31,466	7,262	7	1,261	0 90.01
90.02	09002	CLINIC-SURGEONS	29,705	5,187	0	654	0 90.02
90.03	09003	CLINIC-PODIATRY	905	2,334	0	0	0 90.03
90.04	09004	CLINIC-ENT PRAC	27,620	5,928	0	1,868	0 90.04
90.05	09005	CLINIC-OB/GYN PRAC	50,546	16,058	0	3,736	0 90.05
91.00	09100	EMERGENCY	273,465	26,441	8,299	13,378	6,185 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	137,291	5,913	0	654	0 101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0 102.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	59,388	2,223	0	560	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,061,029	540,839	38,711	130,210	146,298 118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,220,366	187,839	0	7,611	0 192.00
194.00	07950	WELLNESS	18,663	34,529	0	3,619	0 194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	46,886	0	0	0	0 194.01
194.02	07951	OCCUPATIONAL HEALTH	17,195	4,314	0	934	0 194.02
194.03	07952	MISC. NONREIMBURSABLE	401,275	34,052	0	934	0 194.03
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)	6,765,414	801,573	38,711	143,308	146,298 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part II
Date/Time Prepared:
11/20/2023 11:58 am

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			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
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	139,607					11.00
13.00	01300	NURSING ADMINISTRATION	4,868	518,700				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,531	0	530,817			14.00
15.00	01500	PHARMACY	2,823	0	0	160,736		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,310	0	0	0	151,355	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,862	250,743	0	0	6,286	30.00
32.00	03200	CORONARY CARE UNIT	3,115	25,996	0	0	553	32.00
40.00	04000	SUBPROVIDER - IPF	2,823	21,662	0	0	829	40.00
43.00	04300	NURSERY	779	7,133	0	0	233	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,851	101,963	0	0	17,382	50.00
51.00	05100	RECOVERY ROOM	2,726	21,215	0	0	1,804	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,168	10,330	0	0	878	52.00
53.00	05300	ANESTHESIOLOGY	292	883	0	0	2,845	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,868	0	0	0	8,733	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,407	0	0	0	3,074	55.00
56.00	05600	RADIOISOTOPE	1,850	0	0	0	7,241	56.00
57.00	05700	CT SCAN	1,071	0	0	0	13,974	57.00
58.00	05800	MRI	681	0	0	0	4,812	58.00
59.00	05900	CARDIAC CATHETERIZATION	779	0	0	0	2,227	59.00
60.00	06000	LABORATORY	10,320	0	0	0	12,177	60.00
65.00	06500	RESPIRATORY THERAPY	2,531	0	0	0	1,907	65.00
66.00	06600	PHYSICAL THERAPY	3,310	0	0	0	7,048	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,071	0	0	0	761	67.00
68.00	06800	SPEECH PATHOLOGY	1,071	0	0	0	386	68.00
69.00	06900	ELECTROCARDIOLOGY	3,602	0	0	0	1,905	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	389	0	0	0	1,115	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	143,321	0	5,879	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	387,496	0	6,399	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	160,736	28,773	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,434	0	0	0	136	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	389	0	0	0	714	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,018	0	0	0	404	90.00
90.01	09001	CLINIC-UROLOGY	1,460	0	0	0	291	90.01
90.02	09002	CLINIC-SURGEONS	1,363	0	0	0	90	90.02
90.03	09003	CLINIC-PODIATRY	0	0	0	0	0	90.03
90.04	09004	CLINIC-ENT PRAC	1,168	0	0	0	66	90.04
90.05	09005	CLINIC-OB/GYN PRAC	2,337	0	0	0	230	90.05
91.00	09100	EMERGENCY	11,391	78,775	0	0	10,853	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,558	0	0	0	661	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	487	0	0	0	689	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	128,703	518,700	530,817	160,736	151,355	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,983	0	0	0	0	192.00
194.00	07950	WELLNESS	974	0	0	0	0	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	0	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL HEALTH	1,071	0	0	0	0	194.02
194.03	07952	MISC. NONREIMBURSABLE	876	0	0	0	0	194.03
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)	139,607	518,700	530,817	160,736	151,355	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part II
Date/Time Prepared:
11/20/2023 11:58 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			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
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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,148,603	0	3,148,603	30.00
32.00	03200	CORONARY CARE UNIT	318,484	0	318,484	32.00
40.00	04000	SUBPROVIDER - IPF	281,920	0	281,920	40.00
43.00	04300	NURSERY	106,588	0	106,588	43.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,864,462	0	4,864,462	50.00
51.00	05100	RECOVERY ROOM	257,159	0	257,159	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	89,925	0	89,925	52.00
53.00	05300	ANESTHESIOLOGY	109,931	0	109,931	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,088,561	0	2,088,561	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,062,189	0	1,062,189	55.00
56.00	05600	RADIOISOTOPE	544,896	0	544,896	56.00
57.00	05700	CT SCAN	758,103	0	758,103	57.00
58.00	05800	MRI	797,588	0	797,588	58.00
59.00	05900	CARDIAC CATHETERIZATION	685,870	0	685,870	59.00
60.00	06000	LABORATORY	956,750	0	956,750	60.00
65.00	06500	RESPIRATORY THERAPY	164,508	0	164,508	65.00
66.00	06600	PHYSICAL THERAPY	397,236	0	397,236	66.00
67.00	06700	OCCUPATIONAL THERAPY	41,024	0	41,024	67.00
68.00	06800	SPEECH PATHOLOGY	81,738	0	81,738	68.00
69.00	06900	ELECTROCARDIOLOGY	510,664	0	510,664	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	234,992	0	234,992	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	260,708	0	260,708	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	689,551	0	689,551	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	705,457	0	705,457	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	111,204	0	111,204	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	97,314	0	97,314	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	383,448	0	383,448	90.00
90.01	09001	CLINIC-UROLOGY	175,591	0	175,591	90.01
90.02	09002	CLINIC-SURGEONS	103,468	0	103,468	90.02
90.03	09003	CLINIC-PODIATRY	29,201	0	29,201	90.03
90.04	09004	CLINIC-ENT PRAC	171,929	0	171,929	90.04
90.05	09005	CLINIC-OB/GYN PRAC	253,606	0	253,606	90.05
91.00	09100	EMERGENCY	974,904	0	974,904	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	211,898	0	211,898	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	86,138	0	86,138	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,755,608	0	21,755,608	118.00
NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,878,005	0	3,878,005	192.00
194.00	07950	WELLNESS	420,768	0	420,768	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	65,989	0	65,989	194.01
194.02	07951	OCCUPATIONAL HEALTH	77,608	0	77,608	194.02
194.03	07952	MISC. NONREIMBURSABLE	1,013,297	0	1,013,297	194.03
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	27,211,275	0	27,211,275	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1

Date/Time Prepared:
11/20/2023 11:58 am

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	627,711					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		15,349,838				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,658	3,095	242,182,722			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	45,503	5,166,037	24,984,892	-65,722,151	379,006,370	5.00
7.00	00700	OPERATION OF PLANT	37,660	102,912	1,662,093	0	7,546,486	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,062	0	39,552	0	1,219,119	8.00
9.00	00900	HOUSEKEEPING	3,219	11,294	2,804,926	0	4,268,224	9.00
10.00	01000	DIETARY	6,564	11,779	646,651	0	1,518,040	10.00
11.00	01100	CAFETERIA	3,973	28,436	1,561,104	0	2,171,262	11.00
13.00	01300	NURSING ADMINISTRATION	2,017	302,963	4,155,194	0	6,826,634	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,672	299,624	1,511,524	0	3,667,344	14.00
15.00	01500	PHARMACY	2,935	73,416	2,686,113	0	1,293,166	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,854	4,510	2,377,876	0	4,493,983	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	70,428	662,630	38,324,024	0	45,513,088	30.00
32.00	03200	CORONARY CARE UNIT	4,908	89,027	3,016,220	0	5,546,976	32.00
40.00	04000	SUBPROVIDER - IPF	8,717	30,872	2,432,086	0	3,423,747	40.00
43.00	04300	NURSERY	617	61,226	651,951	0	890,695	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	55,988	2,789,690	13,939,536	0	27,212,221	50.00
51.00	05100	RECOVERY ROOM	8,502	25,817	2,300,583	0	3,409,448	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,407	25,500	989,375	0	1,345,842	52.00
53.00	05300	ANESTHESIOLOGY	646	63,797	1,140,413	0	1,107,039	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,368	1,375,853	9,286,415	0	10,029,486	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,500	517,971	3,854,957	0	5,182,076	55.00
56.00	05600	RADIOISOTOPE	2,626	331,427	2,815,727	0	5,603,090	56.00
57.00	05700	CT SCAN	1,526	558,596	1,258,073	0	3,202,644	57.00
58.00	05800	MRI	2,043	610,353	683,219	0	2,047,934	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,834	406,591	760,335	0	2,270,077	59.00
60.00	06000	LABORATORY	13,356	329,592	8,024,349	0	18,300,347	60.00
65.00	06500	RESPIRATORY THERAPY	1,545	48,537	3,350,735	0	4,298,141	65.00
66.00	06600	PHYSICAL THERAPY	14,378	40,739	4,197,108	0	5,930,417	66.00
67.00	06700	OCCUPATIONAL THERAPY	422	1,719	1,259,246	0	1,675,229	67.00
68.00	06800	SPEECH PATHOLOGY	3,094	13,483	841,133	0	776,038	68.00
69.00	06900	ELECTROCARDIOLOGY	19,538	87,744	5,553,335	0	4,527,503	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,591	71,294	2,126,271	0	4,065,311	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	6,246,956	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	16,563,351	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	28,904,670	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,719	12,882	3,298,058	0	2,695,100	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,900	5,906	383,624	0	1,449,718	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	17,857	14,555	6,442,879	0	4,114,302	90.00
90.01	09001	CLINIC-UROLOGY	4,900	52,894	2,019,990	0	1,762,799	90.01
90.02	09002	CLINIC-SURGEONS	3,500	12,709	3,483,564	0	1,664,129	90.02
90.03	09003	CLINIC-PODIATRY	1,575	2,670	80,673	0	50,676	90.03
90.04	09004	CLINIC-ENT PRAC	4,000	65,040	2,504,208	0	1,547,364	90.04
90.05	09005	CLINIC-OB/GYN PRAC	10,836	19,613	3,161,614	0	2,831,700	90.05
91.00	09100	EMERGENCY	17,842	240,790	15,245,933	0	15,320,190	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,990	5,758	5,494,761	0	7,691,350	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	1,500	522	2,008,455	0	3,327,039	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	451,770	14,579,863	193,358,775	-65,722,151	283,530,951	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	126,752	516,561	43,298,514	0	68,359,469	192.00
194.00	07950	WELLNESS	23,300	21,778	484,248	0	1,045,553	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	0	15,957	1,102,817	0	2,626,682	194.01
194.02	07951	OCCUPATIONAL HEALTH	2,911	9,975	818,042	0	963,295	194.02
194.03	07952	MISC. NONREIMBURSABLE	22,978	205,704	3,120,326	0	22,480,420	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1

Date/Time Prepared:
11/20/2023 11:58 am

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)	9,082,954	18,128,321	51,052,879		65,722,151	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.469961	1.181011	0.210803		0.173406	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			56,586		6,765,414	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000234		0.017850	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: 14-0189

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1

Date/Time Prepared:
11/20/2023 11:58 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	540,890				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,062	971,767			8.00
9.00	00900	HOUSEKEEPING	3,219	44,620	12,276		9.00
10.00	01000	DIETARY	6,564	10,793	0	250,832	10.00
11.00	01100	CAFETERIA	3,973	0	302	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,017	0	88	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,672	19,538	120	0	14.00
15.00	01500	PHARMACY	2,935	0	58	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,854	0	40	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	70,428	258,374	164	207,620	30.00
32.00	03200	CORONARY CARE UNIT	4,908	3,782	232	4,812	32.00
40.00	04000	SUBPROVIDER - IPF	8,717	21,333	323	25,357	40.00
43.00	04300	NURSERY	617	6,021	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	55,988	161,681	4,080	2,439	50.00
51.00	05100	RECOVERY ROOM	8,502	60,480	128	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,407	18,427	0	0	52.00
53.00	05300	ANESTHESIOLOGY	646	0	20	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,368	50,654	492	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,500	0	652	0	55.00
56.00	05600	RADIOISOTOPE	2,626	28,167	60	0	56.00
57.00	05700	CT SCAN	1,526	25,655	45	0	57.00
58.00	05800	MRI	2,043	8,069	140	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,834	22,655	360	0	59.00
60.00	06000	LABORATORY	13,356	847	289	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,545	0	51	0	65.00
66.00	06600	PHYSICAL THERAPY	14,378	0	220	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	422	0	20	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,094	467	80	0	68.00
69.00	06900	ELECTROCARDIOLOGY	19,538	15,129	612	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,591	0	256	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,719	0	100	0	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,900	6,567	68	0	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	17,857	0	260	0	90.00
90.01	09001	CLINIC-UROLOGY	4,900	186	108	0	90.01
90.02	09002	CLINIC-SURGEONS	3,500	0	56	0	90.02
90.03	09003	CLINIC-PODIATRY	1,575	0	0	0	90.03
90.04	09004	CLINIC-ENT PRAC	4,000	0	160	0	90.04
90.05	09005	CLINIC-OB/GYN PRAC	10,836	0	320	0	90.05
91.00	09100	EMERGENCY	17,842	208,322	1,146	10,604	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	3,990	0	56	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	1,500	0	48	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	364,949	971,767	11,154	250,832	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	126,752	0	652	0	192.00
194.00	07950	WELLNESS	23,300	0	310	0	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL HEALTH	2,911	0	80	0	194.02
194.03	07952	MISC. NONREIMBURSABLE	22,978	0	80	0	194.03
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)	8,855,092	1,447,908	5,127,542	1,904,819	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.371336	1.489974	417.688335	7.594003	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1

Date/Time Prepared:
11/20/2023 11:58 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (HOURS OF SERVIC)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
			7.00	8.00	9.00	10.00	11.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	801,573	38,711	143,308	146,298	139,607	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.481952	0.039836	11.673835	0.583251	97.354951	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: 14-0189

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1

Date/Time Prepared:

11/20/2023 11:58 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSNG HR)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			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
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	1,262,072				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	100			14.00
15.00	01500	PHARMACY	0	0	100		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,363,154,767	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	610,093	0	0	56,632,314	30.00
32.00	03200	CORONARY CARE UNIT	63,252	0	0	4,983,576	32.00
40.00	04000	SUBPROVIDER - IPF	52,707	0	0	7,467,200	40.00
43.00	04300	NURSERY	17,356	0	0	2,096,583	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	248,091	0	0	156,591,690	50.00
51.00	05100	RECOVERY ROOM	51,619	0	0	16,249,422	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,135	0	0	7,911,103	52.00
53.00	05300	ANESTHESIOLOGY	2,148	0	0	25,627,494	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	78,676,339	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	27,692,484	55.00
56.00	05600	RADIOISOTOPE	0	0	0	65,238,029	56.00
57.00	05700	CT SCAN	0	0	0	125,893,209	57.00
58.00	05800	MRI	0	0	0	43,354,744	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	20,067,097	59.00
60.00	06000	LABORATORY	0	0	0	109,706,352	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	17,178,863	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	63,494,194	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,858,206	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,474,475	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	17,160,167	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	10,049,431	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	27	0	52,960,769	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	73	0	57,651,419	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	258,801,837	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,224,892	76.00
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	6,436,392	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	3,638,982	90.00
90.01	09001	CLINIC-UROLOGY	0	0	0	2,625,705	90.01
90.02	09002	CLINIC-SURGEONS	0	0	0	806,761	90.02
90.03	09003	CLINIC-PODIATRY	0	0	0	15	90.03
90.04	09004	CLINIC-ENT PRAC	0	0	0	595,173	90.04
90.05	09005	CLINIC-OB/GYN PRAC	0	0	0	2,071,163	90.05
91.00	09100	EMERGENCY	191,671	0	0	97,774,132	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	5,958,491	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	6,206,064	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,262,072	100	100	1,363,154,767	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	WELLNESS	0	0	0	0	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL HEALTH	0	0	0	0	194.02
194.03	07952	MISC. NONREIMBURSABLE	0	0	0	0	194.03
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)	8,175,692	4,541,407	1,645,075	5,418,010	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.477992	45,414.070000	16,450.750000	0.003975	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1

Date/Time Prepared:
11/20/2023 11:58 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSING HR)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)		
		13.00	14.00	15.00	16.00		
204.00	Cost to be allocated (per Wkst. B, Part II)	518,700	530,817	160,736	151,355		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.410991	5,308.170000	1,607.360000	0.000111		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: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet C
Part I
Date/Time Prepared:
11/20/2023 11:58 am

				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
					Total Costs	RCE Disallowance			
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	61,371,240		61,371,240	0	61,371,240	30.00	
32.00	03200	CORONARY CARE UNIT	7,218,963		7,218,963	0	7,218,963	32.00	
40.00	04000	SUBPROVIDER - IPF	4,945,922		4,945,922	0	4,945,922	40.00	
43.00	04300	NURSERY	1,200,265		1,200,265	0	1,200,265	43.00	
45.00	04500	NURSING FACILITY	0		0	0	0	45.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	37,292,876		37,292,876	0	37,292,876	50.00	
51.00	05100	RECOVERY ROOM	4,735,892		4,735,892	0	4,735,892	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,846,900		1,846,900	0	1,846,900	52.00	
53.00	05300	ANESTHESIOLOGY	1,439,450		1,439,450	0	1,439,450	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,725,840		12,725,840	0	12,725,840	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	6,881,924		6,881,924	0	6,881,924	55.00	
56.00	05600	RADIOISOTOPE	6,980,330		6,980,330	0	6,980,330	56.00	
57.00	05700	CT SCAN	4,361,442		4,361,442	0	4,361,442	57.00	
58.00	05800	MRI	2,692,709		2,692,709	0	2,692,709	58.00	
59.00	05900	CARDIAC CATHETERIZATION	3,103,888		3,103,888	0	3,103,888	59.00	
60.00	06000	LABORATORY	22,452,911		22,452,911	0	22,452,911	60.00	
65.00	06500	RESPIRATORY THERAPY	5,208,006	0	5,208,006	0	5,208,006	65.00	
66.00	06600	PHYSICAL THERAPY	7,603,394	0	7,603,394	0	7,603,394	66.00	
67.00	06700	OCCUPATIONAL THERAPY	2,029,258	0	2,029,258	0	2,029,258	67.00	
68.00	06800	SPEECH PATHOLOGY	1,030,193	0	1,030,193	0	1,030,193	68.00	
69.00	06900	ELECTROCARDIOLOGY	6,049,511		6,049,511	0	6,049,511	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	4,999,935		4,999,935	0	4,999,935	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,766,915		8,766,915	0	8,766,915	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,979,926		22,979,926	0	22,979,926	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	36,590,196		36,590,196	0	36,590,196	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00	
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,301,349		3,301,349	0	3,301,349	76.00	
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,836,369		1,836,369	0	1,836,369	76.98	
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	5,302,364		5,302,364	0	5,302,364	90.00	
90.01	09001	CLINIC-UROLOGY	2,233,173		2,233,173	0	2,233,173	90.01	
90.02	09002	CLINIC-SURGEONS	2,063,337		2,063,337	0	2,063,337	90.02	
90.03	09003	CLINIC-PODIATRY	85,249		85,249	0	85,249	90.03	
90.04	09004	CLINIC-ENT PRAC	1,973,287		1,973,287	0	1,973,287	90.04	
90.05	09005	CLINIC-OB/GYN PRAC	3,687,867		3,687,867	0	3,687,867	90.05	
91.00	09100	EMERGENCY	20,992,258		20,992,258	18,102	21,010,360	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	20,977,577		20,977,577		20,977,577	92.00	
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	9,168,034		9,168,034		9,168,034	101.00	
102.00	10200	OPIOID TREATMENT PROGRAM	0		0		0	102.00	
SPECIAL PURPOSE COST CENTERS									
116.00	11600	HOSPICE	3,982,793		3,982,793		3,982,793	116.00	
200.00		Subtotal (see instructions)	350,111,543	0	350,111,543	18,102	350,129,645	200.00	
201.00		Less Observation Beds	20,977,577		20,977,577		20,977,577	201.00	
202.00		Total (see instructions)	329,133,966	0	329,133,966	18,102	329,152,068	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN: 14-0189		Period: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/20/2023 11:58 am		
					Title XVIII			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
			Inpatient	Outpatient	Total (col. 6 + col. 7)					
			6.00	7.00	8.00					
INPATIENT ROUTINE SERVICE COST CENTERS						9.00	10.00			
30.00	03000	ADULTS & PEDIATRICS	39,984,524		39,984,524			30.00		
32.00	03200	CORONARY CARE UNIT	4,983,576		4,983,576			32.00		
40.00	04000	SUBPROVIDER - IPF	7,467,200		7,467,200			40.00		
43.00	04300	NURSERY	2,096,583		2,096,583			43.00		
45.00	04500	NURSING FACILITY	0		0			45.00		
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	27,445,678	129,146,012	156,591,690	0.238154	0.000000	50.00		
51.00	05100	RECOVERY ROOM	3,006,928	13,242,494	16,249,422	0.291450	0.000000	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,667,617	243,486	7,911,103	0.233457	0.000000	52.00		
53.00	05300	ANESTHESIOLOGY	6,080,706	19,546,788	25,627,494	0.056168	0.000000	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,295,218	72,381,121	78,676,339	0.161749	0.000000	54.00		
55.00	05500	RADIOLOGY-THERAPEUTIC	67,088	27,625,396	27,692,484	0.248512	0.000000	55.00		
56.00	05600	RADIOISOTOPE	10,399,162	54,838,867	65,238,029	0.106998	0.000000	56.00		
57.00	05700	CT SCAN	27,509,204	98,384,005	125,893,209	0.034644	0.000000	57.00		
58.00	05800	MRI	6,580,033	36,774,711	43,354,744	0.062109	0.000000	58.00		
59.00	05900	CARDIAC CATHETERIZATION	3,588,685	16,478,412	20,067,097	0.154675	0.000000	59.00		
60.00	06000	LABORATORY	23,399,076	86,307,276	109,706,352	0.204664	0.000000	60.00		
65.00	06500	RESPIRATORY THERAPY	12,931,783	4,247,080	17,178,863	0.303164	0.000000	65.00		
66.00	06600	PHYSICAL THERAPY	31,747,097	31,747,097	63,494,194	0.119749	0.000000	66.00		
67.00	06700	OCCUPATIONAL THERAPY	1,647,144	5,211,062	6,858,206	0.295888	0.000000	67.00		
68.00	06800	SPEECH PATHOLOGY	565,121	2,909,354	3,474,475	0.296503	0.000000	68.00		
69.00	06900	ELECTROCARDIOLOGY	2,617,733	14,542,434	17,160,167	0.352532	0.000000	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	848,826	9,200,605	10,049,431	0.497534	0.000000	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,964,498	39,996,271	52,960,769	0.165536	0.000000	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,851,287	35,800,132	57,651,419	0.398601	0.000000	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	41,540,178	217,261,659	258,801,837	0.141383	0.000000	73.00		
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00		
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,224,892	1,224,892	2.695216	0.000000	76.00		
76.98	07698	HYPERBARIC OXYGEN THERAPY	62,323	6,374,069	6,436,392	0.285310	0.000000	76.98		
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	0.000000	77.00		
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	976	3,638,006	3,638,982	1.457101	0.000000	90.00		
90.01	09001	CLINIC-UROLOGY	1,498	2,624,207	2,625,705	0.850504	0.000000	90.01		
90.02	09002	CLINIC-SURGEONS	0	806,761	806,761	2.557557	0.000000	90.02		
90.03	09003	CLINIC-PODIATRY	15	0	15	5,683.266667	0.000000	90.03		
90.04	09004	CLINIC-ENT PRAC	0	595,173	595,173	3.315485	0.000000	90.04		
90.05	09005	CLINIC-OB/GYN PRAC	315	2,070,848	2,071,163	1.780578	0.000000	90.05		
91.00	09100	EMERGENCY	15,648,179	82,125,953	97,774,132	0.214702	0.000000	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	16,647,790	16,647,790	1.260082	0.000000	92.00		
OTHER REIMBURSABLE COST CENTERS										
101.00	10100	HOME HEALTH AGENCY	0	5,958,491	5,958,491			101.00		
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00		
SPECIAL PURPOSE COST CENTERS										
116.00	11600	HOSPICE	0	6,206,064	6,206,064			116.00		
200.00		Subtotal (see instructions)	318,998,251	1,044,156,516	1,363,154,767			200.00		
201.00		Less Observation Beds						201.00		
202.00		Total (see instructions)	318,998,251	1,044,156,516	1,363,154,767			202.00		

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet C
Part I
Date/Time Prepared:
11/20/2023 11:58 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
32.00	03200	CORONARY CARE UNIT				32.00
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
45.00	04500	NURSING FACILITY				45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.238154			50.00
51.00	05100	RECOVERY ROOM	0.291450			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.233457			52.00
53.00	05300	ANESTHESIOLOGY	0.056168			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.161749			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.248512			55.00
56.00	05600	RADIOISOTOPE	0.106998			56.00
57.00	05700	CT SCAN	0.034644			57.00
58.00	05800	MRI	0.062109			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.154675			59.00
60.00	06000	LABORATORY	0.204664			60.00
65.00	06500	RESPIRATORY THERAPY	0.303164			65.00
66.00	06600	PHYSICAL THERAPY	0.119749			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.295888			67.00
68.00	06800	SPEECH PATHOLOGY	0.296503			68.00
69.00	06900	ELECTROCARDIOLOGY	0.352532			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.497534			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.165536			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.398601			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.141383			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.695216			76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.285310			76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000			77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1.457101			90.00
90.01	09001	CLINIC-UROLOGY	0.850504			90.01
90.02	09002	CLINIC-SURGEONS	2.557557			90.02
90.03	09003	CLINIC-PODIATRY	5,683.266667			90.03
90.04	09004	CLINIC-ENT PRAC	3.315485			90.04
90.05	09005	CLINIC-OB/GYN PRAC	1.780578			90.05
91.00	09100	EMERGENCY	0.214887			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.260082			92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
102.00	10200	OPIOID TREATMENT PROGRAM				102.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet C
Part I
Date/Time Prepared:
11/20/2023 11:58 am

			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	61,371,240		61,371,240	0	61,371,240	30.00
32.00	03200	CORONARY CARE UNIT	7,218,963		7,218,963	0	7,218,963	32.00
40.00	04000	SUBPROVIDER - IPF	4,945,922		4,945,922	0	4,945,922	40.00
43.00	04300	NURSERY	1,200,265		1,200,265	0	1,200,265	43.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,292,876		37,292,876	0	37,292,876	50.00
51.00	05100	RECOVERY ROOM	4,735,892		4,735,892	0	4,735,892	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,846,900		1,846,900	0	1,846,900	52.00
53.00	05300	ANESTHESIOLOGY	1,439,450		1,439,450	0	1,439,450	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,725,840		12,725,840	0	12,725,840	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,881,924		6,881,924	0	6,881,924	55.00
56.00	05600	RADIOISOTOPE	6,980,330		6,980,330	0	6,980,330	56.00
57.00	05700	CT SCAN	4,361,442		4,361,442	0	4,361,442	57.00
58.00	05800	MRI	2,692,709		2,692,709	0	2,692,709	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,103,888		3,103,888	0	3,103,888	59.00
60.00	06000	LABORATORY	22,452,911		22,452,911	0	22,452,911	60.00
65.00	06500	RESPIRATORY THERAPY	5,208,006	0	5,208,006	0	5,208,006	65.00
66.00	06600	PHYSICAL THERAPY	7,603,394	0	7,603,394	0	7,603,394	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,029,258	0	2,029,258	0	2,029,258	67.00
68.00	06800	SPEECH PATHOLOGY	1,030,193	0	1,030,193	0	1,030,193	68.00
69.00	06900	ELECTROCARDIOLOGY	6,049,511		6,049,511	0	6,049,511	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,999,935		4,999,935	0	4,999,935	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,766,915		8,766,915	0	8,766,915	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,979,926		22,979,926	0	22,979,926	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,590,196		36,590,196	0	36,590,196	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,301,349		3,301,349	0	3,301,349	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,836,369		1,836,369	0	1,836,369	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,302,364		5,302,364	0	5,302,364	90.00
90.01	09001	CLINIC-UROLOGY	2,233,173		2,233,173	0	2,233,173	90.01
90.02	09002	CLINIC-SURGEONS	2,063,337		2,063,337	0	2,063,337	90.02
90.03	09003	CLINIC-PODIATRY	85,249		85,249	0	85,249	90.03
90.04	09004	CLINIC-ENT PRAC	1,973,287		1,973,287	0	1,973,287	90.04
90.05	09005	CLINIC-OB/GYN PRAC	3,687,867		3,687,867	0	3,687,867	90.05
91.00	09100	EMERGENCY	20,992,258		20,992,258	18,102	21,010,360	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	20,977,577		20,977,577		20,977,577	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	9,168,034		9,168,034		9,168,034	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0		0	102.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	3,982,793		3,982,793		3,982,793	116.00
200.00		Subtotal (see instructions)	350,111,543	0	350,111,543	18,102	350,129,645	200.00
201.00		Less Observation Beds	20,977,577		20,977,577		20,977,577	201.00
202.00		Total (see instructions)	329,133,966	0	329,133,966	18,102	329,152,068	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet C
Part I
Date/Time Prepared:
11/20/2023 11:58 am

			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	39,984,524		39,984,524		30.00
32.00	03200	CORONARY CARE UNIT	4,983,576		4,983,576		32.00
40.00	04000	SUBPROVIDER - IPF	7,467,200		7,467,200		40.00
43.00	04300	NURSERY	2,096,583		2,096,583		43.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	27,445,678	129,146,012	156,591,690	0.238154	0.000000
51.00	05100	RECOVERY ROOM	3,006,928	13,242,494	16,249,422	0.291450	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,667,617	243,486	7,911,103	0.233457	0.000000
53.00	05300	ANESTHESIOLOGY	6,080,706	19,546,788	25,627,494	0.056168	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,295,218	72,381,121	78,676,339	0.161749	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	67,088	27,625,396	27,692,484	0.248512	0.000000
56.00	05600	RADIOISOTOPE	10,399,162	54,838,867	65,238,029	0.106998	0.000000
57.00	05700	CT SCAN	27,509,204	98,384,005	125,893,209	0.034644	0.000000
58.00	05800	MRI	6,580,033	36,774,711	43,354,744	0.062109	0.000000
59.00	05900	CARDIAC CATHETERIZATION	3,588,685	16,478,412	20,067,097	0.154675	0.000000
60.00	06000	LABORATORY	23,399,076	86,307,276	109,706,352	0.204664	0.000000
65.00	06500	RESPIRATORY THERAPY	12,931,783	4,247,080	17,178,863	0.303164	0.000000
66.00	06600	PHYSICAL THERAPY	31,747,097	31,747,097	63,494,194	0.119749	0.000000
67.00	06700	OCCUPATIONAL THERAPY	1,647,144	5,211,062	6,858,206	0.295888	0.000000
68.00	06800	SPEECH PATHOLOGY	565,121	2,909,354	3,474,475	0.296503	0.000000
69.00	06900	ELECTROCARDIOLOGY	2,617,733	14,542,434	17,160,167	0.352532	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	848,826	9,200,605	10,049,431	0.497534	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,964,498	39,996,271	52,960,769	0.165536	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,851,287	35,800,132	57,651,419	0.398601	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	41,540,178	217,261,659	258,801,837	0.141383	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,224,892	1,224,892	2.695216	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	62,323	6,374,069	6,436,392	0.285310	0.000000
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	976	3,638,006	3,638,982	1.457101	0.000000
90.01	09001	CLINIC-UROLOGY	1,498	2,624,207	2,625,705	0.850504	0.000000
90.02	09002	CLINIC-SURGEONS	0	806,761	806,761	2.557557	0.000000
90.03	09003	CLINIC-PODIATRY	15	0	15	5,683.266667	0.000000
90.04	09004	CLINIC-ENT PRAC	0	595,173	595,173	3.315485	0.000000
90.05	09005	CLINIC-OB/GYN PRAC	315	2,070,848	2,071,163	1.780578	0.000000
91.00	09100	EMERGENCY	15,648,179	82,125,953	97,774,132	0.214702	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	16,647,790	16,647,790	1.260082	0.000000
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	5,958,491	5,958,491		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	6,206,064	6,206,064		116.00
200.00		Subtotal (see instructions)	318,998,251	1,044,156,516	1,363,154,767		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	318,998,251	1,044,156,516	1,363,154,767		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet C
Part I
Date/Time Prepared:
11/20/2023 11:58 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
32.00	03200	CORONARY CARE UNIT				32.00
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
45.00	04500	NURSING FACILITY				45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000			76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000			77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	CLINIC-UROLOGY	0.000000			90.01
90.02	09002	CLINIC-SURGEONS	0.000000			90.02
90.03	09003	CLINIC-PODIATRY	0.000000			90.03
90.04	09004	CLINIC-ENT PRAC	0.000000			90.04
90.05	09005	CLINIC-OB/GYN PRAC	0.000000			90.05
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
102.00	10200	OPIOID TREATMENT PROGRAM				102.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet D
Part I
Date/Time Prepared:
11/20/2023 11:58 am

			Title XVIII		Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,148,603	0	3,148,603	33,565	93.81	30.00	
32.00	CORONARY CARE UNIT	318,484		318,484	2,209	144.18	32.00	
40.00	SUBPROVIDER - IPF	281,920	0	281,920	4,959	56.85	40.00	
43.00	NURSERY	106,588		106,588	1,222	87.22	43.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (lines 30 through 199)	3,855,595		3,855,595	41,955		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	9,812	920,464					30.00
32.00	CORONARY CARE UNIT	782	112,749					32.00
40.00	SUBPROVIDER - IPF	855	48,607					40.00
43.00	NURSERY	0	0					43.00
45.00	NURSING FACILITY	0	0					45.00
200.00	Total (lines 30 through 199)	11,449	1,081,820					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet D
Part II
Date/Time Prepared:
11/20/2023 11:58 am

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	4,864,462	156,591,690	0.031065	12,746,250	395,962	50.00
51.00	05100 RECOVERY ROOM	257,159	16,249,422	0.015826	1,525,167	24,137	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	89,925	7,911,103	0.011367	10,634	121	52.00
53.00	05300 ANESTHESIOLOGY	109,931	25,627,494	0.004290	2,694,980	11,561	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,088,561	78,676,339	0.026546	3,730,098	99,019	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,062,189	27,692,484	0.038357	53,975	2,070	55.00
56.00	05600 RADIOISOTOPE	544,896	65,238,029	0.008352	3,984,024	33,275	56.00
57.00	05700 CT SCAN	758,103	125,893,209	0.006022	12,984,920	78,195	57.00
58.00	05800 MRI	797,588	43,354,744	0.018397	2,858,847	52,594	58.00
59.00	05900 CARDIAC CATHETERIZATION	685,870	20,067,097	0.034179	1,796,984	61,419	59.00
60.00	06000 LABORATORY	956,750	109,706,352	0.008721	10,020,336	87,387	60.00
65.00	06500 RESPIRATORY THERAPY	164,508	17,178,863	0.009576	4,947,245	47,375	65.00
66.00	06600 PHYSICAL THERAPY	397,236	63,494,194	0.006256	1,671,215	10,455	66.00
67.00	06700 OCCUPATIONAL THERAPY	41,024	6,858,206	0.005982	845,774	5,059	67.00
68.00	06800 SPEECH PATHOLOGY	81,738	3,474,475	0.023525	237,525	5,588	68.00
69.00	06900 ELECTROCARDIOLOGY	510,664	17,160,167	0.029759	1,258,906	37,464	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	234,992	10,049,431	0.023384	328,971	7,693	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	260,708	52,960,769	0.004923	5,944,803	29,266	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	689,551	57,651,419	0.011961	11,123,945	133,054	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	705,457	258,801,837	0.002726	15,983,542	43,571	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	111,204	1,224,892	0.090787	0	0	76.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	97,314	6,436,392	0.015119	25,373	384	76.98
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	383,448	3,638,982	0.105372	976	103	90.00
90.01	09001 CLINIC-UROLOGY	175,591	2,625,705	0.066874	1,498	100	90.01
90.02	09002 CLINIC-SURGEONS	103,468	806,761	0.128251	0	0	90.02
90.03	09003 CLINIC-PODIATRY	29,201	15	1,946.733333	0	0	90.03
90.04	09004 CLINIC-ENT PRAC	171,929	595,173	0.288872	0	0	90.04
90.05	09005 CLINIC-OB/GYN PRAC	253,606	2,071,163	0.122446	0	0	90.05
91.00	09100 EMERGENCY	974,904	97,774,132	0.009971	9,323,119	92,961	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,076,234	16,647,790	0.064647	0	0	92.00
200.00	Total (lines 50 through 199)	18,678,211	1,296,458,329		104,099,107	1,258,813	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0189		Period: From 07/01/2022 To 06/30/2023		Worksheet D Part III Date/Time Prepared: 11/20/2023 11:58 am		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	40.00	
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)	0	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	33,565	0.00	9,812	30.00			
32.00	03200	CORONARY CARE UNIT	0	0	2,209	0.00	782	32.00			
40.00	04000	SUBPROVIDER - IPF	0	0	4,959	0.00	855	40.00			
43.00	04300	NURSERY	0	0	1,222	0.00	0	43.00			
45.00	04500	NURSING FACILITY	0	0	0	0.00	0	45.00			
200.00		Total (lines 30 through 199)	0	0	41,955		11,449	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			
32.00	03200	CORONARY CARE UNIT	0					32.00			
40.00	04000	SUBPROVIDER - IPF	0					40.00			
43.00	04300	NURSERY	0					43.00			
45.00	04500	NURSING FACILITY	0					45.00			
200.00		Total (lines 30 through 199)	0					200.00			

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet D
Part IV
Date/Time Prepared:
11/20/2023 11:58 am

Cost Center Description			Title XVIII			Hospital	PPS	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	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
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC-UROLOGY	0	0	0	0	0	90.01
90.02	09002	CLINIC-SURGEONS	0	0	0	0	0	90.02
90.03	09003	CLINIC-PODIATRY	0	0	0	0	0	90.03
90.04	09004	CLINIC-ENT PRAC	0	0	0	0	0	90.04
90.05	09005	CLINIC-OB/GYN PRAC	0	0	0	0	0	90.05
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: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet D
Part IV
Date/Time Prepared:
11/20/2023 11:58 am

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	156,591,690	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	16,249,422	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	7,911,103	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	25,627,494	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	78,676,339	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	27,692,484	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	65,238,029	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	125,893,209	0.000000	57.00
58.00	05800	MRI	0	0	0	43,354,744	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	20,067,097	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	109,706,352	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	17,178,863	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	63,494,194	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,858,206	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,474,475	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	17,160,167	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	10,049,431	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	52,960,769	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	57,651,419	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	258,801,837	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,224,892	0.000000	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	6,436,392	0.000000	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	3,638,982	0.000000	90.00
90.01	09001	CLINIC-UROLOGY	0	0	0	2,625,705	0.000000	90.01
90.02	09002	CLINIC-SURGEONS	0	0	0	806,761	0.000000	90.02
90.03	09003	CLINIC-PODIATRY	0	0	0	15	0.000000	90.03
90.04	09004	CLINIC-ENT PRAC	0	0	0	595,173	0.000000	90.04
90.05	09005	CLINIC-OB/GYN PRAC	0	0	0	2,071,163	0.000000	90.05
91.00	09100	EMERGENCY	0	0	0	97,774,132	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	16,647,790	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	1,296,458,329		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet D
Part IV
Date/Time Prepared:
11/20/2023 11:58 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	12,746,250	0	33,673,212	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	1,525,167	0	5,066,492	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	10,634	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	2,694,980	0	5,926,619	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	3,730,098	0	11,929,124	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	53,975	0	10,202,880	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	3,984,024	0	10,862,597	0	56.00	
57.00	05700 CT SCAN	0.000000	12,984,920	0	21,872,490	0	57.00	
58.00	05800 MRI	0.000000	2,858,847	0	8,599,446	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	1,796,984	0	5,530,562	0	59.00	
60.00	06000 LABORATORY	0.000000	10,020,336	0	7,441,912	0	60.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	4,947,245	0	886,437	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	1,671,215	0	220,300	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	845,774	0	18,211	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	237,525	0	156,966	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,258,906	0	2,783,361	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	328,971	0	450,458	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	5,944,803	0	9,100,496	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	11,123,945	0	11,817,275	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	15,983,542	0	78,757,912	0	73.00	
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	294	0	76.00	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	25,373	0	3,787,894	0	76.98	
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	976	0	3,221	0	90.00	
90.01	09001 CLINIC-UROLOGY	0.000000	1,498	0	11,854	0	90.01	
90.02	09002 CLINIC-SURGEONS	0.000000	0	0	144,356	0	90.02	
90.03	09003 CLINIC-PODIATRY	0.000000	0	0	0	0	90.03	
90.04	09004 CLINIC-ENT PRAC	0.000000	0	0	588	0	90.04	
90.05	09005 CLINIC-OB/GYN PRAC	0.000000	0	0	0	0	90.05	
91.00	09100 EMERGENCY	0.000000	9,323,119	0	11,599,009	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	3,027,836	0	92.00	
200.00	Total (lines 50 through 199)		104,099,107	0	243,871,802	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST					Provider CCN: 14-0189		Period: From 07/01/2022 To 06/30/2023		Worksheet D Part V Date/Time Prepared: 11/20/2023 11:58 am	
					Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
			1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	0.238154	33,673,212		0	0	8,019,410		50.00
51.00	05100	RECOVERY ROOM	0.291450	5,066,492		0	0	1,476,629		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.233457	0		0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0.056168	5,926,619		0	0	332,886		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.161749	11,929,124		0	0	1,929,524		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.248512	10,202,880		0	0	2,535,538		55.00
56.00	05600	RADIOISOTOPE	0.106998	10,862,597		0	0	1,162,276		56.00
57.00	05700	CT SCAN	0.034644	21,872,490		0	0	757,751		57.00
58.00	05800	MRI	0.062109	8,599,446		0	0	534,103		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.154675	5,530,562		0	0	855,440		59.00
60.00	06000	LABORATORY	0.204664	7,441,912		0	0	1,523,091		60.00
65.00	06500	RESPIRATORY THERAPY	0.303164	886,437		0	0	268,736		65.00
66.00	06600	PHYSICAL THERAPY	0.119749	220,300		0	0	26,381		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.295888	18,211		0	0	5,388		67.00
68.00	06800	SPEECH PATHOLOGY	0.296503	156,966		0	0	46,541		68.00
69.00	06900	ELECTROCARDIOLOGY	0.352532	2,783,361		0	0	981,224		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.497534	450,458		0	0	224,118		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.165536	9,100,496		0	0	1,506,460		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.398601	11,817,275		0	0	4,710,378		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.141383	78,757,912		7,560	164,388	11,135,030		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0		0	0	0		75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.695216	294		0	0	792		76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.285310	3,787,894		0	0	1,080,724		76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0		0	0	0		77.00
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	1.457101	3,221		0	0	4,693		90.00
90.01	09001	CLINIC-UROLOGY	0.850504	11,854		0	0	10,082		90.01
90.02	09002	CLINIC-SURGEONS	2.557557	144,356		0	0	369,199		90.02
90.03	09003	CLINIC-PODIATRY	5,683.266667	0		0	0	0		90.03
90.04	09004	CLINIC-ENT PRAC	3.315485	588		0	0	1,950		90.04
90.05	09005	CLINIC-OB/GYN PRAC	1.780578	0		0	0	0		90.05
91.00	09100	EMERGENCY	0.214702	11,599,009		0	33	2,490,330		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.260082	3,027,836		0	0	3,815,322		92.00
200.00		Subtotal (see instructions)		243,871,802		7,560	164,421	45,803,996		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0			201.00
202.00		Net Charges (line 200 - line 201)		243,871,802		7,560	164,421	45,803,996		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet D
Part V
Date/Time Prepared:
11/20/2023 11:58 am

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,069	23,242		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0		77.00
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	CLINIC-UROLOGY	0	0		90.01
90.02	09002	CLINIC-SURGEONS	0	0		90.02
90.03	09003	CLINIC-PODIATRY	0	0		90.03
90.04	09004	CLINIC-ENT PRAC	0	0		90.04
90.05	09005	CLINIC-OB/GYN PRAC	0	0		90.05
91.00	09100	EMERGENCY	0	7		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	1,069	23,249		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	1,069	23,249		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0189

Period:

Worksheet D

Component CCN: 14-S189

From 07/01/2022
To 06/30/2023Part II
Date/Time Prepared:
11/20/2023 11:58 am

				Title XVIII		Subprovider - IPF		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	4,864,462	156,591,690	0.031065	0	0	50.00	
51.00	05100	RECOVERY ROOM	257,159	16,249,422	0.015826	55,878	884	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	89,925	7,911,103	0.011367	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	109,931	25,627,494	0.004290	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,088,561	78,676,339	0.026546	17,118	454	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	1,062,189	27,692,484	0.038357	0	0	55.00	
56.00	05600	RADIOISOTOPE	544,896	65,238,029	0.008352	1,178	10	56.00	
57.00	05700	CT SCAN	758,103	125,893,209	0.006022	98,270	592	57.00	
58.00	05800	MRI	797,588	43,354,744	0.018397	49,617	913	58.00	
59.00	05900	CARDIAC CATHETERIZATION	685,870	20,067,097	0.034179	0	0	59.00	
60.00	06000	LABORATORY	956,750	109,706,352	0.008721	208,599	1,819	60.00	
65.00	06500	RESPIRATORY THERAPY	164,508	17,178,863	0.009576	48,927	469	65.00	
66.00	06600	PHYSICAL THERAPY	397,236	63,494,194	0.006256	5,827	36	66.00	
67.00	06700	OCCUPATIONAL THERAPY	41,024	6,858,206	0.005982	2,352	14	67.00	
68.00	06800	SPEECH PATHOLOGY	81,738	3,474,475	0.023525	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	510,664	17,160,167	0.029759	14,323	426	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	234,992	10,049,431	0.023384	1,641	38	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	260,708	52,960,769	0.004923	600	3	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	689,551	57,651,419	0.011961	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	705,457	258,801,837	0.002726	252,358	688	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00	
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	111,204	1,224,892	0.090787	0	0	76.00	
76.98	07698	HYPERBARIC OXYGEN THERAPY	97,314	6,436,392	0.015119	0	0	76.98	
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	383,448	3,638,982	0.105372	0	0	90.00	
90.01	09001	CLINIC-UROLOGY	175,591	2,625,705	0.066874	0	0	90.01	
90.02	09002	CLINIC-SURGEONS	103,468	806,761	0.128251	0	0	90.02	
90.03	09003	CLINIC-PODIATRY	29,201	15	1,946.733333	0	0	90.03	
90.04	09004	CLINIC-ENT PRAC	171,929	595,173	0.288872	0	0	90.04	
90.05	09005	CLINIC-OB/GYN PRAC	253,606	2,071,163	0.122446	0	0	90.05	
91.00	09100	EMERGENCY	974,904	97,774,132	0.009971	205,348	2,048	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	16,647,790	0.000000	0	0	92.00	
200.00		Total (lines 50 through 199)	17,601,977	1,296,458,329		962,036	8,394	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0189 Component CCN: 14-S189		Period: From 07/01/2022 To 06/30/2023		Worksheet D Part IV Date/Time Prepared: 11/20/2023 11:58 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	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
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	0	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION		0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	CLINIC-UROLOGY		0	0	0	0	0	90.01
90.02	09002	CLINIC-SURGEONS		0	0	0	0	0	90.02
90.03	09003	CLINIC-PODIATRY		0	0	0	0	0	90.03
90.04	09004	CLINIC-ENT PRAC		0	0	0	0	0	90.04
90.05	09005	CLINIC-OB/GYN PRAC		0	0	0	0	0	90.05
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: 14-0189 Component CCN: 14-S189		Period: From 07/01/2022 To 06/30/2023		Worksheet D Part IV Date/Time Prepared: 11/20/2023 11:58 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of col.s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col.s. 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	156,591,690	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	16,249,422	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	7,911,103	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	25,627,494	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	78,676,339	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	27,692,484	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	65,238,029	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	125,893,209	0.000000	57.00
58.00	05800	MRI		0	0	0	43,354,744	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	20,067,097	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	109,706,352	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	17,178,863	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	63,494,194	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	6,858,206	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	3,474,475	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	17,160,167	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	10,049,431	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	52,960,769	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	57,651,419	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	258,801,837	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0.000000	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	1,224,892	0.000000	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	6,436,392	0.000000	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION		0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	3,638,982	0.000000	90.00
90.01	09001	CLINIC-UROLOGY		0	0	0	2,625,705	0.000000	90.01
90.02	09002	CLINIC-SURGEONS		0	0	0	806,761	0.000000	90.02
90.03	09003	CLINIC-PODIATRY		0	0	0	15	0.000000	90.03
90.04	09004	CLINIC-ENT PRAC		0	0	0	595,173	0.000000	90.04
90.05	09005	CLINIC-OB/GYN PRAC		0	0	0	2,071,163	0.000000	90.05
91.00	09100	EMERGENCY		0	0	0	97,774,132	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	16,647,790	0.000000	92.00
200.00		Total (lines 50 through 199)		0	0	0	1,296,458,329		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0189 Component CCN: 14-S189		Period: From 07/01/2022 To 06/30/2023		Worksheet D Part IV Date/Time Prepared: 11/20/2023 11:58 am		
				Title XVIII		Subprovider - IPF		PPS		
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)			
			9.00							10.00
	ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	55,878	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	17,118	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0.000000	1,178	0	0	0	0	56.00	
57.00	05700	CT SCAN	0.000000	98,270	0	0	0	0	57.00	
58.00	05800	MRI	0.000000	49,617	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0.000000	208,599	0	0	0	0	60.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	48,927	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	5,827	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	2,352	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	14,323	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,641	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	600	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	252,358	0	0	0	0	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	0	75.00	
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	0	76.00	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98	
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	0	77.00	
	OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00	
90.01	09001	CLINIC-UROLOGY	0.000000	0	0	0	0	0	90.01	
90.02	09002	CLINIC-SURGEONS	0.000000	0	0	0	0	0	90.02	
90.03	09003	CLINIC-PODIATRY	0.000000	0	0	0	0	0	90.03	
90.04	09004	CLINIC-ENT PRAC	0.000000	0	0	0	0	0	90.04	
90.05	09005	CLINIC-OB/GYN PRAC	0.000000	0	0	0	0	0	90.05	
91.00	09100	EMERGENCY	0.000000	205,348	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00	
200.00		Total (lines 50 through 199)		962,036	0	0	0	0	200.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0189	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/20/2023 11:58 am	
		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)			33,565	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			33,565	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)			22,092	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)			9,812	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)			61,371,240	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)			61,371,240	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)			61,371,240	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)			1,828.43	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			17,940,555	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)			17,940,555	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023

Worksheet D-1

Date/Time Prepared:
11/20/2023 11:58 am

		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					43.00
44.00	CORONARY CARE UNIT	7,218,963	2,209	3,267.98	782	2,555,560
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)					19,952,493
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)					40,448,608
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,033,213
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,258,813
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,292,026
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					38,156,582
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)					11,473
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,828.43
89.00	Observation bed cost (line 87 x line 88) (see instructions)					20,977,577

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023

Worksheet D-1

Date/Time Prepared:
11/20/2023 11:58 am

				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	3,148,603	61,371,240	0.051304	20,977,577	1,076,234	90.00
91.00	Nursing Program cost	0	61,371,240	0.000000	20,977,577	0	91.00
92.00	Allied health cost	0	61,371,240	0.000000	20,977,577	0	92.00
93.00	All other Medical Education	0	61,371,240	0.000000	20,977,577	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0189 Component CCN: 14-S189	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/20/2023 11:58 am
		Title XVIII	Subprovider - IPF	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)		4,959	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,959	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)		4,959	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)		855	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,945,922	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,945,922	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,945,922	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)		997.36	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		852,743	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)		852,743	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0189	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1	
				Component CCN: 14-S189		Date/Time Prepared: 11/20/2023 11:58 am	
				Title XVIII		Subprovider - IPF	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	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	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)					170,357	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					1,023,100	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					48,607	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					8,394	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					57,001	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					966,099	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0189 Component CCN: 14-S189		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/20/2023 11:58 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description								1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00	
Cost Center Description			Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
			1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
90.00	Capital-related cost		281,920	4,945,922	0.057000	0	0	90.00	
91.00	Nursing Program cost		0	4,945,922	0.000000	0	0	91.00	
92.00	Allied health cost		0	4,945,922	0.000000	0	0	92.00	
93.00	All other Medical Education		0	4,945,922	0.000000	0	0	93.00	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0189	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3 Date/Time Prepared: 11/20/2023 11:58 am	
Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		14,978,957	30.00
32.00	03200	CORONARY CARE UNIT		1,870,550	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.238154	12,746,250	50.00
51.00	05100	RECOVERY ROOM	0.291450	1,525,167	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.233457	10,634	52.00
53.00	05300	ANESTHESIOLOGY	0.056168	2,694,980	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.161749	3,730,098	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.248512	53,975	55.00
56.00	05600	RADIOISOTOPE	0.106998	3,984,024	56.00
57.00	05700	CT SCAN	0.034644	12,984,920	57.00
58.00	05800	MRI	0.062109	2,858,847	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.154675	1,796,984	59.00
60.00	06000	LABORATORY	0.204664	10,020,336	60.00
65.00	06500	RESPIRATORY THERAPY	0.303164	4,947,245	65.00
66.00	06600	PHYSICAL THERAPY	0.119749	1,671,215	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.295888	845,774	67.00
68.00	06800	SPEECH PATHOLOGY	0.296503	237,525	68.00
69.00	06900	ELECTROCARDIOLOGY	0.352532	1,258,906	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.497534	328,971	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.165536	5,944,803	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.398601	11,123,945	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.141383	15,983,542	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.695216	0	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.285310	25,373	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.457101	976	90.00
90.01	09001	CLINIC-UROLOGY	0.850504	1,498	90.01
90.02	09002	CLINIC-SURGEONS	2.557557	0	90.02
90.03	09003	CLINIC-PODIATRY	5,683.266667	0	90.03
90.04	09004	CLINIC-ENT PRAC	3.315485	0	90.04
90.05	09005	CLINIC-OB/GYN PRAC	1.780578	0	90.05
91.00	09100	EMERGENCY	0.214887	9,323,119	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.260082	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		104,099,107	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)		104,099,107	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0189 Component CCN: 14-S189	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3 Date/Time Prepared: 11/20/2023 11:58 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
32.00	03200 CORONARY CARE UNIT				32.00
40.00	04000 SUBPROVIDER - IPF		1,264,751		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.238154	0	0	50.00
51.00	05100 RECOVERY ROOM	0.291450	55,878	16,286	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.233457	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.056168	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.161749	17,118	2,769	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.248512	0	0	55.00
56.00	05600 RADIOISOTOPE	0.106998	1,178	126	56.00
57.00	05700 CT SCAN	0.034644	98,270	3,404	57.00
58.00	05800 MRI	0.062109	49,617	3,082	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.154675	0	0	59.00
60.00	06000 LABORATORY	0.204664	208,599	42,693	60.00
65.00	06500 RESPIRATORY THERAPY	0.303164	48,927	14,833	65.00
66.00	06600 PHYSICAL THERAPY	0.119749	5,827	698	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.295888	2,352	696	67.00
68.00	06800 SPEECH PATHOLOGY	0.296503	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.352532	14,323	5,049	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.497534	1,641	816	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.165536	600	99	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.398601	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.141383	252,358	35,679	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.695216	0	0	76.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.285310	0	0	76.98
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.457101	0	0	90.00
90.01	09001 CLINIC-UROLOGY	0.850504	0	0	90.01
90.02	09002 CLINIC-SURGEONS	2.557557	0	0	90.02
90.03	09003 CLINIC-PODIATRY	5,683.266667	0	0	90.03
90.04	09004 CLINIC-ENT PRAC	3.315485	0	0	90.04
90.05	09005 CLINIC-OB/GYN PRAC	1.780578	0	0	90.05
91.00	09100 EMERGENCY	0.214887	205,348	44,127	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.260082	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		962,036	170,357	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)		962,036		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0189	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 11/20/2023 11:58 am
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments			0 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		5,356,976	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		17,568,863	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)		46,656	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		288,675	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)		68.57	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)		5.35	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.54	31.00
32.00	Sum of lines 30 and 31		22.89	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.10	33.00
34.00	Disproportionate share adjustment (see instructions)		464,249	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0189	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 11/20/2023 11:58 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Payment Adjustment				
35.00	Total uncompensated care amount (see instructions)	7,192,008,710	6,874,403,459	35.00	
35.01	Factor 3 (see instructions)	0.000229113	0.000245798	35.01	
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	1,647,783	1,689,715	35.02	
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	415,332	1,263,814	35.03	
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	1,679,146		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)	25,404,565		47.00	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	27,401,110		48.00	
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)		27,401,110	49.00	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,724,560	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		217,641	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)		29,343,311	59.00	
60.00	Primary payer payments		3,444	60.00	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		29,339,867	61.00	
62.00	Deductibles billed to program beneficiaries		3,035,236	62.00	
63.00	Coinurance billed to program beneficiaries		49,006	63.00	
64.00	Allowable bad debts (see instructions)		626,548	64.00	
65.00	Adjusted reimbursable bad debts (see instructions)		407,256	65.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		506,645	66.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		26,662,881	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)		-694,304	70.94	
70.95	Recovery of accelerated depreciation		0	70.95	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0189	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 11/20/2023 11:58 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3	0	0	70.98	
70.99	HAC adjustment amount (see instructions)		67,810	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		25,900,767	71.00	
71.01	Sequestration adjustment (see instructions)		518,015	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		25,800,965	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)		-418,213	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		487,817	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				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

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/20/2023 11:58 am

		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	5,356,976	5,356,976		5,356,976	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	17,568,863		17,568,863	17,568,863	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	46,656	46,656		46,656	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	288,675		288,675	288,675	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	0.0810	0.0810	0.0810		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	464,249	108,479	355,770	464,249	11.00
11.01	Uncompensated care payments	36.00	1,679,146	415,332	1,263,814	1,679,146	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	25,404,565	5,927,443	19,477,122	25,404,565	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	27,401,110	6,466,484	20,934,626	27,401,110	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	27,401,110	6,466,484	20,934,626	27,401,110	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,724,560	434,684	1,289,876	1,724,560	16.00
17.00	Special add-on payments for new technologies	54.00	217,641	54,858	162,783	217,641	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			6,956,026	22,387,285	29,343,311	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/20/2023 11:58 am

		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	1,699,599	428,392	1,271,207	1,699,599	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	24,961	6,292	18,669	24,961	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	1,724,560	434,684	1,289,876	1,724,560	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	-694,304	-175,003	-519,301	-694,304	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		67,810	0	67,810	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0189	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 11/20/2023 11:58 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		24,318	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		45,803,996	2.00
3.00	OPPS or REH payments		39,569,865	3.00
4.00	Outlier payment (see instructions)		74,118	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)		24,318	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		171,981	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)		171,981	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)		171,981	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		147,663	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)		24,318	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)		39,643,983	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)		6,698,148	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)		32,970,153	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
28.50	REH facility payment amount			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)		32,970,153	30.00
31.00	Primary payer payments		1,267	31.00
32.00	Subtotal (line 30 minus line 31)		32,968,886	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)		524,466	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		340,903	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		416,263	36.00
37.00	Subtotal (see instructions)		33,309,789	37.00
38.00	MSP-LCC reconciliation amount from PS&R		387	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)		33,309,402	40.00
40.01	Sequestration adjustment (see instructions)		666,188	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		32,747,513	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		-104,299	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0189	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 11/20/2023 11:58 am
	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: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet E-1
Part I
Date/Time Prepared:
11/20/2023 11:58 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		25,753,443		32,851,648	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	01/10/2023	47,522		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0	01/10/2023	104,135	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)		47,522		-104,135	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)		25,800,965		32,747,513	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		418,213		104,299	6.02	
7.00	Total Medicare program liability (see instructions)		25,382,752		32,643,214	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0189

Period:

Worksheet E-1

Component CCN: 14-S189

From 07/01/2022

Part I

To 06/30/2023

Date/Time Prepared:

11/20/2023 11:58 am

Title XVIII

Subprovider -

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		741,421		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		741,421		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		29,225		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		770,646		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor		0			8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet E-1
Part II
Date/Time Prepared:
11/20/2023 11:58 am

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0189 Component CCN: 14-S189	Period: From 07/01/2022 To 06/30/2023	Worksheet E-3 Part II Date/Time Prepared: 11/20/2023 11:58 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			840,578 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			9,405 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			13,586,301 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			849,983 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			849,983 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			849,983 18.00
19.00	Deductibles			86,592 19.00
20.00	Subtotal (line 18 minus line 19)			763,391 20.00
21.00	Coinurance			6,800 21.00
22.00	Subtotal (line 20 minus line 21)			756,591 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			45,819 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			29,782 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			40,643 25.00
26.00	Subtotal (sum of lines 22 and 24)			786,373 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.98	Recovery of accelerated depreciation.			0 30.98
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			786,373 31.00
31.01	Sequestration adjustment (see instructions)			15,727 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			741,421 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			29,225 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING ON OR BEFORE MAY 11, 2023 (THE END OF THE COVID-19 PHE)				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 14-0189	Period: From 07/01/2022 To 06/30/2023	Worksheet E-5 Date/Time Prepared: 11/20/2023 11:58 am
		Title XVIII		PPS
				1.00
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0 1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2			0 2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)			0 3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)			0 4.00
5.00	The rate used to calculate the time value of money (see instructions)			0.00 5.00
6.00	Time value of money for operating expenses (see instructions)			0 6.00
7.00	Time value of money for capital related expenses (see instructions)			0 7.00

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

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023

Worksheet G

Date/Time Prepared: 11/20/2023 11:58 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	2,496,630	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	203,831,171	0	0	0	4.00
5.00	Other receivable	-152,859,472	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	10,650,266	0	0	0	7.00
8.00	Prepaid expenses	34,737,018	0	0	0	8.00
9.00	Other current assets	0	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)	98,855,613	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,216,675	0	0	0	12.00
13.00	Land improvements	16,499,749	0	0	0	13.00
14.00	Accumulated depreciation	-7,842,254	0	0	0	14.00
15.00	Buildings	297,823,428	0	0	0	15.00
16.00	Accumulated depreciation	-98,179,832	0	0	0	16.00
17.00	Leasehold improvements	498,573	0	0	0	17.00
18.00	Accumulated depreciation	-329,923	0	0	0	18.00
19.00	Fixed equipment	24,371,364	0	0	0	19.00
20.00	Accumulated depreciation	-15,641,942	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	169,070,490	0	0	0	23.00
24.00	Accumulated depreciation	-119,797,800	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	274,688,528	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	450,510,981	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	138,851,772	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	589,362,753	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	962,906,894	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	14,758,058	0	0	0	37.00
38.00	Salaries, wages, and fees payable	51,012,363	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,059,890	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	16,278,659	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	88,108,970	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	200,989,312	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	200,989,312	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	289,098,282	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	673,808,612				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	673,808,612	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	962,906,894	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023

Worksheet G-1

Date/Time Prepared:
11/20/2023 11:58 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		616,956,290		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		56,852,322				2.00
3.00	Total (sum of line 1 and line 2)		673,808,612		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		673,808,612		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		673,808,612		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet G-2
Parts I & II
Date/Time Prepared:
11/20/2023 11:58 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	39,984,524		39,984,524	1.00
2.00	SUBPROVIDER - IPF	7,467,200		7,467,200	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	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	47,451,724		47,451,724	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT	4,983,576		4,983,576	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)	4,983,576		4,983,576	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	52,435,300		52,435,300	17.00
18.00	Ancillary services	235,917,892	1,032,010,862	1,267,928,754	18.00
19.00	Outpatient services	0	0	0	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		5,958,491	5,958,491	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	0	6,206,064	6,206,064	26.00
27.00	OTHER: NURS, OCC HLT, DIET, ACCRLS	2,175,049	1,352,076	3,527,125	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	290,528,241	1,045,527,493	1,336,055,734	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		529,609,335		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)		529,609,335		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023

Worksheet G-3

Date/Time Prepared:
11/20/2023 11:58 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,336,055,734	1.00
2.00	Less contractual allowances and discounts on patients' accounts	887,457,118	2.00
3.00	Net patient revenues (line 1 minus line 2)	448,598,616	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	529,609,335	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-81,010,719	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	94,419	6.00
7.00	Income from investments	32,843,975	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	474,343	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,287,825	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	3,679,270	17.00
18.00	Revenue from sale of medical records and abstracts	47,836	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	22,033	21.00
22.00	Rental of hospital space	271,086	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER: PHYS RV, GRANTS, MSC	99,142,254	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	137,863,041	25.00
26.00	Total (line 5 plus line 25)	56,852,322	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	56,852,322	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0189

Period:

Worksheet H

HHA CCN: 14-7594

From 07/01/2022
To 06/30/2023Date/Time Prepared:
11/20/2023 11:58 am

						Home Heal th Agency I	PPS	
		Sal aries	Empl oye e Benefi ts	Transpor tati on (see i nstructions)	Contracted/Pur chased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
		1. 00	2. 00	3. 00	4. 00	5. 00	6. 00	
GENERAL SERVICE COST CENTERS								
1. 00	Capital Related - Bldg. & Fixtures			0		0	0	1. 00
2. 00	Capital Related - Movable Equipment			0		0	0	2. 00
3. 00	Plant Operation & Maintenance	0	0	0	0	0	0	3. 00
4. 00	Transportation	0	0	0	0	0	0	4. 00
5. 00	Administrative and General	1, 312, 826	386, 690	53, 176	154, 425	379, 451	2, 286, 568	5. 00
HHA REIMBURSABLE SERVICES								
6. 00	Skilled Nursing Care	2, 635, 509	0	0	0	0	2, 635, 509	6. 00
7. 00	Physical Therapy	950, 747	0	0	0	0	950, 747	7. 00
8. 00	Occupational Therapy	383, 366	0	0	0	0	383, 366	8. 00
9. 00	Speech Pathology	25, 303	0	0	0	0	25, 303	9. 00
10. 00	Medical Social Services	89, 054	0	0	0	0	89, 054	10. 00
11. 00	Home Health Aide	97, 956	0	0	0	0	97, 956	11. 00
12. 00	Supplies (see instructions)	0	0	0	0	0	0	12. 00
13. 00	Drugs	0	0	0	0	0	0	13. 00
14. 00	DME	0	0	0	0	0	0	14. 00
HHA NONREIMBURSABLE SERVICES								
15. 00	Home Dialysis Aide Services	0	0	0	0	0	0	15. 00
16. 00	Respiratory Therapy	0	0	0	0	0	0	16. 00
17. 00	Private Duty Nursing	0	0	0	0	0	0	17. 00
18. 00	Clinic	0	0	0	0	0	0	18. 00
19. 00	Health Promotion Activities	0	0	0	0	0	0	19. 00
20. 00	Day Care Program	0	0	0	0	0	0	20. 00
21. 00	Home Delivered Meals Program	0	0	0	0	0	0	21. 00
22. 00	Homemaker Service	0	0	0	0	0	0	22. 00
23. 00	All Others (specify)	0	0	0	0	0	0	23. 00
23. 50	Telemedicine	0	0	0	0	0	0	23. 50
24. 00	Total (sum of lines 1-23)	5, 494, 761	386, 690	53, 176	154, 425	379, 451	6, 468, 503	24. 00
		Recl assi fi cati on	Recl assi fi ed Trial Balance (col . 6 + col . 7)	Adj ustments	Net Expenses for Allocation (col . 8 + col . 9)			
		7. 00	8. 00	9. 00	10. 00			
GENERAL SERVICE COST CENTERS								
1. 00	Capital Related - Bldg. & Fixtures	0	0	0	0			1. 00
2. 00	Capital Related - Movable Equipment	0	0	0	0			2. 00
3. 00	Plant Operation & Maintenance	0	0	0	0			3. 00
4. 00	Transportation	0	0	0	0			4. 00
5. 00	Administrative and General	0	2, 286, 568	0	2, 286, 568			5. 00
HHA REIMBURSABLE SERVICES								
6. 00	Skilled Nursing Care	0	2, 635, 509	0	2, 635, 509			6. 00
7. 00	Physical Therapy	0	950, 747	0	950, 747			7. 00
8. 00	Occupational Therapy	0	383, 366	0	383, 366			8. 00
9. 00	Speech Pathology	0	25, 303	0	25, 303			9. 00
10. 00	Medical Social Services	0	89, 054	0	89, 054			10. 00
11. 00	Home Health Aide	0	97, 956	0	97, 956			11. 00
12. 00	Supplies (see instructions)	0	0	0	0			12. 00
13. 00	Drugs	0	0	0	0			13. 00
14. 00	DME	0	0	0	0			14. 00
HHA NONREIMBURSABLE SERVICES								
15. 00	Home Dialysis Aide Services	0	0	0	0			15. 00
16. 00	Respiratory Therapy	0	0	0	0			16. 00
17. 00	Private Duty Nursing	0	0	0	0			17. 00
18. 00	Clinic	0	0	0	0			18. 00
19. 00	Health Promotion Activities	0	0	0	0			19. 00
20. 00	Day Care Program	0	0	0	0			20. 00
21. 00	Home Delivered Meals Program	0	0	0	0			21. 00
22. 00	Homemaker Service	0	0	0	0			22. 00
23. 00	All Others (specify)	0	0	0	0			23. 00
23. 50	Telemedicine	0	0	0	0			23. 50
24. 00	Total (sum of lines 1-23)	0	6, 468, 503	0	6, 468, 503			24. 00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 14-0189

Period:

Worksheet H-1

HHA CCN: 14-7594

From 07/01/2022
To 06/30/2023Part I
Date/Time Prepared:
11/20/2023 11:58 amHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (col s. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	2,286,568	0	0	0	0	2,286,568	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,635,509	0	0	0	0	2,635,509	6.00
7.00	Physical Therapy	950,747	0	0	0	0	950,747	7.00
8.00	Occupational Therapy	383,366	0	0	0	0	383,366	8.00
9.00	Speech Pathology	25,303	0	0	0	0	25,303	9.00
10.00	Medical Social Services	89,054	0	0	0	0	89,054	10.00
11.00	Home Health Aide	97,956	0	0	0	0	97,956	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	6,468,503	0	0	0	0	6,468,503	24.00
		Administrative & General	Total (col s. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	2,286,568						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,441,024	4,076,533					6.00
7.00	Physical Therapy	519,843	1,470,590					7.00
8.00	Occupational Therapy	209,614	592,980					8.00
9.00	Speech Pathology	13,835	39,138					9.00
10.00	Medical Social Services	48,692	137,746					10.00
11.00	Home Health Aide	53,560	151,516					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		6,468,503					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0189

Period:

Worksheet H-1

HHA CCN: 14-7594

From 07/01/2022
To 06/30/2023Part II
Date/Time Prepared:
11/20/2023 11:58 amHome Health
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)		
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)						
		1.00	2.00	3.00	4.00	5A.00	5.00		
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00	
2.00	Capital Related - Movable Equipment		0			0		2.00	
3.00	Plant Operation & Maintenance	0	0	0		0		3.00	
4.00	Transportation (see instructions)	0	0	0	0			4.00	
5.00	Administrative and General	0	0	0	0	-2,286,568	4,181,935	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	0	2,635,509	6.00	
7.00	Physical Therapy	0	0	0	0	0	950,747	7.00	
8.00	Occupational Therapy	0	0	0	0	0	383,366	8.00	
9.00	Speech Pathology	0	0	0	0	0	25,303	9.00	
10.00	Medical Social Services	0	0	0	0	0	89,054	10.00	
11.00	Home Health Aide	0	0	0	0	0	97,956	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0		0	0	13.00	
14.00	DME	0	0	0	0	0	0	14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	0	0	0	0	-2,286,568	4,181,935	24.00	
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		2,286,568	25.00	
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.546773	26.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0189

Period:

Worksheet H-2

HHA CCN: 14-7594

From 07/01/2022
To 06/30/2023Part I
Date/Time Prepared:
11/20/2023 11:58 amHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.00	
1.00	Administrative and General	0	57,735	6,800	1,158,312	1,222,847	212,049	1.00
2.00	Skilled Nursing Care	4,076,533	0	0	0	4,076,533	706,895	2.00
3.00	Physical Therapy	1,470,590	0	0	0	1,470,590	255,009	3.00
4.00	Occupational Therapy	592,980	0	0	0	592,980	102,826	4.00
5.00	Speech Pathology	39,138	0	0	0	39,138	6,787	5.00
6.00	Medical Social Services	137,746	0	0	0	137,746	23,886	6.00
7.00	Home Health Aide	151,516	0	0	0	151,516	26,274	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	6,468,503	57,735	6,800	1,158,312	7,691,350	1,333,726	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	65,322	0	23,391	0	30,560	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	65,322	0	23,391	0	30,560	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0189

Period:

Worksheet H-2

HHA CCN: 14-7594

From 07/01/2022

Part I

To 06/30/2023

Date/Time Prepared:

11/20/2023 11:58 am

					Home Heal th Agency I	PPS		
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDI CAL RECORDS & LI BRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adj ustments	Subtotal	
		14. 00	15. 00	16. 00	24. 00	25. 00	26. 00	
1. 00	Admini strative and General	0	0	23, 685	1, 577, 854	0	1, 577, 854	1. 00
2. 00	Skilled Nursing Care	0	0	0	4, 783, 428	0	4, 783, 428	2. 00
3. 00	Physical Therapy	0	0	0	1, 725, 599	0	1, 725, 599	3. 00
4. 00	Occupational Therapy	0	0	0	695, 806	0	695, 806	4. 00
5. 00	Speech Pathology	0	0	0	45, 925	0	45, 925	5. 00
6. 00	Medi cal Social Services	0	0	0	161, 632	0	161, 632	6. 00
7. 00	Home Heal th Aide	0	0	0	177, 790	0	177, 790	7. 00
8. 00	Supplies (see i nstructions)	0	0	0	0	0	0	8. 00
9. 00	Drugs	0	0	0	0	0	0	9. 00
10. 00	DME	0	0	0	0	0	0	10. 00
11. 00	Home Dialysis Aide Services	0	0	0	0	0	0	11. 00
12. 00	Respiratory Therapy	0	0	0	0	0	0	12. 00
13. 00	Private Duty Nursing	0	0	0	0	0	0	13. 00
14. 00	Clinic	0	0	0	0	0	0	14. 00
15. 00	Heal th Promotion Activi ties	0	0	0	0	0	0	15. 00
16. 00	Day Care Program	0	0	0	0	0	0	16. 00
17. 00	Home Delivered Meals Program	0	0	0	0	0	0	17. 00
18. 00	Homemaker Servi ce	0	0	0	0	0	0	18. 00
19. 00	All Others (speci fy)	0	0	0	0	0	0	19. 00
19. 50	Telemedi cine	0	0	0	0	0	0	19. 50
20. 00	Total (sum of lines 1-19) (2)	0	0	23, 685	9, 168, 034	0	9, 168, 034	20. 00
21. 00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21. 00
Cost Center Description		Allocated HHA A&G (see Part II)	Total HHA Costs					
		27. 00	28. 00					
1. 00	Admini strative and General							1. 00
2. 00	Skilled Nursing Care	994, 384	5, 777, 812					2. 00
3. 00	Physical Therapy	358, 719	2, 084, 318					3. 00
4. 00	Occupational Therapy	144, 645	840, 451					4. 00
5. 00	Speech Pathology	9, 547	55, 472					5. 00
6. 00	Medi cal Social Services	33, 600	195, 232					6. 00
7. 00	Home Heal th Aide	36, 959	214, 749					7. 00
8. 00	Supplies (see i nstructions)	0	0					8. 00
9. 00	Drugs	0	0					9. 00
10. 00	DME	0	0					10. 00
11. 00	Home Dialysis Aide Services	0	0					11. 00
12. 00	Respiratory Therapy	0	0					12. 00
13. 00	Private Duty Nursing	0	0					13. 00
14. 00	Clinic	0	0					14. 00
15. 00	Heal th Promotion Activi ties	0	0					15. 00
16. 00	Day Care Program	0	0					16. 00
17. 00	Home Delivered Meals Program	0	0					17. 00
18. 00	Homemaker Servi ce	0	0					18. 00
19. 00	All Others (speci fy)	0	0					19. 00
19. 50	Telemedi cine	0	0					19. 50
20. 00	Total (sum of lines 1-19) (2)	1, 577, 854	9, 168, 034					20. 00
21. 00	Uni t Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0. 207881						21. 00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0189

Period:

Worksheet H-2

HHA CCN: 14-7594

From 07/01/2022
To 06/30/2023Part II
Date/Time Prepared:
11/20/2023 11:58 amHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	5A	5.00	7.00	
1.00	Administrative and General	3,990	5,758	5,494,761	0	1,222,847	3,990	1.00
2.00	Skilled Nursing Care	0	0	0	0	4,076,533	0	2.00
3.00	Physical Therapy	0	0	0	0	1,470,590	0	3.00
4.00	Occupational Therapy	0	0	0	0	592,980	0	4.00
5.00	Speech Pathology	0	0	0	0	39,138	0	5.00
6.00	Medical Social Services	0	0	0	0	137,746	0	6.00
7.00	Home Health Aide	0	0	0	0	151,516	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	3,990	5,758	5,494,761		7,691,350	3,990	20.00
21.00	Total cost to be allocated	57,735	6,800	1,158,312		1,333,726	65,322	21.00
22.00	Unit cost multiplier	14.469925	1.180966	0.210803		0.173406	16.371429	22.00
Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HR)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	56	0	16	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	56	0	16	0	0	20.00
21.00	Total cost to be allocated	0	23,391	0	30,560	0	0	21.00
22.00	Unit cost multiplier	0.000000	417.696429	0.000000	1,910.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0189

Period:

Worksheet H-2

HHA CCN: 14-7594

From 07/01/2022
To 06/30/2023Part II
Date/Time Prepared:
11/20/2023 11:58 amHome Health
Agency I

PPS

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)		
		15.00	16.00		
1.00	Administrative and General	0	5,958,491		1.00
2.00	Skilled Nursing Care	0	0		2.00
3.00	Physical Therapy	0	0		3.00
4.00	Occupational Therapy	0	0		4.00
5.00	Speech Pathology	0	0		5.00
6.00	Medical Social Services	0	0		6.00
7.00	Home Health Aide	0	0		7.00
8.00	Supplies (see instructions)	0	0		8.00
9.00	Drugs	0	0		9.00
10.00	DME	0	0		10.00
11.00	Home Dialysis Aide Services	0	0		11.00
12.00	Respiratory Therapy	0	0		12.00
13.00	Private Duty Nursing	0	0		13.00
14.00	Clinic	0	0		14.00
15.00	Health Promotion Activities	0	0		15.00
16.00	Day Care Program	0	0		16.00
17.00	Home Delivered Meals Program	0	0		17.00
18.00	Homemaker Service	0	0		18.00
19.00	All Others (specify)	0	0		19.00
19.50	Telemedicine	0	0		19.50
20.00	Total (sum of lines 1-19)	0	5,958,491		20.00
21.00	Total cost to be allocated	0	23,685		21.00
22.00	Unit cost multiplier	0.000000	0.003975		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0189

Period:

Worksheet H-3

HHA CCN: 14-7594

From 07/01/2022

Part I

To 06/30/2023

Date/Time Prepared:

				Title XVIII		Home Health Agency I	PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	5,777,812		5,777,812	16,537	349.39	1.00
2.00	Physical Therapy	3.00	2,084,318	0	2,084,318	8,908	233.98	2.00
3.00	Occupational Therapy	4.00	840,451	0	840,451	3,657	229.82	3.00
4.00	Speech Pathology	5.00	55,472	0	55,472	308	180.10	4.00
5.00	Medical Social Services	6.00	195,232		195,232	128	1,525.25	5.00
6.00	Home Health Aide	7.00	214,749		214,749	1,963	109.40	6.00
7.00	Total (sum of lines 1-6)		9,168,034	0	9,168,034	31,501		7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits			
					Part B			
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		99914	0	7,799			8.00
8.01	Skilled Nursing Care		16580	0	0			8.01
9.00	Physical Therapy		99914	0	4,590			9.00
9.01	Physical Therapy		16580	0	0			9.01
10.00	Occupational Therapy		99914	0	2,004			10.00
10.01	Occupational Therapy		16580	0	0			10.01
11.00	Speech Pathology		99914	0	198			11.00
11.01	Speech Pathology		16580	0	0			11.01
12.00	Medical Social Services		99914	0	74			12.00
12.01	Medical Social Services		16580	0	0			12.01
13.00	Home Health Aide		99914	0	1,474			13.00
13.01	Home Health Aide		16580	0	0			13.01
14.00	Total (sum of lines 8-13)			0	16,139			14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Cost Center Description		Program Visits			Cost of Services			
		Part B						
		Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	10.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	7,799		0	2,724,893		1.00
2.00	Physical Therapy	0	4,590		0	1,073,968		2.00
3.00	Occupational Therapy	0	2,004		0	460,559		3.00
4.00	Speech Pathology	0	198		0	35,660		4.00
5.00	Medical Social Services	0	74		0	112,869		5.00
6.00	Home Health Aide	0	1,474		0	161,256		6.00
7.00	Total (sum of lines 1-6)	0	16,139		0	4,569,205		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0189

Period:

Worksheet H-3

HHA CCN: 14-7594

From 07/01/2022

Part I

To 06/30/2023

Date/Time Prepared:

11/20/2023 11:58 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description									
		6.00	7.00	8.00	9.00	10.00	11.00		
	Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00	
8.01	Skilled Nursing Care							8.01	
9.00	Physical Therapy							9.00	
9.01	Physical Therapy							9.01	
10.00	Occupational Therapy							10.00	
10.01	Occupational Therapy							10.01	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
14.00	Total (sum of lines 8-13)							14.00	
Cost Center Description		Program Covered Charges			Cost of Services				
		Part A	Part B		Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
			6.00	7.00		8.00	9.00	10.00	11.00
	Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00	
16.00	Cost of Drugs		0	0		0	0	16.00	
Cost Center Description		Total Program Cost (sum of col.s. 9-10)							
		12.00							
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	2,724,893							1.00
2.00	Physical Therapy	1,073,968							2.00
3.00	Occupational Therapy	460,559							3.00
4.00	Speech Pathology	35,660							4.00
5.00	Medical Social Services	112,869							5.00
6.00	Home Health Aide	161,256							6.00
7.00	Total (sum of lines 1-6)	4,569,205							7.00
Cost Center Description									
		12.00							
	Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00	
8.01	Skilled Nursing Care							8.01	
9.00	Physical Therapy							9.00	
9.01	Physical Therapy							9.01	
10.00	Occupational Therapy							10.00	
10.01	Occupational Therapy							10.01	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0189

Period:

Worksheet H-3

HHA CCN: 14-7594

From 07/01/2022
To 06/30/2023Part II
Date/Time Prepared:
11/20/2023 11:58 amHome Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.119749	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.295888	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.296503	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.165536	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.141383	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0189 HHA CCN: 14-7594	Period: From 07/01/2022 To 06/30/2023	Worksheet H-4 Part I-II Date/Time Prepared: 11/20/2023 11:58 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	2,444,906	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	487,958	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	30,687	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	44,752	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	157,922	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	4,480	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	3,170,705	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	3,170,705	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	3,170,705	26.00
27.00	Allowable bad debts (from your records)	0	0	27.00
27.01	Adjusted reimbursable bad debts (see instructions)	0	0	27.01
28.00	Allowable bad debts for dual eligible (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (see instructions)	0	3,170,705	29.00
30.00	OTHER	0	-62,540	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	30.99
31.00	Subtotal (see instructions)	0	3,108,165	31.00
31.01	Sequestration adjustment (see instructions)	0	62,209	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	31.02
31.75	Sequestration adjustment for non-claims based amounts (see instructions)	0	0	31.75
32.00	Interim payments (see instructions)	0	3,045,956	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 31.75, 32, and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIESProvider CCN: 14-0189
HHA CCN: 14-7594Period:
From 07/01/2022
To 06/30/2023Worksheet H-5
Date/Time Prepared:
11/20/2023 11:58 am
PPS

		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider		0		3,045,956
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
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)				
Program to Provider					
3.01			0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50			0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		3,045,956
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)				
Program to Provider					
5.01			0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50			0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		0		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		0		3,045,956
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0189

Period:

Worksheet 0

Hospice CCN: 14-1599

From 07/01/2022
To 06/30/2023Date/Time Prepared:
11/20/2023 11:58 am

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	127,232	127,232	0	127,232	3.00
4.00	ADMINISTRATIVE & GENERAL*	180,885	162,204	343,089	0	343,089	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	3,600	3,600	0	3,600	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	273,627	0	273,627	0	273,627	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	32,940	32,940	0	32,940	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	74,214	74,214	0	74,214	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	45,284	0	45,284	0	45,284	13.00
14.00	PHARMACY*	0	266,487	266,487	0	266,487	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	855,263	0	855,263	0	855,263	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	100,756	0	100,756	0	100,756	33.00
34.00	SPIRITUAL COUNSELING**	64,280	0	64,280	0	64,280	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	165,540	0	165,540	0	165,540	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	151,427	151,427	0	151,427	38.00
39.00	PATIENT TRANSPORTATION**	0	3,729	3,729	0	3,729	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	502	502	0	502	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	431	431	0	431	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	12,760	12,760	0	12,760	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	82,470	0	82,470	0	82,470	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	240,350	37,349	277,699	0	277,699	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	2,008,455	872,875	2,881,330	0	2,881,330	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0189

Period:

Worksheet 0

Hospice CCN: 14-1599

From 07/01/2022
To 06/30/2023Date/Time Prepared:
11/20/2023 11:58 am

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	127,232	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	343,089	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	3,600	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	273,627	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	32,940	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	74,214	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	45,284	13.00
14.00	PHARMACY*	0	266,487	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	855,263	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	100,756	33.00
34.00	SPIRITUAL COUNSELING**	0	64,280	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	165,540	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	151,427	38.00
39.00	PATIENT TRANSPORTATION**	0	3,729	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	502	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	431	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	12,760	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	82,470	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	277,699	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	0	2,881,330	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE

Provider CCN: 14-0189

Period:

Worksheet 0-2

Hospice CCN: 14-1599

From 07/01/2022
To 06/30/2023Date/Time Prepared:
11/20/2023 11:58 am

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col . 1 + col . 2)	RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	852,724	0	852,724	0	852,724	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	100,703	0	100,703	0	100,703	33.00
34.00	SPIRITUAL COUNSELING	64,280	0	64,280	0	64,280	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	165,540	0	165,540	0	165,540	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	151,427	151,427	0	151,427	38.00
39.00	PATIENT TRANSPORTATION	0	2,705	2,705	0	2,705	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	502	502	0	502	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	1,183,247	154,634	1,337,881	0	1,337,881	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	852,724	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	100,703	33.00
34.00	SPIRITUAL COUNSELING	0	64,280	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	165,540	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	151,427	38.00
39.00	PATIENT TRANSPORTATION	0	2,705	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	502	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	1,337,881	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT RESPIRATORY CARE

Provider CCN: 14-0189

Period:

Worksheet 0-3

Hospice CCN: 14-1599

From 07/01/2022
To 06/30/2023Date/Time Prepared:
11/20/2023 11:58 am

				Hospice I		11/20/2023 11:00 am	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0		0	0	0	26.00
27.00	NURSE PRACTITIONER	0		0	0	0	27.00
28.00	REGISTERED NURSE	617	0	617	0	617	28.00
29.00	LPN/LVN	0		0	0	0	29.00
30.00	PHYSICAL THERAPY	0		0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0		0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0		0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0		0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0		0	0	0	34.00
35.00	DIETARY COUNSELING	0		0	0	0	35.00
36.00	COUNSELING - OTHER	0		0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0		0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0		0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	290	290	0	290	39.00
40.00	IMAGING SERVICES	0		0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0		0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0		0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0		0	0	0	42.50
43.00	OUTPATIENT SERVICES	0		0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0		0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	431	431	0	431	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0		0	0	0	46.00
100.00	TOTAL *	617	721	1,338	0	1,338	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col . 5 ± col . 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	0	0		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	617		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	0		33.00
34.00	SPIRITUAL COUNSELING	0	0		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		38.00
39.00	PATIENT TRANSPORTATION	0	290		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	431		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00
100.00	TOTAL *	0	1,338		100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE		Provider CCN: 14-0189	Period: From 07/01/2022 To 06/30/2023	Worksheet 0-4
		Hospice CCN: 14-1599		Date/Time Prepared: 11/20/2023 11:58 am

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,922	0	1,922	0	1,922	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	53	0	53	0	53	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	734	734	0	734	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	12,760	12,760	0	12,760	46.00
100.00	TOTAL *	1,975	13,494	15,469	0	15,469	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	1,922	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	53	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	734	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	12,760	46.00
100.00	TOTAL *	0	15,469	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET
EXPENSES FOR ALLOCATION

Provider CCN: 14-0189

Period:

Worksheet 0-5

Hospice CCN: 14-1599

From 07/01/2022
To 06/30/2023Date/Time Prepared:
11/20/2023 11:58 am

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	21,705	21,705	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	616	616	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	127,232	423,388	550,620	3.00
4.00	ADMINISTRATIVE & GENERAL	343,089	586,479	929,568	4.00
5.00	PLANT OPERATION & MAINTENANCE	3,600	24,557	28,157	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	20,049	20,049	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	273,627	0	273,627	9.00
10.00	ROUTINE MEDICAL SUPPLIES	32,940	0	32,940	10.00
11.00	MEDICAL RECORDS	0	24,669	24,669	11.00
12.00	STAFF TRANSPORTATION	74,214		74,214	12.00
13.00	VOLUNTEER SERVICE COORDINATION	45,284		45,284	13.00
14.00	PHARMACY	266,487	0	266,487	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,337,881		1,337,881	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	1,338		1,338	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	15,469		15,469	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	82,470		82,470	60.00
61.00	VOLUNTEER PROGRAM	0		0	61.00
62.00	FUNDRAISING	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	277,699		277,699	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0	65.00
66.00	RESIDENTIAL CARE	0		0	66.00
67.00	ADVERTISING	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0	68.00
69.00	THRIFT STORE	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0	71.00
99.00	NEGATIVE COST CENTER	0		0	99.00
100.00	TOTAL	2,881,330	1,101,463	3,982,793	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0189

Period:

Worksheet 0-6

Hospice CCN: 14-1599

From 07/01/2022
To 06/30/2023Part I
Date/Time Prepared:
11/20/2023 11:58 am

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	21,705	21,705					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	616		616				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	550,620	0	0	550,620			3.00
4.00	ADMINISTRATIVE & GENERAL	929,568	21,705	616	550,620		1,502,509	4.00
5.00	PLANT OPERATION & MAINTENANCE	28,157	0	0	0		28,157	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0		0	6.00
7.00	HOUSEKEEPING	20,049	0	0	0		20,049	7.00
8.00	DIETARY	0	0	0	0		0	8.00
9.00	NURSING ADMINISTRATION	273,627	0	0	0		273,627	9.00
10.00	ROUTINE MEDICAL SUPPLIES	32,940	0	0	0		32,940	10.00
11.00	MEDICAL RECORDS	24,669	0	0	0		24,669	11.00
12.00	STAFF TRANSPORTATION	74,214	0	0	0		74,214	12.00
13.00	VOLUNTEER SERVICE COORDINATION	45,284	0	0	0		45,284	13.00
14.00	PHARMACY	266,487	0	0	0		266,487	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0		0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0		0	17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0			0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,337,881			0		1,337,881	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	1,338	0	0	0		1,338	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	15,469	0	0	0		15,469	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	82,470	0	0	0		82,470	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0		0	61.00
62.00	FUNDRAISING	0	0	0	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	277,699	0	0	0		277,699	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0		0	66.00
67.00	ADVERTISING	0	0	0	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0		0	68.00
69.00	THRIFT STORE	0	0	0	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0		0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0		0	99.00
100.00	TOTAL	3,982,793	21,705	616	550,620		3,982,793	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0189

Period:

Worksheet 0-6

Hospice CCN: 14-1599

From 07/01/2022
To 06/30/2023Part I
Date/Time Prepared:
11/20/2023 11:58 am

Descriptions		ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I		DIETARY	
					HOUSEKEEPING			
		4.00	5.00	6.00	7.00		8.00	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	1,502,509						4.00
5.00	PLANT OPERATION & MAINTENANCE	17,057	45,214					5.00
6.00	LAUNDRY & LINEN SERVICE	0	45,214	45,214				6.00
7.00	HOUSEKEEPING	12,145	0		32,194			7.00
8.00	DIETARY	0	0		32,194		32,194	8.00
9.00	NURSING ADMINISTRATION	165,758	0		0			9.00
10.00	ROUTINE MEDICAL SUPPLIES	19,954	0		0			10.00
11.00	MEDICAL RECORDS	14,944	0		0			11.00
12.00	STAFF TRANSPORTATION	44,957	0		0			12.00
13.00	VOLUNTEER SERVICE COORDINATION	27,432	0		0			13.00
14.00	PHARMACY	161,433	0		0			14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0			15.00
16.00	OTHER GENERAL SERVICE	0	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0			17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	810,463						51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	811	0	18,086	0		12,878	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	9,371	0	27,128	0		19,316	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	49,959	0		0			60.00
61.00	VOLUNTEER PROGRAM	0	0		0			61.00
62.00	FUNDRAISING	0	0		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0			63.00
64.00	PALLIATIVE CARE PROGRAM	168,225	0		0			64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0			65.00
66.00	RESIDENTIAL CARE	0	0	0	0		0	66.00
67.00	ADVERTISING	0	0		0			67.00
68.00	TELEHEALTH/TELEMONITORING	0	0		0			68.00
69.00	THRIFT STORE	0	0		0			69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0		0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0		0	99.00
100.00	TOTAL	1,502,509	45,214	45,214	32,194		32,194	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0189

Period:

Worksheet 0-6

Hospice CCN: 14-1599

From 07/01/2022
To 06/30/2023Part I
Date/Time Prepared:
11/20/2023 11:58 am

Descriptions		NURSING		ROUTINE		MEDICAL		Hospice I					
		ADMINISTRATION		MEDICAL		RECORDS		STAFF					
				SUPPLIES				TRANSPORTATION					
		9.00		10.00		11.00		12.00		VOLUNTEER SERVICE COORDINATION		13.00	
GENERAL SERVICE COST CENTERS													
1.00	CAP REL COSTS-BLDG & FIXT												1.00
2.00	CAP REL COSTS-MVBLE EQUIP												2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT												3.00
4.00	ADMINISTRATIVE & GENERAL												4.00
5.00	PLANT OPERATION & MAINTENANCE												5.00
6.00	LAUNDRY & LINEN SERVICE												6.00
7.00	HOUSEKEEPING												7.00
8.00	DIETARY												8.00
9.00	NURSING ADMINISTRATION	439,385											9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	52,894										10.00
11.00	MEDICAL RECORDS	0				39,613							11.00
12.00	STAFF TRANSPORTATION	0						119,171					12.00
13.00	VOLUNTEER SERVICE COORDINATION	0						0		72,716			13.00
14.00	PHARMACY	0						0		0			14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0						0		0			15.00
16.00	OTHER GENERAL SERVICE	0						0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES												17.00
LEVEL OF CARE													
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	0	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	439,082	52,857	39,586	119,089	72,666							51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	121	15	11	33	20							52.00
53.00	HOSPICE GENERAL INPATIENT CARE	182	22	16	49	30							53.00
NONREIMBURSABLE COST CENTERS													
60.00	BEREAVEMENT PROGRAM	0						0		0			60.00
61.00	VOLUNTEER PROGRAM	0						0		0			61.00
62.00	FUNDRAISING	0						0		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0						0		0			63.00
64.00	PALLIATIVE CARE PROGRAM	0						0		0			64.00
65.00	OTHER PHYSICIAN SERVICES	0						0		0			65.00
66.00	RESIDENTIAL CARE	0						0		0			66.00
67.00	ADVERTISING	0						0		0			67.00
68.00	TELEHEALTH/TELEMONITORING	0						0		0			68.00
69.00	THRIFT STORE	0						0		0			69.00
70.00	NURSING FACILITY ROOM & BOARD												70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0						0		0			71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	439,385	52,894	39,613	119,171	72,716							100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0189

Period:

Worksheet 0-6

Hospice CCN: 14-1599

From 07/01/2022
To 06/30/2023Part I
Date/Time Prepared:
11/20/2023 11:58 am

Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	427,920					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	427,625	0	0		3,299,249	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	118	0	0	0	33,431	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	177	0	0	0	71,760	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		132,429	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		445,924	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	427,920	0	0	0	3,982,793	100.00

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

Provider CCN: 14-0189

Period:

Worksheet 0-6

Hospice CCN: 14-1599

From 07/01/2022
To 06/30/2023Part II
Date/Time Prepared:
11/20/2023 11:58 am

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,500					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		522				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	2,008,455			3.00
4.00	ADMINISTRATIVE & GENERAL	1,500	522	2,008,455	-1,502,509	2,480,284	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	28,157	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	20,049	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	273,627	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	32,940	10.00
11.00	MEDICAL RECORDS	0	0	0	0	24,669	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	74,214	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	45,284	13.00
14.00	PHARMACY	0	0	0	0	266,487	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			0	0	1,337,881	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	1,338	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	15,469	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	82,470	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	277,699	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	21,705	616	550,620		1,502,509	100.00
101.00	UNIT COST MULTIPLIER	14.470000	1.180077	0.274151		0.605781	101.00

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

Provider CCN: 14-0189

Period:

Worksheet 0-6

Hospice CCN: 14-1599

From 07/01/2022
To 06/30/2023Part II
Date/Time Prepared:
11/20/2023 11:58 am

Cost Center Descriptions		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	1,500					5.00
6.00	LAUNDRY & LINEN SERVICE	1,500	15				6.00
7.00	HOUSEKEEPING	0		1,500			7.00
8.00	DIETARY	0		1,500	15		8.00
9.00	NURSING ADMINISTRATION	0		0		21,729	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					21,714	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	6	0	6	6	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	9	0	9	9	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	45,214	45,214	32,194	32,194	439,385	100.00
101.00	UNIT COST MULTIPLIER	30.142667	3,014.266667	21.462667	2,146.266667	20.221133	101.00

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

Provider CCN: 14-0189

Period:

Worksheet 0-6

Hospice CCN: 14-1599

From 07/01/2022

Part II

To 06/30/2023

Date/Time Prepared:

11/20/2023 11:58 am

Cost Center Descriptions		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	21,729					10.00
11.00	MEDICAL RECORDS		21,729				11.00
12.00	STAFF TRANSPORTATION			21,729			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	21,729		13.00
14.00	PHARMACY			0	0	21,729	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	21,714	21,714	21,714	21,714	21,714	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	6	6	6	6	6	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	9	9	9	9	9	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	52,894	39,613	119,171	72,716	427,920	100.00
101.00	UNIT COST MULTIPLIER	2.434258	1.823048	5.484422	3.346495	19.693497	101.00

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

Provider CCN: 14-0189

Period:

Worksheet 0-6

Hospice CCN: 14-1599

From 07/01/2022
To 06/30/2023Part II
Date/Time Prepared:
11/20/2023 11:58 am

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0			51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER		0	0		99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY
LEVEL OF CARE

Provider CCN: 14-0189

Period:

Worksheet 0-7

Hospice CCN: 14-1599

From 07/01/2022
To 06/30/2023Date/Time Prepared:
11/20/2023 11:58 am

					Hospice I		
Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS	0	1.00	2.00	3.00	4.00	
1.00	PHYSICAL THERAPY	66.00	0.119749	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.295888	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.296503	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.141383	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.204664	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.165536	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.248512	0	0	0	9.00
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	2.695216	0	0	0	10.00
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.285310	0	0	0	10.98
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC				
		HGI P	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGI P (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	10.00
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0189

Period:

Worksheet 0-8

Hospice CCN: 14-1599

From 07/01/2022
To 06/30/2023Date/Time Prepared:
11/20/2023 11:58 am

		Hospice I		
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL
		1.00	2.00	3.00
HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0 1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0 2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00 3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0	4.00
5.00	Program cost (line 3 times line 4)	0	0	5.00
HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			3,299,249 6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			21,714 7.00
8.00	Total average cost per diem (line 6 divided by line 7)			151.94 8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	20,231	103	9.00
10.00	Program cost (line 8 times line 9)	3,073,898	15,650	10.00
HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			33,431 11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			6 12.00
13.00	Total average cost per diem (line 11 divided by line 12)			5,571.83 13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	6	0	14.00
15.00	Program cost (line 13 times line 14)	33,431	0	15.00
HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			71,760 16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			9 17.00
18.00	Total average cost per diem (line 16 divided by line 17)			7,973.33 18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	7	0	19.00
20.00	Program cost (line 18 times line 19)	55,813	0	20.00
TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			3,404,440 21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			21,729 22.00
23.00	Average cost per diem (line 21 divided by line 22)			156.68 23.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0189

Period:
From 07/01/2022
To 06/30/2023Worksheet L
Parts I-III
Date/Time Prepared:
11/20/2023 11:58 am

Title XVIII		Hospital	PPS
			1.00
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	1,699,599	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	24,961	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)	68.05	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	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)	1,724,560	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