This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). OMB NO. 0938-0050 EXPIRES 09-30-2025 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION | Provider CCN: 14-0089 Worksheet S Peri od: From 07/01/2022 Parts I-III AND SETTLEMENT SUMMARY 06/30/2023 Date/Time Prepared: 11/29/2023 2:49 pm PART I - COST REPORT STATUS Provi der 1. [ X ] Electronically prepared cost report Date: 11/29/2023 2:49 pm ] Manually prepared cost report use only Ilf this is an amended report enter the number of times the provider resubmitted this cost report [Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no. [1] Cost Report Status
[1] As Submitted
[2] Settled without Audit
[3] Settled with Audit
[4] Date Received:
[5] To. NPR Date:
[6] 10. NPR Date:
[7] 11. Contractor's Vendor Code:
[7] 12. [8] Final Report for this Provider CCN
[9] [8] Final Report for this Provider CCN
[10] NPR Date:
[11] 12. NPR Date:
[12] 13. NPR Date:
[13] 14. NPR Date:
[14] 15. NPR Date:
[15] 15. NPR Date:
[16] 16. NPR Date:
[17] 17. NPR Date:
[18] 17. NPR Date:
[18] 18. NPR Date:
[18] 18. NPR Date:
[18] 19. NPR Da Contractor use only

number of times reopened = 0-9.

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)

(3) Settled with Audit

(4) Reopened (5) Amended

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 MCDONOUGH DISTRICT HOSPITAL (14-0089) 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 FINA	NCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONI C	
		1	2	SI GNATURE STATEMENT	
1	William Murdock			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	William Murdock			2
3	Signatory Title	CF0			3
4	Date	(Dated when report is electronica			4

		Title XVIII				
	Title V	Part A	Part B	HIT	Title XIX	
	1.00	2. 00	3. 00	4. 00	5. 00	
PART III - SETTLEMENT SUMMARY	_					
1. 00 HOSPI TAL	0	-55, 213	-42, 731	0	0	1. 00
2. 00 SUBPROVI DER - I PF	0	0	0		0	2. 00
3. 00 SUBPROVI DER - I RF	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
9.00 HOME HEALTH AGENCY I	0	0	0		0	9. 00
10.00 RURAL HEALTH CLINIC I	0		6, 443		0	10.00
10.01 RURAL HEALTH CLINIC II	0		48, 314		0	10. 01
200. 00 TOTAL	0	-55, 213	12, 026	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: 14-0089 Peri od: Worksheet S-2 From 07/01/2022 Part I Date/Time Prepared: 06/30/2023 11/29/2023 2:49 pm 3.00 4.00 Hospital and Hospital Health Care Complex Address: Street: 525 E GRANT ST 1.00 PO Box: 1.00 County: MC DONOUGH 2.00 City: MACOMB State: IL Zip Code: 61455-2.00 Component Name CCN CBSA Provi der Date Payment System (P, T, 0, or N) Certi fi ed Number Number Type 1.00 2.00 3.00 4.00 5.00 6.00 | 7.00 | 8.00 Hospital and Hospital-Based Component Identification: 3.00 Hospi tal MCDONOUGH DISTRICT 140089 99914 07/01/1966 Ν 0 3.00 HOSPI TAL Subprovider - IPF 4.00 4 00 5.00 Subprovider - IRF 5.00 Subprovi der - (Other) 6.00 6.00 Swing Beds - SNF 99914 MDH SWING BEDS 1411089 04/29/2015 Р 7.00 N 7 00 Ν 8.00 Swing Beds - NF MDH SWING BEDS 14U089 99914 04/29/2015 Ν Ν 8.00 9.00 Hospi tal -Based SNF 9.00 Hospi tal -Based NF 10.00 10.00 11.00 Hospi tal -Based OLTC 11.00 12.00 Hospi tal -Based HHA MDH HOME HEALTH 147293 99914 12/14/1984 Ν Ρ 0 12.00 13.00 Separately Certified ASC 13.00 Hospi tal -Based Hospi ce 99914 14.00 MDH HOSPICE 141524 01/12/1989 14.00 Hospital-Based Health Clinic - RHC BUSHNELL FAMILY 0 15.00 148522 99914 01/31/2013 N 0 15.00 PRACTI CE 15. 01 Hospital-Based Health Clinic - RHC MDH FAM 148619 99914 11/03/2020 0 O 15.01 MEDI CI NE/CONVENI ENCE CARE/SU Hospital-Based Health Clinic - FQHC 16.00 16.00 17.00 Hospital-Based (CMHC) I 17.00 Renal Dialysis 18.00 18.00 19.00 Other 19.00 From To 1.00 2.00 20.00 Cost Reporting Period (mm/dd/yyyy) 07/01/2022 06/30/2023 20.00 21.00 Type of Control (see instructions) 21.00 11 1.00 2.00 3.00 Inpatient PPS Information 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 22.00 22.00 γ Ν facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no. 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 22. 01 22.01 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) Is this a newly merged hospital that requires a final UCP to be 22. 02 22.02 Ν Ν 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. Did this hospital receive a geographic reclassification from urban to Ν 22.03 rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no. 22.04 Did this hospital receive a geographic reclassification from urban to 22.04 rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, yes or "N" for no. 23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 Ν 23.00 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.

for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4. 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

PITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION	I DATA	Provi der C	CN: 14-0089	Peri od:	Worksheet S-2	
				From 07/01/2022 To 06/30/2023		pare
				V 1. 0	XVIII XIX 0 2.00 3.00	
00 Are costs claimed on line 100 of Worksheet A? If	yes, compl	ete Wkst. D-2	, Pt. I.	1. O	0 2.00 3.00	59
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
			1. 00	2.00	3.00	
Are you claiming nursing and allied health educat any programs that meet the criteria under 42 CFR instructions) Enter "Y" for yes or "N" for no in is "Y", are you impacted by CR 11642 (or subsequential adjustment? Enter "Y" for yes or "N" for no in criterial	413.85? (s column 1. nt CR) NAHE	ee If column 1	N			60
	Y/N	IME	Direct GME	IME	Direct GME	
	1. 00	2. 00	3. 00	4. 00	5. 00	
OD Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions) Enter the average number of unweighted primary cal FTEs from the hospital's 3 most recent cost reportending and submitted before March 23, 2010. (see instructions)				0.00	0.00	61
O2 Enter the current year total unweighted primary captures for the count (excluding OB/GYN, general surgery FTEs and primary care FTEs added under section 5503 of ACA). (see instructions)	,					61
O3 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)	or					6
O4 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period (see instructions). O5 Enter the difference between the baseline primary						61
and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (161.04 minus line 61.03). (see instructions)	i ne					
06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimal care or general surgery. (see instructions)	ry					61
	Pro	gram Name	Program Code	e Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2. 00	3. 00	4. 00	
10 Of the FTEs in line 61.05, specify each new programs specialty, if any, and the number of FTE resident: 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 GIFTE unweighted count.	e e			0.00		
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 the direct GME FTE unweighted count.	umn			0. 00	0.00	61
					1.00	
ACA Provisions Affecting the Health Resources and 00 Enter the number of FTE residents that your hospi your hospital received HRSA PCRE funding (see ins	tal trained tructions)	in this cost	reporting pe		0.00	62
O1 Enter the number of FTE residents that rotated fro during in this cost reporting period of HRSA THC				o your hospital	0.00	62

Health Financial Systems	MCDONOUG	SH DISTRICT HOSPITAL		In Lie	u of Form CMS-2	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMP	LEX IDENTIFICATION DA	TA Provi der CC		riod: om 07/01/2022 06/30/2023	Worksheet S-2 Part I Date/Time Prep 11/29/2023 2:4	pared:
			Unwei ghted FTEs Nonprovi der Si te	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1. 00	2. 00	3.00	
Section 5504 of the ACA Base Year			This base year	is your cost r	eporti ng	
64.00 Enter in column 1, if line 63 is in the base year period, the num resident FTEs attributable to rosettings. Enter in column 2 the resident FTEs that trained in your of (column 1 divided by (column)	yes, or your facilit ber of unweighted nor tations occurring in number of unweighted ur hospital. Enter ir 1 + column 2)). (see	ty trained residents n-primary care all nonprovider d non-primary care n column 3 the ratio instructions)	0. 00	0. 00		64. 00
	Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	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		65. 00
			FTEs Nonprovi der Si te	FTEs in Hospital	(col. 1 + col. 2))	
			1. 00	2. 00	3.00	
Section 5504 of the ACA Current		n Nonprovider Setting	sEffective fo	r cost reporti	ng peri ods	
beginning on or after July 1, 20 66.00 Enter in column 1 the number of		ry care resident	0.00	0. 00	0. 000000	66 00
FTEs attributable to rotations of Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 +	ccurring in all nonpr unweighted non-primar al. Enter in column 3	rovider settings. ry care resident 3 the ratio of	0.00	0.00	0. 000000	00.00
(cordini) i di vi ded by (cordini) i i	Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
17.00 F	1. 00	2. 00	3. 00	4. 00	5. 00	47.00
67.00 Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67. 00

Health Financial Systems MCDONOUGH DISTRICT HOSPITAL HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN:		In L Period: From 07/01/202 To 06/30/202		epared:				
			1.00	+				
Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072  68.00 For a cost reporting period beginning prior to October 1, 2022, did you obtai  MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final I  (August 10, 2022)?	in permissi	on from your	N	68. 00				
		1	00 2.00 3.00	_				
Inpatient Psychiatric Facility PPS			00   2.00   0.00					
recent cost report filed on or before November 15, 2004? Enter "Y" for yes of 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes of the content	Enter "Y" for yes or "N" for no.  1.00 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.							
Inpatient Rehabilitation Facility PPS								
75.00 Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contains subprovider? Enter "Y" for yes and "N" for no.	ain an IRF		N	75. 00				
76.00 If line 75 is yes: Column 1: Did the facility have an approved GME teaching recent cost reporting period ending on or before November 15, 2004? Enter "Y" no. Column 2: Did this facility train residents in a new teaching program in CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If colindicate which program year began during this cost reporting period. (see in:	for yes of accordance	or "N" for e with 42 /,	0	76. 00				
			1.00	-				
Long Term Care Hospital PPS				80.00				
	.00 Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter N "Y" for yes and "N" for no.							
5.00 Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.  N  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.								
	87.00 Is this hospital an extended neoplastic disease care hospital classified under section N							
[1000(d)(1)(b)(v1): Enter 1 101 yes 61 N 101 no.		Approved fo Permanent Adjustment (Y/N)	Approved Permanent Adjustments					
88.00 Column 1: Is this hospital approved for a permanent adjustment to the TEFRA amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 89. (see instructions)  Column 2: Enter the number of approved permanent adjustments.	target 2 and line	1.00	2.00	0 88.00				
	kst. A Line No.	Effective Da	Permanent Adjustment Amount Per Discharge					
89.00 Column 1: If line 88, column 1 is Y, enter the Worksheet A line number	1.00	2.00	3.00	0 00 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.	υ. (			0 89.00				
TETTO target amount per disentinge.		V	XI X					
Title V and XIX Services		1.00	2.00					
90.00 Does this facility have title V and/or XIX inpatient hospital services? Enter	r "Y" for	N	Y	90.00				
yes or "N" for no in the applicable column. 91.00 Is this hospital reimbursed for title V and/or XIX through the cost report e	ither in	N	N	91. 00				
full or in part? Enter "Y" for yes or "N" for no in the applicable column. 92.00 Are title XIX NF patients occupying title XVIII SNF beds (dual certification)			N	92. 00				
instructions) Enter "Y" for yes or "N" for no in the applicable column. 93.00 Does this facility operate an ICF/IID facility for purposes of title V and X	IX? Enter	N	N	93. 00				
"Y" for yes or "N" for no in the applicable column.  94.00 Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in applicable column.	n the	N	N	94. 00				
95.00 If line 94 is "Y", enter the reduction percentage in the applicable column. 96.00 Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in applicable column.	n the	0. 00 N	0. 00 N	95. 00 96. 00				
97.00   If line 96 is "Y", enter the reduction percentage in the applicable column.		0. 00	0. 00	97. 00				

Health Financial Systems MCDONOUGH DISTI HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provi der Co	CN: 14_0089	Peri od:	Worksheet S		
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Frovider C	CN. 14-0089	From 07/01/20 To 06/30/20	22 Part I	Prepared:	
	<u> </u>		V	XI X		
98.00 Does title V or XIX follow Medicare (title XVIII) for the i stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y"	nterns and resi for yes or "N"	idents post for no in	1. 00 N	2.00 N	98. 00	
column 1 for title V, and in column 2 for title XIX.  98.01 Does title V or XIX follow Medicare (title XVIII) for the r C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for t				Y	98. 01	
bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes	.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.					
98.03 Does title V or XIX follow Medicare (title XVIII) for a cri reimbursed 101% of inpatient services cost? Enter "Y" for y for title V, and in column 2 for title XIX.		N	98. 03			
98.04 Does title V or XIX follow Medicare (title XVIII) for a CAH outpatient services cost? Enter "Y" for yes or "N" for no i in column 2 for title XIX.	N	N	98. 04			
98.05 Does title V or XIX follow Medicare (title XVIII) and add b Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 2 for title XIX.		Y	98. 05			
98.06 Does title V or XIX follow Medicare (title XVIII) when cost Pts. I through IV? Enter "Y" for yes or "N" for no in colum column 2 for title XIX.	N	Y	98. 06			
Rural Providers  105.00 Does this hospital qualify as a CAH?			N		105. 00	
106.00 If this facility qualifies as a CAH, has it elected the all for outpatient services? (see instructions)	t N		106. 00			
107.00 Column 1: If line 105 is Y, is this facility eligible for c training programs? Enter "Y" for yes or "N" for no in colum Column 2: If column 1 is Y and line 70 or line 75 is Y, do approved medical education program in the CAH's excluded I Enter "Y" for yes or "N" for no in column 2. (see instruct)	n 1. (see ins you train I&R: PF and/or IRF i ions)	tructions) s in an unit(s)?	N		107. 0	
108.00 Is this a rural hospital qualifying for an exception to the CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	CRNA fee sche	dul e? See 42	N		108. 00	
	Physi cal 1.00	Occupationa 2.00	Speech 3.00	Respi rator 4.00	ТУ	
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 N	N N	109. 00	
				1.00		
110.00 Did this hospital participate in the Rural Community Hospit Demonstration) for the current cost reporting period? Enter complete Worksheet E, Part A, lines 200 through 218, and Wo applicable.	"Y" for yes or	"N" for no.	lf yes,	N	110. 00	
			1. 00	2.00		
		ommuni ty	N		111. 00	
111.00 If this facility qualifies as a CAH, did it participate in Health Integration Project (FCHIP) demonstration for this c "Y" for yes or "N" for no in column 1. If the response to c integration prong of the FCHIP demo in which this CAH is pa Enter all that apply: "A" for Ambulance services; "B" for a for tele-health services.	ost reporting polumn 1 is Y, or rticipating in	period? Enter enter the column 2.				
Health Integration Project (FCHIP) demonstration for this c "Y" for yes or "N" for no in column 1. If the response to c integration prong of the FCHIP demo in which this CAH is pa Enter all that apply: "A" for Ambulance services; "B" for a	ost reporting polumn 1 is Y, or rticipating in	period? Enter enter the column 2. ; and/or "C"		2.00		
Health Integration Project (FCHIP) demonstration for this c "Y" for yes or "N" for no in column 1. If the response to c integration prong of the FCHIP demo in which this CAH is pa Enter all that apply: "A" for Ambulance services; "B" for a for tele-health services.	ost reporting polumn 1 is Y, or rticipating in dditional beds	period? Enter enter the column 2.	2.00	3.00	112. 0	
Health Integration Project (FCHIP) demonstration for this c "Y" for yes or "N" for no in column 1. If the response to c integration prong of the FCHIP demo in which this CAH is pa Enter all that apply: "A" for Ambulance services; "B" for a for tele-health services.  12.00 Did this hospital participate in the Pennsylvania Rural Hea (PARHM) demonstration for any portion of the current cost r period? Enter "Y" for yes or "N" for no in column 1. If c "Y", enter in column 2, the date the hospital began partici demonstration. In column 3, enter the date the hospital ce participation in the demonstration, if applicable.	ost reporting polumn 1 is Y, orticipating in dditional beds  Ith Model eporting olumn 1 is pating in the	period? Enter enter the column 2. ; and/or "C"		3.00	112.00	
Health Integration Project (FCHIP) demonstration for this c "Y" for yes or "N" for no in column 1. If the response to c integration prong of the FCHIP demo in which this CAH is pa Enter all that apply: "A" for Ambulance services; "B" for a for tele-health services.  112.00 Did this hospital participate in the Pennsylvania Rural Hea (PARHM) demonstration for any portion of the current cost r period? Enter "Y" for yes or "N" for no in column 1. If c "Y", enter in column 2, the date the hospital began partici demonstration. In column 3, enter the date the hospital ce participation in the demonstration, if applicable. Miscellaneous Cost Reporting Information	ost reporting polumn 1 is Y, orticipating in dditional beds  Ith Model eporting olumn 1 is pating in the ased	period? Enter enter the column 2. ; and/or "C"		3.00		
Health Integration Project (FCHIP) demonstration for this c "Y" for yes or "N" for no in column 1. If the response to c integration prong of the FCHIP demo in which this CAH is pa Enter all that apply: "A" for Ambulance services; "B" for a for tele-health services.  112.00 Did this hospital participate in the Pennsylvania Rural Hea (PARHM) demonstration for any portion of the current cost r period? Enter "Y" for yes or "N" for no in column 1. If c "Y", enter in column 2, the date the hospital began partici demonstration. In column 3, enter the date the hospital ce participation in the demonstration, if applicable.  Miscellaneous Cost Reporting Information  115.00 Is this an all-inclusive rate provider? Enter "Y" for yes o in column 1. If column 1 is yes, enter the method used (A, in column 2. If column 2 is "E", enter in column 3 either " for short term hospital or "98" percent for long term care psychiatric, rehabilitation and long term hospitals provide	ost reporting of olumn 1 is Y, or ticipating in dditional beds  Ith Model eporting olumn 1 is pating in the ased  r "N" for no B, or E only) 93" percent (includes	period? Enterenter the column 2.; and/or "C"		3.00		
Health Integration Project (FCHIP) demonstration for this c "Y" for yes or "N" for no in column 1. If the response to c integration prong of the FCHIP demo in which this CAH is pa Enter all that apply: "A" for Ambulance services; "B" for a for tele-health services.  112.00 Did this hospital participate in the Pennsylvania Rural Hea (PARHM) demonstration for any portion of the current cost r period? Enter "Y" for yes or "N" for no in column 1. If c "Y", enter in column 2, the date the hospital began partici demonstration. In column 3, enter the date the hospital ce participation in the demonstration, if applicable. Miscellaneous Cost Reporting Information  115.00 Is this an all-inclusive rate provider? Enter "Y" for yes o in column 1. If column 1 is yes, enter the method used (A, in column 2. If column 2 is "E", enter in column 3 either " for short term hospital or "98" percent for long term care	ost reporting polumn 1 is Y, orticipating in dditional beds  Ith Model eporting olumn 1 is pating in the ased  r "N" for no B, or E only) 93" percent (includes rs) based on	period? Enterenter the column 2.; and/or "C"		3.00	0 115. 00	

117. 00 118. 00

117.00 s this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.

118.00 s the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.

Health Financial Systems MCD	ONOUGH DISTRICT HOS	ΡΙΤΑΙ	In lie	eu of Form CN	/S-2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATI		ider CCN: 14-0089	Peri od:	Worksheet S	
			From 07/01/2022 To 06/30/2023		Prepared:
				11/29/2023	2:49 pm
		Premi ums	Losses	Insurance	9
440.04		1.00	2.00	3.00	0110 01
118.01 List amounts of malpractice premiums and paid to	osses:	270, 4	09 (	0	0 118. 01
			1. 00	2.00	
118.02 Are mal practice premiums and paid losses reporte			N		118. 02
Administrative and General? If yes, submit suppland amounts contained therein.	porting schedule its	string cost centers			
119. 00 DO NOT USE THIS LINE					119. 00
120.00 Is this a SCH or EACH that qualifies for the Out			N N	N	120. 00
§3121 and applicable amendments? (see instruction "N" for no. Is this a rural hospital with < 100					
Hold Harmless provision in ACA §3121 and applica					
Enter in column 2, "Y" for yes or "N" for no.  121.00 Did this facility incur and report costs for high	. اطمع ما	dout oon abarrand to	Y		121. 00
patients? Enter "Y" for yes or "N" for no.	Jii Cost Tilipi aiitabi e	devices charged to	T T		121.00
122.00 Does the cost report contain healthcare related					122. 00
Act?Enter "Y" for yes or "N" for no in column 1. the Worksheet A line number where these taxes a		, enter in column 2	!		
123.00 Did the facility and/or its subproviders (if app		rofessi onal			123. 00
services, e.g., legal, accounting, tax preparati		•			
management/consulting services, from an unrelate for yes or "N" for no.	ed organization? In	column 1, enter "Y"			
If column 1 is "Y", were the majority of the exp	enses, i.e., greate	er than 50% of total			
professional services expenses, for services pur					
located in a CBSA outside of the main hospital ("N" for no.	CBSA? In column 2, e	enter "Y" for yes or			
Certified Transplant Center Information					
125.00 Does this facility operate a Medicare-certified			N		125. 00
and "N" for no. If yes, enter certification date 126.00 If this is a Medicare-certified kidney transplar			e		126. 00
in column 1 and termination date, if applicable,		io con trividati on dat			1.20.00
127.00 If this is a Medicare-certified heart transplant		certification date			127. 00
in column 1 and termination date, if applicable, 128.00 If this is a Medicare-certified liver transplant		certification date			128. 00
in column 1 and termination date, if applicable,	in column 2.				
129.00 If this is a Medicare-certified lung transplant in column 1 and termination date, if applicable,	program, enter the	certification date			129. 00
130.00 If this is a Medicare-certified pancreas transpl		the certification			130. 00
date in column 1 and termination date, if applic					
date in column 1 and termination date, if applic		er the certification			131. 00
132.00 If this is a Medicare-certified islet transplant		certification date			132. 00
in column 1 and termination date, if applicable,	in column 2.				100.00
133.00 Removed and reserved 134.00 If this is a hospital-based organ procurement or	rganization (OPO) e	enter the OPO number			133. 00 134. 00
in column 1 and termination date, if applicable,					
All Providers	so anota an dafi mad	in CMC Dub 1E 1	N	1	140.00
140.00 Are there any related organization or home office chapter 10? Enter "Y" for yes or "N" for no in o					140. 00
are claimed, enter in column 2 the home office of	chain number. (see i				
1.00  If this facility is part of a chain organization	2.00	11 through 1/3 the r	3.00	of the	
home office and enter the home office contractor		•	ialle and address	or the	
	or's Name:	Contract	or's Number:		141. 00
142.00 Street:   PO Box:   143.00 Ci ty:   State:		Zi p Code			142. 00 143. 00
145. 66 of ty.		Zi p code			143.00
· · · · · · · · · · · · · · · · · · ·	w			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.					145. 00
inpatient services only? Enter "Y" for yes or "No, does the dialysis facility include Medicare					
period? Enter "Y" for yes or "N" for no in colu		s cost reporting			
146.00 Has the cost allocation methodology changed from	n the previously fil		N		146. 00
Enter "Y" for yes or "N" for no in column 1. (So yes, enter the approval date (mm/dd/yyyy) in col		apter 40, §4020) If			
1300, onto, the approval date (IIIII/da/yyyy) III col	will £:		I	1	ı

Health Financial Systems			CT HOSPITAL			In Lie	u of Form CMS	-2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLE	X IDENTIFICATION DATA	4	Provi der CC			od: 07/01/2022 06/30/2023		
							1.00	_
147.00 Was there a change in the statisti	cal basis? Enter "Y"	for ye	s or "N" for	no.			N N	147. 00
148.00 Was there a change in the order of							N	148. 00
149.00 Was there a change to the simplifi	ed cost finding metho	od? Ent	er "Y" for ye	s or "N" f	or 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 provi or charges? Enter "Y" for yes or '								
155. 00 Hospi tal	N TOT NO TOT Each C	omponen	N	N	. (See	42 CFR 9413 N	N N	155. 00
156. 00 Subprovi der – TPF			N	N		N	N N	156. 00
57. 00 Subprovi der – I RF			N	N		N	N N	157. 00
158. 00 SUBPROVI DER								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 Multica Enter "Y" for yes or "N" for no.	ampus hospital that h	as one	or more campu	ses in dif	ferent	CBSAs?	N	165. 00
	Name		County		Zip Cod		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. 0	166. 00
							1.00	-
Health Information Technology (HI	Γ) incentive in the A	meri can	Recovery and	Reinvestm	ent Act			
167.00 Is this provider a meaningful user	under §1886(n)? En	ter "Y"	for yes or "	N" for no.			Y	167. 00
168.00 If this provider is a CAH (line 10				167 is "Y	"), ent	er the		168. 00
reasonable cost incurred for the H								
168.01 If this provider is a CAH and is r						rdshi p		168. 01
exception under §413.70(a)(6)(ii)' 169.00 If this provider is a meaningful u	user (line 167 is "Y")					enter the	9. 9	99169. 00
transition factor. (see instruction	JIIS)					Begi nni ng	Endi ng	
						1. 00	2.00	+
170.00 Enter in columns 1 and 2 the EHR begins period respectively (mm/dd/yyyy)	peginning date and en	di ng da	te for the re	porti ng		1.00	2.00	170. 00
						1. 00	2.00	
171.00 If line 167 is "Y", does this prov	vider have any days fo	or indi	vi dual s enrol	led in		N		0 171. 00
section 1876 Medicare cost plans i "Y" for yes and "N" for no in colu 1876 Medicare days in column 2. (s	reported on Wkst. S-3 umn 1. If column 1 is	, Pt. I	, line 2, col	. 6? Enter				

Heal th	Financial Systems MCDONOUGH DIST	RICT HOSPITAL		In Lie	eu of Form CMS-	2552-10	
	TAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provi der C		Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part II	pared:	
				Y/N	Date	47 piii	
	PART II - HOSPITAL AND HOSPITAL HEATHCARE COMPLEX REIMBURSE General Instruction: Enter Y for all YES responses. Enter N mm/dd/yyyy format. COMPLETED BY ALL HOSPITALS			1.00	2.00 the	-	
1. 00	Provider Organization and Operation  Has the provider changed ownership immediately prior to the	e beainnina of	the cost	N		1.00	
	reporting period? If yes, enter the date of the change in o		instructions)		\/ /I		
			1. 00	2. 00	V/I 3. 00		
2.00	Has the provider terminated participation in the Medicare Figure , enter in column 2 the date of termination and in column voluntary or "I" for involuntary.  Is the provider involved in business transactions, including contracts, with individuals or entities (e.g., chain home of the contracts).	nn 3, "V" for ng management offices, drug	N N			3. 00	
	or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)						
			Y/N 1.00	7ype 2. 00	3. 00		
	Financial Data and Reports		1.00	2.00	3.00		
4.00	Column 1: Were the financial statements prepared by a Cert Accountant? Column 2: If yes, enter "A" for Audited, "C" for "R" for Reviewed. Submit complete copy or enter date avacolumn 3. (see instructions) If no, see instructions.	for Compiled, ailable in	Y	A	12/31/2023	4. 00	
5. 00	Are the cost report total expenses and total revenues differ those on the filed financial statements? If yes, submit reconstructions are total expenses and total revenues differences and total revenues differences.		Y			5. 00	
				Y/N 1. 00	Legal Oper. 2.00		
6. 00	Approved Educational Activities Column 1: Are costs claimed for a nursing program? Column	2. If you is	the provider			6. 00	
7. 00	the legal operator of the program?  Are costs claimed for Allied Health Programs? If "Y" see in	•	the provider	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.						
9. 00	Are costs claimed for Interns and Residents in an approved program in the current cost report? If yes, see instruction Was an approved Intern and Resident GME program initiated of	is.		N N		9. 00	
11. 00	cost reporting period? If yes, see instructions. Are GME cost directly assigned to cost centers other than I			N		11. 00	
	Teaching Program on Worksheet A? If yes, see instructions.				Y/N 1.00		
	Bad Debts Is the provider seeking reimbursement for bad debts? If yes If line 12 is yes, did the provider's bad debt collection p			st reporting	Y N	12. 00 13. 00	
14. 00	period? If yes, submit copy.  If line 12 is yes, were patient deductibles and/or coinsural instructions.	ance amounts wa	nived? If yes,	see	N	14. 00	
15. 00	Bed Complement Did total beds available change from the prior cost reporti	ng period? If	yes, see inst	ructi ons.	N	15. 00	
		Par	t A	Par	t B		
		1. 00	2. 00	Y/N 3. 00	Date 4.00		
16. 00	PS&R Data Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through	N		N		16. 00	
17. 00	date of the PS&R Report used in columns 2 and 4 (see instructions) Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If	Y	10/03/2023	Y	10/03/2023	17. 00	
18. 00	either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)  If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed	N		N		18. 00	
19. 00	but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		19. 00	
55	Report data for corrections of other PS&R Report information? If yes, see instructions.						

Heal th	Financial Systems MCDONOUGH DIST	RICT HOSPITAL		In Lie	u of Form CM	S-2552-10
HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provi der C	CN: 14-0089	Peri od: From 07/01/2022 To 06/30/2023	Worksheet S Part II Date/Time P 11/29/2023	repared:
		Descr	ipti on	Y/N	Y/N	
	Trans.	(	)	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
	report data for other: bescribe the other adjustments.	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 (EXCE	EPT CHILDRENS H	OSPI TALS)		1.00	
	Capital Related Cost					
22. 00	Have assets been relifed for Medicare purposes? If yes, see				N	22. 00
23. 00	Have changes occurred in the Medicare depreciation expense reporting period? If yes, see instructions.				N	23. 00
24. 00	Were new leases and/or amendments to existing leases entered if yes, see instructions	· ·			N	24. 00
25. 00	Have there been new capitalized leases entered into during instructions.	the cost repor	ting period?	'If yes, see	N	25. 00
26. 00	Were assets subject to Sec. 2314 of DEFRA acquired during the instructions.	ne cost reporti	ng period? I	f yes, see		26. 00
27. 00	Has the provider's capitalization policy changed during the copy.	e cost reportir	g period? If	yes, submit	N	27. 00
28. 00	<u>Interest Expense</u> Were new Loans, mortgage agreements or letters of credit er	ntered into dur	ing the cost	reporting	N	28. 00
29. 00	period? If yes, see instructions. Did the provider have a funded depreciation account and/or	N	29. 00			
30. 00	treated as a funded depreciation account? If yes, see instr Has existing debt been replaced prior to its scheduled mature.	N	30. 00			
31. 00	<pre>instructions. Has debt been recalled before scheduled maturity without is instructions.</pre>	s, see	N	31. 00		
32. 00	Purchased Services Have changes or new agreements occurred in patient care ser		d through co	ntractual	N	32. 00
33. 00	arrangements with suppliers of services? If yes, see instruction 32 is yes, were the requirements of Sec. 2135.2 application, see instructions.		g to competi	tive bidding? If		33. 00
	Provi der-Based Physi ci ans					
34. 00	Were services furnished at the provider facility under an a lf yes, see instructions.	arrangement wit	h provider-b	pased physicians?	N	34. 00
35. 00	If line 34 is yes, were there new agreements or amended exiphysicians during the cost reporting period? If yes, see in		its with the	provi der-based		35. 00
				Y/N	Date	
	N 066: 0t-			1. 00	2. 00	
26 00	Home Office Costs			NI		24 00
36. 00 37. 00	Were home office costs claimed on the cost report?  If line 36 is yes, has a home office cost statement been pr	repared by the	home office?	N		36. 00 37. 00
38. 00	If yes, see instructions.  If line 36 is yes, was the fiscal year end of the home off the home off the home off the provider? If yes, enter in column 2 the fiscal year end.					38. 00
39. 00	the provider? If yes, enter in column 2 the fiscal year end If line 36 is yes, did the provider render services to other see instructions.			5,		39. 00
40. 00	If line 36 is yes, did the provider render services to the instructions.	home office?	If yes, see			40. 00
		1.	00	2.	00	
41. 00	Cost Report Preparer Contact Information  Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3,	JI LL		NELSON		41. 00
42. 00	respecti vel y.	RSM US LLP				42. 00
	preparer.					
43. 00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	6124559706		JI LL. NELSON@RSI	MUS. COM	43. 00

Health Financial Systems MCDONOUGH DISTR			ICT HOSPITAL		In Lieu of Form CMS-2552-10			
HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QU	ESTI ONNAI RE	Provi der		Period: From 07/01/20 To 06/30/20		pared:	
		_		2.00				
			•	3. 00				
	Cost Report Preparer Contact Information						1	
41.00	Enter the first name, last name and the titl	e/position [	OI RECTOR				41. 00	
	held by the cost report preparer in columns	1, 2, and 3,						
	respectively.							
	Enter the employer/company name of the cost	report					42.00	
	preparer.	. 565. 1					12.00	
	· ·	of the cost					43. 00	
	Enter the telephone number and email address						43.00	
	report preparer in columns 1 and 2, respecti	vei y.						

| Peri od: | Worksheet S-3 | From 07/01/2022 | Part | To 06/30/2023 | Date/Time Prepared: Health Financial Systems MCDONOUGHOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA Provider CCN: 14-0089

				1	o 06/30/2023	Date/Time Prep 11/29/2023 2:4	
						I/P Days / O/P	
						Visits / Trips	
	Component	Worksheet A	No. of Beds	Bed Days	CAH/REH Hours	Title V	
		Li ne No.		Avai I abl e			
		1.00	2. 00	3.00	4. 00	5. 00	
	PART I - STATISTICAL DATA	11.00	2.00	0.00		0.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	30. 00	38	13, 870	0.00	0	1.00
	8 exclude Swing Bed, Observation Bed and						
	Hospice days) (see instructions for col. 2						
	for the portion of LDP room available beds)						
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					o	5. 00
6. 00	Hospital Adults & Peds. Swing Bed NF					ol	6. 00
7. 00	Total Adults and Peds. (exclude observation		38	13, 870	0.00		7. 00
,, ,,	beds) (see instructions)			10,0,0	0.00		7. 00
8.00	INTENSIVE CARE UNIT	31. 00	7	2, 555	0.00	ol	8. 00
9. 00	CORONARY CARE UNIT			_,			9. 00
10.00	BURN INTENSIVE CARE UNIT						10. 00
11. 00	SURGICAL INTENSIVE CARE UNIT						11. 00
12. 00	OTHER SPECIAL CARE (SPECIFY)						12. 00
13. 00	NURSERY	43. 00				ol	13. 00
14. 00	Total (see instructions)		45	16, 425	0.00		14. 00
15. 00	CAH visits					0	15. 00
15. 10	REH hours and visits						15. 10
16. 00	SUBPROVIDER - IPF	40. 00	0			o	16. 00
17. 00	SUBPROVIDER - IRF		·				17. 00
18. 00	SUBPROVI DER						18. 00
19. 00	SKILLED NURSING FACILITY						19. 00
20. 00	NURSING FACILITY						20.00
21. 00	OTHER LONG TERM CARE						21. 00
22. 00	HOME HEALTH AGENCY	101. 00				o	22. 00
23.00	AMBULATORY SURGICAL CENTER (D. P.)						23.00
24.00	HOSPI CE	116. 00	0				24.00
24. 10	HOSPICE (non-distinct part)	30.00					24. 10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	88. 00				0	26.00
26. 01	RHC (CONSOLI DATED)	88. 01				o	26. 01
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	89. 00				o	26. 25
27. 00	Total (sum of lines 14-26)		45				27.00
28. 00	Observation Bed Days					o	28. 00
29. 00	Ambul ance 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)		3	1, 095	5		32.00
32. 01	Total ancillary labor & delivery room						32. 01
	outpatient days (see instructions)						
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	34.00

Provider CCN: 14-0089

In Lieu of Form CMS-2552-10

Period: Worksheet S-3

From 07/01/2022 Part I

To 06/30/2023 Date/Time Prepared:
11/29/2023 2:49 pm

						11/29/2023 2:	49 pm
		I/P Days	/ O/P Visits	/ Trips	Full Time I	Equi val ents	
	Component	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	999	180	2, 300			1. 00
	8 exclude Swing Bed, Observation Bed and						
	Hospice days) (see instructions for col. 2						
0.00	for the portion of LDP room available beds)	4.40	/75				0.00
2.00	HMO and other (see instructions)	463	675				2.00
3.00	HMO I PF Subprovi der	0	0				3. 00 4. 00
4. 00 5. 00	HMO I RF Subprovi der	0	0	0			5.00
6. 00	Hospital Adults & Peds. Swing Bed SNF Hospital Adults & Peds. Swing Bed NF	U	0	38			6.00
7. 00	Total Adults and Peds. (exclude observation	999	180				7.00
7.00	beds) (see instructions)	777	100	2, 330			7.00
8.00	INTENSIVE CARE UNIT	379	6	736			8. 00
9. 00	CORONARY CARE UNIT	0.7	· ·	, , ,			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		12	427			13.00
14.00	Total (see instructions)	1, 378	198	3, 501	0.00	406. 90	14. 00
15.00	CAH visits	0	0	0			15. 00
15. 10	REH hours and visits						15. 10
16. 00	SUBPROVI DER - I PF	0	0	0	0.00	0.00	•
17. 00	SUBPROVI DER - I RF						17. 00
18. 00	SUBPROVI DER						18. 00
19. 00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21. 00	OTHER LONG TERM CARE	2 420	0	17 250	0.00	10 10	21. 00
22. 00 23. 00	HOME HEALTH AGENCY AMBULATORY SURGICAL CENTER (D. P. )	3, 439	0	17, 358	0.00	19. 18	22. 00 23. 00
24. 00	HOSPICE	0	0	О	0.00	4. 53	
24. 00	HOSPICE (non-distinct part)	U	U		0.00	4. 33	24. 00
25. 00	CMHC - CMHC						25. 00
26. 00	RURAL HEALTH CLINIC	918	31	2, 903	0.00	4. 96	ł
26. 01	RHC (CONSOLIDATED)	3, 979	525		0.00	1	ł
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	0, ,,,	0		0.00	l	•
27. 00	Total (sum of lines 14-26)				0.00	l	27. 00
28. 00	Observation Bed Days		3	745			28. 00
29. 00	Ambul ance Trips	0					29. 00
30.00	Employee discount days (see instruction)			0			30. 00
31. 00	Employee discount days - IRF			0			31. 00
32.00	Labor & delivery days (see instructions)	0	51	92			32. 00
32. 01	Total ancillary labor & delivery room			0			32. 01
	outpatient days (see instructions)						
33. 00	LTCH non-covered days	0					33. 00
33. 01	LTCH site neutral days and discharges	0	=	_			33. 01
34.00	Temporary Expansi on COVID-19 PHE Acute Care	O	0	0			34. 00

 
 Heal th Financial
 Systems
 MCDONOUG

 HOSPITAL
 AND
 HOSPITAL
 HEALTH CARE COMPLEX
 STATISTICAL
 DATA
 Provider CCN: 14-0089

| Peri od: | Worksheet S-3 | From 07/01/2022 | Part I | Date/Time Prepared: |

				10	06/30/2023	11/29/2023 2:	
		Full Time		Di sch	arges	11/2//2020 2.	17 [211]
		Equi val ents			9		
	Component	Nonpai d	Title V	Title XVIII	Title XIX	Total All	
	'	Workers				Pati ents	
		11.00	12.00	13.00	14. 00	15. 00	
	PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and		0	402	16	1, 063	1. 00
	8 exclude Swing Bed, Observation Bed and						
	Hospice days)(see instructions for col. 2						
	for the portion of LDP room available beds)						
2.00	HMO and other (see instructions)			137	195		2. 00
3.00	HMO IPF Subprovider				0		3. 00
4.00	HMO IRF Subprovider				0		4. 00
5.00	Hospital Adults & Peds. Swing Bed SNF						5. 00
6.00	Hospital Adults & Peds. Swing Bed NF						6. 00
7.00	Total Adults and Peds. (exclude observation						7. 00
	beds) (see instructions)						
8. 00	I NTENSI VE 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	402	16	1, 063	
15. 00	CAH visits						15. 00
15. 10	REH hours and visits	0.00	•				15. 10
16.00	SUBPROVI DER - I PF	0. 00	0	0	0	0	16.00
17. 00	SUBPROVI DER - I RF						17. 00
18.00	SUBPROVI DER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY OTHER LONG TERM CARE						20. 00 21. 00
21. 00 22. 00	HOME HEALTH AGENCY	0. 00					21.00
23. 00	AMBULATORY SURGICAL CENTER (D. P.)	0.00					23. 00
24. 00	HOSPICE	0. 00					24. 00
24. 00	HOSPICE (non-distinct part)	0.00					24. 00
25. 00	CMHC - CMHC						25. 00
26. 00	RURAL HEALTH CLINIC	0. 00					26. 00
26. 01	RHC (CONSOLI DATED)	0.00					26. 01
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26. 25
27. 00	Total (sum of lines 14-26)	0.00					27. 00
28. 00	Observation Bed Days	0.00					28. 00
29. 00	Ambul ance Tri ps						29. 00
30.00	Employee discount days (see instruction)						30.00
31. 00	Employee discount days (see l'histraction)						31.00
32. 00	Labor & delivery days (see instructions)						32. 00
32. 01	Total ancillary labor & delivery room						32. 01
02.01	outpatient days (see instructions)						22.0.
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

Health Financial Systems
HOSPITAL WAGE INDEX INFORMATION Provider CCN: 14-0089

					Т	o 06/30/2023	Date/Time Pre 11/29/2023 2:	
		Wkst. A Line	Amount	Reclassi fi cati	Adj usted	Pai d Hours	Average Hourly	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Number	Reported	on of Salaries (from Wkst.	Sal ari es (col . 2 ± col .	Related to Salaries in	Wage (col. 4 ÷ col. 5)	
		1.00	2.00	A-6)	3)	col . 4	, 00	
	PART II - WAGE DATA	1. 00	2. 00	3. 00	4. 00	5. 00	6. 00	
	SALARI ES			1				
1. 00	Total salaries (see instructions)	200. 00	37, 064, 313	0	37, 064, 313	907, 368. 00	40. 85	1.00
2.00	Non-physician anesthetist Part		C	0	0	0.00	0.00	2. 00
3.00	Non-physician anesthetist Part B		805, 038	0	805, 038	4, 983. 60	161. 54	3. 00
4. 00	Physician-Part A - Administrative		30, 523	0	30, 523	551.00	55. 40	4. 00
4. 01 5. 00	Physicians - Part A - Teaching Physician and Non Physician-Part B		5, 482, 076	0		0. 00 49, 998. 70	•	4. 01 5. 00
6. 00	Non-physician-Part B for hospital-based RHC and FQHC		2, 181, 155	0	2, 181, 155	40, 629. 10	53. 68	6. 00
7. 00	services Interns & residents (in an approved program)	21. 00	C	0	0	0.00	0.00	7. 00
7. 01	Contracted interns and residents (in an approved programs)		C	0	О	0. 00	0.00	7. 01
8.00	Home office and/or related organization personnel		C	0	0	0.00	0. 00	8. 00
9.00	SNF	44. 00	2 1/0 //5	0	0 5/5 011	0.00	•	
10. 00	Excluded area salaries (see instructions) OTHER WAGES & RELATED COSTS		3, 168, 665	-602, 854	2, 565, 811	70, 159. 00	36. 57	10.00
11. 00	Contract labor: Direct Patient Care		3, 183, 166	0	3, 183, 166	27, 703. 70	114. 90	11. 00
12. 00	Contract labor: Top level management and other management and administrative		C	0	0	0. 00	0.00	12. 00
13. 00	services Contract Labor: Physician-Part		C	0	0	0.00	0.00	13. 00
14. 00	A - Administrative Home office and/or related organization salaries and		C	0	0	0.00	0.00	14. 00
14. 01	wage-related costs Home office salaries		C	0	0	0.00	0.00	14. 01
14. 02	Related organization salaries		C	O	0	0.00	0. 00	14. 02
15. 00	Home office: Physician Part A - Administrative		C	0	0	0.00	0.00	15. 00
16. 00	Home office and Contract		C	0	О	0.00	0.00	16. 00
16. 01	Physicians Part A - Teaching Home office Physicians Part A - Teaching		C	0	0	0.00	0. 00	16. 01
16. 02	Ŭ .		C	0	0	0.00	0.00	16. 02
17. 00	WAGE-RELATED COSTS Wage-related costs (core) (see		9, 759, 964	0	9, 759, 964			17. 00
18. 00	instructions) Wage-related costs (other)							18. 00
19. 00	(see instructions) Excluded areas		926, 969	0	926, 969			19. 00
20. 00	Non-physician anesthetist Part A		С	0	0			20. 00
21. 00	Non-physician anesthetist Part B		117, 448		117, 448			21.00
22. 00	Physician Part A - Administrative		9, 650	0	9, 650			22. 00
22. 01 23. 00 24. 00	Physician Part A - Teaching Physician Part B Wage-related costs (RHC/FQHC)		0 1, 030, 327 622, 519		0 1, 030, 327 622, 519			22. 01 23. 00 24. 00
25. 00	Interns & residents (in an approved program)		C	0	0			25. 00
25. 50 25. 51	Home office wage-related (core) Related organization		C		0			25. 50
	wage-related (core)							25. 51 25. 52
25. 52	Home office: Physician Part A - Administrative - wage-related (core)		C	,				∠5. 52

HOSPITAL WAGE INDEX INFORMATION Provider CCN: 14-0089 Peri od: Worksheet S-3 From 07/01/2022 Part II 06/30/2023 Date/Time Prepared: 11/29/2023 2:49 pm Wkst. A Line Amount Recl assi fi cati Adj usted Paid Hours Average Hourly Number on of Salaries Sal ari es Related to Wage (col. 4 Reported col . 5) (from Wkst. (col.2 ± col. Salaries in A-6)3) col. 4 1.00 2.00 5.00 6.00 3.00 4.00 25.53 Home office: Physicians Part A 0 25.53 - Teaching - wage-related (core) OVERHÉAD COSTS - DIRECT SALARIES 47. 03 26.00 4 00 394, 349 394, 349 26.00 Employee Benefits Department 8, 384, 50 27.00 Administrative & General 5.00 5, 544, 648 0 5, 544, 648 149, 604. 83 37.06 27.00 28.00 Administrative & General under 958, 980 0 958, 980 4, 398. 18 218.04 28.00 contract (see inst.) Maintenance & Repairs 6.00 589, 647 589, 647 29.00 0 19, 198, 31 30.71 29.00 Operation of Plant 0 0.00 30.00 7.00 0 0 0.00 30.00 31.00 Laundry & Linen Service 8.00 0 0 0.00 0.00 31.00 32.00 Housekeepi ng 9.00 538, 706 0 538, 706 21, 793. 34 24. 72 32.00 33.00 Housekeeping under contract C 0 0.00 0.00 33.00

674, 196

674, 196

435, 076

288, 206

812, 180

446, 038

404, 581

0

0

0

-540, 679

540, 679

0

0

0

0

ol

133, 517

674, 196

540, 679

435, 076

288, 206

812, 180

446, 038

404, 581

O

7, 079. 91

35, 750. 15

28, 670. 24

8,036.07

15, 809. 27

17, 122. 99

19, 195. 04

9, 562. 89

0 00

0.00

18.86

18. 86

18.86

0.00

54. 14

18. 23

47. 43

23. 24

42. 31 42. 00

0.00 43.00

34.00

35.00

36.00

37.00

38.00

39.00

40.00

41.00

10.00

11.00

12.00

13.00

14.00

15.00

16.00

17.00

18.00

(see instructions)

Di etary under contract (see instructions)

Central Services and Supply

Medical Records & Medical

Maintenance of Personnel

Nursing Administration

Di etary

Cafeteri a

Pharmacy

Records Library Social Service

43.00 Other General Service

34.00

35.00

36.00

37.00

38. 00

39.00

40.00

41.00

42.00

Worksheet S-3 Part III Date/Time Prepared: Peri od: From 07/01/2022 To 06/30/2023 11/29/2023 2: 49 pm Worksheet A Amount Recl assi fi cati Adj usted Pai d Hours Average Hourly Line Number Reported on of Salaries Sal ari es Related to Wage (col. 4 (col . 2 ± col . Salaries in col. 5) (from Works<u>heet A-6)</u> 3) col. 4 1.00 5.00 6.00 2.00 3.00 4.00 PART III - HOSPITAL WAGE INDEX SUMMARY 1.00 Net salaries (see 30, 229, 220 30, 229, 220 851, 904. 93 35. 48 1.00 instructions) 2.00 3, 168, 665 -602, 854 2, 565, 811 70, 159. 00 36. 57 2.00 Excluded area salaries (see instructions) 3.00 Subtotal salaries (line 1 27, 060, 555 602, 854 27, 663, 409 781, 745. 93 35.39 3.00 minus line 2) 4.00 Subtotal other wages & related 3, 183, 166 3, 183, 166 27, 703. 70 114. 90 4.00 costs (see inst.) Subtotal wage-related costs 5.00 9, 769, 614 Ω 9, 769, 614 0.00 35. 32 5.00 (see inst.)

602, 854

40, 616, 189

11, 760, 803

809, 449. 63

344, 605. 72

40, 013, 335

11, 760, 803

6.00

7.00

50. 18

34.13

Total (sum of lines 3 thru 5)

Total overhead cost (see

instructions)

6.00

7.00

Health Financial Systems	MCDONOUGH DISTRICT HOSPITAL	In Lieu of Form CMS-2552-10	
HOSPITAL WAGE RELATED COSTS	Provi der CCN: 14-0089	Peri od: Worksheet S-3 From 07/01/2022 Part IV	
		To 06/30/2023 Date/Time Prepared:	

	To 06/30/2023	Date/Time Prep 11/29/2023 2:4	
		Amount	
		Reported	
		1. 00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETI REMENT COST		
1.00	401K Employer Contributions	1, 562, 888	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4. 00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5. 00
6.00	Legal /Accounting/Management Fees-Pension Plan	0	6. 00
7.00	Employee Managed Care Program Administration Fees	0	7. 00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	8. 00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8. 01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	7, 692, 096	8. 02
8.03	Health Insurance (Purchased)	0	8. 03
9.00	Prescription Drug Plan	0	9. 00
10.00	Dental, Hearing and Vision Plan	173, 941	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	37, 593	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	310, 515	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	189, 211	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106.	0	16.00
	Noncumul ati ve porti on)		
	TAXES		
17.00	FICA-Employers Portion Only	2, 455, 027	
18. 00	Medicare Taxes - Employers Portion Only	0	18. 00
19.00	Unemployment Insurance	13, 816	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	0	21. 00
	instructions))		
22. 00	Day Care Cost and Allowances	0	22. 00
23. 00		31, 790	
24. 00	Total Wage Related cost (Sum of lines 1 -23)	12, 466, 877	24. 00
	Part B - Other than Core Related Cost		
25. 00	OTHER WAGE RELATED COSTS (SPECIFY)	ı	25. 00

Health Financial Systems	MCDONOUGH DISTRICT HOSPITAL	In Lie	u of Form CMS-2	2552-10
HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provi der CCN: 14-0089 P	eri od:	Worksheet S-3	
	F	rom 07/01/2022	Part V	
	T	o 06/30/2023	Date/Time Pre	pared:
			11/29/2023 2:	49 pm
Cost Center Description		Contract Labor	Benefit Cost	
		1. 00	2. 00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identi	fication:			
4 00 T 1 1 C 1111 1 1 1 1 1 1 1 1 1 1 1 1 1		0 400 444	40 444 033	4 00

	Cost Center Description	Contract Labor	Benefit Cost	
		1. 00	2. 00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	3, 183, 166	12, 466, 877	1.00
2.00	Hospi tal	3, 183, 166	9, 759, 964	2.00
3.00	SUBPROVI DER - I PF	0	0	3.00
4.00	SUBPROVI DER - I RF			4. 00
5.00	Subprovi der - (0ther)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7. 00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9. 00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospi tal -Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D. P. ) I			12.00
13.00	Hospi tal -Based Hospi ce	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	622, 519	14.00
14. 01	Hospital-Based Health Clinic RHC 1	0	0	14. 01
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospi tal -Based-CMHC			16.00
17.00	RENAL DIALYSIS I			17.00
18. 00	Other	0	2, 084, 394	18. 00

Heal th	n Financial Systems	MCDONOUGH DIST	RICT HOSPITAL		In Lie	u of Form CMS-2	2552-10
	HEALTH AGENCY STATISTICAL DATA			F	Period: From 07/01/2022 To 06/30/2023	Worksheet S-4	
			'		Home Health	11/29/2023 2: PPS	
					Agency I		
0.00	Country				_	00	0.00
0.00	County	Title V	Title XVIII	Title XIX	MCDONOUGH Other	Total	0.00
	HOME HEALTH ACENCY CTATICTICAL DATA	1.00	2.00	3. 00	4. 00	5. 00	
1. 00	HOME HEALTH AGENCY STATISTICAL DATA Home Health Aide Hours	0	О		0	0	1. 00
2.00	Unduplicated Census Count (see instructions)	0. 00	139. 00		196.00 Loyees (Full Ti		2. 00
				INGIIDEI OI EIIIP	royees (Furi II	me Equivarent)	
			er of hours in	Staff	Contract	Total	
		your normal	work week				
			)	1.00	2. 00	3. 00	
2 00	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES		40.00	0.00	0.00	0.00	3. 00
3. 00 4. 00	Administrator and Assistant Administrator(s) Director(s) and Assistant Director(s)		40. 00	0. 00 0. 50			1
5.00	Other Administrative Personnel			4.66			5. 00
6. 00 7. 00	Direct Nursing Service Nursing Supervisor			7. 65			6. 00 7. 00
8. 00 9. 00	Physical Therapy Service Physical Therapy Supervisor			2. 46			8. 00 9. 00
10. 00				1.86			ł
11. 00 12. 00				0.00			1
13. 00				0.00			•
14. 00 15. 00				0.00			•
16. 00	·			1. 96			•
17. 00 18. 00	'			0.00			ı
18.00	Other (specify)			0.00	0.00	CBSA Data	18.00
	HOME HEALTH AGENCY CBSA CODES					1. 00	
19. 00	Enter in column 1 the number of CBSAs where					2	19. 00
20. 00	List those CBSA code(s) in column 1 serviced first code).	during this co	st reporting p	period (line 20	) contains the	37900	20. 00
20. 01	1	55		1		99914	20. 01
		Full E	oisodes With Outliers	LUPA Episodes	PEP Only	Total (cols.	
		0utliers 1.00	2. 00	3.00	Epi sodes 4. 00	1-4) 5. 00	
	PPS ACTIVITY DATA	1.00	2.00	3.00	4.00	5.00	
21. 00 22. 00	1	1, 287 225, 225	ł	1			
23. 00	Physical Therapy Visits	346	303	9	14	672	23. 00
24. 00 25. 00	1 3	60, 550 200	1		2, 450 1 8	117, 600 512	
26. 00	Occupational Therapy Visit Charges	33, 950	52, 495	700		88, 545	26. 00
27. 00 28. 00	1 .	19 3, 325			0 0		27. 00 28. 00
29. 00	Medical Social Service Visits	5	8	3	0	13	29. 00
30. 00 31. 00	9	875 212	1		0 0		1
32. 00	Home Health Aide Visit Charges	24, 592	18, 328	3	0	42, 920	32. 00
33. 00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	2, 069	1, 306	3	33	3, 439	33. 00
34.00	Other Charges	0	210.013	(		_	34.00
35. 00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	348, 517	219, 048	5, 425	5, 775	578, 765	35. 00
36. 00	Total Number of Episodes (standard/non outlier)	234		18	2	254	36. 00
37. 00		6, 587	62 3, 368		1 6		37. 00 38. 00

Heal th	Financial Systems	MCDONOUGH DISTR	ICT HOSPITAL		In Lie	eu of Form CMS-	2552-10
HOSPI T	AL-BASED RHC/FQHC STATISTICAL DATA			CCN: 14-0089 CCN: 14-8522	Peri od: From 07/01/2022 To 06/30/2023		
			oomponon:			11/29/2023 2:	
					RHC I	Cost	
					1.	00	
	Clinic Address and Identification						_
1.00	Street		0.1		1150 N COLE ST		1.00
				00	State 2.00	ZIP Code 3.00	
2. 00	City, State, ZIP Code, County	E	BUSHNELL	. 00		61422	2. 00
2 00	HOSPITAL-BASED FQHCs ONLY: Designation - Ento	or "D" for rural	l or "II" for i	ırhan		1. 00	3.00
3.00	HOSPITAL-BASED FUNCS UNLT. DESIGNATION - ENTE	er k roi rurai	1 01 0 101 0		nt Award	Date	3.00
				0.0	1. 00	2.00	
	Source of Federal Funds						
4.00	Community Health Center (Section 330(d), PHS						4. 00
5.00	Migrant Health Center (Section 329(d), PHS Ad						5.00
6. 00 7. 00	Health Services for the Homeless (Section 340 Appalachian Regional Commission	J(d), PHS ACT)					6. 00 7. 00
8. 00	Look-Alikes						8.00
9. 00	OTHER (SPECIFY)						9. 00
					4.00	0.00	
10.00	Does this facility operate as other than a ho	neni tal -haead Di	HC or FOHC2 Fr	nter "V" for	1. 00 N	2. 00	10.00
10. 00	yes or "N" for no in column 1. If yes, indica 2. (Enter in subscripts of line 11 the type of hours.)	ate number of o	ther operation	ns in column	IV		10.00
	11001 3. )	Sund	day	l N	londay	Tuesday	
		from	to	from	to	from	
	E	1.00	2. 00	3.00	4. 00	5. 00	
11 00	Facility hours of operations (1)			08: 00	17: 00	08: 00	11. 00
11.00	CET NI C			08.00	17.00	08.00	11.00
					1. 00	2. 00	
	Have you received an approval for an exception is this a consolidated cost report as defined 30.8? Enter "Y" for yes or "N" for no in columber of providers included in this report.	d in CMS Pub. 10 umn 1. If yes, e	00-04, chaptei enter in colur	9, section nn 2 the	N N	C	12.00
	numbers below.	LIST THE Halles	or arr provin	aci 3 and			
				Prov	ider name	CCN	
1.1.00	TRUO (FOUL)				1. 00	2.00	11.00
14.00	RHC/FQHC name, CCN	Y/N	V	XVIII	XIX	Total Visits	14. 00
		1.00	2. 00	3.00	4. 00	5. 00	
15. 00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)						15. 00
		·	Cou	unty			
				00			
2.00	City, State, ZIP Code, County		MCDONOUGH				2. 00
		Tuesday		esday T +o		rsday T +o	
		6. 00	7.00	8. 00	from 9.00	to 10.00	
	Facility hours of operations (1)	0.00	7.00	3.00	7. 00	10.00	
11. 00		17: 00	08: 00	17: 00	08: 00	17: 00	11. 00

Health Financial Systems	MCDONOUGH DISTE	RICT HOSPITAL		In Lie	u of Form CMS-	2552-10
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provi der C	CN: 14-0089	Peri od:	Worksheet S-8	1
				From 07/01/2022		
		Component	CCN: 14-8522	To 06/30/2023	Date/Time Pre	
					11/29/2023 2:	49 pm
				RHC I	Cost	
	Fri	day	Sa	turday		
	from	to	from	to		
	11. 00	12.00	13. 00	14. 00		
Facility hours of operations (1)						
11. 00 CLINIC	08: 00	17: 00				11. 00

HC/FQHC STATISTICAL DATA  dress and Identification  te, ZIP Code, County  BASED FQHCs ONLY: Designation - Enterprise Ente	S Act) Act) 40(d), PHS Act)	Component  ()  MACOMB	Ci ty 1. 00  urban  Gran	515 EAST GRAN State 2.00	3 Date/Time Pr 11/29/2023 2 Cost .00 T STREET ZIP Code 3.00 L61455	1. 0 2. 0 4. 0
BASED FOHCS ONLY: Designation - Entitle Federal Funds Health Center (Section 330(d), PHS ealth Center (Section 329(d), PHS exprises for the Homeless (Section 34 an Regional Commission esector)  Facility operate as other than a faci	S Act) Act) 40(d), PHS Act)	MACOMB al or "U" for	urban Gran	515 EAST GRAN State 2.00	Cost . 00  T STREET ZIP Code 3. 00 L 61455  1. 00 Date	1.0
BASED FOHCS ONLY: Designation - Entitle Federal Funds Health Center (Section 330(d), PHS ealth Center (Section 329(d), PHS exprises for the Homeless (Section 34 an Regional Commission esector)  Facility operate as other than a faci	S Act) Act) 40(d), PHS Act)	MACOMB al or "U" for	urban Gran	515 EAST GRAN State 2.00	T STREET	2.0
BASED FOHCS ONLY: Designation - Entitle Federal Funds Health Center (Section 330(d), PHS ealth Center (Section 329(d), PHS exprises for the Homeless (Section 34 an Regional Commission esector)  Facility operate as other than a faci	S Act) Act) 40(d), PHS Act)	MACOMB al or "U" for	urban Gran	515 EAST GRAN State 2.00	T STREET	2. C
BASED FOHCS ONLY: Designation - Entitle Federal Funds Health Center (Section 330(d), PHS ealth Center (Section 329(d), PHS exprises for the Homeless (Section 34 an Regional Commission esector)  Facility operate as other than a faci	S Act) Act) 40(d), PHS Act)	MACOMB al or "U" for	urban Gran	State 2.00	ZIP Code 3.00 L 61455 1.00	2. C
Federal Funds Health Center (Section 330(d), PHS Prices for the Homeless (Section 34 an Regional Commission es ECIFY)	S Act) Act) 40(d), PHS Act)	MACOMB al or "U" for	urban Gran	2.00	3.00 L 61455 1.00	0 3.0
Federal Funds Health Center (Section 330(d), PHS Prices for the Homeless (Section 34 an Regional Commission es ECIFY)	S Act) Act) 40(d), PHS Act)	MACOMB al or "U" for	urban Gran	t Award	1.00 Date	0 3.0
Federal Funds Health Center (Section 330(d), PHS Prices for the Homeless (Section 34 an Regional Commission es ECIFY)	S Act) Act) 40(d), PHS Act)	al or "U" for	Gran <sup>-</sup>	t Award	1.00 Date	0 3.0
Federal Funds  Health Center (Section 330(d), PHS ealth Center (Section 329(d), PHS entrices for the Homeless (Section 34 an Regional Commission es  ECIFY)  facility operate as other than a facility operate as other than a facility operate entrices.	S Act) Act) 40(d), PHS Act)		Gran <sup>-</sup>		Date	4. 0
Federal Funds  Health Center (Section 330(d), PHS ealth Center (Section 329(d), PHS entrices for the Homeless (Section 34 an Regional Commission es  ECIFY)  facility operate as other than a facility operate as other than a facility operate entrices.	S Act) Act) 40(d), PHS Act)		Gran <sup>-</sup>		Date	4. 0
Health Center (Section 330(d), PHS Palth Center (Section 329(d), PHS Prices for the Homeless (Section 34 an Regional Commission es ECIFY)  facility operate as other than a F	Act) 40(d), PHS Act)					
Health Center (Section 330(d), PHS Palth Center (Section 329(d), PHS Prices for the Homeless (Section 34 an Regional Commission es ECIFY)  facility operate as other than a F	Act) 40(d), PHS Act)					
ealth Center (Section 329(d), PHS / rvices for the Homeless (Section 34 an Regional Commission es ECIFY)	Act) 40(d), PHS Act)					
rvices for the Homeless (Section 34 an Regional Commission es ECIFY) facility operate as other than a h	40(d), PHS Act)					5. C
an Regional Commission es ECIFY) facility operate as other than a h						6.0
ECIFY) facility operate as other than a H	pospi tal hasod					7. 0
facility operate as other than a h	poeni tal hacod					8. 0
	aosni tal hasad					9. 0
	acenital bacod			1. 00	2.00	
" for no in collimp 1 It was india				N		0 10.0
in subscripts of line 11 the type of						
	Sur	nday	Mo	onday	Tuesday	
	from	to	from	to	from	
nours of operations (1)	1.00	2. 00	3. 00	4. 00	5. 00	
(.)	08: 00	16: 00	08: 00	19: 00	08: 00	11.0
				1.00	2.00	_
received an approval for an excepti	on to the prod	uctivity stand	dard?	1. 00	2.00	12. 0
consolidated cost report as define er "Y" for yes or "N" for no in col providers included in this report. elow.	ed in CMS Pub. umn 1. If yes,	100-04, chapte enter in colu	er 9, section umn 2 the	Y		2 13.0
er ow.			Provi	der name	CCN	
				. 00	2.00	
name, CCN			MDH FAM MEDIC CARE/SU	I NE/CONVENI ENCE	<u>-</u>  148619	14.0
			MDH PEDIATRIC	CLINIC	148617	14. 0
	Y/N	V	XVIII	XIX	Total Visits	
provided all or substantially all	1.00	2.00	3.00	4. 00	5. 00	15. 0
Enter "Y" for yes or "N" for no in	n					15.0
If yes, enter in columns 2, 3 and						
ber of program visits performed by						
ber of program visits performed by Residents for titles V, XVIII, and oplicable. Enter in column 5 the			1			
Residents for titles V, XVIII, and pplicable. Enter in column 5 the total visits for this provider.					1	1
Residents for titles V, XVIII, and pplicable. Enter in column 5 the		0.0	NIDTY			
Residents for titles V, XVIII, and pplicable. Enter in column 5 the total visits for this provider.			ounty 4.00			
Residents for titles V, XVIII, and pplicable. Enter in column 5 the total visits for this provider.						2.0
Residents for titles V, XVIII, and pplicable. Enter in column 5 the total visits for this provider. ructions)	Tuesday	MCDONOUGH Wed	4.00 Inesday		ırsday	2.0
Residents for titles V, XVIII, and pplicable. Enter in column 5 the total visits for this provider. ructions)	Tuesday to 6.00	MCDONOUGH 2	4. 00	Thu from 9.00	irsday to 10.00	2. 0
Resio	cable. Enter in column 5 the			al adata fan Alda mariddan	al visits for this provider.	al visits for this provider.

Health Financial Systems	MCDONOUGH DISTI	RICT HOSPITAL		In Lie	u of Form CMS-2	2552-10
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provi der Co		Peri od:	Worksheet S-8	
				From 07/01/2022		
		Component	CCN: 14-8619	To 06/30/2023		
					11/29/2023 2:	49 pm
				RHC II	Cost	
	Fri	day	Sat	urday		
	from	to	from	to		
	11. 00	12. 00	13. 00	14. 00		
Facility hours of operations (1)						
11. 00 CLINIC	09: 00	18: 00	08: 00	16: 00		11. 00

HOSPI 1	<u>Financial Systems</u> TAL-BASED HOSPICE IDENTIFICATION			Provider C	CN: 14-0089	Peri od:	u of Form CMS-2 Worksheet S-9	
1100111	NE BASED HOST OF TREMTTON TON	D.C.T.C.			N: 14-1524	From 07/01/2022 To 06/30/2023	PARTS I THROUGH Date/Time Prep 11/29/2023 2:4	GH IV pared:
						Hospi ce I		
		Undupl i cated						
		Days						
		Title XVIII	Title XIX	Title XVIII	Title XIX	All Other	Total (sum of	
				Skilled	Nursi ng		col s. 1, 2 &	
				Nursi ng	Facility		5)	
				Facility				
		1. 00	2. 00	3.00	4. 00	5. 00	6. 00	
	PART I - ENROLLMENT DAYS FOR CO	ST REPORTING F	PERIODS BEGINNI	NG BEFORE OCTO	BER 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	DEDODTI NO DEDI	ODC DECLANATING	DEFODE OCTOBED	1 2015			5. 00
, 00	Part II - CENSUS DATA FOR COST	REPORTING PERI	ODS BEGLUNING	BEFORE OCTOBER	1, 2015			
6. 00	Number of patients receiving							6. 00
7. 00	hospice care Total number of unduplicated							7. 00
7.00	Continuous Care hours billable							7.00
	to Medicare							
8. 00	Average Length of Stay (line 5							8.00
0.00	/ line 6)							0.00
9. 00	Unduplicated census count							9.00
	Parts I and II, columns 1 and 2	also include	the days report	ted in columns	3 and 4.			
				Title XVIII	Title XIX	Other	Total (sum of	
							col s. 1	
							through 3)	
				1.00	2.00	3. 00	4. 00	
	PART III - ENROLLMENT DAYS FOR	COST REPORTING	PERIODS BEGIN	INING ON OR AFT	ER OCTOBER 1,	2015		
10.00	Hospice Continuous Home Care			0		0 0	0	10.00
11. 00	Hospice Routine Home Care			3, 665	3	50 4, 881	8, 896	11. 00
12.00	Hospice Inpatient Respite Care			0		0 0	0	
13.00	Hospice General Inpatient Care			0		0 0	0	1 .0.00
14.00	Total Hospice Days			3, 665		50 4, 881		14.00
	PART IV - CONTRACTED STATISTICA	AL DATA FOR COS	ST REPORTING PE	RIODS BEGINNIN	G ON OR AFTE			
	Hospice Inpatient Respite Care			0		0 0	-	15. 00
	Hospice General Inpatient Care			0		0 0	0	16.00

Heal th	Financial Systems MCDONOUGH DISTRIC	Γ HOSPI TAL		In Lie	u of Form CMS-2	2552-10
HOSPI T	AL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CO	CN: 14-0089	Peri od:	Worksheet S-1	0
				From 07/01/2022 To 06/30/2023	Date/Time Pre	narod:
				10 00/30/2023	11/29/2023 2:	
					1. 00	
	Uncompensated and indigent care cost computation				11.00	
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 di	vided by li	ne 202 columi	า 8)	0. 392216	1. 00
	Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		787, 204	2. 00		
3.00	Did you receive DSH or supplemental payments from Medicaid?		6 11 11	. 10	Y	3. 00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplement If line 4 is no, then enter DSH and/or supplemental payments f			ai d?	N 4 700 F70	4.00
5. 00 6. 00	Medicaid charges	rom wedicar	u		4, 708, 572 33, 218, 302	
7. 00	Medicaid cost (line 1 times line 6)				13, 028, 750	
8.00	Difference between net revenue and costs for Medicaid program	(line 7 min	us sum of lin	nes 2 and 5: if	7, 532, 974	
	< zero then enter zero)					
	Children's Health Insurance Program (CHIP) (see instructions f	or each line	e)			
9.00	Net revenue from stand-alone CHIP		14, 008	1		
10.00	Stand-alone CHIP charges				122, 214	1
11. 00 12. 00	Stand-alone CHIP cost (line 1 times line 10) Difference between net revenue and costs for stand-alone CHIP	(lino 11 mi	nuc lino Oci	f . zoro thon	47, 934 33, 926	
12.00	enter zero)	(TITIE IT IIII	ilus IIIIe 9, I	i < Zei o tileli	33, 920	12.00
	Other state or local government indigent care program (see ins	tructions fo	or each line			
13.00	Net revenue from state or local indigent care program (Not inc				0	13. 00
14.00	Charges for patients covered under state or local indigent car	e program (	Not included	in lines 6 or	0	14. 00
	10)					
15. 00	State or local indigent care program cost (line 1 times line 1		Z1.1	45 ' ''	0	
16. 00	Difference between net revenue and costs for state or local ir 13; if < zero then enter zero)	idigent care	program (III	ne 15 minus iine	0	16. 00
	Grants, donations and total unreimbursed cost for Medicaid, CF	IIP and state	e/Local indid	gent care program	ns (see	
	instructions for each line)		`	, , ,	•	
17. 00	Private grants, donations, or endowment income restricted to f				148, 773	
18.00	Government grants, appropriations or transfers for support of			( 6.1.	83, 707	1
19. 00	Total unreimbursed cost for Medicaid , CHIP and state and loca 8, 12 and 16)	ii indigent	care programs	s (sum or lines	7, 566, 900	19.00
	jo, 12 and 10)		Uni nsured	Insured	Total (col. 1	
			pati ents	pati ents	+ col . 2)	
			1.00	2. 00	3. 00	
00.00	Uncompensated Care (see instructions for each line)		200 5	404 400	4 000 //0	00.00
20. 00	Charity care charges and uninsured discounts for the entire fa (see instructions)	icility	809, 5	494, 108	1, 303, 669	20.00
21. 00	Cost of patients approved for charity care and uninsured disco	ounts (see	317, 5	23 494, 108	811, 631	21. 00
	instructions)	( )	, ,			
22. 00	Payments received from patients for amounts previously writter	off as		0 0	0	22. 00
00.00	charity care		047 5	104 100	044 (04	00.00
23. 00	Cost of charity care (line 21 minus line 22)		317, 5	23 494, 108	811, 631	23.00
					1. 00	
24. 00	Does the amount on line 20 column 2, include charges for patie	ent days bey	ond a length	of stay limit	N N	24. 00
	imposed on patients covered by Medicaid or other indigent care		· ·	,		
25. 00	If line 24 is yes, enter the charges for patient days beyond t	he indigent	care program	m's length of	0	25. 00
26. 00	stay limit Total bad debt expense for the entire hospital complex (see in	etructione)			4, 532, 483	26. 00
27. 00	Medicare reimbursable bad debts for the entire hospital complex (see if		ructions)		143, 231	
27. 00	Medicare allowable bad debts for the entire hospital complex (				220, 355	
28. 00	Non-Medicare bad debt expense (see instructions)		,		4, 312, 128	ı
29. 00	Cost of non-Medicare and non-reimbursable Medicare bad debt ex	pense (see	instructions)	)	1, 768, 410	
30. 00	Cost of uncompensated care (line 23 column 3 plus line 29)				2, 580, 041	1
31. 00	Total unreimbursed and uncompensated care cost (line 19 plus l	i ne 30)			10, 146, 941	31.00

COST CENTER DESCRIPTION  GENERAL SERVICE COST CENTERS  1.00 00100 CAP REL COSTS-BLDG & FIXT 1.01 00101 CAP REL COSTS-HOSPITAL 1.02 00102 CAP REL COSTS-HOSPITAL 1.03 00103 CAP REL COSTS-HSB II 1.04 00104 CAP REL COSTS-HSB II 1.04 00104 CAP REL COSTS-HSB II 1.05 00105 CAP REL COSTS-BLDG AVSIS 1.06 00106 CAP REL COSTS-BLDG AVSIS 1.06 00106 CAP REL COSTS-HOSPITALITY HOUSE 1.07 00107 CAP REL COSTS-HOSPITALITY HOUSE 1.08 00108 CAP REL COSTS-ONVENIENCE CARE CLIN 1.10 00110 CAP REL COSTS-CONVENIENCE CARE CLIN 1.10 00110 CAP REL COSTS-BUSHNELL OFFICE BLDG 3.00 00300 OTHER CAP REL COSTS 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 5.00 00500 ADMINISTRATIVE & GENERAL 6.00 00600 MAINTENANCE & REPAIRS 6.01 00601 MAINTENANCE & REPAIRS-HSB II 6.02 00602 MAINTENANCE & REPAIRS-HSB II 6.03 00603 MAINTENANCE & REPAIRS-BUSHNELL 6.04 00604 MAINTENANCE & REPAIRS-BUSHNELL 6.05 00605 MAINTENANCE & REPAIRS-BUSHNELL 6.06 00606 MAINTENANCE & REPAIRS-BUSHNELL 6.07 00800 LAUNDRY & LINEN SERVICE 6.08 00900 HOUSEKEEPING 6.09 00900 HOUSEKEEPING-HSB II 6.09 00900 HOUSEKEEPING-HSB II 6.00 00901 HOUSEKEEPING-HSB II 6.01 00901 HOUSEKEEPING-HSB II 6.02 00902 HOUSEKEEPING-HSB II	Sal ari es  1.00  1.00  394, 349 5, 544, 648 530, 698 28, 812 22, 347 1, 243 2, 432 1, 853 2, 262 0 538, 706 0 0 0	2.00  5,783,199 426,934 372,428 44,015 0 10,359 32,990 26,156 0137,691 013,460,674 5,773,560 2,699,338 249,512 190,218 32,156 19,871 9,878 26,513 201,760 327,484	Total (col. 1 + col. 2)  3.00  5,783,199 426,934 372,428 44,015 0 10,359 32,990 26,156 0 137,691 13,855,023 11,318,208 3,230,036 278,324 212,565 33,399 22,303	73, 523 0 0 0 0 0 0 0 0 0 0 0 0 -58, 177 0 0 0	Date/Time Pre 11/29/2023 2:  Reclassified Trial Balance (col. 3 +- col. 4)  5.00  5,856,722 426,934 372,428 44,015 0 10,359 32,990 26,156 0 137,691 0 13,855,023	
GENERAL SERVI CE COST CENTERS  1. 00	394, 349 5, 544, 648 530, 698 28, 812 22, 347 1, 243 2, 432 1, 853 2, 262	2.00  5, 783, 199 426, 934 372, 428 44, 015 0 10, 359 32, 990 26, 156 0 137, 691 0 13, 460, 674 5, 773, 560 2, 699, 338 249, 512 190, 218 32, 156 19, 871 9, 878 26, 513 201, 760	3.00  5, 783, 199 426, 934 372, 428 44, 015 0 10, 359 32, 990 26, 156 0 137, 691 0 13, 855, 023 11, 318, 208 3, 230, 036 278, 324 212, 565 33, 399 22, 305 11, 731 28, 775 201, 760	0ns (See A-6)  4.00  73,523  0  0  0  0  0  0  0  0  0  0  0  0  0	Recl assi fi ed Tri al Bal ance (col . 3 +- col . 4) 5.00  5,856,722 426,934 372,428 44,015 0 10,359 32,990 26,156 0 137,691 0 13,855,023 11,260,031 3,230,036 278,324 212,565 33,399 22,303 11,731 28,775	1. 00 1. 01 1. 02 1. 03 1. 04 1. 05 1. 06 1. 07 1. 10 3. 00 4. 00 5. 00 6. 01 6. 02 6. 03 6. 04 6. 05
1.00   00100   CAP REL COSTS-BLDG & FIXT   1.01   00101   CAP REL COSTS-HOSPITAL   1.02   00102   CAP REL COSTS-HOSPITAL   1.03   00103   CAP REL COSTS-HSB     1.04   00104   CAP REL COSTS-HSB     1.05   00105   CAP REL COSTS-REHAB CNT   1.06   00106   CAP REL COSTS-DI AYSI   1.06   00106   CAP REL COSTS-DI AYSI   1.07   00107   CAP REL COSTS-HOSPITALI TY HOUSE   1.07   00107   CAP REL COSTS-MAB   1.08   00108   CAP REL COSTS-ONTHO BLDG   1.09   00109   CAP REL COSTS-BUSHNELL OFFICE BLDG   3.00   00300   07HER CAP REL COSTS   4.00   00400   EMPLOYEE BENEFITS DEPARTMENT   5.00   00500   ADMINISTRATI VE & GENERAL   6.01   00601   MAINTENANCE & REPAIRS   I   6.02   00602   MAINTENANCE & REPAIRS HSB   I   6.03   00603   MAINTENANCE & REPAIRS-HSB   I   6.04   00604   MAINTENANCE & REPAIRS-BUSHNELL   6.05   00605   MAINTENANCE & REPAIRS-BUSHNELL   6.06   00606   MAINTENANCE & REPAIRS-BUSHNELL   6.07   00609   MAINTENANCE & REPAIRS-BUSHNELL   6.08   006006   MAINTENANCE & REPAIRS-BUSHNELL   6.09   006006   MAINTENANCE & REPAIRS-BUSHNELL   6.00   00800   LAUNDRY & LINEN SERVICE   6.00   00900   HOUSEKEEPING   6.01   00901   HOUSEKEEPING   6.02   00902   HOUSEKEEPING   6.03   00903   HOUSEKEEPING   6.04   00901   6.05   00902   HOUSEKEEPING   6.06   009001   HOUSEKEEPING   6.07   009001   6.08   009001   6.09   009002   HOUSEKEEPING   6.00   009001   6.00   009	394, 349 5, 544, 648 530, 698 28, 812 22, 347 1, 243 2, 432 1, 853 2, 262	0 5, 783, 199 426, 934 372, 428 44, 015 0 10, 359 32, 990 26, 156 0 137, 691 0 13, 460, 674 5, 773, 560 2, 699, 338 249, 512 190, 218 32, 156 19, 878 26, 513 201, 760	5, 783, 199 426, 934 372, 428 44, 015 0 10, 359 32, 990 26, 156 0 137, 691 0 13, 855, 023 11, 318, 208 3, 230, 036 278, 324 212, 565 33, 399 22, 399 22, 375 201, 760	0 73, 523 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5.00  5,856,722 426,934 372,428 44,015 0 10,359 32,990 26,156 0 137,691 0 13,855,023 11,260,031 3,230,036 278,324 212,565 33,399 22,303 11,731 28,775	1. 01 1. 02 1. 03 1. 04 1. 05 1. 06 1. 07 1. 08 1. 09 1. 10 3. 00 6. 00 6. 01 6. 02 6. 03 6. 04 6. 05
1.00   00100   CAP REL COSTS-BLDG & FIXT   1.01   00101   CAP REL COSTS-HOSPITAL   1.02   00102   CAP REL COSTS-HOSPITAL   1.03   00103   CAP REL COSTS-HSB     1.04   00104   CAP REL COSTS-HSB     1.05   00105   CAP REL COSTS-REHAB CNT   1.06   00105   CAP REL COSTS-DI AYSI   S   1.06   00106   CAP REL COSTS-DI AYSI   S   1.07   00107   CAP REL COSTS-HOSPITALITY HOUSE   1.08   00108   CAP REL COSTS-MAB   1   1.09   00109   CAP REL COSTS-ONTHO BLDG   S   1.09   00109   CAP REL COSTS-BUSHNELL OFFICE BLDG   S   3.00   00300   OTHER CAP REL COSTS   S   4.00   00400   EMPLOYEE BENEFITS DEPARTMENT   S   5.00   00500   ADMINISTRATIVE & GENERAL   S   6.01   00601   MAINTENANCE & REPAIRS   S   6.02   00602   MAINTENANCE & REPAIRS   S   6.03   00603   MAINTENANCE & REPAIRS-HSB   S   6.04   00604   MAINTENANCE & REPAIRS-MAB   S   6.05   00605   MAINTENANCE & REPAIRS-BUSHNELL   S   6.06   00606   MAINTENANCE & REPAIRS-BUSHNELL   S   6.07   00609   MAINTENANCE & REPAIRS-BUSHNELL   S   6.08   00609   MAINTENANCE & REPAIRS-BUSHNELL   S   6.09   00600   MAINTENANCE & REPAIRS-BUSHNELL   S   6.00   00800   LAUNDRY & LINEN SERVICE   S   6.01   00901   HOUSEKEEPING   HSB   S   6.02   00902   HOUSEKEEPING   HSB   S   6.03   00903   HOUSEKEEPING   HSB   S   6.04   00604   HOUSEKEEPING   S   6.05   00902   HOUSEKEEPING   S   6.06   00902   HOUSEKEEPING   S   6.07   00903   HOUSEKEEPING   S   6.08   00903   HOUSEKEEPING   S   6.09   00900   HOUSEKEEPING   S   6.00   0	5, 544, 648 530, 698 28, 812 22, 347 1, 243 2, 432 1, 853 2, 262	426, 934 372, 428 44, 015 0 10, 359 32, 990 26, 156 0 137, 691 0 13, 460, 674 5, 773, 560 2, 699, 338 249, 512 190, 218 32, 156 19, 871 9, 878 26, 513 201, 760	5, 783, 199 426, 934 372, 428 44, 015 0 10, 359 32, 990 26, 156 0 137, 691 0 13, 855, 023 11, 318, 208 3, 230, 036 278, 324 212, 565 33, 399 22, 303 11, 731 28, 775 201, 760	73, 523 0 0 0 0 0 0 0 0 0 0 0 0 -58, 177 0 0 0	5, 856, 722 426, 934 372, 428 44, 015 0 10, 359 32, 990 26, 156 0 137, 691 0 13, 855, 023 11, 260, 031 3, 230, 036 278, 324 212, 565 33, 399 22, 303 11, 731 28, 775	1. 01 1. 02 1. 03 1. 04 1. 05 1. 06 1. 07 1. 08 1. 09 1. 10 3. 00 6. 00 6. 01 6. 02 6. 03 6. 04 6. 05
1. 01	5, 544, 648 530, 698 28, 812 22, 347 1, 243 2, 432 1, 853 2, 262	426, 934 372, 428 44, 015 0 10, 359 32, 990 26, 156 0 137, 691 0 13, 460, 674 5, 773, 560 2, 699, 338 249, 512 190, 218 32, 156 19, 871 9, 878 26, 513 201, 760	5, 783, 199 426, 934 372, 428 44, 015 0 10, 359 32, 990 26, 156 0 137, 691 0 13, 855, 023 11, 318, 208 3, 230, 036 278, 324 212, 565 33, 399 22, 303 11, 731 28, 775 201, 760	73, 523 0 0 0 0 0 0 0 0 0 0 0 0 -58, 177 0 0 0	5, 856, 722 426, 934 372, 428 44, 015 0 10, 359 32, 990 26, 156 0 137, 691 0 13, 855, 023 11, 260, 031 3, 230, 036 278, 324 212, 565 33, 399 22, 303 11, 731 28, 775	1. 01 1. 02 1. 03 1. 04 1. 05 1. 06 1. 07 1. 08 1. 09 1. 10 3. 00 6. 00 6. 01 6. 02 6. 03 6. 04 6. 05
1. 05	5, 544, 648 530, 698 28, 812 22, 347 1, 243 2, 432 1, 853 2, 262	0 10, 359 32, 990 26, 156 0 137, 691 5, 773, 560 2, 699, 338 249, 512 190, 218 32, 156 19, 878 26, 513 201, 760	10, 359 32, 990 26, 156 0 137, 691 13, 855, 023 11, 318, 208 3, 230, 036 278, 324 212, 565 33, 399 22, 303 11, 731 28, 775 201, 760	0 0 0 0 0 0 0 0 -58, 177 0 0 0 0 0	0 10, 359 32, 990 26, 156 0 137, 691 0 13, 855, 023 11, 260, 031 3, 230, 036 278, 324 212, 565 33, 399 22, 303 11, 731 28, 775	1. 05 1. 06 1. 07 1. 08 1. 09 1. 10 3. 00 4. 00 5. 00 6. 00 6. 01 6. 02 6. 03 6. 04 6. 05
1.10 00110 CAP REL COSTS-BUSHNELL OFFICE BLDG 3.00 00300 OTHER CAP REL COSTS 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 5.00 00500 ADMINISTRATI VE & GENERAL 0.00 00600 MAINTENANCE & REPAIRS 6.01 00601 MAINTENANCE & REPAIRS-HSB I 6.02 00602 MAINTENANCE & REPAIRS-HSB II 6.03 00603 MAINTENANCE & REPAIRS-REHAB CLINIC 6.04 00604 MAINTENANCE & REPAIRS-BUSHNELL 6.05 00605 MAINTENANCE & REPAIRS-BUSHNELL 6.06 00606 MAINTENANCE & REPAIRS-BUSHNELL 7.00 00900 LAUNDRY & LINEN SERVICE 7.00 00900 HOUSEKEEPING 7.01 00901 HOUSEKEEPING-HSB 7.02 00902 HOUSEKEEPING-HSB II 7.03 00903 HOUSEKEEPING-HSB II 7.04 ON	5, 544, 648 530, 698 28, 812 22, 347 1, 243 2, 432 1, 853 2, 262	0 13, 460, 674 5, 773, 560 2, 699, 338 249, 512 190, 218 32, 156 19, 871 9, 878 26, 513 201, 760	137, 691 0 13, 855, 023 11, 318, 208 3, 230, 036 278, 324 212, 565 33, 399 22, 303 11, 731 28, 775 201, 760	-58, 177 0 0 0 -58, 177 0 0 0 0 0	137, 691 0 13, 855, 023 11, 260, 031 3, 230, 036 278, 324 212, 565 33, 399 22, 303 11, 731 28, 775	1. 10 3. 00 4. 00 5. 00 6. 00 6. 01 6. 02 6. 03 6. 04 6. 05
6. 00   00600   MAI NTENANCE & REPAI RS   00601   MAI NTENANCE & REPAI RS-HSB   1   00602   MAI NTENANCE & REPAI RS-HSB   1   00603   MAI NTENANCE & REPAI RS-REHAB   CLI NI C   00604   MAI NTENANCE & REPAI RS-REHAB   CLI NI C   00604   MAI NTENANCE & REPAI RS-MAB   00605   MAI NTENANCE & REPAI RS-ORTHO BLDG   00606   MAI NTENANCE & REPAI RS-BUSHNELL   00800   LAUNDRY & LI NEN SERVI CE   00900   HOUSEKEEPI NG   9. 01   00901   HOUSEKEEPI NG-HSB   1   00903   HOUSEKEEPI NG-HSB   1   00903   HOUSEKEEPI NG-HSB   1   00903   HOUSEKEEPI NG-HSB   1   00903   HOUSEKEEPI NG-ORTHO	530, 698 28, 812 22, 347 1, 243 2, 432 1, 853 2, 262	2, 699, 338 249, 512 190, 218 32, 156 19, 871 9, 878 26, 513 201, 760	3, 230, 036 278, 324 212, 565 33, 399 22, 303 11, 731 28, 775 201, 760	0 0 0	3, 230, 036 278, 324 212, 565 33, 399 22, 303 11, 731 28, 775	6. 00 6. 01 6. 02 6. 03 6. 04 6. 05
8.00	0	201, 760	201, 760	0		6.06
9. 04   00904   HOUSEKEEPI NG-MAB	1 0	0	0	165, 660 117, 519 10, 455	165, 660 117, 519	
10. 00   01000   DI ETARY 11. 00   01100   CAFETERI A 13. 00   01300   NURSI NG   ADMI NI STRATI ON 14. 00   01400   CENTRAL   SERVI CES & SUPPLY	674, 196 0 435, 076 288, 206	464, 299 0 1, 519 251, 897	1, 138, 495 0 436, 595 540, 103	913, 029 0 0	225, 466 913, 029 436, 595 540, 103	10. 00 11. 00 13. 00 14. 00
15. 00   01500   PHARMACY 16. 00   01600   MEDI CAL RECORDS & LI BRARY 17. 00   01700   SOCI AL SERVI CE 19. 00   01900   NONPHYSI CI AN ANESTHETI STS   INPATI ENT ROUTI NE SERVI CE COST CENTERS	812, 180 446, 038 404, 581 0	2, 637, 592 190, 749 37, 411 0	3, 449, 772 636, 787 441, 992 0	-15, 597 0	441, 992	16. 00 17. 00
30. 00 03000 ADULTS & PEDIATRICS	4, 558, 193	1, 053, 818	5, 612, 011	-861, 828	4, 750, 183	30. 00
31. 00   03100   INTENSI VE CARE UNI T	1, 104, 931	193, 980	1, 298, 911		1, 298, 911	1
40. 00   04000   SUBPROVI DER -   PF 43. 00   04300   NURSERY	0	0	0	_	0 424, 387	40. 00 43. 00
ANCILLARY SERVICE COST CENTERS						
50. 00   05000 OPERATING ROOM 51. 00   05100 RECOVERY ROOM	1, 149, 545 496, 755	602, 283 34, 800	1, 751, 828 531, 555			
52.00 05200 DELIVERY ROOM & LABOR ROOM	470, 733	0	331, 333		437, 441	
53. 00   05300   ANESTHESI OLOGY	1, 341, 511	457, 100	1, 798, 611			
54. 00   05400   RADI OLOGY-DI AGNOSTI C 57. 00   05700   CT   SCAN	1, 293, 138	716, 937 333, 254	2, 010, 075 333, 254			54. 00 57. 00
58. 00   05800   MRI		497, 739	497, 739	•	497, 739	
60. 00   06000   LABORATORY	2, 244, 524	2, 160, 045	4, 404, 569		4, 404, 569	
63. 00   06300   BLOOD STORING, PROCESSING & TRANS.	0	228, 924	228, 924		228, 924	
65. 00   06500   RESPI RATORY THERAPY 66. 00   06600   PHYSI CAL THERAPY	863, 050 1, 529, 821	599, 741 210, 154	1, 462, 791 1, 739, 975		1, 430, 615 1, 739, 975	
67. 00 06700 OCCUPATI ONAL THERAPY	104, 182	114, 693	218, 875		218, 875	
68. 00 06800 SPEECH PATHOLOGY	149, 499	4, 007	153, 506		153, 506	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	958, 567 521, 980	958, 567 521, 980	•	991, 250 521, 980	
73. 00 07300 DRUGS CHARGED TO PATIENTS		970, 185	970, 185		970, 185	
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	671, 541	12, 030	683, 571	0	683, 571	76.00
76. 01 03950 DI ABETES/WOUND CARE/COUMADIN CNTR 76. 02 03951 PAIN MANAGEMENT	279, 402	13, 891	293, 293 0		293, 293 0	76. 01 76. 02
76. 02   03951   PAIN MANAGEMENT 77. 00   07700   ALLOGENEIC HSCT ACQUISITION	0	0	C	_		77. 00
OUTPATIENT SERVICE COST CENTERS	401 77	F0 35-1	EE2 EE	70 4::1	/00 05=	00.0-
88. 00   08800   RURAL HEALTH CLINIC 88. 01   08801   RURAL HEALTH CLINIC II	491, 764 3, 914, 101	59, 790 1, 005, 980	551, 554 4, 920, 081			
90. 00   09000   CLINIC	2, 116, 540	543, 799	2, 660, 339			
91. 00 09100 EMERGENCY	1, 459, 524	1, 570, 134	3, 029, 658	0	3, 029, 658	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95. 00 09500 AMBULANCE SERVICES	107, 076	185, 571	292, 647	0	292, 647	95. 00
101.00 10100 HOME HEALTH AGENCY	1, 484, 683	227, 359	1, 712, 042	. 0	1, 712, 042	101. 00
102.00 10200 0PI0ID TREATMENT PROGRAM	0	O	С	0	1 0	102. 00

	MODONOLIOLI DI CEDI	OT 110CD1 TA1			6.5. 046.4	0550 40
Health Financial Systems  RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF	MCDONOUGH DISTRI	Provider CO	N: 14_0089	In Lie Period:	u of Form CMS-2 Worksheet A	2552-10
REGERSSITION TO AND ADSOSTMENTS OF THE BALANCE OF	EXI ENSES	Trovider ed		From 07/01/2022		
				To 06/30/2023	Date/Time Pre 11/29/2023 2:	
Cost Center Description	Sal ari es	0ther		1 Reclassificati	Recl assi fi ed	·
			+ col . 2)	ons (See A-6)	Trial Balance	
					(col. 3 +- col. 4)	
	1.00	2. 00	3.00	4. 00	5. 00	
SPECIAL PURPOSE COST CENTERS						
113. 00 11300 I NTEREST EXPENSE		0		0 0	0	113. 00
116. 00 11600 HOSPI CE	365, 964	352, 210	718, 17	4 0	718, 174	116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	35, 853, 371	47, 037, 174	82, 890, 54	5 737, 998	83, 628, 543	118. 00
NONREI MBURSABLE COST CENTERS		_	Г			
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		0		190. 00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0		0		192. 00
194. 00 07950 DAY HEALTH	170 747	0	405.40	0		194. 00
194. 01 07962 OUTREACH	179, 747	5, 735	185, 48	2	185, 482	
194. 02 07951 OCCUPATI ONAL MEDI CI NE	1/1 000	0/5 007	407.70	0	_	194. 02
194. 03 07952 FUND DEVELOPMENT	161, 209	265, 397	426, 60	0	426, 606	
194. 04 07953 0UTSI DE LAUNDRY 194. 05 07954  PHYSI CI AN SUPPORT	0	275 000	275 00	0	275. 992	194. 04
194. 06 07955  HOSPI TALI TY HOUSE	838	275, 992 3, 808				194. 05
194. 07 07956 HSK DI ALYSI S	838	3, 808	4, 64	0		194. 06
194. 08 07957 LEASED SALARI ES	0	0		0	-	194. 07
194. 09 07958 VISITING PHYSICIANS	78, 014	584	78, 59	0	78, 598	
194. 10 07959  FARM LAND	70,014	11, 405			11, 405	
194. 11 07963 CONVENI ENCE CARE CLINIC	0	11, 405	11,40	0		194. 10
194. 12 07960 MMG-PHYSI CI AN OFFI CES	602, 854	538, 422	1, 141, 27	6 -737, 998		
194. 13 07961 VALET PARKING SERVICE	56, 848	6, 256			63, 104	
194. 14 07964 PAIN MANAGEMENT JOINT VENTURE	0,040	0, 230	35, 10	0		194. 14
194. 15 07965 ASSISTED LIVING	131, 432	6, 501	137, 93	3 0	137, 933	
200.00 TOTAL (SUM OF LINES 118 through 199)	37, 064, 313	48, 151, 274			85, 215, 587	
	·		•		•	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0089 Period:

Peri od: Worksheet A From 07/01/2022 To 06/30/2023 Date/Time Prepared:

11/29/2023 2:49 pm Cost Center Description Adjustments Net Expenses (See A-8) For Allocation 6.00 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FLXT 0 1.00 00101 CAP REL COSTS-HOSPI TAL -865, 420 4, 991, 302 1.01 1.01 1.02 00102 CAP REL COSTS-HSB I -57, 683 369, 251 1.02 00103 CAP REL COSTS-HSB II 1.03 1 03 372, 428 0 1.04 00104 CAP REL COSTS-REHAB CNT 0 44, 015 1.04 00105 CAP REL COSTS-DIAYSIS 0 1.05 1.05 00106 CAP REL 1.06 COSTS-HOSPITALITY HOUSE 10, 359 1.06 00107 CAP REL COSTS-MAB 1.07 -3.84729, 143 1 07 1.08 00108 CAP REL COSTS-ORTHO BLDG 26, 156 1.08 1.09 00109 CAP REL COSTS-CONVENIENCE CARE CLIN 1.09 00110 CAP REL COSTS-BUSHNELL OFFICE BLDG -10, 771 126, 920 1.10 1 10 3.00 00300 OTHER CAP REL COSTS 3.00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT -2, 601, 820 11, 253, 203 4.00 00500 ADMINISTRATIVE & GENERAL 5.00 -619, 188 10.640.843 5.00 3, 230, 036 00600 MAINTENANCE & REPAIRS 6.00 6.00 6.01 00601 MAINTENANCE & REPAIRS-HSB I 0 278, 324 6.01 00602 MAINTENANCE & REPAIRS-HSB II 0 6.02 212, 565 6.02 0 00603 MAINTENANCE & REPAIRS-REHAB CLINIC 33, 399 6.03 6.03 00604 MAINTENANCE & REPAIRS-MAB 6.04 22, 303 6.04 00605 MAINTENANCE & REPAIRS-ORTHO BLDG 0 6.05 11, 731 6.05 6.06 00606 MAINTENANCE & REPAIRS-BUSHNELL 0 0 28, 775 6.06 00800 LAUNDRY & LINEN SERVICE 8.00 201, 760 8.00 9.00 00900 HOUSEKEEPI NG 572, 556 9.00 9.01 00901 HOUSEKEEPI NG-HSB 0 0 165, 660 9. 01 9.02 00902 HOUSEKEEPING-HSB II 117, 519 9. 02 00903 HOUSEKEEPI NG-ORTHO 9.03 10, 455 9 03 9.04 00904 HOUSEKEEPI NG-MAB 0 9.04 10.00 01000 DI ETARY 0 225, 466 10.00 01100 CAFETERI A -280, 533 11.00 632, 496 11.00 01300 NURSING ADMINISTRATION 13.00 0 436, 595 13.00 14.00 01400 CENTRAL SERVICES & SUPPLY 0 540, 103 14.00 15.00 01500 PHARMACY 0 3, 449, 772 15.00 16 00 01600 MEDICAL RECORDS & LIBRARY -877 620, 313 16 00 01700 SOCIAL SERVICE 17.00 441, 992 17.00 01900 NONPHYSICIAN ANESTHETISTS -1, 196, 048 19.00 19.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS -1, 382, 055 3, 368, 128 30.00 03100 INTENSIVE CARE UNIT 31.00 1, 298, 911 31.00 40.00 04000 SUBPROVIDER - IPF 0 40.00 43 00 04300 NURSERY 424, 387 43 00 0 ANCILLARY SERVICE COST CENTERS 1, 655, 981 50.00 05000 OPERATING ROOM 50.00 -95, 591 51.00 05100 RECOVERY ROOM 531, 555 51.00 05200 DELIVERY ROOM & LABOR ROOM 437, 441 52 00 52 00 0 53.00 05300 ANESTHESI OLOGY -523, 317 79, 246 53.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 0 1, 909, 442 54.00 57.00 05700 CT SCAN 433, 887 57.00 0 05800 MRI 58.00 497, 739 58 00 60.00 06000 LABORATORY -534, 562 3, 870, 007 60.00 06300 BLOOD STORING, PROCESSING & TRANS. 63.00 228, 924 63.00 06500 RESPIRATORY THERAPY 65.00 -63.520 1.367.095 65.00 66 00 06600 PHYSICAL THERAPY -19,949 1, 720, 026 66 00 06700 OCCUPATIONAL THERAPY 218, 875 67.00 67.00 68.00 06800 SPEECH PATHOLOGY 0 153, 506 68.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 991, 250 71.00 0 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 521, 980 72.00 287, 978 07300 DRUGS CHARGED TO PATIENTS -682, 207 73.00 73.00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 76.00 -8, 305 675, 266 76.00 76.01 03950 DIABETES/WOUND CARE/COUMADIN CNTR 0 293, 293 76.01 76.02 03951 PAIN MANAGEMENT 0 76.02 77.00 07700 ALLOGENEIC HSCT ACQUISITION 0 77.00 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 622,000 88.00 5, 587, 633 08801 RURAL HEALTH CLINIC II 88.01 88.01 90.00 09000 CLI NI C -1, 325, 714 1, 334, 625 90.00 09100 EMERGENCY 91.00 3, 029, 658 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 OTHER REIMBURSABLE COST CENTERS 95. 00 09500 AMBULANCE SERVICES 0 292, 647 95.00 101.00 10100 HOME HEALTH AGENCY 0 1, 712, 042 101.00 102. 00 10200 OPI OI D TREATMENT PROGRAM 0 102.00 0 SPECIAL PURPOSE COST CENTERS 113. 00 11300 | I NTEREST EXPENSE 0 0 113 00

Health FinancialSystemsMCDONOUGH DRECLASSIFICATIONAND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES MCDONOUGH DISTRICT HOSPITAL In Lieu of Form CMS-2552-10 Provider CCN: 14-0089

Peri od: Worksheet A From 07/01/2022 To 06/30/2023 Date/Time Prepared:

			11/29/2023 2: 49 pm
Cost Center Description	Adjustments	Net Expenses	
	(See A-8)	For Allocation	
	6. 00	7.00	
116. 00 11600 HOSPI CE	0	718, 174	116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	-10, 271, 407	73, 357, 136	118. 00
NONREI MBURSABLE COST CENTERS			
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	192. 00
194.00 07950 DAY HEALTH	0	0	194. 00
194. 01 07962 OUTREACH	0	185, 482	194. 01
194. 02 07951 OCCUPATI ONAL MEDI CI NE	0	0	194. 02
194.03 07952 FUND DEVELOPMENT	0	426, 606	194. 03
194. 04 07953 OUTSI DE LAUNDRY	0	0	194. 04
194. 05 07954 PHYSI CLAN SUPPORT	0	275, 992	194. 05
194. 06 07955 HOSPI TALI TY HOUSE	0	4, 646	194. 06
194. 07 07956 HSK DI ALYSI S	0	o	194. 07
194. 08 07957 LEASED SALARI ES	0	o	194. 08
194.09 07958 VISITING PHYSICIANS	0	78, 598	194. 09
194.10 07959 FARM LAND	0	11, 405	194. 10
194. 11 07963 CONVENIENCE CARE CLINIC	0	o	194. 11
194.12 07960 MMG-PHYSICIAN OFFICES	0	403, 278	194. 12
194.13 07961 VALET PARKING SERVICE	0	63, 104	194. 13
194.14 07964 PAIN MANAGEMENT JOINT VENTURE	0	o	194. 14
194. 15 07965 ASSISTED LIVING	0	137, 933	194. 15
200.00   TOTAL (SUM OF LINES 118 through 199)	-10, 271, 407	74, 944, 180	200. 00

Health Financial Systems	MCDONOUGH DISTRICT HOSPITAL	In Lieu of Form CMS-2552-10
RECLASSI FI CATI ONS	Provi der CCN: 14-0089	Period: Worksheet A-6 From 07/01/2022

					From 07/01/2022 To 06/30/2023	Date/Time Pre	epared:
						11/29/2023 2:	49 pm
		Increases	0.1	0.11			
	Cost Center	Li ne #	Sal ary	0ther			
	2. 00 A - RECLASS OB SALARY	3. 00	4. 00	5. 00			
1. 00	NURSERY	43.00	424, 387	0			1. 00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	437, 441	0			2.00
2.00	O ROOM & LABOR ROOM		861, 828	0			2.00
	B - RECLASS FOOD SERVICE		001, 020	<u> </u>			
1. 00	CAFETERI A	11. 00	540, 679	372, 350			1. 00
1.00	0		540, 679	372, 350			1.00
	C - RECLASS CT EXPENSE	I	010,077	0727000			
1.00	CT SCAN	57. 00	100, 633	0			1. 00
			100, 633	0			
	D - RECLASS CRNA SALARIES		<u> </u>	'			
1.00	NONPHYSICIAN ANESTHETISTS	19. 00	805, 038	391, 010			1. 00
		$   \top$	805, 038	391, 010			
	E - RECLASS COPY MACHINE EXPE	NSE					
1.00	ADMI NI STRATI VE & GENERAL	5. 00	0	1 <u>5, 5</u> 97			1. 00
	0		0	15, 597			
	F - RECLASS 02 EXPENSE						
1. 00	MEDICAL SUPPLIES CHARGED TO	71. 00	0	32, 683			1. 00
	PATI ENT						
2.00		0.00	0	0			2.00
3.00		0.00		00 32, 683			3. 00
	G - RECLASS AUTO & AMBULANCE	COLLICIONI	U	32, 683			
1. 00	CAP REL COSTS-HOSPI TAL	1.01	0	16, 016			1. 00
1.00	CAP KEL COSTS-HOSPITAL	<u> </u>	— — — <del>}</del>	1 <u>6,016</u>			1.00
	H - RECLASS MITEL LEASE OF PH	IONE SERVICE	- υ <sub>-</sub>	10, 010			
1.00	CAP REL COSTS-HOSPI TAL	1. 01	O	57, 507			1. 00
1.00	0		— — — <del>j</del>	5 <u>7,507</u>			1.00
	K - RELCASS RHC/CLINIC CODING	& ADMIN EX		,			
1.00	RURAL HEALTH CLINIC	88. 00	57, 546	12, 900			1. 00
2.00	RURAL HEALTH CLINIC II	88. 01	545, 308	122, 244			2. 00
			602, 854	13 <u>5, 1</u> 44			
	M - HOUSEKEEPING RECLASS						
1.00	HOUSEKEEPI NG-HSB	9. 01	103, 028	62, 632			1. 00
2.00	HOUSEKEEPI NG-HSB II	9. 02	73, 088	44, 431			2. 00
3.00	HOUSEKEEPI NG-ORTHO			<u>3, 9</u> 53			3. 00
	TOTALS		182, 618	111, 016			
500.00	Grand Total: Increases		3, 093, 650	1, 131, 323			500. 00

Health Financial Systems	MCDONOUGH DISTRICT HOSPITAL	In Lieu of Form CMS-2552-10
RECLASSI FI CATI ONS	Provider CCN: 14-0089	Peri od: Worksheet A-6

						From 07/01/2022 To 06/30/2023	Date/Time Prepared: 11/29/2023 2:49 pm	
		Decreases					11/29/2023 2. 49 piii	
	Cost Center	Li ne #	Sal ary	Other	Wkst. A-7 Ref.			
	6. 00	7.00	8.00	9. 00	10, 00	1		
	A - RECLASS OB SALARY							_
1.00	ADULTS & PEDIATRICS	30.00	861, 828	C	) (		1.0	00
2.00		0.00	O	C	)		2. 0	)0
	0		861, 828	<sub>C</sub>		1		
	B - RECLASS FOOD SERVICE							
1.00	DI ETARY	10.00	540, 679	372, 350	)		1. 0	)()
	0		540, 679	372, 350				
	C - RECLASS CT EXPENSE							
1.00	RADI OLOGY-DI AGNOSTI C	54. 00	100, 633	0	)(		1. 0	)()
	0		100, 633	C	)			
	D - RECLASS CRNA SALARIES							
1.00	ANESTHESI OLOGY	5300	80 <u>5, 0</u> 38	39 <u>1, 0</u> 10		<u> </u>	1. 0	)()
	0		805, 038	391, 010	)			
	E - RECLASS COPY MACHINE EXPE							
1.00	MEDICAL RECORDS & LIBRARY	1600	0	1 <u>5, 5</u> 97			1. 0	)()
	0		0	15, 597	'			
	F - RECLASS 02 EXPENSE					_		
1. 00	RESPIRATORY THERAPY	65. 00	0	32, 176			1. 0	
2.00	OPERATING ROOM	50. 00	0	256			2. 0	
3.00	ADMI NI STRATI VE & GENERAL		•	251			3. 0	)0
	0		0	32, 683	3			
	G - RECLASS AUTO & AMBULANCE							
1.00	ADMI NI STRATI VE & GENERAL		•	1 <u>6, 0</u> 16		2	1.0	)0
	0		0	16, 016				
	H - RECLASS MITEL LEASE OF PH							
1.00	ADMI NI STRATI VE & GENERAL		•	5 <u>7, 5</u> 07		0	1.0	)0
	0		0	57, 507				
	K - RELCASS RHC/CLINIC CODING					.1		_
1.00	MMG-PHYSICIAN OFFICES	194. 12	602, 854	135, 144			1. 0	
2.00	<u></u>	0.00	0	0	<u> </u>	<u>)</u>	2. 0	)()
	0		602, 854	135, 144				
4 00	M - HOUSEKEEPING RECLASS	0.00	400 (40	444 047		VI	1.0	
1.00	HOUSEKEEPI NG	9. 00	182, 618	111, 016			1. 0	
2.00		0.00	0	0	) (		2. 0	
3.00	TOTAL C	0.00	0		<del> </del>	4	3. 0	JU
F00 00	TOTALS		182, 618	111, 016		1	500.0	
500.00	Grand Total: Decreases		3, 093, 650	1, 131, 323	Pl	I	500. 0	JU

					To 06/30/2023	Date/Time Pre 11/29/2023 2:	pared:
				Acqui si ti ons		1172772023 2.	47 piii
		Begi nni ng	Purchases	Donati on	Total	Disposals and	
		Bal ances				Retirements	
		1.00	2.00	3.00	4. 00	5. 00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET	F BALANCES				•	
1.00	Land	111, 602	305, 234		0 305, 234	0	1.00
2.00	Land Improvements	4, 320, 568	329, 903		0 329, 903	0	2. 00
3.00	Buildings and Fixtures	57, 739, 540	3, 252, 408		0 3, 252, 408	0	3. 00
4.00	Building Improvements	0	0		0 0	0	4.00
5.00	Fixed Equipment	0	0		0 0	0	5. 00
6.00	Movable Equipment	78, 759, 762	1, 658, 705		0 1, 658, 705	0	6. 00
7.00	HIT designated Assets	0	0		0 0	0	7. 00
8.00	Subtotal (sum of lines 1-7)	140, 931, 472	5, 546, 250		0 5, 546, 250	0	8. 00
9.00	Reconciling Items	0	0		0 0	0	9. 00
10.00	Total (line 8 minus line 9)	140, 931, 472	5, 546, 250		0 5, 546, 250	0	10.00
		Endi ng Bal ance	Fully				
			Depreci ated				
			Assets				
		6.00	7. 00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET						
1.00	Land	416, 836	0				1. 00
2.00	Land Improvements	4, 650, 471	0				2. 00
3.00	Buildings and Fixtures	60, 991, 948	0				3. 00
4.00	Building Improvements	0	0				4. 00
5.00	Fi xed Equi pment	0	0				5. 00
6.00	Movable Equipment	80, 418, 467	0				6. 00
7. 00	HIT designated Assets	0	0				7. 00
8.00	Subtotal (sum of lines 1-7)	146, 477, 722	0				8. 00
9.00	Reconciling Items	0	0				9. 00
10. 00	Total (line 8 minus line 9)	146, 477, 722	0				10. 00

Provider CCN: 14-0089

					To 06/30/2023		
			SU	IMMARY OF CAPI	TAL		
	Cost Center Description	Depreci ati on	Lease	Interest	Insurance (see instructions)		
		9.00	10.00	11. 00	12.00	13. 00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORK	SHEET A, COLUMN	2, LINES 1 a	nd 2			
1.00	CAP REL COSTS-BLDG & FLXT	0	0		0	0	1. 00
1.01	CAP REL COSTS-HOSPITAL	5, 783, 199	0		0	0	1. 01
1.02	CAP REL COSTS-HSB I	426, 934	0		0	0	1. 02
1.03	CAP REL COSTS-HSB II	372, 428	0		0	0	1. 03
1.04	CAP REL COSTS-REHAB CNT	44, 015	0		0	0	1. 04
1.05	CAP REL COSTS-DI AYSI S	0	0		0 0	0	1. 05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	10, 359	0		0 0	0	1.06
1.07	CAP REL COSTS-MAB	32, 990	0		0	0	1. 07
1.08	CAP REL COSTS-ORTHO BLDG	26, 156	0		0	0	1. 08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0		0	0	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	137, 691	0		0	o	1. 10
3.00	Total (sum of lines 1-2)	6, 833, 772	0		0	o	3.00
		SUMMARY OF	CAPI TAL				
	Cost Center Description		otal (1) (sum				
	Cost Center Description	Capi tal -Relate	of cols. 9				
	Cost Center Description	Capi tal -Relate d Costs (see					
	Cost Center Description	Capi tal -Relate d Costs (see instructions)	of cols. 9 through 14)				
	·	Capital-Relate d Costs (see instructions) 14.00	of cols. 9 through 14)				
	PART II - RECONCILIATION OF AMOUNTS FROM WORK	Capital-Relate d Costs (see instructions) 14.00	of cols. 9 through 14) 15.00 12, LINES 1 a	nd 2			
1.00	PART II - RECONCILIATION OF AMOUNTS FROM WORK	Capital-Relate d Costs (see instructions) 14.00	of cols. 9 through 14) 15.00 12, LINES 1 a	nd 2			1. 00
1.01	PART II - RECONCILIATION OF AMOUNTS FROM WORK CAP REL COSTS-BLDG & FIXT CAP REL COSTS-HOSPITAL	Capital-Relate d Costs (see instructions) 14.00	of cols. 9 through 14) 15.00 2, LINES 1 a 0 5,783,199	nd 2			1. 01
1. 01 1. 02	PART II - RECONCILIATION OF AMOUNTS FROM WORK CAP REL COSTS-BLDG & FIXT CAP REL COSTS-HOSPITAL CAP REL COSTS-HSB I	Capital-Relate d Costs (see instructions) 14.00	of cols. 9 through 14) 15.00 2, LINES 1 a 0 5, 783, 199 426, 934	nd 2			1. 01 1. 02
1. 01 1. 02 1. 03	PART II - RECONCILIATION OF AMOUNTS FROM WORK CAP REL COSTS-BLDG & FIXT CAP REL COSTS-HOSPITAL CAP REL COSTS-HSB I CAP REL COSTS-HSB II	Capital-Relate d Costs (see instructions) 14.00	of col s. 9 through 14) 15.00 12, LI NES 1 a 0 5, 783, 199 426, 934 372, 428	nd 2			1. 01 1. 02 1. 03
1. 01 1. 02 1. 03 1. 04	PART II - RECONCILIATION OF AMOUNTS FROM WORK CAP REL COSTS-BLDG & FIXT CAP REL COSTS-HOSPITAL CAP REL COSTS-HSB I CAP REL COSTS-HSB II CAP REL COSTS-REHAB CNT	Capital-Relate d Costs (see instructions) 14.00	of col s. 9 through 14) 15.00 12, LI NES 1 a 0 5, 783, 199 426, 934 372, 428 44, 015	nd 2			1. 01 1. 02 1. 03 1. 04
1. 01 1. 02 1. 03 1. 04 1. 05	PART II - RECONCILIATION OF AMOUNTS FROM WORK CAP REL COSTS-BLDG & FIXT CAP REL COSTS-HOSPITAL CAP REL COSTS-HSB I CAP REL COSTS-HSB II CAP REL COSTS-REHAB CNT CAP REL COSTS-DIAYSIS	Capital-Relate d Costs (see instructions) 14.00	of cols. 9 through 14) 15.00 12, LINES 1 a 0 5, 783, 199 426, 934 372, 428 44, 015 0	nd 2			1. 01 1. 02 1. 03 1. 04 1. 05
1. 01 1. 02 1. 03 1. 04 1. 05 1. 06	PART II - RECONCILIATION OF AMOUNTS FROM WORK CAP REL COSTS-BLDG & FIXT CAP REL COSTS-HOSPITAL CAP REL COSTS-HSB I CAP REL COSTS-HSB II CAP REL COSTS-REHAB CNT CAP REL COSTS-DIAYSIS CAP REL COSTS-HOSPITALITY HOUSE	Capital-Relate d Costs (see instructions) 14.00	of col s. 9 through 14) 15.00 2, LINES 1 a 0 5, 783, 199 426, 934 372, 428 44, 015 0 10, 359	nd 2			1. 01 1. 02 1. 03 1. 04 1. 05 1. 06
1. 01 1. 02 1. 03 1. 04 1. 05 1. 06 1. 07	PART II - RECONCILIATION OF AMOUNTS FROM WORK CAP REL COSTS-BLDG & FIXT CAP REL COSTS-HOSPITAL CAP REL COSTS-HSB I CAP REL COSTS-HSB II CAP REL COSTS-REHAB CNT CAP REL COSTS-DIAYSIS CAP REL COSTS-HOSPITALITY HOUSE CAP REL COSTS-MAB	Capital-Relate d Costs (see instructions) 14.00	of col s. 9 through 14) 15.00 2, LI NES 1 a 0 5, 783, 199 426, 934 372, 428 44, 015 0 10, 359 32, 990	nd 2			1. 01 1. 02 1. 03 1. 04 1. 05 1. 06 1. 07
1. 01 1. 02 1. 03 1. 04 1. 05 1. 06 1. 07 1. 08	PART II - RECONCILIATION OF AMOUNTS FROM WORK CAP REL COSTS-BLDG & FIXT CAP REL COSTS-HOSPITAL CAP REL COSTS-HSB I CAP REL COSTS-HSB II CAP REL COSTS-HSB II CAP REL COSTS-BHAB CNT CAP REL COSTS-DIAYSIS CAP REL COSTS-HOSPITALITY HOUSE CAP REL COSTS-MAB CAP REL COSTS-ORTHO BLDG	Capital-Relate d Costs (see instructions) 14.00	of col s. 9 through 14) 15.00 2, LINES 1 a 0 5, 783, 199 426, 934 372, 428 44, 015 0 10, 359	nd 2			1. 01 1. 02 1. 03 1. 04 1. 05 1. 06 1. 07 1. 08
1. 01 1. 02 1. 03 1. 04 1. 05 1. 06 1. 07 1. 08 1. 09	PART II - RECONCILIATION OF AMOUNTS FROM WORK CAP REL COSTS-BLDG & FIXT CAP REL COSTS-HOSPITAL CAP REL COSTS-HSB I CAP REL COSTS-HSB II CAP REL COSTS-REHAB CNT CAP REL COSTS-NIAYSIS CAP REL COSTS-HOSPITALITY HOUSE CAP REL COSTS-MAB CAP REL COSTS-ORTHO BLDG CAP REL COSTS-CONVENIENCE CARE CLIN	Capital-Relate d Costs (see instructions) 14.00	of col s. 9 through 14)  15.00  2, LI NES 1 a  0  5, 783, 199 426, 934 372, 428 44, 015 0 10, 359 32, 990 26, 156 0	nd 2			1. 01 1. 02 1. 03 1. 04 1. 05 1. 06 1. 07 1. 08 1. 09
1. 01 1. 02 1. 03 1. 04 1. 05 1. 06 1. 07 1. 08	PART II - RECONCILIATION OF AMOUNTS FROM WORK CAP REL COSTS-BLDG & FIXT CAP REL COSTS-HOSPITAL CAP REL COSTS-HSB I CAP REL COSTS-HSB II CAP REL COSTS-HSB II CAP REL COSTS-BHAB CNT CAP REL COSTS-DIAYSIS CAP REL COSTS-HOSPITALITY HOUSE CAP REL COSTS-MAB CAP REL COSTS-ORTHO BLDG	Capital-Relate d Costs (see instructions) 14.00	of col s. 9 through 14) 15.00 2, LI NES 1 a 0 5, 783, 199 426, 934 372, 428 44, 015 0 10, 359 32, 990	nd 2			1. 01 1. 02 1. 03 1. 04 1. 05 1. 06 1. 07 1. 08

In Lieu of Form CMS-2552-10 Health Financial Systems MCDONOUGH DISTRICT HOSPITAL RECONCILIATION OF CAPITAL COSTS CENTERS Provider CCN: 14-0089 Peri od: Worksheet A-7 From 07/01/2022 Part III 06/30/2023 Date/Time Prepared: 11/29/2023 2:49 pm COMPUTATION OF RATIOS ALLOCATION OF OTHER CAPITAL Cost Center Description Gross Assets Capi tal i zed Gross Assets Ratio (see Insurance instructions) Leases for Ratio (col. 1 - col 2) 1.00 2.00 3.00 4.00 5.00 PART III - RECONCILIATION OF CAPITAL COSTS CENTERS 1.00 CAP REL COSTS-BLDG & FLXT 0.000000 0 1.00 CAP REL COSTS-HOSPITAL 1.01 141, 560, 758 141, 560, 758 0. 966432 0 1.01 1.02 CAP REL COSTS-HSB I 2, 455, 192 0 2, 455, 192 0.016762 0 1.02 1.03 CAP REL COSTS-HSB II 2,016,146 2, 016, 146 0.013764 0 1.03 CAP REL COSTS-REHAB CNT 0.001151 1. 04 168, 641 168, 641 1 04 0 CAP REL 1.05 COSTS-DI AYSI S 1,518 1, 518 0.000010 0 1.05 1.06 CAP REL COSTS-HOSPITALITY HOUSE 31, 617 31, 617 0.000216 1.06 CAP REL COSTS-MAB 228, 466 0 228, 466 0.001560 0 1.07 1 07 CAP REL COSTS-ORTHO BLDG 0 0.000061 1.08 8, 950 8,950 0 1.08 1.09 CAP REL COSTS-CONVENIENCE CARE CLIN 4, 484 4, 484 0.000031 0 1.09 CAP REL COSTS-BUSHNELL OFFICE BLDG 1, 950 0.000013 1.10 1,950 0 1.10 Total (sum of lines 1-2) 146, 477, 722 146, 477, 722 0.000000 3.00 3.00 0 ALLOCATION OF OTHER CAPITAL SUMMARY OF CAPITAL Cost Center Description Taxes 0ther Total (sum of Depreciation Lease Capi tal -Relate cols. 5 through 7) d Costs 6.00 9. 00 10.00 7.00 8.00 PART III - RECONCILIATION OF CAPITAL COSTS CENTERS CAP REL COSTS-BLDG & FLXT 0 4, 918, 481 1.01 CAP REL COSTS-HOSPITAL 0 0 0 0 0 0 56, 805 1.01 CAP REL COSTS-HSB I 0 426, 934 0 1.02 1.02 0 0 1.03 CAP REL COSTS-HSB II 0 372, 428 0 1.03 CAP REL COSTS-REHAB CNT 0 0 44, 015 0 1.04 1.04 0 1.05 CAP REL COSTS-DIAYSIS 0 1.05 0 1.06 CAP REL COSTS-HOSPITALITY HOUSE 10. 359 0 1.06

1.00	CAL REE COSTS-110SITTAETTI 1100SE		I U	C	10, 337	٥Į	1.00
1.07	CAP REL COSTS-MAB	0	0	C	32, 990	0	1. 07
1.08	CAP REL COSTS-ORTHO BLDG	0	o	C	26, 156	0	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	0	o	Ö	o	0	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	o	C	137, 691	0	1. 10
3.00	Total (sum of lines 1-2)	0	o	C	5, 969, 054	56, 805	3.00
			SU	MMARY OF CAPIT	AL		
	Cost Center Description	Interest	Insurance (see	Taxes (see	Other	Total (2) (sum	
			instructions)	instructions)	Capi tal -Rel ate	of cols. 9	
					d Costs (see	through 14)	
					instructions)		
	DADT III DECONOLILATION OF CARLEY COOTS OF	11.00	12. 00	13. 00	14. 00	15. 00	
	PART III - RECONCILIATION OF CAPITAL COSTS CE	ENTERS		_		_	
1.00	CAP REL COSTS-BLDG & FIXT	0	0	C	0	0	1. 00
1. 01	CAP REL COSTS-HOSPITAL	0	16, 016		0	4, 991, 302	1. 01
1. 02	CAP REL COSTS-HSB I	0	0	-57, 683	0	369, 251	1. 02
1.03	CAP REL COSTS-HSB II	0	0	C	0	372, 428	1. 03
1.04	CAP REL COSTS-REHAB CNT	0	0	C	0	44, 015	1. 04
1.05	CAP REL COSTS-DIAYSIS	0	0	C	0	0	1. 05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	0	C	0	10, 359	1.06
1.07	CAP REL COSTS-MAB	0	0	-3, 847	0	29, 143	1. 07
1.08	CAP REL COSTS-ORTHO BLDG	0	0	C	0	26, 156	1. 08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	C	0	0	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	-10, 771	0	126, 920	1. 10
3.00	Total (sum of lines 1-2)	0	16, 016	-72, 301	0	5, 969, 574	3.00

Expense Classification on Gerksheet A   11/29/2023 2: 90 pm	ADJUS1	MENIS IO EXPENSES			Provider CCN: 14-0089	From 07/01/2022 To 06/30/2023		
TayFrom Which the Amount is to be Adjusted   TayFrom Which the A								
1.00   Investment income - CAP REL   0   0   0   0   0   0   0   0   0				То				
1.00   Investment income - CAP REL   COSTS-BLDG & FIXT   1.00   0   1.0								
1.00   Investment income - CAP REL   COSTS-BLDG & FIXT   1.00   0   1.0								
1.00   Investment income - CAP REL   COSTS-BLDG & FIXT   1.00   0   1.0		Cook Cooker Bookinstins	D: - (0- d- (2)	A	0+ 0+	1:	WI+ A 7 D-6	
Investment income - CAP REL   OCAP REL COSTS-BLDG & FIXT   1.00   0 1.0		Cost Center Description						
Investment income	1.00			O CA	P REL COSTS-BLDG & FIXT	1.00		1. 00
COSTS-HOSPITAL (chapter 2)   1.02   CAP REL COSTS-HSB I   1.02   0.10	1. 01		В	-862, 030 CA	P REL COSTS-HOSPITAL	1. 01	9	1. 01
COSTS-INSB   Chapter 2)	1 00	COSTS-HOSPITAL (chapter 2)				1.00		1 00
COSTS-REFIAL (Chapter 2)	1.02			UCA	A KET CO212-H2R I	1.02	0	1.02
1.04   Investment income - CAP REL COSTS-REHAB CNT   1.04   0 1.0	1.03			O CA	P REL COSTS-HSB II	1. 03	0	1. 03
1.05	1.04			o CA	P REL COSTS-REHAB CNT	1. 04	0	1. 04
COSTS-DIAYSIS (chapter 2)	1 05			OCA	D DEL COSTS_DLAVSLS	1 05		1 05
COSTS-HOSPITALITY HOUSE   Chapter 2)   Investment income - CAP REL   OCAP REL   COSTS-MAB   (1.07)   O 1.0		COSTS-DIAYSIS (chapter 2)						
Chapter 2   1.07   Investment income - CAP REL   COSTS-MAB   1.07   0   1.08   COSTS-MAB	1. 06					1.06	0	1. 06
COSTS-MB (chapter 2)		(chapter 2)						
1.08	1. 07			OCA	P REL COSTS-MAB	1. 07	0	1. 07
1.09	1. 08	Investment income - CAP REL		OCA	P REL COSTS-ORTHO BLDG	1. 08	0	1. 08
COSTS-CONVENIENCE CARE CLIN (Chapter 2)   CAPE CLIN (Chapter 2)   COSTS-BUSHNELL OFFICE BLDG (COSTS-BUSHNELL OFFICE BLDG (COSTS-BUSHNELL OFFICE BLDG (Chapter 2)   COSTS-BUSHNELL OFFICE BLDG (COSTS-MPBLE EQUIP (chapter 2)   COSTS-MPBLE EQUIP (chapter 2)   COSTS-MBLE EQUIP (chapter 2)   COSTS-MBLE EQUIP (chapter 2)   COSTS-MBCAL EQUIP (chapter 2)   COSTS-MBCAL EQUIP (chapter 2)	1. 09			OCA	P REL COSTS-CONVENIENCE	1. 09	,	1. 09
1.10		COSTS-CONVENIENCE CARE CLIN		CA	RE CLIN			
Chapter 2   Investment income - CAP REL   O *** Cost Center Deleted ***   2.00   O 2.0	1. 10			OCA	P REL COSTS-BUSHNELL	1. 10	0	1. 10
2.00   Investment income - CAP REL COSTS-MVBLE EQUI P (chapter 2)   0   1   1   1   1   1   1   1   1   1				OF	FICE BLDG			
3.00	2.00			0 * *	* Cost Center Deleted **	2. 00	0	2. 00
(chapter 2) Trade, quantity, and time discounts (chapter 8)  5.00 Refunds and rebates of expenses (chapter 8)  6.00 Rental of provider space by suppliers (chapter 8)  7.00 Telephone services (pay stations excluded) (chapter 21)  9.00 Parking lot (chapter 21)  10.00 Provider-based physician adjustment  11.00 Sale of Scrap, waste, etc. (chapter 23)  12.00 Related organization transactions (chapter 10)  13.00 Laundry and linen service  14.00 Cafeteria-employees and guests  15.00 Rental of quarters to employee and others  16.00 Sale of forgs to other than patients  17.00 Sale of drugs to other than patients	2 00	1		0		0.00		2 00
discounts (chapter 8)   Refunds and rebates of expenses (chapter 8)   B   -104,971   ADMINISTRATIVE & GENERAL   5.00   0.50		(chapter 2)						0.00
S. 00   Refunds and rebates of expenses (chapter 8)   0   0   0   0   0   0   0   0   0	4.00			0		0.00	0	4. 00
Rental of provider space by suppliers (chapter 8)   0	5.00	Refunds and rebates of	В	-104, 971 ADI	MINISTRATIVE & GENERAL	5.00	, О	5. 00
7. 00 Tellephone services (pay stations excluded) (chapter 21)  8. 00 Tellevision and radio service (chapter 21)  9. 00 Parking Lot (chapter 21)  10. 00 Provider-based physician adjustment  11. 00 Sale of scrap, waste, etc. 12. 00 Related organization transactions (chapter 10)  13. 00 Laundry and Linen service and others 16. 00 Sale of medical and surgical supplies to other than patients  17. 00 Sale of drugs to other than patients  18. 00 Telephone services (pay stations excluded) (chapter 2)  A -2, 563 CAP REL COSTS-HOSPITAL  1. 01 9 8. 0  0. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6. 00			o		0.00	0	6. 00
Stations excluded) (chapter 21)	7.00			0		0.00		7 00
8.00 Television and radio service (chapter 21) 9.00 Parking lot (chapter 21) 10.00 Provider-based physician adjustment 11.00 Sale of scrap, waste, etc. (chapter 23) 12.00 Related organization transactions (chapter 10) 13.00 Laundry and Linen service 14.00 Cafeteria-employees and guests B 15.00 Rental of quarters to employee and others 16.00 Sale of drugs to other than patients 17.00 Sale of drugs to other than patients 17.00 Sale of drugs to other than patients  A -2, 563 CAP REL COSTS-HOSPITAL 1.01 9 8.0 0 0.00 0 1.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7.00			U		0.00		7.00
(chapter 21)	9 00			2 54204	D DEL COSTS HOSDITAL	1 01		9 00
10.00   Provider-based physician adjustment		(chapter 21)		-2, 505 CA	F REL COSTS-HOSFITAL			0.00
adjustment   3   3   3   3   3   3   3   3   3			A-8-2	0 -3 924 759		0.00	1	7.00
(chapter 23) Related organization transactions (chapter 10) 13.00 Laundry and linen service 14.00 Cafeteria-employees and guests 15.00 Rental of quarters to employee and others 16.00 Sale of medical and surgical supplies to other than patients  17.00 Sale of drugs to other than patients  A-8-1  0 12.0 0 0 0 0 0 0 0 0 0 0 12.0 0 0 0 0 0 0 0 0 13.0 0 0 0 0 14.0 0 0 0 0 0 0 0 15.0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		adj ustment						
12.00 Related organization transactions (chapter 10) 13.00 Laundry and linen service 0 14.00 Cafeteria-employees and guests 15.00 Rental of quarters to employee and others 16.00 Sale of medical and surgical supplies to other than patients 0 17.00 Sale of drugs to other than patients 0 12.00 0 0.00 0 13.00 0 0	11. 00		A	-125 CA	P REL COSTS-HOSPITAL	1. 01	9	11.00
13.00 Laundry and Linen service 14.00 Cafeteria-employees and guests 15.00 Rental of quarters to employee and others 16.00 Sale of medical and surgical supplies to other than patients 17.00 Sale of drugs to other than patients  0 -280, 533 CAFETERIA 11.00 0 14.0 0 0 0 15.0 0 0 0 15.0 0 0 0 15.0 0 0 0 15.0 0 0 0 17.0 0 0 16.0 0 0 0 17.0	12. 00		A-8-1	0			0	12. 00
15.00 Rental of quarters to employee and others  16.00 Sale of medical and surgical B OMEDICAL SUPPLIES CHARGED TO 71.00 0 16.0 supplies to other than patients  17.00 Sale of drugs to other than patients  17.00 Sale of drugs to other than patients	13. 00			О		0.00	0	13. 00
and others  16.00 Sale of medical and surgical B Supplies to other than patients  17.00 Sale of drugs to other than patients  17.00 Sale of drugs to other than patients				-280, 533 CA	FETERI A		1	
supplies to other than patients  17.00 Sale of drugs to other than patients  0 0 0.00 0 17.0	15.00	and others		o <sub>l</sub>		0.00		15.00
patients 17.00 Sale of drugs to other than patients  0 0.00 0 17.0	16. 00		В			71.00	0	16. 00
pati ents		patients			II LINI			
	17. 00			0		0.00	0	17. 00
	18. 00	Sale of medical records and	В	-877 ME	DICAL RECORDS & LIBRARY	16. 00	, О	18. 00
abstracts 19.00 Nursing and allied health 0 0.00 0 19.00	19. 00			o		0.00		19. 00
education (tuition, fees,		education (tuition, fees,						
books, etc.) 20.00   Vending machines   0   0.00   0   20.00	20. 00			o		0.00	0	20. 00
21.00 Income from imposition of B -17,576 ADMINISTRATIVE & GENERAL 5.00 0 21.0		Income from imposition of	В	-17, 576 ADI	MINISTRATIVE & GENERAL			1
interest, finance or penalty charges (chapter 21)		charges (chapter 21)						
22.00 Interest expense on Medicare 0 0.00 0 22.0	22. 00	Interest expense on Medicare		О		0.00	0	22. 00
overpayments and borrowings to repay Medicare overpayments		repay Medicare overpayments						
23.00 Adjustment for respiratory A-8-3 ORESPIRATORY THERAPY 65.00 23.00 therapy costs in excess of	23. 00		A-8-3	ORE	SPIRATORY THERAPY	65.00		23. 00
limitation (chapter 14)								

				To	06/30/2023	Date/Time Prep 11/29/2023 2:4	
				Expense Classification on	Worksheet A	11/29/2023 2.4	49 piii
				To/From Which the Amount is	to be Adjusted		
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Li ne #	Wkst. A-7 Ref.	
24.00	Adi ustment for physical	1.00	2.00	3. 00	4. 00	5. 00	24.00
24. 00	Adjustment for physical therapy costs in excess of	A-8-3	0	PHYSI CAL THERAPY	66. 00		24. 00
05.00	limitation (chapter 14)				444.00		05.00
25. 00	Utilization review - physicians' compensation		0	*** Cost Center Deleted ***	114. 00		25. 00
0.4.00	(chapter 21)			0.0 0.0 0.00 0.00 0.00			0, 00
26. 00	Depreciation - CAP REL COSTS-BLDG & FLXT		0	CAP REL COSTS-BLDG & FIXT	1. 00	0	26. 00
26. 01	Depreciation - CAP REL		0	CAP REL COSTS-HOSPITAL	1. 01	0	26. 01
26. 02	COSTS-HOSPITAL Depreciation - CAP REL		0	CAP REL COSTS-HSB I	1. 02	0	26. 02
24 02	COSTS-HSB I		0	CAD DEL COSTS USB LL	1 02	0	26. 03
26. 03	Depreciation - CAP REL COSTS-HSB II		O	CAP REL COSTS-HSB II	1. 03	U	20. 03
26. 04	Depreciation - CAP REL COSTS-REHAB CNT		0	CAP REL COSTS-REHAB CNT	1. 04	0	26. 04
26. 05	Depreciation - CAP REL		0	CAP REL COSTS-DIAYSIS	1. 05	0	26. 05
26. 06	COSTS-DIAYSIS Depreciation - CAP REL		0	CAP REL COSTS-HOSPITALITY	1. 06	0	26. 06
20.00	COSTS-HOSPI TALI TY HOUSE			HOUSE	1.00		20.00
26. 07	Depreciation - CAP REL COSTS-MAB		0	CAP REL COSTS-MAB	1. 07	0	26. 07
26. 08	Depreciation - CAP REL		0	CAP REL COSTS-ORTHO BLDG	1. 08	0	26. 08
26. 09	COSTS-ORTHO BLDG Depreciation - CAP REL		0	CAP REL COSTS-CONVENIENCE	1. 09	0	26. 09
	COSTS-CONVENIENCE CARE CLIN			CARE CLIN			
26. 10	Depreciation - CAP REL COSTS-BUSHNELL OFFICE BLDG			CAP REL COSTS-BUSHNELL OFFICE BLDG	1. 10	0	26. 10
27. 00	Depreciation - CAP REL			*** Cost Center Deleted ***	2. 00	0	27. 00
28. 00	COSTS-MVBLE EQUIP Non-physician Anesthetist	A	-1, 196, 048	NONPHYSICIAN ANESTHETISTS	19. 00		28. 00
29. 00	Physicians' assistant		0	OCCUPATIONAL THERABY	0.00	0	
30. 00	Adjustment for occupational therapy costs in excess of	A-8-3	0	OCCUPATI ONAL THERAPY	67. 00		30. 00
20.00	limitation (chapter 14)			ADULTO A DEDIATRICO	20.00		20.00
30. 99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30. 00		30. 99
31. 00	Adjustment for speech	A-8-3	0	SPEECH PATHOLOGY	68. 00		31. 00
	pathology costs in excess of limitation (chapter 14)						
32. 00	CAH HIT Adjustment for		0		0. 00	0	32. 00
33. 00	Depreciation and Interest TELEPHONE LEASE	A	-702	CAP REL COSTS-HOSPITAL	1. 01	10	33. 00
33. 01	PATHOLOGIST CONSULTING REV	В		LABORATORY	60.00		33. 01
33. 02 33. 03	MI SCELLANI OUS REV AHA/I HA DUES	B A		ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL	5. 00 5. 00	0	
33. 04	DAY HEALTH MEALS	В	0	DI ETARY	10. 00	0	
33. 05	RADI OLOGY BILLING	В		ADMINISTRATIVE & GENERAL	5. 00	0	33. 05
33. 06 33. 07	NUTRITION COUNSELING KARE-A-LOT	B B		DIETARY ADULTS & PEDIATRICS	10. 00 30. 00	0	33. 06 33. 07
33. 07	CONSULTI NG-PT/OT	В		PHYSICAL THERAPY	66.00	0	33. 07
33. 09	TELEPHONE SERVI CES-SALARI ES	A	· ·	ADMINISTRATIVE & GENERAL	5. 00	Ö	33. 09
33. 10	SELF INSUR EMPLOYEE HEALTH	A	-1, 454, 045	EMPLOYEE BENEFITS DEPARTMENT	4. 00	0	33. 10
33. 11	INSUR EXP CRNA EMPLOYEE BENEFITS	A	-117, 448	EMPLOYEE BENEFITS DEPARTMENT	4. 00	0	33. 11
33. 12	PHYSICIAN PART B EMPLOYEE	A	-1, 030, 327	EMPLOYEE BENEFITS DEPARTMENT	4. 00	0	33. 12
33. 13	BENEFI TS ADVERTI SI NG	A	-352, 247	ADMINISTRATIVE & GENERAL	5. 00	0	33. 13
33. 14	NON-ALLOWABLE PROPERTY TAX	A		CAP REL COSTS-BUSHNELL	1. 10	13	33. 14
34. 00	NON-ALLOWABLE PROPERTY TAX	A		OFFICE BLDG CAP REL COSTS-HSB II	1. 03	13	34. 00
34. 50	NON-ALLOWABLE PROPERTY TAX	A	0	CAP REL COSTS-REHAB CNT	1. 04		34. 50
35. 00	NON-ALLOWABLE PROPERTY TAX	A		CAP REL COSTS HSB I	1. 07		35. 00
35. 50 36. 00	NON-ALLOWABLE PROPERTY TAX NON-ALLOWABLE PROPERTY TAX	A A		CAP REL COSTS-HSB I CAP REL COSTS-BUSHNELL	1. 02 1. 10		35. 50 36. 00
				OFFICE BLDG			
36. 01	NON-ALLOWABLE PROPERTY TAX	A		CAP REL COSTS-BUSHNELL OFFICE BLDG	1. 10	13	36. 01
36. 02	NON-ALLOWABLE PROPERTY TAX	Α	-10, 055	CAP REL COSTS-BUSHNELL	1. 10	13	36. 02
<u>36.</u> 50	OUTREACH SERVICES	В		OFFICE BLDG ADULTS & PEDIATRICS	30. 00	0	36. 50

Heal th	Financial Systems	1	MCDONOUGH DIST	RICT HOSPITAL	In Lie	u of Form CMS-2	2552-10
ADJUST	ADJUSTMENTS TO EXPENSES			Provider CCN: 14-0089	Peri od:	Worksheet A-8	
					From 07/01/2022	Doto/Time Dro	narad.
					To 06/30/2023	Date/Time Pre 11/29/2023 2:	
				Expense Classification of	on Worksheet A	1172772020 2.	17 0111
				To/From Which the Amount i			
					,		
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Li ne #	Wkst. A-7 Ref.	
		1.00	2. 00	3. 00	4. 00	5. 00	
37.00	ADVERTI SI NG	A	0	AMBULANCE SERVICES	95.00	0	37. 00
38. 00	PSYCHI ATRI C/PSYCHOLOGI CAL	В	-8, 305	PSYCHI ATRI C/PSYCHOLOGI CAL	76.00	0	38. 00
	SERVICES 0			SERVI CES			
38. 01	CONTRACT PHARMACY	A	-682, 207	DRUGS CHARGED TO PATIENTS	73. 00	0	38. 01
38. 02	CLINIC MID-LEVELS	В	0	CLINIC	90.00	0	38. 02
38. 03	SOCIAL SERVICE OTHER REVENUE	В	0	SOCIAL SERVICE	17. 00	0	38. 03
38. 04	PHARMACY OTHER REVENUE	В	0	PHARMACY	15. 00	0	38. 04
50.00	TOTAL (sum of lines 1 thru 49)		-10, 271, 407				50. 00
	(Transfer to Worksheet A,						

- (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.

column 6, line 200.)

- (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.

| Period: | Worksheet A-8-2 | From 07/01/2022 | To 06/30/2023 | Date/Time Prepared: Health Financial Systems
PROVIDER BASED PHYSICIAN ADJUSTMENT Provi der CCN: 14-0089

					[7	To 06/30/2023	Date/Time Pre 11/29/2023 2:	epared:
	Wkst. A Line #	Cost Center/Physician	Total	Professi onal	Provi der	RCE Amount	Physi ci an/Prov	47 piii
		I denti fi er	Remuneration	Component	Component		ider Component	
					'		Hours	
	1. 00	2.00	3.00	4.00	5. 00	6. 00	7. 00	
1.00	60. 00 1	LABORATORY	345, 646	315, 123	30, 523	260, 300	551	1. 00
2.00	53. 00	ANESTHESI OLOGY	523, 317	523, 317	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	1, 204, 462	1, 204, 462	0	0	0	3.00
4.00	90.00	CLI NI C	1, 214, 464	1, 214, 464	0	0	0	4.00
5.00	65. 00 F	RESPI RATORY THERAPY	0	0	0	0	0	5.00
6.00	60. 00 l	LABORATORY	0	0	0	0	0	6. 00
7.00	90.00	CLI NI C	111, 250			0	0	7. 00
8.00	50.00	OPERATING ROOM	95, 591	95, 591	0	0	0	8. 00
9.00		EMERGENCY	0	1	J	0	0	9. 00
10.00		RESPI RATORY THERAPY	63, 520	•		0	0	10.00
11. 00		LABORATORY	219, 439			0	0	11. 00
12.00	30.00	ADULTS & PEDIATRICS	177, 593			0	0	12.00
200.00			3, 955, 282				551	200.00
	Wkst. A Line #	Cost Center/Physician	Unadjusted RCE		Cost of		Physician Cost	
		l denti fi er	Limit	Unadjusted RCE			of Malpractice	
				Limit	Continuing	Share of col.	Insurance	
	1. 00	2.00	8.00	9. 00	Education 12.00	12 13. 00	14. 00	
1. 00		LABORATORY	68, 955	3, 448		308		1. 00
2. 00		ANESTHESI OLOGY	08, 433			0		2. 00
3.00		ADULTS & PEDIATRICS				0		3. 00
4. 00		CLINIC	0			_	108, 680	4. 00
5. 00		RESPI RATORY THERAPY	0	Ö	0		0	5. 00
6.00		LABORATORY	0	0	0	0	0	6. 00
7.00	90.00	CLINIC	0	0	0	0	0	7. 00
8.00	50.00	OPERATING ROOM	0	0	0	0	0	8. 00
9.00	91.00	EMERGENCY	0	0	0	0	0	9. 00
10.00	65. 00 l	RESPI RATORY THERAPY	0	0	0	0	0	10.00
11. 00		LABORATORY	0	0	0	0	0	11. 00
12.00	30. 00	ADULTS & PEDIATRICS	0	0	0	0	-	12.00
200.00			68, 955				146, 767	200. 00
	Wkst. A Line #	Cost Center/Physician	Provi der	Adjusted RCE	RCE	Adjustment		
		l denti fi er	Component	Limit	Di sal I owance			
			Share of col.					
	1. 00	2.00	15. 00	16. 00	17. 00	18. 00		
1. 00		LABORATORY	536					1. 00
2.00		ANESTHESI OLOGY	0	•				2. 00
3.00		ADULTS & PEDIATRICS	0		0			3. 00
4.00		CLINIC	0	0	0	1, 214, 464		4. 00
5.00	65. 00	RESPI RATORY THERAPY	0	0	0	0		5. 00
6.00	60. 00 1	LABORATORY	0	0	0	0		6.00
7.00	90.00	CLINIC	0	0	0	111, 250		7.00
8.00	50. 00	OPERATING ROOM	0	0	0	95, 591		8. 00
9.00		EMERGENCY	0	0	0	0		9. 00
10.00		RESPI RATORY THERAPY	0	0	0	63, 520		10.00
11. 00		LABORATORY	0	0	0	,		11. 00
12.00	1	ADULTS & PEDIATRICS	0	0	0	,		12.00
200. 00	1		536	69, 799	0	3, 924, 759		200. 00

				To	06/30/2023	Date/Time Pre 11/29/2023 2:	
			<u> </u>	CAPITAL REI	_ATED COSTS		
	Cost Center Description	Net Expenses	BLDG & FIXT	CAP REL	CAP REL	CAP REL	
		for Cost		COSTS-HOSPI TAL	COSTS-HSB I	COSTS-HSB II	
		Allocation (from Wkst A					
		col . 7)					
	GENERAL SERVICE COST CENTERS	0	1. 00	1. 01	1. 02	1. 03	
1.00	00100 CAP REL COSTS-BLDG & FIXT	0	C				1. 00
1.01	00101 CAP REL COSTS-HOSPI TAL	4, 991, 302	C	1,,	2/0 251		1. 01
1. 02 1. 03	00102 CAP REL COSTS-HSB I 00103 CAP REL COSTS-HSB I I	369, 251 372, 428	C	0	369, 251 0	372, 428	1. 02 1. 03
1. 04	00104 CAP REL COSTS-REHAB CNT	44, 015	C	0	0	0	1. 04
1.05	00105 CAP REL COSTS-DI AYSI S 00106 CAP REL COSTS-HOSPI TALI TY HOUSE	0 10, 359	C	0	0	0	1.05
1. 06 1. 07	00100 CAP REL COSTS-HOSPITALITY HOUSE	29, 143	C		0	0	1. 06 1. 07
1.08	00108 CAP REL COSTS-ORTHO BLDG	26, 156	C	0	0	0	1. 08
1. 09 1. 10	00109 CAP REL COSTS-CONVENIENCE CARE CLIN 00110 CAP REL COSTS-BUSHNELL OFFICE BLDG	124 020	C	0	0	0	1. 09 1. 10
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	126, 920 11, 253, 203	C	41, 754	0	0	4. 00
5.00	00500 ADMINISTRATIVE & GENERAL	10, 640, 843	C	314, 318	63, 942	l	5. 00
6.00	00600 MAI NTENANCE & REPAI RS 00601 MAI NTENANCE & REPAI RS-HSB I	3, 230, 036 278, 324	C	197, 111	64 003	0	6. 00 6. 01
6. 01 6. 02	00602 MAINTENANCE & REPAIRS-HSB II	212, 565	C		66, 993 0	39, 218	6. 01
6.03	00603 MAINTENANCE & REPAIRS-REHAB CLINIC	33, 399	C	0	0	0	6. 03
6. 04	00604 MAINTENANCE & REPAIRS MAB	22, 303	C	0	0	0	6. 04
6. 05 6. 06	00605 MAI NTENANCE & REPAI RS-ORTHO BLDG 00606 MAI NTENANCE & REPAI RS-BUSHNELL	11, 731 28, 775	C	0	0	0	6. 05 6. 06
8. 00	00800 LAUNDRY & LINEN SERVICE	201, 760	C	78, 421	0	0	8. 00
9.00	00900 HOUSEKEEPING	572, 556	C	82, 660	0	0	9. 00
9. 01 9. 02	00901 HOUSEKEEPI NG-HSB 00902 HOUSEKEEPI NG-HSB I I	165, 660 117, 519	C		0	0	9. 01 9. 02
9. 03	00903 HOUSEKEEPI NG-ORTHO	10, 455	C	o o	0	ő	9. 03
9. 04	00904 HOUSEKEEPI NG-MAB	0	C	0	0	0	9. 04
10. 00 11. 00	01000 DI ETARY 01100 CAFETERI A	225, 466 632, 496	C	59, 557 84, 779	0	0	10. 00 11. 00
13. 00	01300 NURSING ADMINISTRATION	436, 595	C	15, 684	0	ő	13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY	540, 103	C	155, 146	0	0	14. 00
15. 00 16. 00	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	3, 449, 772 620, 313	C	29, 122 32, 852	0	0	15. 00 16. 00
17. 00	01700 SOCIAL SERVICE	441, 992	C		0	ő	17. 00
19. 00	01900 NONPHYSI CI AN ANESTHETI STS	0	C	0	0	0	19. 00
30. 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	3, 368, 128	C	1, 141, 974	0	0	30.00
31. 00	03100   NTENSI VE CARE UNI T	1, 298, 911	C		0	1	31.00
40.00	04000 SUBPROVI DER - I PF	0	C		0		40.00
43. 00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	424, 387	C	20, 983	0	0	43. 00
50.00	05000 OPERATING ROOM	1, 655, 981	C		11, 825	0	50.00
	05100 RECOVERY ROOM	531, 555	C	00, 100	0	"	
52. 00 53. 00	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY	437, 441 79, 246	C	36, 031	0	0	52. 00 53. 00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	1, 909, 442	C	341, 999	0	o o	54. 00
57. 00	05700 CT SCAN	433, 887	C	14, 200	0	0	57. 00
58. 00 60. 00	05800 MRI 06000 LABORATORY	497, 739 3, 870, 007	C	10, 597 167, 714	0	0	58. 00 60. 00
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.	228, 924	C	0	0	0	63. 00
65. 00	06500 RESPI RATORY THERAPY	1, 367, 095	C	104, 363	0	0	65. 00
66. 00 67. 00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	1, 720, 026 218, 875	(	105, 041 7, 206	0	0	66. 00 67. 00
68. 00	06800 SPEECH PATHOLOGY	153, 506	C	21, 703	0	ő	68. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	991, 250	C	0	0	0	71.00
72. 00 73. 00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	521, 980 287, 978	C		0	0	72. 00 73. 00
76. 00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	675, 266	C	o o	14, 789	l e	76.00
76. 01	03950 DI ABETES/WOUND CARE/COUMADIN CNTR	293, 293	C	65, 958	0	0	76. 01
76. 02 77. 00	03951   PALN MANAGEMENT   07700   ALLOGENEI C   HSCT   ACQUISITION	0	C	0	0	0	76. 02 77. 00
, , , , , , , , , , , , , , , , , , , ,	OUTPATIENT SERVICE COST CENTERS	ı O		, 0	0	<u> </u>	, , , , , , , , , , , , , , , , , , , ,
88. 00	08800 RURAL HEALTH CLINIC	622, 000	C	0	0	0	88. 00
88. 01 90. 00	08801 RURAL HEALTH CLINIC II 09000 CLINIC	5, 587, 633 1, 334, 625	C	0 107, 182	13, 960 41, 170	l	88. 01 90. 00
90.00	09100 EMERGENCY	3, 029, 658	C	346, 683		33, 902	90.00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92. 00
0F 00	OTHER REIMBURSABLE COST CENTERS  09500 AMBULANCE SERVICES	292, 647	C	71 025	0		95. 00
<del>7</del> 3. UU	107300 ANDULANCE SERVICES	272,04/		71, 935	0	ı	73.00

			Fi	com 07/01/2022 0 06/30/2023	Part     Date/Time Pre	pared:
					11/29/2023 2:	49 pm
			CAPI TAL REI	ATED COSTS		
Cost Center Description	Net Expenses	BLDG & FIXT	CAP REL	CAP REL	CAP REL	
	for Cost		COSTS-HOSPI TAL	COSTS-HSB I	COSTS-HSB II	
	Allocation					
	(from Wkst A					
	col . 7)	1. 00	1. 01	1. 02	1. 03	
101. 00 10100 HOME HEALTH AGENCY	1, 712, 042	1.00	1.01	1. 02		101. 00
102. 00 10200 OPI OI D TREATMENT PROGRAM	1, 712, 042	(		O O		101.00
SPECIAL PURPOSE COST CENTERS	<u> </u>		<u> </u>	<u> </u>		102.00
113. 00 11300   NTEREST EXPENSE						113. 00
116. 00 11600 HOSPI CE	718, 174	(		0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	73, 357, 136	(	4, 612, 976	212, 679	330, 867	
NONREI MBURSABLE COST CENTERS	73, 337, 130		4,012,770	212, 077	330, 007	1110.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	ام	(	0	ol	0	190. 00
192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES	o o	(		129, 351		192.00
194. 00 07950 DAY HEALTH		(		19, 027		194. 00
194. 01 07962 OUTREACH	185, 482	(		1, 387		194. 01
194. 02 07951 OCCUPATI ONAL MEDI CI NE	0	(		0		194. 02
194. 03 07952 FUND DEVELOPMENT	426, 606	(	55, 106	ol		194. 03
194. 04 07953 OUTSI DE LAUNDRY	0	(	0	o	0	194. 04
194. 05 07954 PHYSI CLAN SUPPORT	275, 992	(	ol o	ol	0	194. 05
194. 06 07955 HOSPI TALI TY HOUSE	4, 646	(	o o	o		194. 06
194. 07 07956 HSK DIALYSIS	0	(	o o	o	0	194. 07
194. 08 07957 LEASED SALARIES	o	(	o o	o	0	194. 08
194.09 07958 VISITING PHYSICIANS	78, 598	(	0	0	0	194. 09
194.10 07959 FARM LAND	11, 405	(	211, 948	0	0	194. 10
194. 11 07963 CONVENIENCE CARE CLINIC	0	(	0	0	0	194. 11
194.12 07960 MMG-PHYSICIAN OFFICES	403, 278	(	95, 376	6, 807		194. 12
194.13 07961 VALET PARKING SERVICE	63, 104	(	0	0		194. 13
194.14 07964 PAIN MANAGEMENT JOINT VENTURE	0	(	0	0		194. 14
194. 15 07965 ASSISTED LIVING	137, 933	(	15, 896	0	0	194. 15
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers		(	0	0		201. 00
202.00   TOTAL (sum lines 118 through 201)	74, 944, 180	(	4, 991, 302	369, 251	372, 428	202. 00

| In Lieu of Form CMS-2552-10 | Period: Worksheet B | From 07/01/2022 Part I | To 06/30/2023 Date/Time Prepared: 11/29/2023 2: 49 pm Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 14-0089

		CAPI	TAL RELATED CO	STS	11/29/2023 2:	
Cost Center Description	CAP REL COSTS-REHAB	CAP REL COSTS-DI AYSI S	CAP REL	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO	
	CNT 1. 04	1. 05	ITY HOUSE  1.06	1. 07	BLDG 1. 08	
GENERAL SERVI CE COST CENTERS	1.04	1.00	1.00	1.07	1.00	
1.00   00100   CAP REL COSTS-BLDG & FIXT 1.01   00101   CAP REL COSTS-HOSPITAL						1. 00 1. 01
1.02 00102 CAP REL COSTS-HSB I						1. 02
1. 03   O0103   CAP REL COSTS-HSB   I 1. 04   O0104   CAP REL COSTS-REHAB CNT	44, 015					1. 03 1. 04
1. 05   00105   CAP   REL   COSTS-REHAB CNT	44,015	o				1. 04
1.06 00106 CAP REL COSTS-HOSPITALITY HOUSE	0	o	10, 359			1. 06
1.07   00107 CAP REL COSTS-MAB 1.08   00108 CAP REL COSTS-ORTHO BLDG	0	0	0	29, 143	26, 156	1. 07 1. 08
1. 09 00109 CAP REL COSTS-CONVENIENCE CARE CLIN	0	o	0	0	20, 130	1.08
1. 10 00110 CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	0	0	1. 10
4. 00   00400   EMPLOYEE BENEFITS DEPARTMENT 5. 00   00500   ADMINISTRATIVE & GENERAL	0	0	0	0	0 13, 078	4. 00 5. 00
6. 00   00600   MAI NTENANCE & REPAI RS	Ö	ő	0	0	0	6. 00
6. 01 00601 MAINTENANCE & REPAIRS-HSB I	0	0	0	0	0	6. 01
6. 02   00602 MAINTENANCE & REPAIRS-HSB II 6. 03   00603 MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6. 02 6. 03
6. 04 00604 MAI NTENANCE & REPAI RS-MAB	Ö	ő	0	0	0	6. 04
6. 05 00605 MAI NTENANCE & REPAI RS-ORTHO BLDG	0	0	0	0	0	6. 05
6.06   00606 MAINTENANCE & REPAIRS-BUSHNELL 8.00   00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	6. 06 8. 00
9. 00   00900   HOUSEKEEPI NG	O	o	0	0	0	9. 00
9. 01 00901 HOUSEKEEPI NG-HSB	0	0	0	0	0	9. 01
9. 02   00902 HOUSEKEEPI NG-HSB   I 9. 03   00903 HOUSEKEEPI NG-ORTHO	0		0	0	0	9. 02 9. 03
9. 04 00904 HOUSEKEEPI NG-MAB	Ö	ő	0	0	0	9. 04
10. 00 01000 DI ETARY	0	0	0	0	0	10.00
11. 00   01100   CAFETERI A 13. 00   01300   NURSI NG   ADMI NI STRATI ON	0		0	0	0	11. 00 13. 00
14. 00 01400 CENTRAL SERVICES & SUPPLY	Ö	o	0	0	0	14. 00
15. 00   01500   PHARMACY	0	0	0	0	0	15.00
16. 00   01600   MEDICAL RECORDS & LIBRARY 17. 00   01700   SOCIAL SERVICE			0	0	0	16. 00 17. 00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	O	0	0	0	19. 00
I NPATI ENT ROUTI NE SERVI CE COST CENTERS  30. 00   03000   ADULTS & PEDI ATRI CS	0	l ol	O	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	Ö	ő	0	0	0	31.00
40. 00   04000   SUBPROVI DER -   PF	0	0	0	0	0	40.00
43. 00   04300   NURSERY   ANCI LLARY SERVI CE COST CENTERS	0	0	0	0	0	43. 00
50. 00 05000 OPERATING ROOM	0	0	0	0	0	50. 00
51.00   05100   RECOVERY ROOM 52.00   05200   DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	51. 00 52. 00
53. 00   05300   ANESTHESI OLOGY	0	o	0	0	0	53. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0	0	0	0	54. 00
57. 00   05700   CT   SCAN 58. 00   05800   MRI	0	0	0	0	0	57. 00 58. 00
60. 00   06000   LABORATORY	Ö	ő	0	0	0	60.00
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65. 00   06500   RESPI RATORY THERAPY 66. 00   06600   PHYSI CAL THERAPY	44, 015		0	0	0	65. 00 66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	0	o	0	0	0	67. 00
68. 00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
71.00   07100   MEDICAL SUPPLIES CHARGED TO PATIENT 72.00   07200   MPL. DEV. CHARGED TO PATIENTS			0	0	0	71. 00 72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	o	0	0	0	73. 00
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	0	0	0	76.00
76. 01   03950   DI ABETES/WOUND CARE/COUMADIN CNTR 76. 02   03951   PAIN MANAGEMENT			0	0	0	76. 01 76. 02
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	O	0	0	0	77. 00
OUTPATIENT SERVICE COST CENTERS  88. 00   08800   RURAL   HEALTH   CLINIC	Ιο		o	0	0	88. 00
88.01 08801 RURAL HEALTH CLINIC II	0		0	0	0	88. 01
90. 00   09000   CLI NI C	0	0	0	0	0	90.00
91. 00   09100   EMERGENCY 92. 00   09200   OBSERVATION   BEDS   (NON-DISTINCT   PART	0	0	0	0	0	91. 00 92. 00
OTHER REIMBURSABLE COST CENTERS						
95. 00   09500   AMBULANCE SERVI CES 101. 00   10100   HOME   HEALTH   AGENCY	0	1	0	4 350	0	95. 00 101. 00
102.00 10200 OPI OI D TREATMENT PROGRAM	0	l I	0	4, 250 0		101.00
		<u>'</u>	<u>'</u>	<u>'</u>		

| Period: | Worksheet B | From 07/01/2022 | Part | To 06/30/2023 | Date/Time Prepared:

			To	06/30/2023	Date/Time Pre	
		CAP	TAL RELATED CO	STS	11/2//2023 2.	T7 piii
Cost Center Description	CAP REL	CAP REL	CAP REL	CAP REL	CAP REL	
	COSTS-REHAB	COSTS-DI AYSI S	COSTS-HOSPI TAL	COSTS-MAB	COSTS-ORTHO	
	CNT	4.05	I TY HOUSE	4 07	BLDG	
SPECIAL PURPOSE COST CENTERS	1. 04	1. 05	1.06	1. 07	1. 08	
113. 00 11300 I NTEREST EXPENSE						113. 00
116. 00 11600 HOSPI CE	0	0		4, 250	0	116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	44, 015	0	0	8, 500	13, 078	
NONREI MBURSABLE COST CENTERS	11,7010		<u> </u>	0,000	10, 0, 0	
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	12, 143	0	192. 00
194. 00 07950 DAY HEALTH	0	0	0	0		194. 00
194. 01 07962 OUTREACH	0	0	0	0		194. 01
194. 02 07951 OCCUPATI ONAL MEDI CI NE	0	0	0	0		194. 02
194. 03 07952 FUND DEVELOPMENT	0	0	0	0		194. 03
194. 04 07953 OUTSI DE LAUNDRY	0	0	0	0		194. 04
194. 05 07954 PHYSI CI AN SUPPORT 194. 06 07955 HOSPI TALI TY HOUSE	0	0	10, 359	0		194. 05 194. 06
194. 07 07956 HSK DIALYSIS	0	0	10, 359	0		194. 06
194. 08 07957 LEASED SALARI ES	0	0		3, 643		194. 07
194. 09 07958 VI SI TI NG PHYSI CI ANS	0	0		4, 857		194. 09
194. 10 07959  FARM LAND	0	0	Ö	1, 007		194. 10
194. 11 07963 CONVENI ENCE CARE CLINIC	0	0	o	o		194. 11
194.12 07960 MMG-PHYSICIAN OFFICES	0	0	О	0	13, 078	194. 12
194.13 07961 VALET PARKING SERVICE	0	0	0	0	0	194. 13
194.14 07964 PAIN MANAGEMENT JOINT VENTURE	0	0	0	0		194. 14
194. 15 07965 ASSISTED LIVING	0	0	0	0	0	194. 15
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0	0	0		201. 00
202.00   TOTAL (sum lines 118 through 201)	44, 015	0	10, 359	29, 143	26, 156	J202. 00

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 14-0089

				10	06/30/2023	Date/lime Pre 11/29/2023 2:	
		CAPITAL REI	LATED COSTS				
	Cost Center Description	CONVENI ENCE	BUSHNELL	EMPLOYEE	Subtotal	ADMI NI STRATI VE	
		CARE CLIN	OFFICE BLDG	BENEFITS DEPARTMENT		& GENERAL	
		1. 09	1. 10	4.00	4A	5. 00	
1 00	GENERAL SERVICE COST CENTERS		I	ı			1 00
1. 00 1. 01	00100 CAP REL COSTS-BLDG & FIXT 00101 CAP REL COSTS-HOSPITAL						1. 00 1. 01
1. 02	00102 CAP REL COSTS-HSB I						1. 02
1.03	00103 CAP REL COSTS-HSB II						1. 03
1.04	00104 CAP REL COSTS-REHAB CNT						1. 04
1. 05 1. 06	00105 CAP REL COSTS-DIAYSIS 00106 CAP REL COSTS-HOSPITALITY HOUSE						1.05
1.00	00100 CAP REL COSTS-HOSPITALITY HOUSE						1. 06 1. 07
1. 08	00108 CAP REL COSTS-ORTHO BLDG						1. 08
1.09	00109 CAP REL COSTS-CONVENIENCE CARE CLIN	0					1. 09
1. 10	00110 CAP REL COSTS-BUSHNELL OFFICE BLDG	0	126, 920				1. 10
4. 00 5. 00	00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL	0	0		13, 086, 078	13, 086, 078	4. 00 5. 00
6.00	00600 MAINTENANCE & REPAIRS	0	0		3, 610, 925	763, 891	6. 00
6. 01	00601 MAINTENANCE & REPAIRS-HSB I	0	0	9, 977	355, 294		6. 01
6. 02	00602 MAINTENANCE & REPAIRS-HSB II	0	0		259, 522	54, 902	6. 02
6. 03 6. 04	00603 MAINTENANCE & REPAIRS-REHAB CLINIC 00604 MAINTENANCE & REPAIRS-MAB	0	0		33, 829 23, 145		6. 03 6. 04
6. 05	00605 MAINTENANCE & REPAIRS-WAB	0	0		12, 373		6. 05
6.06	00606 MAINTENANCE & REPAIRS-BUSHNELL	0	0		29, 558		6. 06
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	-	280, 181	59, 272	8. 00
9.00	00900 HOUSEKEEPING	0	0		778, 527		9. 00
9. 01 9. 02	00901 HOUSEKEEPI NG-HSB 00902 HOUSEKEEPI NG-HSB II	0	0		201, 338 142, 829		9. 01 9. 02
9. 03	00903 HOUSEKEEPI NG-ORTHO	0	o o		12, 707	2, 688	9. 03
9.04	00904 HOUSEKEEPI NG-MAB	0	0	0	0	0	9. 04
10.00	01000 DI ETARY	0	0		331, 259		10.00
11. 00 13. 00	01100 CAFETERIA 01300 NURSI NG ADMINI STRATI ON	0	0		904, 509 602, 943	191, 349 127, 553	11. 00 13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY	0	0		795, 053	168, 193	14. 00
15. 00	01500 PHARMACY	0	0	281, 253	3, 760, 147	795, 459	15. 00
16.00	01600 MEDI CAL RECORDS & LI BRARY	0	0	·	807, 625		16.00
17. 00 19. 00	01700 SOCI AL SERVI CE 01900 NONPHYSI CI AN ANESTHETI STS	0	0		601, 171 0	127, 178	17. 00 19. 00
17.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	0		<u> </u>	0		17.00
30.00	l l	0			5, 373, 033		30. 00
31. 00 40. 00	03100   INTENSIVE CARE UNIT 04000   SUBPROVIDER -   PF	0	0		1, 759, 115	372, 141	31.00
43. 00	04300 NURSERY	0	0		0 592, 333	0 125, 308	40. 00 43. 00
	ANCILLARY SERVICE COST CENTERS		_	,		.==, ===	
50.00		0	1		2, 872, 136		
51.00	1 1	0	0		758, 684		
52. 00 53. 00	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY	0	0		624, 955 83, 802		
54. 00		0	Ö		2, 664, 398		
57. 00		0	0	34, 849	482, 936		
58.00	1 1	0	0	0	508, 336	107, 538 995, 525	
60. 00 63. 00	1 1	0	0		4, 705, 861 228, 924		60. 00 63. 00
65. 00	·	0	o o	298, 869	1, 770, 327	374, 513	
66.00	1 1	0	28, 549		2, 427, 399		
67. 00		0	0	36, 078	262, 159		
68. 00 71. 00	1 1	0	0	51, 771	226, 980 991, 250		
71.00		0	0		521, 980		
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	287, 978	60, 922	73. 00
76.00		0	0	232, 551	922, 606		76. 00
76. 01 76. 02	1 1	0	0	96, 755 0	456, 006 0	96, 468 0	76. 01 76. 02
77. 00	1 1	0	0		0	0	77. 00
	OUTPATIENT SERVICE COST CENTERS						
88. 00		0	98, 371		910, 594		
88. 01 90. 00		0	0		7, 269, 795 1, 829, 263		88. 01 90. 00
91.00	1 1	0	0		3, 881, 765		91.00
92. 00					0		92. 00
05.00	OTHER REIMBURSABLE COST CENTERS			07.000	404 //2	04.070	05.00
	09500 AMBULANCE SERVICES 0 10100 HOME HEALTH AGENCY	0	1		401, 662 2, 230, 429		
	10200 OPI OI D TREATMENT PROGRAM	0			2, 230, 429		101.00
		•					

				06/30/2023		
	CAPITAL REL	ATED COSTS			11/29/2023 2: 2	49 pm
	CAPITAL REL	ATED COSTS				
Cost Center Description	CONVENIENCE	BUSHNELL	EMPLOYEE	Subtotal	ADMI NI STRATI VE	
oost center bescription	CARE CLIN	OFFICE BLDG	BENEFITS	Subtotal	& GENERAL	
	07.11.2 02.111	011102 3230	DEPARTMENT		u 02.112.11.12	
	1. 09	1. 10	4. 00	4A	5. 00	
SPECIAL PURPOSE COST CENTERS				<u> </u>		
113. 00 11300   NTEREST EXPENSE						113. 00
116. 00 11600 H0SPI CE	o	o	126, 731	849, 155	179, 639	116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	o	126, 920	11, 081, 234	72, 522, 874	12, 573, 851	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	141, 494		
194. 00 07950 DAY HEALTH	0	0	0	19, 027		194. 00
194. 01 07962 OUTREACH	0	0	62, 245	249, 114		
194. 02 07951 OCCUPATI ONAL MEDICINE	0	0	0	0		194. 02
194.03 07952 FUND DEVELOPMENT	0	0	55, 826	537, 538		
194. 04 07953 0UTSLDE LAUNDRY	0	0	0	0		194. 04
194. 05 07954 PHYSI CI AN SUPPORT	0	0	0	275, 992		
194. 06 07955 HOSPI TALI TY HOUSE	0	0	290	15, 295		194. 06
194. 07 07956 HSK DI ALYSI S	0	0	0	0		194. 07
194. 08 07957 LEASED SALARI ES	0	0	0	3, 643		194. 08
194.09 07958 VISITING PHYSICIANS	0	0	27, 016	•	23, 370	
194.10 07959 FARM_LAND	0	0	0	223, 353		
194. 11 07963 CONVENI ENCE CARE CLI NI C	0	0	0	0		194. 11
194. 12 07960 MMG-PHYSICIAN OFFICES	0	0	3, 146			
194.13 07961 VALET PARKING SERVICE	0	0	19, 686	82, 790		
194.14 07964 PAIN MANAGEMENT JOINT VENTURE	0	0	0	0		194. 14
194. 15 07965 ASSI STED LI VI NG	0	0	45, 514	199, 343		
200.00 Cross Foot Adjustments				0		200. 00
201.00 Negative Cost Centers	0	0	0	0		201. 00
202.00   TOTAL (sum lines 118 through 201)	0	126, 920	11, 294, 957	74, 944, 180	13, 086, 078	202. 00

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 07/01/2022 Part I
To 06/30/2023 Date/Time Prepared:
11/29/2023 2:49 pm

REPAIRS   REPAIRS-HEB   REPA						0 06/30/2023	11/29/2023 2:	
DEMPERAL SERVICE COSTS INTO G. PLATE   1.00   COSTS OF PLATE COSTS INTO G. PLATE   1.01   COSTS OF PLATE COSTS INTO G. PLATE   1.02   COSTS OF PLATE COSTS INTO G. PLATE   1.03   COSTS OF PEL COSTS INTO G. PLATE   1.04   COSTS OF PEL COSTS INTO G. PLATE   1.05   COSTS OF PEL COSTS INTO G. PLATE   1.06   COSTS OF PEL COSTS INTO G. PLATE   1.07   COSTS OF PEL COSTS INTO G. PLATE   1.08   COSTS OF PEL COSTS INTO G. PLATE   1.09   COSTS OF PEL CO		Cost Center Description					MAINTENANCE &	
BIN SMIL STRIVET CISTS CINT SMS   1   1   1   1   1   1   1   1   1				KEI AI KO 1130 1		CLINIC	KEI AI KO WAD	
0.0100   CAP RIL COSTS-RISE   1   1   1   1   1   1   1   1   1		CENEDAL SEDVICE COST CENTEDS	6. 00	6. 01	6. 02	6. 03	6. 04	
1.02   00100   CAP REL COSTS-ISB 1	1. 00							1.00
1.03 (00103) CAP REL COSTS-RIB (1	1.01	00101 CAP REL COSTS-HOSPI TAL						1. 01
1.00   OITON   CAP REL COSTS-REHAR ONT		1 1						1. 02
1.05   00105 (CAP REL COSTS-DLAYSIS   1.00		l l						1.03
1.06   OITOQ   CAP REL COSTS-HOSPITALITY HOUSE     1.08   0103   CAP REL COSTS-ORTHO BLIG   1.00   0107   CAP REL COSTS-ORTHO BLIG   1.00   1.00   0107   CAP REL COSTS-ORTHO BLIG   1.00   1								•
1.07 00107 (AP REL COSTS-WAB 1.09 00109 (AP REL COSTS-COMPH BLDG 1.09 00109 (AP REL COSTS-COMPH BLDG 1.00 00109 (AP REL COSTS-COMPH BLDG 1.00 00109 (AP REL COSTS-COMPH BLDG COSTS-COMPH BLDG 1.00 00109 (AP REL COSTS-COMPH BLDG COSTS-COMPH BLDG 1.00 00000 (AP REL COSTS-COMPH BLDG COSTS-COMPH BLDG 1.00 00000 (AP REL COSTS-COMPH BLDG COSTS-COMPH BLDG 1.00 00000 (AP REL COSTS-COMPH BLDG 1.00 000000 (AP REL COSTS-COMPH BLDGG 1.00 00000 (AP REL COSTS-COMPH BLDGG 1.00 00000 (AP REL COSTS-COMPH BLDGG 1.00 00000 (AP REL COSTS-COMPH BLDGG) (AP REL COSTS-COM								1.05
1.09		1 1						1. 07
1.10	1. 08							1. 08
4. 00								1. 09
5.00								1. 10
6.00   000000   MAINTENANCE & REPAIRS   4,374,816   6.01   000001   MAINTENANCE & REPAIRS -HSB II   0   0   430,456   6.00   000001   MAINTENANCE & REPAIRS -HSB II   0   0   0   0   0   0   400,986   6.00   0   0   0   0   0   0   0   0   0								1
0.001   MANTEMANCE & REPAIRS—HSB		1 1	4 374 816					6.00
6. 02 00002 MA NTEMANCE & REPAIRS—RISB II   0 0 0 314, 424   6. 0. 0		1 1		ł .	,			6. 01
0.000   MAINTENANCE & REPAIRS-MARE   0   0   0   0   0   0   0   0   0		1 1	0	C	1	Į.		6. 02
6. 05   006.05   MAI ITEMANCE & REPAIR S-ORTHO BLDG   0   0   0   0   0   0   0   0   0			0	C	0	40, 986		6. 03
6.06 00600 MAINTENANCE & REPAIRS-BUSHNELL 0 0 0 0 0 0 0 0 8.00 0 0 0 0 0 0 0 0 0			0	C		0		6. 04
8. 00   00600   AJNORY & LINEN SERVICE   77, 302   0   0   0   0   0   0   9, 01   9. 01   00901   HOUSEKEEPING - HSB   0   0   0   0   0   0   0   9. 01   00902   HOUSEKEEPING - HSB   1   0   0   0   0   0   0   9. 02   00902   HOUSEKEEPING - HSB   1   0   0   0   0   0   0   9. 03   00903   HOUSEKEEPING - HSB   1   0   0   0   0   0   0   9. 04   00904   HOUSEKEEPING - HSB   1   0   0   0   0   0   0   10. 00   01000   O1   CAPETRIA   SAPE   SAPE   SAPE   SAPE   SAPE   11. 00   01000   O1   CAPETRIA   SAPE   SAPE   SAPE   SAPE   SAPE   12. 00   01000   O1   CAPETRIA   SAPE   SAPE   SAPE   SAPE   SAPE   SAPE   SAPE   SAPE   13. 00   01300   HOUSEKEEPING - SAPE   SA		1 1	-			0		
9. 00  9. 01  9. 001  9. 001  9. 001  9. 001  9. 0020  1009SEKEEPING-HSB 1   0 0 0 0 0 0 0 0 0 9. 00  9. 00		i i						
9.01   00901   HOUSEKEEP ING-HSB   0		1 1				o o		9. 00
9. 03 00903   HOUSEKEEPI NG-ORTHO 9. 04 00904   HOUSEKEEPI NG-MAR 9. 04 00904   HOUSEKEEPI NG-MAR 9. 05 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1 1		d		0		9. 01
9.004   O0904   HOUSEKEEPI NG-MAB	9. 02	00902 HOUSEKEEPING-HSB II	0	C	) (	0	0	9. 02
10.0   01000   0157APY   587.70E   0   0   0   0   0   0   10.0     11.0   01100   CAFETERI A   83.5750   0   0   0   0   0   11.0     13.0   01300   NURSING ADMINISTRATION   15.460   0   0   0   0   0   13.0     14.0   01400   CENTRAL SERVI CES & SUPPLY   152.933   0   0   0   0   0   14.0     15.0   01500   PHARMACY   28.706   0   0   0   0   0   15.5     16.0   01600   MEDICAL RECORDS & LIBRARY   32.383   0   0   0   0   0   0   16.5     17.0   01700   SOCI AL SERVI CE   18.803   0   0   0   0   0   17.0     19.0   01900   MONIPHYSICI AN ANESTHETISTS   0   0   0   0   0   0   0     19.0   NONIPHYSICI AN ANESTHETISTS   0   0   0   0   0   0   0     19.0   NONIPHYSICI AN ANESTHETISTS   76.466   0   0   0   0   0   0     10.0   03000   ADULTS & PEDIATRICS   1,125,687   0   0   0   0   0   0   0     10.0   04000   SUBROVI DER - 1   PF   0   0   0   0   0   0   0   0   0     10.0   04000   OSBROVI DER - 1   PF   0   0   0   0   0   0   0   0   0		l l	0	C	0	0		9. 03
11.0 0 0100 CAFETERIA		1 1	_	C		0		9. 04
13.00   01300   NURSI NG ADMINISTRATION   15.460   0   0   0   0   13.00     14.00   10400   CENTRAL SERVI CES & SUPPLY   152.933   0   0   0   0   0     15.00   01500   PHARMACY   28,706   0   0   0   0   0     16.00   01500   PHARMACY   28,706   0   0   0   0   0     16.00   01500   PHARMACY   28,706   0   0   0   0   0     16.00   01500   PHARMACY   28,706   0   0   0   0     17.00   10700   SOCI AL SERVI CE   18,803   0   0   0   0   0     17.00   10700   SOCI AL SERVI CE   18,803   0   0   0   0     17.00   10700   SOCI AL SERVI CE   18,803   0   0   0   0   0     17.00   10700   SOCI AL SERVI CE   18,803   0   0   0   0     18.00   10700   SOCI AL SERVI CE   18,803   0   0   0   0   0     19.00   NONPHYSI CI AN AMESTHETI STS   0   0   0   0   0   0     19.00   NONPHYSI CI AN AMESTHETI STS   0   0   0   0   0     19.00   NONPHYSI CI AN AMESTHETI STS   0   0   0   0   0   0     19.00   10700   NONPHYSI CI AN AMESTHETI STS   0   0   0   0   0   0   0     19.00   10700   NONPHYSI CI AN AMESTHETI STS   0   0   0   0   0   0   0     19.00   10700   NONPHYSI CI AN AMESTHETI STS   0   0   0   0   0   0   0     19.00   10700   NONPHYSI CI AN AMESTHETI STS   0   0   0   0   0   0   0   0     19.00   10700   NONPHYSI CI AN AMESTHETI STS   0   0   0   0   0   0   0   0   0     19.00   10700   NONPHYSI CI AN AMESTHETI STS   0   0   0   0   0   0   0   0   0     19.00   10700   NONPHYSI CARE WINT   76,466   0   0   0   0   0   0   0   0   0						0		ł
14. 00		l l					_	ł
15.00   01500   PARMIACY							-	14. 00
17.00		1 1				Ö	-	15. 00
19.00   01900   NONPHYSICIAN AMESTHETISTS   0   0   0   0   0   0   0   0   0	16.00	01600 MEDICAL RECORDS & LIBRARY	32, 383	C	) (	0	0	16. 00
NPATE BY ROUTINE SERVICE COST CENTERS		1 1			0	0		17. 00
30. 00 03000 ADULTS & PEDI ATRICS	19. 00		0	<u> </u>	) (	0	0	19. 00
31.00   03100   INTENSI VE CARE UNI T	30 00		1 125 697				1 0	30 00
40.00   04000   SUBPROVI DER - I PF   0   0   0   0   0   0   0   0   0					1			31.00
43.00   0.4300   NURSERY   20,684   0   0   0   0   0   43.00			0		1			40.00
50.00     05000     OFERATING ROOM   794,749   21,358   0   0   0   0   50.00	43.00	1 1	20, 684	C	) (	0	0	43. 00
51. 00 05100 RECOVERY ROOM 54. 320 0 0 0 0 0 55. 00 52. 00 05200 DELI VERY ROOM & LABOR ROOM 35, 517 0 0 0 0 0 52. 00 05200 DELI VERY ROOM & LABOR ROOM 35, 517 0 0 0 0 0 0 52. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			T	I				
52. 00         05200         DELIVERY ROOM & LABOR ROOM         35, 517         0         0         0         0         52. 00           53. 00         05300         AMESTHESI OLOGY         0         0         0         0         0         53. 00         0         0         0         0         53. 00         0         0         0         0         0         53. 00         0         0         0         0         0         0         53. 00         <					1			50.00
53. 00 05300 ANESTHESI OLOGY 0 0 0 0 0 0 0 53. 00 54. 00 554. 00 554. 00 5540 0 05400 RADI OLOGY-DI AGNOSTI C 337, 121 0 0 0 0 0 557. 00 05700 CT SCAN 13, 998 0 0 0 0 0 0 57. 00 557. 00 05700 CT SCAN 10, 446 0 0 0 0 0 0 557. 00 05700 CT SCAN 10, 446 0 0 0 0 0 0 0 0 58. 00 05800 MRI 10, 446 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								1
54. 00 05400 RADI OLOGY-DI AGNOSTI C 337, 121 0 0 0 0 0 55. 00 57. 00 05700 CT SCAN 13, 998 0 0 0 0 0 0 57. 00 58. 00 05800 MRI 100, 446 0 0 0 0 0 0 58. 00 60. 00 06000 LABORATORY 165, 322 0 0 0 0 0 0 60. 00 63. 00 06300 BLOOD STORI NG, PROCESSI NG & TRANS. 0 0 0 0 0 0 0 0 63. 00 65. 00 06500 RESPI RATORY THERAPY 102, 874 0 0 0 0 0 0 65. 00 66. 00 06600 PHYSI CAL THERAPY 103, 543 0 0 0 40, 986 0 66. 00 66. 00 06600 PHYSI CAL THERAPY 7, 103 0 0 0 40, 986 0 66. 00 66. 00 06600 SPEECH PATHOLOGY 7, 103 0 0 0 0 0 68. 00 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 0 0 0 0 0 72. 00 07200 I MPL. DEV. CHARGED TO PATI ENTS 0 0 0 0 0 0 0 72. 00 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 0 0 0 73. 00 76. 01 03950 D NEGETES/WOUND CARE/COUMADIN CNTR 65, 017 0 0 0 0 0 76. 00 77. 00 07700 ALLOGENEIC HSCT ACQUISITION 0 0 0 0 0 0 0 0 0 0 77. 00 07700 ALLOGENEIC HSCT ACQUISITION 0 0 0 0 0 0 0 0 0 0 88. 01 08801 RURAL HEALTH CLINIC 1 0 0 25, 215 195, 429 0 0 88. 0 90. 00 09000 CLINIC HEADS (NON-DISTINCT PART) 92. 00 92. 00 09200 DRUGSERVATION BEDS (NON-DISTINCT PART) 92. 00		1 1	i i					53.00
58. 00         05800 MRI         10,446         0         0         0         0         58. 00           60. 00         06000 LABORATORY         165,322         0 <t< td=""><td></td><td></td><td>337, 121</td><td>d</td><td></td><td>0</td><td></td><td>54. 00</td></t<>			337, 121	d		0		54. 00
60. 00	57.00	05700 CT SCAN	13, 998	C	) (	0	0	57. 00
63. 00				C	0	0	-	58. 00
65. 00		l l	165, 322	C		0	-	60.00
66. 00		1	102.074			0		
67. 00   06700   OCCUPATIONAL THERAPY   7, 103   0   0   0   0   67. 00   68. 00   06800   SPEECH PATHOLOGY   21, 394   0   0   0   0   0   0   68. 00   071. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENT   0   0   0   0   0   0   0   0   0						40 986		
68. 00		1 1				0		67. 00
71. 00		1 1				Ö		68. 00
73. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   0   73. 00   76. 00   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   0   26, 713   0   0   0   0   0   76. 00   76. 00   76. 00   0   0   0   0   0   0   0   0   0	71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	C	) (	0	0	71. 00
76. 00			0	C	) (	0	0	72. 00
76. 01 03950 DI ABETES/WOUND CARE/COUMADIN CNTR 65, 017 0 0 0 0 76. 02 76. 02 03951 PAIN MANAGEMENT 0 0 0 0 0 0 76. 02 77. 00 07700 ALLOGENEI C HSCT ACQUISITION 0 0 0 0 0 0 77. 00 07700 ALLOGENEI C HSCT ACQUISITION 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		l l	0	C	0	0		73. 00
76. 02			0			0		•
77. 00   07700   ALLOGENEI C HSCT ACQUISITION   0   0   0   0   0   0   77. 00		1 1						
SECOND   SERVICE COST CENTERS   SECOND   SECON			-	}				
88. 01   08801   RURAL HEALTH CLINIC II   0   25, 215   195, 429   0   0   88. 01   90. 00   9000   CLINIC   105, 653   74, 363   53, 459   0   0   90. 00   91. 00   92. 00   09200   0BSERVATI ON   BEDS   (NON-DISTINCT PART   92. 00   09000   080000   080000   08000   08000   08000   08000   08000   08000   080000   080000   080000	77.00				1	,		77.00
90. 00   09000   CLI NI C   105, 653   74, 363   53, 459   0   0   90. 00   91. 00   92. 00   09200   0BSERVATI ON BEDS (NON-DI STI NCT PART   92. 00   090000   090000   090000   090000   090000   090000   090000   090000   090000   090000   090000   090	88. 00		0	C		0	0	88. 00
91. 00   09100   EMERGENCY   341, 738   0   0   0   91. 00   92. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART   92. 00   0920			0				-	88. 01
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART 92. 00					1		-	90.00
		1 1	341, 738	۱	y C	0	0	91.00
OTHER RETWINDORDADEL COOT CENTERS	92.00						I	92.00
95. 00 09500 AMBULANCE SERVICES 70, 909 0 0 0 95. 00	95. 00		70 909	(		) 0	n	95. 00
101. 00 10100 HOME HEALTH AGENCY 0 0 0 4, 089 101. 00			i i		1			
102. 00 10200 OPI 0I D TREATMENT PROGRAM 0 0 0 0 102. 00				1	)	0		
SPECIAL PURPOSE COST CENTERS					1			
113. 00 11300 INTEREST EXPENSE           113. 00	113.00	OF LISON LINIEREST EXPENSE			<u> </u>	<u> </u>		113. 00

			Ť	0 06/30/2023	Date/Time Pre	
Cost Center Description	MAINTENANCE &	MAINTENANCE &	MAINTENANCE &	MAINTENANCE &	MAINTENANCE &	
	REPAI RS	REPAIRS-HSB I	REPAIRS-HSB II	REPAI RS-REHAB	REPAIRS-MAB	
				CLI NI C		
	6. 00	6. 01	6. 02	6. 03	6. 04	
116. 00 11600 HOSPI CE	0	0	0	0		116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	4, 001, 887	147, 649	248, 888	40, 986	8, 178	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	233, 640	0	0	11, 685	192. 00
194. 00 07950 DAY HEALTH	0	34, 367	0	0	0	194. 00
194. 01 07962  OUTREACH	0	2, 506	0	0	0	194. 01
194. 02 07951 OCCUPATI ONAL MEDICINE	0	0	0	0	0	194. 02
194.03 07952 FUND DEVELOPMENT	54, 320	0	0	0	0	194. 03
194. 04 07953 OUTSI DE LAUNDRY	0	0	0	0	0	194. 04
194. 05 07954 PHYSI CLAN SUPPORT	0	0	0	0	0	194. 05
194. 06 07955 HOSPI TALI TY HOUSE	0	0	0	0	0	194. 06
194. 07 07956  HSK DI ALYSI S	0	0	0	0	0	194. 07
194. 08 07957 LEASED SALARI ES	0	0	0	0	3, 505	194. 08
194.09 07958 VISITING PHYSICIANS	0	0	0	0	4, 673	194. 09
194.10 07959 FARM LAND	208, 924	0	0	0	0	194. 10
194. 11 07963 CONVENIENCE CARE CLINIC	0	0	0	0	0	194. 11
194.12 07960 MMG-PHYSICIAN OFFICES	94, 016	12, 294	65, 536	0	0	194. 12
194.13 07961 VALET PARKING SERVICE	0	0	0	0	0	194. 13
194.14 07964 PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194. 14
194. 15 07965 ASSISTED LIVING	15, 669	0	0	0	0	194. 15
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)	4, 374, 816	430, 456	314, 424	40, 986	28, 041	202. 00

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 14-0089

				1	0 06/30/2023	Date/lime Pre 11/29/2023 2:	
	Cost Center Description	MAINTENANCE &		LAUNDRY &	HOUSEKEEPI NG	HOUSEKEEPI NG-H	
		REPAI RS-ORTHO BLDG	REPAI RS-BUSHNE LL	LINEN SERVICE		SB	
		6. 05	6. 06	8.00	9. 00	9. 01	
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 CAP REL COSTS HSP I						1. 01
1. 02 1. 03	O0102 CAP REL COSTS-HSB   O0103 CAP REL COSTS-HSB   I						1. 02 1. 03
1. 03	00104 CAP REL COSTS-REHAB CNT						1. 03
1. 05	00105 CAP REL COSTS-DIAYSIS						1. 05
1.06	00106 CAP REL COSTS-HOSPITALITY HOUSE						1. 06
1.07	00107 CAP REL COSTS-MAB						1. 07
1. 08 1. 09	OO108 CAP REL COSTS-ORTHO BLDG   OO109 CAP REL COSTS-CONVENIENCE CARE CLIN						1. 08 1. 09
1. 10	00110 CAP REL COSTS-BUSHNELL OFFICE BLDG						1. 10
4. 00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5.00	00500 ADMINISTRATIVE & GENERAL						5. 00
6.00	00600 MAINTENANCE & REPAIRS						6.00
6. 01 6. 02	OO601   MAINTENANCE & REPAIRS-HSB   OO602   MAINTENANCE & REPAIRS-HSB						6. 01 6. 02
6. 03	00603 MAINTENANCE & REPAIRS-REHAB CLINIC						6. 03
6. 04	00604 MAINTENANCE & REPAIRS-MAB						6. 04
6.05	00605 MAINTENANCE & REPAIRS-ORTHO BLDG	14, 991					6. 05
6.06	00606 MAI NTENANCE & REPAI RS-BUSHNELL	0	35, 811				6. 06
8.00	00800 LAUNDRY & LINEN SERVICE	0	0				8.00
9. 00 9. 01	00900  HOUSEKEEPI NG  00901  HOUSEKEEPI NG-HSB		0	0	1, 024, 705 0	243, 931	9. 00 9. 01
9. 02	00902 HOUSEKEEPING-HSB II	O	0	Ö	0	0	9. 02
9. 03	00903 HOUSEKEEPI NG-ORTHO	o	0	0	0	0	9. 03
9.04	00904 HOUSEKEEPI NG-MAB	0	0	0	0	0	9. 04
10.00	01000 DI ETARY	0	0	0	95, 036	0	10.00
11. 00 13. 00	O1100   CAFETERIA   O1300   NURSI NG ADMINI STRATI ON	0	0	0	0	0	11. 00 13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY		0	20, 396	40, 083	0	14. 00
15. 00	01500 PHARMACY	l o	0		9, 051	Ö	15. 00
16.00	01600 MEDICAL RECORDS & LIBRARY	o	0	0	4, 526	0	16. 00
17. 00	01700 SOCIAL SERVICE	0	0		647	0	17. 00
19. 00	01900 NONPHYSICIAN ANESTHETISTS INPATIENT ROUTINE SERVICE COST CENTERS	l 0	0	0	0	0	19. 00
30. 00	03000 ADULTS & PEDIATRICS	0	0	90, 194	215, 928	0	30. 00
31.00	03100 INTENSIVE CARE UNIT	o	0	31, 341	27, 153	0	31. 00
40.00	04000 SUBPROVI DER - I PF	0	0		0	0	40.00
43. 00	04300   NURSERY     ANCI LLARY SERVI CE COST CENTERS	0	0	0	0	0	43. 00
50. 00	05000 OPERATING ROOM	l ol	0	73, 976	129, 947	12, 103	50. 00
51. 00	05100 RECOVERY ROOM	o	0		18, 102	0	51.00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52. 00
53.00	05300 ANESTHESI OLOGY	0	0	0	0	0	53. 00
54. 00 57. 00	05400   RADI OLOGY-DI AGNOSTI C   05700   CT SCAN	0	0			0	
58. 00	05800 MRI		0	5, 358		0	
60.00	06000 LABORATORY	o	0	1, 779		0	60.00
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63. 00
65. 00	06500 RESPI RATORY THERAPY	0	0	.,		0	65. 00
66. 00 67. 00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY		8, 055 0	27, 050 0	43, 962 0	0	66. 00 67. 00
68. 00	06800 SPEECH PATHOLOGY		0			0	68. 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 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	15 120	73.00
76. 00 76. 01	03950 DI ABETES/WOUND CARE/COUMADI N CNTR	0	0	0 2, 822	3, 233 1, 293		76. 00 76. 01
76. 01	03951 PAIN MANAGEMENT		0	2, 022	1, 273	0	76. 01
77. 00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77. 00
	OUTPATIENT SERVICE COST CENTERS						
88. 00	08800 RURAL HEALTH CLINIC	0	27, 756			14 200	
88. 01 90. 00	O8801   RURAL HEALTH CLINIC II   O9000   CLINIC		0		1, 293 57, 539		
91.00	09100 EMERGENCY		0			42, 140	
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART				. 32, 272		92. 00
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0			l	95. 00
	10100 HOME HEALTH AGENCY  10200 OPIOID TREATMENT PROGRAM	0	0			•	101. 00 102. 00
102.00	SPECIAL PURPOSE COST CENTERS	<u> </u>	0			·	102.00
113.00	11300 I NTEREST EXPENSE						113. 00
		,					

			To	06/30/2023	Date/Time Pre 11/29/2023 2:	
Cost Center Description	MAINTENANCE &	MAINTENANCE &	LAUNDRY &	HOUSEKEEPI NG	HOUSEKEEPI NG-H	
oost outter boson per on		REPAIRS-BUSHNE		HOUSEREELLING	SB	
	BLDG	LL				
	6. 05	6. 06	8. 00	9. 00	9. 01	
116. 00 11600 HOSPI CE	0	0	958	7, 758	0	116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	35, 811	416, 618	974, 924	83, 670	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	132, 399	192. 00
194.00 07950 DAY HEALTH	0	0	0	0	19, 475	194. 00
194. 01 07962 OUTREACH	0	0	0	1, 293	1, 420	194. 01
194. 02 07951 OCCUPATI ONAL MEDICINE	0	0	0	0	0	194. 02
194.03 07952 FUND DEVELOPMENT	0	0	0	14, 223	0	194. 03
194. 04 07953 OUTSI DE LAUNDRY	0	0	0	0		194. 04
194. 05 07954 PHYSI CI AN SUPPORT	0	0	0	12, 930	0	194. 05
194. 06 07955 HOSPI TALI TY HOUSE	0	0	0	0	0	194. 06
194. 07 07956 HSK DI ALYSI S	0	0	0	0	0	194. 07
194. 08 07957 LEASED SALARI ES	0	0	0	0	0	194. 08
194.09 07958 VISITING PHYSICIANS	0	0	0	0		194. 09
194.10 07959 FARM LAND	0	0	0	0		194. 10
194. 11 07963 CONVENI ENCE CARE CLI NI C	0	0	0	0		194. 11
194.12 07960 MMG-PHYSICIAN OFFICES	14, 991	0	137	21, 335		194. 12
194.13 07961 VALET PARKING SERVICE	0	0	0	0		194. 13
194.14 07964 PAIN MANAGEMENT JOINT VENTURE	0	0	0	0		194. 14
194. 15 07965 ASSISTED LIVING	0	0	0	0	0	194. 15
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0	0	0		201. 00
202.00   TOTAL (sum lines 118 through 201)	14, 991	35, 811	416, 755	1, 024, 705	243, 931	202. 00

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 07/01/2022 Part I
To 06/30/2023 Date/Time Prepared:
11/29/2023 2:49 pm Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 14-0089

				'	0 06/30/2023	11/29/2023 2:	
	Cost Center Description	HOUSEKEEPI NG-H			DI ETARY	CAFETERI A	
		SB 11 9. 02	9. 03	AB 9. 04	10.00	11. 00	
	GENERAL SERVICE COST CENTERS	7.02	7.03	7. 04	10.00	11.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
1. 01	00101 CAP REL COSTS-HOSPI TAL						1. 01
1.02	00102 CAP REL COSTS-HSB I						1.02
1. 03 1. 04	00103 CAP REL COSTS-HSB I I 00104 CAP REL COSTS-REHAB CNT						1. 03 1. 04
1.04	00104 CAP REL COSTS-REHAB CNT						1.04
1. 06	00106 CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107 CAP REL COSTS-MAB						1. 07
1.08	00108 CAP REL COSTS-ORTHO BLDG						1. 08
1. 09	00109 CAP REL COSTS-CONVENIENCE CARE CLIN						1. 09
1. 10	00110 CAP REL COSTS-BUSHNELL OFFICE BLDG						1. 10
4. 00 5. 00	00500 ADMINISTRATIVE & GENERAL						4. 00 5. 00
6. 00	00600 MAINTENANCE & REPAIRS						6.00
6. 01	00601 MAI NTENANCE & REPAIRS-HSB I						6. 01
6.02	00602 MAINTENANCE & REPAIRS-HSB II						6. 02
6. 03	00603 MAINTENANCE & REPAIRS-REHAB CLINIC						6. 03
6. 04	00604 MAINTENANCE & REPAIRS-MAB						6. 04
6. 05 6. 06	00605 MAI NTENANCE & REPAI RS-ORTHO BLDG 00606 MAI NTENANCE & REPAI RS-BUSHNELL	-					6. 05 6. 06
8. 00	00800 LAUNDRY & LINEN SERVICE						8.00
9. 00	00900 HOUSEKEEPI NG						9. 00
9. 01	00901 HOUSEKEEPI NG-HSB						9. 01
9. 02	00902 HOUSEKEEPING-HSB II	173, 044					9. 02
9. 03	00903 HOUSEKEEPI NG-ORTHO	0	15, 395	1			9. 03
9. 04 10. 00	00904 HOUSEKEEPI NG-MAB 01000 DI ETARY	0	0	0	555, 081		9. 04 10. 00
11. 00	01100 CAFETERI A	0	0		333, 061	1, 179, 428	1
13. 00	01300 NURSI NG ADMI NI STRATI ON	o	0	Ö	0	14, 625	
14.00	01400 CENTRAL SERVICES & SUPPLY	0	0	0	0	28, 796	14. 00
15. 00	01500 PHARMACY	0	0	0	0	31, 183	
16.00		0	0	0	0	34, 972	
17. 00 19. 00		0	0		0	17, 429 9, 094	17. 00 19. 00
19.00	I NPATIENT ROUTINE SERVICE COST CENTERS	J O	0	0	<u> </u>	7, 074	19.00
30. 00		0	0	0	429, 721	115, 791	30. 00
31.00	03100 INTENSIVE CARE UNIT	0	0	0	125, 360	38, 003	31.00
40. 00	04000 SUBPROVI DER - I PF	0	0		0	0	40. 00
43. 00		0	0	0	0	16, 596	43. 00
50. 00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM	0	0	0	ol	55, 963	50.00
51. 00	+ I	o	0	Ö	o	26, 561	
52.00	1 I	0	0	0	О	17, 088	
53.00	· · · · · · · · · · · · · · · · · · ·	0	0	0	0	0	53. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0	0	0	58, 198	54.00
57. 00 58. 00	1 1	0	0	0	-	5, 418 0	1
60.00	1 1	0	0	0	0	114, 843	
63. 00	1 1	0	0	Ö	o	0	63.00
65.00		0	0	0	0	41, 603	65. 00
66. 00		0	0	0	0	71, 573	
67. 00	· · · · · · · · · · · · · · · · · · ·	0	0	0	0	5, 380	1
68. 00	1	0	0	0	0	6, 896	
71. 00 72. 00			0		0	0	71. 00 72. 00
73. 00		0	0	Ö	0	0	73. 00
76.00		0	0	0	0	41, 830	76. 00
76. 01	03950 DI ABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	16, 785	
76. 02		0	0	0	0	0	76. 02
77. 00	07700 ALLOGENEIC HSCT ACQUISITION OUTPATIENT SERVICE COST CENTERS	0	0	0	0	0	77. 00
88. 00		l ol	0	0	ol	0	88. 00
88. 01	· · · · · · · · · · · · · · · · · · ·	107, 555	0	0	ol O	143, 757	88. 01
90.00		29, 421	Ö	Ö	o	65, 852	90.00
91. 00	· · · · · · · · · · · · · · · · · · ·	0	0	0	О	73, 354	
92. 00	`						92. 00
05.00	OTHER REIMBURSABLE COST CENTERS		^	_		/ 701	05.00
	09500  AMBULANCE SERVICES   10100  HOME HEALTH AGENCY	0	0	0	0	6, 706 72, 672	95. 00 101. 00
	0 10200 OPLOLD TREATMENT PROGRAM		0		0		101.00
	SPECIAL PURPOSE COST CENTERS				<u> </u>		
	11300 I NTEREST EXPENSE						113. 00
116. 00	0 11600 HOSPI CE	0	0	0	0	17, 164	116. 00

			10	06/30/2023	11/29/2023 2:49 pm
Cost Center Description	HOUSEKEEPI NG-HH	IOUSEKEEPI NG-O	HOUSEKEEPI NG-M	DI ETARY	CAFETERI A
	SB II	RTH0	AB		
	9. 02	9. 03	9. 04	10.00	11. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	136, 976	0	0	555, 081	1, 148, 132 118. 00
NONREI MBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192. 00
194. 00 07950  DAY HEALTH	0	0	0	0	0 194. 00
194. 01 07962 0UTREACH	0	0	0	0	3, 789 194. 01
194. 02 07951 OCCUPATI ONAL MEDICINE	0	0	0	0	0 194. 02
194.03 07952 FUND DEVELOPMENT	0	0	0	0	8, 866 194. 03
194. 04 07953 OUTSI DE LAUNDRY	0	0	0	0	0 194. 04
194. 05 07954 PHYSI CI AN SUPPORT	0	0	0	0	0 194. 05
194. 06 07955 HOSPI TALI TY HOUSE	0	0	0	0	0 194. 06
194. 07 07956 HSK_DLALYSLS	0	0	0	0	0   194. 07
194. 08 07957  LEASED SALARI ES	0	0	0	0	0 194. 08
194.09 07958 VISITING PHYSICIANS	0	0	0	0	3, 827 194. 09
194.10 07959 FARM LAND	0	0	0	0	0 194. 10
194. 11 07963 CONVENIENCE CARE CLINIC	0	0	0	0	0   194. 11
194.12 07960 MMG-PHYSICIAN OFFICES	36, 068	15, 395	0	0	0 194. 12
194. 13 07961 VALET PARKING SERVICE	0	0	0	0	7, 729 194. 13
194.14 07964 PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0 194. 14
194. 15 07965 ASSISTED LIVING	0	0	0	0	7, 085 194. 15
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)	173, 044	15, 395	0	555, 081	1, 179, 428 202. 00

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 07/01/2022 Part I
To 06/30/2023 Date/Time Prepared:
11/29/2023 2:49 pm

				06/30/2023	11/29/2023 2:	
Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE	
	ADMI NI STRATI ON	SERVICES & SUPPLY		RECORDS & LI BRARY		
	13. 00	14. 00	15. 00	16. 00	17. 00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01   00101   CAP REL   COSTS-HOSPITAL 1.02   00102   CAP REL   COSTS-HSB   I						1. 01
1. 03   00103   CAP REL   COSTS-HSB   I						1. 02 1. 03
1. 04   00104 CAP REL COSTS-REHAB CNT						1. 03
1. 05 00105 CAP REL COSTS-DI AYSI S						1. 05
1. 06   00106   CAP   REL   COSTS-HOSPI TALI TY HOUSE						1. 06
1.07 O0107 CAP REL COSTS-MAB						1. 07
1.08   00108 CAP REL COSTS-ORTHO BLDG						1. 08
1.09   00109   CAP REL COSTS-CONVENIENCE CARE CLIN						1. 09
1. 10 00110 CAP REL COSTS-BUSHNELL OFFICE BLDG						1. 10
4. 00   00400   EMPLOYEE BENEFITS DEPARTMENT						4. 00
5.00   00500   ADMI NI STRATI VE & GENERAL 6.00   00600   MAI NTENANCE & REPAI RS						5. 00 6. 00
6. 01   00600 MAINTENANCE & REPAIRS						6. 01
6. 02 00602 MAINTENANCE & REPAIRS-HSB II						6. 02
6.03 00603 MAINTENANCE & REPAIRS-REHAB CLINIC						6. 03
6. 04   00604 MAINTENANCE & REPAIRS-MAB						6. 04
6.05   00605 MAINTENANCE & REPAIRS-ORTHO BLDG						6. 05
6. 06   00606   MAI NTENANCE & REPAI RS-BUSHNELL						6. 06
8. 00   00800   LAUNDRY & LINEN SERVICE						8. 00
9. 00   00900  HOUSEKEEPI NG						9. 00
9. 01   00901   HOUSEKEEPI NG-HSB 9. 02   00902   HOUSEKEEPI NG-HSB   I						9. 01 9. 02
9. 03   00903   HOUSEKEEPI NG-ORTHO						9. 02
9. 04   00904   HOUSEKEEPI NG-MAB						9. 04
10. 00   01000   DI ETARY						10. 00
11. 00   01100   CAFETERI A						11. 00
13.00 01300 NURSING ADMINISTRATION	760, 581					13.00
14.00  01400   CENTRAL SERVICES & SUPPLY	0	1, 205, 454				14.00
15. 00   01500   PHARMACY	0	3, 837	4, 628, 383			15. 00
16. 00   01600   MEDI CAL RECORDS & LI BRARY	0	2, 040	0	1, 052, 399	l	16.00
17. 00   01700   SOCI AL SERVI CE 19. 00   01900   NONPHYSI CI AN ANESTHETI STS	0	761 0	0	0		17. 00 19. 00
19. 00 01900 NONPHYSICIAN ANESTHETISTS INPATIENT ROUTINE SERVICE COST CENTERS	<u> </u>	U	U	0	0	19.00
30. 00 03000 ADULTS & PEDI ATRI CS	284, 722	43, 095	0	585, 683	603, 301	30. 00
31.00 03100 INTENSIVE CARE UNIT	0	10, 180	0	0	132, 184	31. 00
40. 00   04000   SUBPROVI DER - I PF	0	0	0	0		40. 00
43. 00 04300 NURSERY	229, 264	0	0	0	0	43. 00
ANCI LLARY SERVI CE COST CENTERS  50. 00 OPERATI NG ROOM	O	84, 585	0	0	0	50. 00
51. 00   05100   RECOVERY ROOM		7, 381	0	0	· ·	
52. 00 05200 DELIVERY ROOM & LABOR ROOM	239, 167	0		0		51 00
53. 00 05300 ANESTHESI OLOGY			0	U	Ö	51. 00 52. 00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	0	6, 760	0	0		
	0	6, 760 15, 030	0	0	0	52. 00
57. 00  05700 CT SCAN		6, 760	0	0 0 0	0 0	52. 00 53. 00 54. 00 57. 00
58. 00   05800   MRI	0	6, 760 15, 030 449 3	0 0 0	0 0 0	0 0 0 0	52. 00 53. 00 54. 00 57. 00 58. 00
58. 00   05800   MRI 60. 00   06000   LABORATORY	0	6, 760 15, 030 449 3 368, 428	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0	52. 00 53. 00 54. 00 57. 00 58. 00 60. 00
58. 00   05800   MRI 60. 00   06000   LABORATORY 63. 00   06300   BLOOD STORING, PROCESSING & TRANS.	0	6, 760 15, 030 449 3 368, 428 10, 715	0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	52. 00 53. 00 54. 00 57. 00 58. 00 60. 00 63. 00
58. 00   05800   MRI 60. 00   06000   LABORATORY 63. 00   06300   BLOOD STORING, PROCESSING & TRANS. 65. 00   06500   RESPIRATORY THERAPY	0	6, 760 15, 030 449 3 368, 428 10, 715 10, 923	0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	52. 00 53. 00 54. 00 57. 00 58. 00 60. 00 63. 00 65. 00
58. 00   05800   MRI   60. 00   06000   LABORATORY   63. 00   06300   BLOOD STORING, PROCESSING & TRANS.   65. 00   06500   RESPIRATORY THERAPY   66. 00   06600   PHYSICAL THERAPY	0	6, 760 15, 030 449 3 368, 428 10, 715 10, 923 5, 866	0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0	52. 00 53. 00 54. 00 57. 00 58. 00 60. 00 63. 00 65. 00 66. 00
58. 00   05800   MRI 60. 00   06000   LABORATORY 63. 00   06300   BLOOD STORING, PROCESSING & TRANS. 65. 00   06500   RESPIRATORY THERAPY	0	6, 760 15, 030 449 3 368, 428 10, 715 10, 923	0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0	52. 00 53. 00 54. 00 57. 00 58. 00 60. 00 63. 00 65. 00
58. 00   05800   MRI   60. 00   06000   LABORATORY   63. 00   06300   BLOOD STORING, PROCESSING & TRANS.   65. 00   06500   RESPIRATORY THERAPY   66. 00   06600   PHYSICAL THERAPY   67. 00   06700   OCCUPATIONAL THERAPY	0	6, 760 15, 030 449 3 368, 428 10, 715 10, 923 5, 866 439	0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	52. 00 53. 00 54. 00 57. 00 58. 00 60. 00 63. 00 65. 00 66. 00 67. 00
58. 00   05800   MRI   60. 00   06000   LABORATORY   63. 00   06300   BLOOD STORING, PROCESSING & TRANS.   65. 00   06500   RESPIRATORY THERAPY   66. 00   06600   PHYSICAL THERAPY   67. 00   06700   OCCUPATIONAL THERAPY   68. 00   06800   SPEECH PATHOLOGY   71. 00   07100   MEDICAL SUPPLIES CHARGED TO PATIENT   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS	0	6, 760 15, 030 449 3 368, 428 10, 715 10, 923 5, 866 439 118 269, 279 147, 760	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	52. 00 53. 00 54. 00 57. 00 58. 00 60. 00 63. 00 66. 00 67. 00 68. 00 71. 00 72. 00
58. 00   05800   MRI   60. 00   06000   LABORATORY   63. 00   06300   BLOOD   STORING, PROCESSING & TRANS.   65. 00   06500   RESPIRATORY   THERAPY   66. 00   06600   PHYSICAL   THERAPY   67. 00   06700   OCCUPATIONAL   THERAPY   68. 00   06800   SPEECH   PATHOLOGY   71. 00   07100   MEDICAL   SUPPLIES   CHARGED   TO   PATIENT   72. 00   07200   TMPL.   DEV.   CHARGED   TO   PATIENTS   73. 00   07300   DRUGS   CHARGED   TO   PATIENTS	0	6, 760 15, 030 449 3 368, 428 10, 715 10, 923 5, 866 439 118 269, 279 147, 760 81, 520	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	52. 00 53. 00 54. 00 57. 00 58. 00 60. 00 63. 00 66. 00 66. 00 67. 00 68. 00 71. 00 72. 00 73. 00
58. 00   05800   MRI   60. 00   06000   LABORATORY   63. 00   06300   BLOOD   STORING, PROCESSING & TRANS.   65. 00   06500   RESPIRATORY   THERAPY   66. 00   06600   PHYSICAL   THERAPY   67. 00   06700   OCCUPATIONAL   THERAPY   68. 00   06800   SPEECH   PATHOLOGY   71. 00   07100   MEDICAL   SUPPLIES   CHARGED   TO   PATIENT   72. 00   07200   IMPL.   DEV.   CHARGED   TO   PATIENTS   73. 00   07300   DRUGS   CHARGED   TO   PATIENTS   76. 00   03550   PSYCHIATRIC/PSYCHOLOGICAL   SERVICES	0	6, 760 15, 030 449 3 368, 428 10, 715 10, 923 5, 866 439 118 269, 279 147, 760 81, 520 1, 136	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	52. 00 53. 00 54. 00 57. 00 58. 00 60. 00 65. 00 66. 00 67. 00 68. 00 71. 00 72. 00 73. 00 76. 00
58. 00   05800   MRI   60. 00   06000   LABORATORY   63. 00   06300   BLOOD STORING, PROCESSING & TRANS.   65. 00   06500   RESPIRATORY   THERAPY   66. 00   06600   PHYSICAL   THERAPY   67. 00   06700   OCCUPATIONAL   THERAPY   68. 00   06800   SPEECH   PATHOLOGY   71. 00   07100   MEDICAL   SUPPLIES   CHARGED   TO   PATIENT   72. 00   07200   IMPL   DEV.   CHARGED   TO   PATIENTS   73. 00   07300   DRUGS   CHARGED   TO   PATIENTS   76. 00   03550   PSYCHIATRIC/PSYCHOLOGICAL   SERVICES   76. 01   03950   DIABETES/WOUND   CARE/COUMADIN   CNTR	0 0 0 0 0 0 0 0 0	6, 760 15, 030 449 3 368, 428 10, 715 10, 923 5, 866 439 118 269, 279 147, 760 81, 520	0 0 0 0 0 0 0 0 0 4, 628, 383 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	52. 00 53. 00 54. 00 57. 00 58. 00 60. 00 65. 00 66. 00 67. 00 68. 00 71. 00 72. 00 73. 00 76. 01
58. 00   05800   MRI   60. 00   06000   LABORATORY   63. 00   06300   BLOOD STORING, PROCESSING & TRANS.   65. 00   06500   RESPIRATORY THERAPY   66. 00   06600   PHYSICAL THERAPY   67. 00   06700   0CCUPATIONAL THERAPY   68. 00   06800   SPEECH PATHOLOGY   71. 00   07100   MEDICAL SUPPLIES CHARGED TO PATIENT   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   73. 00   07300   DRUGS CHARGED TO PATIENTS   76. 01   03950   PSYCHIATRIC/PSYCHOLOGICAL SERVICES   76. 01   03950   DIABETES/WOUND CARE/COUMADIN CNTR   76. 02   03951   PAIN MANAGEMENT	0 0 0 0 0 0 0 0 0	6, 760 15, 030 449 3 368, 428 10, 715 10, 923 5, 866 439 118 269, 279 147, 760 81, 520 1, 136	0 0 0 0 0 0 0 0 0 4, 628, 383 0	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	52. 00 53. 00 54. 00 57. 00 58. 00 60. 00 63. 00 66. 00 67. 00 68. 00 71. 00 72. 00 73. 00 76. 01 76. 02
58. 00   05800   MRI   60. 00   06000   LABORATORY   63. 00   06300   BLOOD STORING, PROCESSING & TRANS.   65. 00   06500   RESPIRATORY THERAPY   66. 00   06600   PHYSICAL THERAPY   67. 00   06700   OCCUPATIONAL THERAPY   68. 00   06800   SPEECH PATHOLOGY   71. 00   07100   MEDICAL SUPPLIES CHARGED TO PATIENT   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   73. 00   07300   DRUGS CHARGED TO PATIENTS   76. 00   03550   PSYCHIATRIC/PSYCHOLOGICAL SERVICES   76. 01   03950   DIABETES/WOUND CARE/COUMADIN CNTR   76. 02   03951   PAIN MANAGEMENT   77. 00   07700   ALLOGENEIC HSCT ACQUISITION	0 0 0 0 0 0 0 0 0	6, 760 15, 030 449 3 368, 428 10, 715 10, 923 5, 866 439 118 269, 279 147, 760 81, 520 1, 136	0 0 0 0 0 0 0 0 0 4, 628, 383 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	52. 00 53. 00 54. 00 57. 00 58. 00 60. 00 65. 00 66. 00 67. 00 68. 00 71. 00 72. 00 73. 00 76. 01
58. 00   05800   MRI   60. 00   06000   LABORATORY   63. 00   06300   BLOOD STORING, PROCESSING & TRANS.   65. 00   06500   RESPIRATORY THERAPY   66. 00   06600   PHYSICAL THERAPY   67. 00   06700   0CCUPATIONAL THERAPY   68. 00   06800   SPEECH PATHOLOGY   71. 00   07100   MEDICAL SUPPLIES CHARGED TO PATIENT   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   73. 00   07300   DRUGS CHARGED TO PATIENTS   76. 00   03550   PSYCHIATRIC/PSYCHOLOGICAL SERVICES   76. 01   03950   DIABETES/WOUND CARE/COUMADIN CNTR   76. 02   03951   PAIN MANAGEMENT	0 0 0 0 0 0 0 0 0	6, 760 15, 030 449 3 368, 428 10, 715 10, 923 5, 866 439 118 269, 279 147, 760 81, 520 1, 136	0 0 0 0 0 0 0 0 0 4, 628, 383 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	52. 00 53. 00 54. 00 57. 00 58. 00 60. 00 63. 00 66. 00 67. 00 68. 00 71. 00 72. 00 73. 00 76. 01 76. 02
58. 00   05800   MRI   60. 00   06000   LABORATORY   63. 00   06300   BLOOD STORING, PROCESSING & TRANS.   65. 00   06500   RESPIRATORY THERAPY   66. 00   06600   PHYSICAL THERAPY   67. 00   06700   OCCUPATIONAL THERAPY   68. 00   06800   SPEECH PATHOLOGY   71. 00   07100   MEDICAL SUPPLIES CHARGED TO PATIENT   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   73. 00   07300   DRUGS CHARGED TO PATIENTS   76. 00   03550   PSYCHIATRIC/PSYCHOLOGICAL SERVICES   76. 01   03950   DIABETES/WOUND CARE/COUMADIN CNTR   76. 02   03951   PAIN MANAGEMENT   77. 00   O7700   ALLOGENEIC HSCT ACQUISITION   0UTPATIENT SERVICE COST CENTERS   88. 00   08800   RURAL HEALTH CLINIC   II	0 0 0 0 0 0 0 0 0	6, 760 15, 030 449 3 368, 428 10, 715 10, 923 5, 866 439 118 269, 279 147, 760 81, 520 1, 136 2, 603 0	0 0 0 0 0 0 0 0 0 0 4, 628, 383 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0	52. 00 53. 00 54. 00 57. 00 58. 00 60. 00 65. 00 66. 00 67. 00 68. 00 71. 00 72. 00 73. 00 76. 01 76. 02 77. 00 88. 00 88. 01
58. 00   05800   MRI   60. 00   06000   LABORATORY   63. 00   06300   BLOOD STORING, PROCESSING & TRANS.   65. 00   06500   RESPIRATORY THERAPY   66. 00   06600   PHYSICAL THERAPY   67. 00   06700   0CCUPATIONAL THERAPY   68. 00   06800   SPEECH PATHOLOGY   71. 00   07100   MEDICAL SUPPLIES CHARGED TO PATIENT   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   73. 00   07300   DRUGS CHARGED TO PATIENTS   76. 00   03550   PSYCHIATRIC/PSYCHOLOGICAL SERVICES   76. 01   03950   DIABETES/WOUND CARE/COUMADIN CNTR   76. 02   03951   PAIN MANAGEMENT   77. 00   07700   ALLOGENEIC HSCT ACQUISITION   0UTPATIENT SERVICE COST CENTERS   88. 00   08800   RURAL HEALTH CLINIC   89. 01   08801   RURAL HEALTH CLINIC   90. 00   09000   CLINIC	0 0 0 0 0 0 0 0 0 0 0 0 0	6, 760 15, 030 449 3 368, 428 10, 715 10, 923 5, 866 439 118 269, 279 147, 760 81, 520 1, 136 2, 603 0 0	0 0 0 0 0 0 0 0 0 4, 628, 383 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	52. 00 53. 00 54. 00 57. 00 58. 00 60. 00 65. 00 66. 00 67. 00 68. 00 71. 00 72. 00 73. 00 76. 01 76. 02 77. 00 88. 01 90. 00
58. 00	0 0 0 0 0 0 0 0 0	6, 760 15, 030 449 3 368, 428 10, 715 10, 923 5, 866 439 118 269, 279 147, 760 81, 520 1, 136 2, 603 0	0 0 0 0 0 0 0 0 0 0 4, 628, 383 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	52. 00 53. 00 54. 00 57. 00 58. 00 60. 00 65. 00 66. 00 67. 00 68. 00 71. 00 72. 00 76. 01 76. 02 77. 00 88. 00 88. 01 90. 00 91. 00
58. 00   05800   MRI   60. 00   06000   LABORATORY   63. 00   06300   BLOOD STORING, PROCESSING & TRANS.   65. 00   06500   RESPIRATORY THERAPY   66. 00   06600   PHYSICAL THERAPY   67. 00   06700   OCCUPATIONAL THERAPY   68. 00   06800   SPEECH PATHOLOGY   71. 00   07100   MEDICAL SUPPLIES CHARGED TO PATIENT   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   73. 00   07300   DRUGS CHARGED TO PATIENTS   76. 00   03550   PSYCHIATRIC/PSYCHOLOGICAL SERVICES   76. 01   03950   DIABETES/WOUND CARE/COUMADIN CNTR   76. 02   03951   PAIN MANAGEMENT   77. 00   07700   ALLOGENEIC HSCT ACQUISITION   0UTPATIENT SERVICE COST CENTERS   88. 00   08800   RURAL HEALTH CLINIC   89. 00   09000   CLINIC   91. 00   09100   EMERGENCY   92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART	0 0 0 0 0 0 0 0 0 0 0 0 0	6, 760 15, 030 449 3 368, 428 10, 715 10, 923 5, 866 439 118 269, 279 147, 760 81, 520 1, 136 2, 603 0 0	0 0 0 0 0 0 0 0 0 4, 628, 383 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	52. 00 53. 00 54. 00 57. 00 58. 00 60. 00 65. 00 66. 00 67. 00 68. 00 71. 00 72. 00 73. 00 76. 01 76. 02 77. 00 88. 01 90. 00
58. 00   05800   MRI   60. 00   06000   LABORATORY   63. 00   06300   BLOOD STORING, PROCESSING & TRANS.   65. 00   06500   RESPIRATORY THERAPY   66. 00   06600   PHYSICAL THERAPY   67. 00   06700   OCCUPATIONAL THERAPY   68. 00   06800   SPEECH PATHOLOGY   71. 00   07100   MEDICAL SUPPLIES CHARGED TO PATIENT   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   73. 00   07300   DRUGS CHARGED TO PATIENTS   76. 00   03550   PSYCHIATRIC/PSYCHOLOGICAL SERVICES   76. 01   03950   DIABETES/WOUND CARE/COUMADIN CNTR   76. 02   03951   PAIN MANAGEMENT   77. 00   07700   ALLOGENEIC HSCT ACQUISITION   0UTPATIENT SERVICE COST CENTERS   88. 01   08800   RURAL HEALTH CLINIC   88. 01   08801   RURAL HEALTH CLINIC   90. 00   09000   CLINIC   91. 00   09100   EMERGENCY   92. 00   07100   EMERGENCY   07100   OTHER REIMBURSABLE COST CENTERS	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6, 760 15, 030 449 3 368, 428 10, 715 10, 923 5, 866 439 118 269, 279 147, 760 81, 520 1, 136 2, 603 0 0	0 0 0 0 0 0 0 0 0 4, 628, 383 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	52. 00 53. 00 54. 00 57. 00 58. 00 60. 00 65. 00 66. 00 67. 00 68. 00 71. 00 73. 00 76. 00 76. 01 76. 02 77. 00 88. 01 90. 00 91. 00 92. 00
58. 00   05800   MRI   60. 00   06000   LABORATORY   63. 00   06300   BLOOD STORING, PROCESSING & TRANS.   65. 00   06500   RESPIRATORY THERAPY   66. 00   06600   PHYSICAL THERAPY   67. 00   06700   OCCUPATIONAL THERAPY   68. 00   06800   SPEECH PATHOLOGY   71. 00   07100   MEDICAL SUPPLIES CHARGED TO PATIENT   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   73. 00   07300   DRUGS CHARGED TO PATIENTS   74. 00   03550   PSYCHIATRIC/PSYCHOLOGICAL SERVICES   76. 01   03950   DIABETES/WOUND CARE/COUMADIN CNTR   76. 02   03951   PAIN MANAGEMENT   77. 00   07700   ALLOGENEIC HSCT ACQUISITION   0UTPATIENT SERVICE COST CENTERS   88. 00   08800   RURAL HEALTH CLINIC   88. 01   08801   RURAL HEALTH CLINIC   90. 00   09000   CLINIC   91. 00   09100   EMERGENCY   92. 00   09500   AMBULANCE SERVICES   95. 00   09500   AMBULANCE SERVICES	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6, 760 15, 030 449 3 368, 428 10, 715 10, 923 5, 866 439 118 269, 279 147, 760 81, 520 1, 136 2, 603 0 0 2, 716 33, 993 23, 290 56, 216	0 0 0 0 0 0 0 0 0 4, 628, 383 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	52. 00 53. 00 54. 00 57. 00 58. 00 60. 00 65. 00 66. 00 67. 00 68. 00 71. 00 73. 00 76. 01 76. 01 76. 02 77. 00 88. 01 90. 00 91. 00 92. 00
58. 00   05800   MRI   60. 00   06000   LABORATORY   63. 00   06300   BLOOD STORING, PROCESSING & TRANS.   65. 00   06500   RESPIRATORY THERAPY   66. 00   06600   PHYSICAL THERAPY   67. 00   06700   OCCUPATIONAL THERAPY   68. 00   06800   SPEECH PATHOLOGY   71. 00   07100   MEDICAL SUPPLIES CHARGED TO PATIENT   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   73. 00   07300   DRUGS CHARGED TO PATIENTS   76. 00   03550   PSYCHIATRIC/PSYCHOLOGICAL SERVICES   76. 01   03950   DIABETES/WOUND CARE/COUMADIN CNTR   76. 02   03951   PAIN MANAGEMENT   77. 00   07700   ALLOGENEIC HSCT ACQUISITION   0UTPATIENT SERVICE COST CENTERS   88. 00   08800   RURAL HEALTH CLINIC   88. 01   08801   RURAL HEALTH CLINIC   90. 00   09000   CLINIC   91. 00   09100   EMERGENCY   92. 00   09500   AMBULANCE SERVICES   101. 00   10100   HOME HEALTH AGENCY	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6, 760 15, 030 449 3 368, 428 10, 715 10, 923 5, 866 439 118 269, 279 147, 760 81, 520 1, 136 2, 603 0 0	0 0 0 0 0 0 0 0 0 4, 628, 383 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	52. 00 53. 00 54. 00 57. 00 58. 00 60. 00 65. 00 66. 00 67. 00 68. 00 71. 00 72. 00 73. 00 76. 01 76. 02 77. 00 88. 01 90. 00 91. 00 92. 00
58. 00   05800   MRI   60. 00   06000   LABORATORY   63. 00   06300   BLOOD STORING, PROCESSING & TRANS.   65. 00   06500   RESPIRATORY THERAPY   66. 00   06600   PHYSICAL THERAPY   67. 00   06700   OCCUPATIONAL THERAPY   68. 00   06800   SPEECH PATHOLOGY   71. 00   07100   MEDICAL SUPPLIES CHARGED TO PATIENT   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   73. 00   07300   DRUGS CHARGED TO PATIENTS   74. 00   03550   PSYCHIATRIC/PSYCHOLOGICAL SERVICES   76. 01   03950   DIABETES/WOUND CARE/COUMADIN CNTR   76. 02   03951   PAIN MANAGEMENT   77. 00   07700   ALLOGENEIC HSCT ACQUISITION   0UTPATIENT SERVICE COST CENTERS   88. 00   08800   RURAL HEALTH CLINIC   88. 01   08801   RURAL HEALTH CLINIC   90. 00   09000   CLINIC   91. 00   09100   EMERGENCY   92. 00   09500   AMBULANCE SERVICES   95. 00   09500   AMBULANCE SERVICES	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6, 760 15, 030 449 3 368, 428 10, 715 10, 923 5, 866 439 118 269, 279 147, 760 81, 520 1, 136 2, 603 0 0 2, 716 33, 993 23, 290 56, 216	0 0 0 0 0 0 0 0 0 4, 628, 383 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	52. 00 53. 00 54. 00 57. 00 58. 00 60. 00 65. 00 66. 00 67. 00 68. 00 71. 00 73. 00 76. 01 76. 01 76. 02 77. 00 88. 01 90. 00 91. 00 92. 00
58. 00   05800   MRI   60. 00   06000   LABORATORY   63. 00   06300   BLOOD STORING, PROCESSING & TRANS.   65. 00   06500   RESPIRATORY THERAPY   66. 00   06600   PHYSICAL THERAPY   67. 00   06700   OCCUPATIONAL THERAPY   68. 00   06800   SPEECH PATHOLOGY   71. 00   07100   MEDICAL SUPPLIES CHARGED TO PATIENT   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   73. 00   07300   DRUGS CHARGED TO PATIENTS   76. 00   03550   PSYCHIATRIC/PSYCHOLOGICAL SERVICES   76. 01   03950   DIABETES/WOUND CARE/COUMADIN CNTR   77. 00   07700   ALLOGENEIC HSCT ACQUISITION   0UTPATIENT SERVICE COST CENTERS   88. 00   08800   RURAL HEALTH CLINIC   88. 01   08801   RURAL HEALTH CLINIC   90. 00   09000   CLINIC   91. 00   09100   EMERGENCY   92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS   95. 00   09500   AMBULANCE SERVICES   101. 00   10100   HOME HEALTH AGENCY   102. 00   09100   OPIOID TREATMENT PROGRAM	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6, 760 15, 030 449 3 368, 428 10, 715 10, 923 5, 866 439 118 269, 279 147, 760 81, 520 1, 136 2, 603 0 0 2, 716 33, 993 23, 290 56, 216	0 0 0 0 0 0 0 0 0 4, 628, 383 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	52. 00 53. 00 54. 00 57. 00 58. 00 60. 00 65. 00 66. 00 67. 00 68. 00 71. 00 72. 00 73. 00 76. 01 76. 02 77. 00 88. 01 90. 00 91. 00 92. 00

In Lieu of Form CMS-2552-10
Worksheet B
Part I
B0/2023 Date/Time Prepared:
11/29/2023 2: 49 pm Peri od: From 07/01/2022 To 06/30/2023

Cost Center Description	NURSI NG ADMI NI STRATI ON	CENTRAL	PHARMACY	MEDICAL RECORDS &	SOCIAL SERVICE	
	ADMINISTRATION	SERVICES & SUPPLY		LI BRARY		
	13.00	14. 00	15. 00	16, 00	17. 00	
116. 00 11600 H0SPI CE	0	2, 870	0	0		116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	760, 581	1, 199, 306	4, 628, 383	1, 052, 399	752, 432	118. 00
NONREI MBURSABLE COST CENTERS	·					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192. 00
194. 00 07950 DAY HEALTH	0	0	0	0	0	194. 00
194. 01 07962 OUTREACH	0	49	0	0	0	194. 01
194. 02 07951 OCCUPATIONAL MEDICINE	0	0	0	0		194. 02
194. 03 07952 FUND DEVELOPMENT	0	2, 549	0	0		194. 03
194. 04 07953 OUTSI DE LAUNDRY	0	0	0	0		194. 04
194. 05 07954 PHYSI CLAN SUPPORT	0	240	0	0		194. 05
194. 06 07955 HOSPI TALI TY HOUSE	0	13	0	0		194. 06
194. 07 07956 HSK DI ALYSI S	0	0	0	0		194. 07
194. 08 07957 LEASED SALARI ES	0	0	0	0	1	194. 08
194.09 07958 VISITING PHYSICIANS	0	165	0	0		194. 09
194.10 07959 FARM LAND	0	0	0	0	l .	194. 10
194. 11 07963 CONVENI ENCE CARE CLINIC	0	0	0	0		194. 11
194.12 07960 MMG-PHYSICIAN OFFICES	0	1, 646	0	0		194. 12
194.13 07961 VALET PARKING SERVICE	0	1, 281	0	0		194. 13
194.14 07964 PAIN MANAGEMENT JOINT VENTURE	0	0	0	0		194. 14
194. 15 07965 ASSISTED LIVING	0	205	0	0	0	194. 15
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0	0	0		201. 00
202.00   TOTAL (sum lines 118 through 201)	760, 581	1, 205, 454	4, 628, 383	1, 052, 399	765, 989	202. 00

From 07/01/2022 Part I Date/Time Prepared: 06/30/2023 11/29/2023 2:49 pm Cost Center Description NONPHYSI CI AN Total Subtotal Intern & ANESTHETI STS Residents Cost & Post Stepdown Adjustments 19.00 24.00 25.00 26.00 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1.00 00101 CAP REL COSTS-HOSPITAL 1.01 1.01 00102 CAP REL 1.02 1.02 COSTS-HSB I 00103 CAP REL COSTS-HSB II 1.03 1.03 00104 CAP REL COSTS-REHAB CNT 1.04 1.04 00105 CAP REL COSTS-DIAYSIS 1.05 1.05 1.06 00106 CAP REL COSTS-HOSPI TALI TY HOUSE 1.06 1.07 00107 CAP REL COSTS-MAB 1.07 00108 CAP REL COSTS-ORTHO BLDG 1 08 1 08 00109 CAP REL COSTS-CONVENIENCE CARE CLIN 1.09 1.09 1.10 00110 CAP REL COSTS-BUSHNELL OFFICE BLDG 1.10 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 00500 ADMINISTRATIVE & GENERAL 5 00 5 00 6.00 00600 MAINTENANCE & REPAIRS 6.00 00601 MAINTENANCE & REPAIRS-HSB I 6.01 6.01 00602 MAINTENANCE & REPAIRS-HSB II 6 02 6 02 6.03 00603 MAINTENANCE & REPAIRS-REHAB CLINIC 6.03 6.04 00604 MAINTENANCE & REPAIRS-MAB 6.04 6.05 00605 MAINTENANCE & REPAIRS-ORTHO BLDG 6.05 00606 MAINTENANCE & REPAIRS-BUSHNELL 6.06 6 06 00800 LAUNDRY & LINEN SERVICE 8.00 8.00 9.00 00900 HOUSEKEEPI NG 9.00 9.01 00901 HOUSEKEEPI NG-HSB 9.01 9. 02 00902 HOUSEKEEPING-HSB LL 9 02 9.03 00903 HOUSEKEEPI NG-ORTHO 9.03 00904 HOUSEKEEPI NG-MAB 9.04 9.04 01000 DI ETARY 10.00 10.00 01100 CAFETERI A 11.00 11.00 13.00 01300 NURSING ADMINISTRATION 13.00 01400 CENTRAL SERVICES & SUPPLY 14.00 14.00 15.00 01500 PHARMACY 15.00 01600 MEDICAL RECORDS & LIBRARY 16.00 16 00 01700 SOCIAL SERVICE 17.00 17.00 19.00 01900 NONPHYSICIAN ANESTHETISTS 9,094 19.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 0 10, 003, 820 0 10, 003, 820 30.00 31.00 03100 INTENSIVE CARE UNIT 0 2, 571, 943 0 2, 571, 943 31.00 40.00 04000 SUBPROVIDER - IPF 0 0 40.00 04300 NURSERY 0 984, 185 0 984, 185 43.00 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 4, 652, 417 4, 652, 417 50.00 05100 RECOVERY ROOM 1, 030, 592 0 51.00 0 1, 030, 592 51.00 05200 DELIVERY ROOM & LABOR ROOM 0 52.00 0 1,048,936 1,048,936 52.00 53.00 05300 ANESTHESI OLOGY 9,094 117, 384 117, 384 53.00 0 54.00 05400 RADI OLOGY-DI AGNOSTI C 0 3, 709, 867 3, 709, 867 54.00 05700 CT SCAN 0 0 57.00 626, 947 626, 947 57 00 58.00 05800 MRI 631, 681 0 631, 681 58.00 06000 LABORATORY 0 60.00 000000000000 6, 386, 669 6, 386, 669 60.00 06300 BLOOD STORING, PROCESSING & TRANS. 0 288.068 63.00 288.068 63.00 65.00 06500 RESPIRATORY THERAPY 2, 346, 870 0 2, 346, 870 65.00 66.00 06600 PHYSI CAL THERAPY 3, 241, 950 0 3, 241, 950 66.00 06700 OCCUPATIONAL THERAPY 67.00 330, 541 330, 541 67.00 68 00 06800 SPEECH PATHOLOGY 303, 406 0 303 406 68 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0 71.00 1, 470, 228 1, 470, 228 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 780, 165 780, 165 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 5, 058, 803 0 5, 058, 803 73.00 0 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 76 00 1, 205, 833 1, 205, 833 76 00 03950 DIABETES/WOUND CARE/COUMADIN CNTR 76.01 640, 994 640, 994 76.01 03951 PAIN MANAGEMENT 0 0 76.02 76.02 77.00 07700 ALLOGENEIC HSCT ACQUISITION 0 0 77.00 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 1, 133, 702 0 1, 133, 702 88.00 08801 RURAL HEALTH CLINIC II 0 0 88. 01 9, 329, 249 9, 329, 249 88.01 0 90.00 09000 CLI NI C 2, 667, 961 0 90.00 2, 667, 961 91.00 09100 EMERGENCY 0 5, 947, 393 0 5, 947, 393 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 0 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 95. 00 09500 AMBULANCE SERVICES 95.00 0 576, 603 0 576,603 101.00 10100 HOME HEALTH AGENCY 0 2, 794, 038 0 2, 794, 038 101.00 102.00 10200 OPI OID TREATMENT PROGRAM 102.00

Health Financial Systems	MCDONOUGH DISTRI	CT HOSPITAL		In Lie	eu of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der C	CN: 14-0089	Peri od: From 07/01/2022 To 06/30/2023	Worksheet B Part I Date/Time Prepared: 11/29/2023 2:49 pm
Cost Center Description	NONPHYSI CI AN ANESTHETI STS	Subtotal	Intern & Residents Cos & Post Stepdown Adjustments		
	19. 00	24. 00	25. 00	26. 00	
SPECIAL PURPOSE COST CENTERS	1				
113. 00 11300   NTEREST EXPENSE					113.00
116. 00 11600 HOSPI CE		1, 061, 633		0 1, 061, 633	
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	9, 094	70, 941, 878	8	0 70, 941, 878	118. 00
NONREI MBURSABLE COST CENTERS					100.00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 192.00 19200 PHYSICIANS' PRIVATE OFFICES		549, 151		0 0 549, 151	190. 00 192. 00
194. 00 07950  DAY HEALTH		76, 894		0 76, 894	192.00
194. 00 07950  DAY HEALTH 194. 01 07962  OUTREACH		76, 894 310, 871		0 76, 894	194. 00
194. 02 07951  OCCUPATI ONAL MEDI CI NE		310, 671		310, 671	194. 02
194. 03 07952 FUND DEVELOPMENT		731, 212		0 731, 212	194. 02
194. 04 07953 OUTSI DE LAUNDRY		731, 212		0 /31, 212	194. 04
194. 05 07954 PHYSI CI AN SUPPORT		347, 548		0 347, 548	194. 05
194. 06 07955 HOSPI TALI TY HOUSE	0	18, 544	1	0 18, 544	194. 06
194. 07 07956 HSK DI ALYSI S	0	,		0 0	194. 07
194. 08 07957 LEASED SALARI ES	0	7, 919		0 7, 919	
194. 09 07958 VI SI TI NG PHYSI CI ANS		142, 506	•	0 142, 506	194. 09
194. 10 07959  FARM_LAND	0	479, 527	•	0 479, 527	194. 10
194. 11 07963 CONVENIENCE CARE CLINIC	o	0	1	o o	194. 11
194. 12 07960 MMG-PHYSICIAN OFFICES	0	964, 343		0 964, 343	194. 12
194. 13 07961 VALET PARKING SERVICE	0	109, 314	•	0 109, 314	194. 13
194.14 07964 PAIN MANAGEMENT JOINT VENTURE	o	. 0		o o	194. 14
194. 15 07965 ASSISTED LIVING	o	264, 473	3	0 264, 473	194. 15
200.00 Cross Foot Adjustments	o	0		0 0	200. 00
201.00 Negative Cost Centers	0	0		0 0	201. 00
202.00 TOTAL (sum lines 118 through 201)	9, 094	74, 944, 180	)	0 74, 944, 180	202. 00

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 07/01/2022 Part II
To 06/30/2023 Date/Time Prepared:
11/29/2023 2:49 pm

					CARLTAL DEL		11/29/2023 2:	
					CAPITAL REI	LATED COSTS		
		Cost Center Description	Directly	BLDG & FIXT	CAP REL	CAP REL	CAP REL	
			Assigned New Capital		COSTS-HOSPI TAL	COSTS-HSB I	COSTS-HSB II	
			Related Costs	1.00	1.01	1.00	4.00	
	GENER	AL SERVICE COST CENTERS	0	1. 00	1. 01	1. 02	1. 03	
1.00	00100	CAP REL COSTS-BLDG & FIXT						1. 00
1.01		CAP REL COSTS-HOSPI TAL						1. 01
1. 02 1. 03	1	CAP REL COSTS-HSB I CAP REL COSTS-HSB II						1. 02 1. 03
1. 04		CAP REL COSTS-REHAB CNT						1. 04
1.05		CAP REL COSTS-DIAYSIS						1. 05
1. 06 1. 07	1	CAP REL COSTS-HOSPITALITY HOUSE CAP REL COSTS-MAB						1. 06 1. 07
1.07		CAP REL COSTS-WAD						1.07
1. 09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1. 09
1. 10		CAP REL COSTS-BUSHNELL OFFICE BLDG		0	41 754	0		1. 10
4. 00 5. 00	1	EMPLOYEE BENEFITS DEPARTMENT   ADMINISTRATIVE & GENERAL		0		63, 942	0 133, 812	
6.00	1	MAINTENANCE & REPAIRS	O	0		00, 712	0	1
6. 01	1	MAINTENANCE & REPAIRS-HSB I	0	0	l "	66, 993	0	
6. 02 6. 03	1	MAINTENANCE & REPAIRS-HSB II MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	39, 218 0	
6. 04	1	MAINTENANCE & REPAIRS-MAB		0	o o	0	0	
6.05		MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	
6. 06 8. 00	1	MAINTENANCE & REPAIRS-BUSHNELL LAUNDRY & LINEN SERVICE	0	0	1	0	0	
9. 00	1	HOUSEKEEPING		0		0	0	
9. 01	00901	HOUSEKEEPI NG-HSB	0	0	0	0	0	9. 01
9. 02		HOUSEKEEPING-HSB II	0	0	0	0	0	
9. 03 9. 04		HOUSEKEEPI NG-ORTHO HOUSEKEEPI NG-MAB	0	0	0	0	0	
10.00		DIETARY	O	0	59, 557	0	0	1
11. 00	1	CAFETERI A	0	0	,	0	0	
13. 00 14. 00		NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	0	0		0	0	13. 00 14. 00
15. 00		PHARMACY	0	0		0	0	15. 00
16. 00	1	MEDICAL RECORDS & LIBRARY	0	0		0	0	16. 00
17. 00 19. 00	1	SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS	0	0		0	0	17. 00 19. 00
17.00		TENT ROUTINE SERVICE COST CENTERS				<u> </u>	U	17.00
30.00		ADULTS & PEDIATRICS	0	0		0	0	
31. 00 40. 00	1	INTENSIVE CARE UNIT SUBPROVIDER - IPF	0	0		0	0	
43. 00	04300	NURSERY	o	0		0	0	1
50. 00		LARY SERVICE COST CENTERS OPERATING ROOM	ا	0	806, 249	11, 825	0	50.00
50.00		RECOVERY ROOM		0		11, 825	0	
52.00	1	DELIVERY ROOM & LABOR ROOM	o	0	36, 031	0	0	
53.00		ANESTHESI OLOGY   RADI OLOGY-DI AGNOSTI C	0	0	0 341, 999	0	0	
54. 00 57. 00		CT SCAN		0	14, 200	0	0	1
58.00	05800	l e e e e e e e e e e e e e e e e e e e	0	0		0	0	ı
60.00		LABORATORY	0	0	167, 714	0	0	60.00
63. 00 65. 00		BLOOD STORING, PROCESSING & TRANS. RESPIRATORY THERAPY	0	0	104, 363	0	0	63. 00 65. 00
66. 00		PHYSI CAL THERAPY	o	0	105, 041	0	0	66. 00
67.00		OCCUPATIONAL THERAPY	0	0	,,200	0	0	
68. 00 71. 00		SPEECH PATHOLOGY MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	21, 703 0	0	0	
72. 00		IMPL. DEV. CHARGED TO PATIENTS	Ö	0	Ö	0	0	1
73. 00		DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73. 00
76. 00 76. 01		PSYCHIATRIC/PSYCHOLOGICAL SERVICES   DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0 65, 958	14, 789	0	76. 00 76. 01
76. 01 76. 02	1	PAIN MANAGEMENT		0	· ·	0	0	1
77. 00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	1
88. 00		TIENT SERVICE COST CENTERS RURAL HEALTH CLINIC	l	0	0	0	0	88. 00
88. 01		RURAL HEALTH CLINIC		0		13, 960	123, 935	
90.00	09000	CLINIC	0	0		41, 170	33, 902	
91. 00 92. 00	1	EMERGENCY   OBSERVATION BEDS (NON-DISTINCT PART	0	0	346, 683	0	0	91. 00 92. 00
	OTHER	REIMBURSABLE COST CENTERS						
95.00		AMBULANCE SERVICES HOME HEALTH AGENCY	0 0	0		0	0	95. 00 101. 00
101.00	110100	TIOME HEALTH AGENCT	<u>ı</u>		ı U	U	0	1101.00

			F1   T0	om 07/01/2022 o 06/30/2023	Part II   Date/Time Pre	narod:
				00/30/2023	11/29/2023 2:	49 pm
			CAPI TAL REI	_ATED_COSTS		
Cost Center Description	Di rectl y	BLDG & FIXT	CAP REL	CAP REL	CAP REL	
	Assigned New		COSTS-HOSPI TAL	COSTS-HSB I	COSTS-HSB II	
	Capi tal					
	Related Costs	1.00	1 01	1 00	1 00	
102. 00 10200 OPI OI D TREATMENT PROGRAM	0	1.00	1.01	1. 02	1. 03	102. 00
SPECIAL PURPOSE COST CENTERS	U		) 0	U	0	102.00
113. 00 11300 I NTEREST EXPENSE				T		113. 00
116. 00 11600 HOSPI CE	0	,		0	Ō	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0		4, 612, 976	212, 679	330, 867	
NONREI MBURSABLE COST CENTERS	<u> </u>		4,012,770	212, 07 7	330, 007	1110.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	(	0	O	0	190. 00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	Ò		129, 351		192. 00
194. 00 07950  DAY HEALTH	0	ď		19, 027		194. 00
194. 01 07962 OUTREACH	0	Ċ	ol o	1, 387		194. 01
194. 02 07951 OCCUPATIONAL MEDICINE	0	Ċ	o	0		194. 02
194.03 07952 FUND DEVELOPMENT	0	C	55, 106	o	0	194. 03
194. 04 07953 OUTSI DE LAUNDRY	0	C	o	o	0	194. 04
194. 05 07954 PHYSI CI AN SUPPORT	0	C	o	o	0	194. 05
194. 06 07955 HOSPI TALI TY HOUSE	0	C	0	0	0	194. 06
194. 07 07956 HSK DIALYSIS	0	C	0	0	0	194. 07
194. 08 07957 LEASED SALARI ES	0	(	0	0	0	194. 08
194.09 07958 VISITING PHYSICIANS	0	(	0	0		194. 09
194.10 07959 FARM LAND	0	(	211, 948	0		194. 10
194. 11 07963 CONVENI ENCE CARE CLINIC	0	C	0	0		194. 11
194.12 07960 MMG-PHYSICIAN OFFICES	0	C	95, 376	6, 807		194. 12
194.13 07961 VALET PARKING SERVICE	0	C	0	0		194. 13
194.14 07964 PAIN MANAGEMENT JOINT VENTURE	0	C	0	0		194. 14
194. 15 07965 ASSISTED LIVING	0	C	15, 896	0	0	194. 15
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)	0	(	4, 991, 302	369, 251	372, 428	1202.00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS MCDONOUGH DISTRICT HOSPITAL

Provider CCN: 14-0089

			CAP	TAL RELATED CO	STS	11/29/2023 2:	49 pm
	Cost Center Description	CAP REL	CAP REL	CAP REL	CAP REL	CAP REL	
	·	COSTS-REHAB	COSTS-DI AYSI S	COSTS-HOSPI TAL	COSTS-MAB	COSTS-ORTHO	
		1. 04	1. 05	1 TY HOUSE 1.06	1. 07	BLDG 1. 08	
4 00	GENERAL SERVICE COST CENTERS		I				1 00
1. 00 1. 01	00100 CAP REL COSTS-BLDG & FIXT 00101 CAP REL COSTS-HOSPITAL						1. 00 1. 01
1.02	00102 CAP REL COSTS-HSB I						1. 02
1. 03 1. 04	O0103 CAP REL COSTS-HSB I I   O0104 CAP REL COSTS-REHAB CNT						1. 03 1. 04
1.04	00104 CAP REL COSTS-REHAB CNT			•			1. 04
1.06	00106 CAP REL COSTS-HOSPITALITY HOUSE						1. 06
1. 07 1. 08	00107 CAP REL COSTS-MAB 00108 CAP REL COSTS-ORTHO BLDG						1. 07 1. 08
1. 09	00109 CAP REL COSTS-CONVENIENCE CARE CLIN						1. 09
1. 10	00110 CAP REL COSTS-BUSHNELL OFFICE BLDG						1. 10
4. 00 5. 00	00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL				0	0 13, 078	4. 00 5. 00
6. 00	00600 MAINTENANCE & REPAIRS	0	C	o	O	0	6. 00
6. 01	00601 MAINTENANCE & REPAIRS HSB I	0	C	0	0	0	6. 01
6. 02 6. 03	00602 MAINTENANCE & REPAIRS-HSB II   00603 MAINTENANCE & REPAIRS-REHAB CLINIC			0 0	0	0	6. 02 6. 03
6.04	00604 MAINTENANCE & REPAIRS-MAB	0	C	0	O	0	6. 04
6. 05 6. 06	00605 MAI NTENANCE & REPAI RS-ORTHO BLDG 00606 MAI NTENANCE & REPAI RS-BUSHNELL	0	C	0	0 0	0	6. 05 6. 06
8. 00	00800 LAUNDRY & LINEN SERVICE		C	o o	o	0	8. 00
9.00	00900 HOUSEKEEPING	0	C	0	0	0	9. 00
9. 01 9. 02	O0901   HOUSEKEEPI NG-HSB   O0902   HOUSEKEEPI NG-HSB   I			0 0	0	0	9. 01 9. 02
9. 03	00903 HOUSEKEEPI NG-ORTHO	0	C	0	O	0	9. 03
9. 04 10. 00	00904 HOUSEKEEPI NG-MAB 01000 DI ETARY	0	C	0	0	0	9. 04 10. 00
11. 00	01100 CAFETERI A	0	C	Ö	ő	0	11. 00
13.00	01300 NURSI NG ADMI NI STRATI ON	0	C	0	0	0	13.00
14. 00 15. 00	01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY				0	0	14. 00 15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY	0	C	0	0	0	16. 00
17. 00 19. 00	01700 SOCIAL SERVICE 01900 NONPHYSICIAN ANESTHETISTS	0		0 0	0	0	17. 00 19. 00
	INPATIENT ROUTINE SERVICE COST CENTERS				-		
30. 00 31. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	0	C		0	0	30. 00 31. 00
40. 00	04000 SUBPROVI DER – I PF	0	C		ő	0	40. 00
43. 00	04300 NURSERY	0	<u>C</u>	0	0	0	43. 00
50. 00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM	0	C	0	0	0	50. 00
51. 00	05100 RECOVERY ROOM	0	C	0	О	0	51.00
52. 00 53. 00	05200   DELI VERY ROOM & LABOR ROOM   05300   ANESTHESI OLOGY	0	C		0	0	52. 00 53. 00
54. 00		0	C	Ö	ő	0	54.00
57. 00 58. 00	05700 CT SCAN	0	C	0	0	0	57. 00 58. 00
60.00	06000 LABORATORY		C		0	0	60.00
63. 00	1 I	0	C	0	0	0	63. 00
65. 00 66. 00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	44, 015			0	0	65. 00 66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	0	C	Ö	o	0	67. 00
68. 00 71. 00	06800 SPEECH PATHOLOGY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	C	0	0	0	68. 00 71. 00
71.00	07200 I MPL. DEV. CHARGED TO PATIENTS				0	0	72.00
73. 00	1	0	C	0	0	0	73. 00
76. 00 76. 01	03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   03950   DI ABETES/WOUND CARE/COUMADI N CNTR	0	C		0	0	76. 00 76. 01
76. 02	03951 PAIN MANAGEMENT		į c	ő	ō	0	76. 02
77. 00	07700 ALLOGENEI C HSCT ACQUISITION OUTPATIENT SERVICE COST CENTERS	0	C	0	0	0	77. 00
88. 00		0	C	0	0	0	88. 00
88. 01		0	C	o	0	0	88. 01
90. 00 91. 00					0	0	90. 00 91. 00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92. 00
95. 00	OTHER REIMBURSABLE COST CENTERS O9500 AMBULANCE SERVICES			ol	ol	0	95. 00
101.00	10100 HOME HEALTH AGENCY		C	0	4, 250	0	101. 00
102.00	D 10200 0PI0ID TREATMENT PROGRAM	0	<u> </u> C	0	0	0	102. 00

			To	06/30/2023	Date/Time Pre 11/29/2023 2:	
		CAP	ITAL RELATED CO	STS		
Cost Center Description	CAP REL	CAP REL	CAP REL	CAP REL	CAP REL	
	COSTS-REHAB	COSTS-DI AYSI S	COSTS-HOSPI TAL	COSTS-MAB	COSTS-ORTHO	
	CNT		ITY HOUSE		BLDG	
	1. 04	1. 05	1.06	1. 07	1. 08	
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113. 00
116. 00 11600 H0SPI CE	0	0	0	4, 250		116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	44, 015	0	0	8, 500	13, 078	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	12, 143		192. 00
194.00 07950 DAY HEALTH	0	0	0	0		194. 00
194. 01 07962 OUTREACH	0	0	0	0		194. 01
194. 02 07951 OCCUPATI ONAL MEDI CI NE	0	0	0	0		194. 02
194.03 07952 FUND DEVELOPMENT	0	0	0	0		194. 03
194. 04 07953  OUTSI DE LAUNDRY	0	0	0	0		194. 04
194. 05 07954 PHYSI CI AN SUPPORT	0	0	0	0		194. 05
194. 06 07955 HOSPI TALI TY HOUSE	0	0	10, 359	0	0	194. 06
194. 07 07956 HSK DI ALYSI S	0	0	0	0	0	194. 07
194. 08 07957  LEASED SALARI ES	0	0	0	3, 643	0	194. 08
194.09 07958 VISITING PHYSICIANS	0	0	0	4, 857	0	194. 09
194.10 07959 FARM LAND	0	0	0	0	0	194. 10
194. 11 07963 CONVENIENCE CARE CLINIC	0	0	0	0	0	194. 11
194. 12 07960 MMG-PHYSICIAN OFFICES	0	0	0	0	13, 078	194. 12
194. 13 07961 VALET PARKING SERVICE	0	0	0	0	0	194. 13
194.14 07964 PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194. 14
194. 15 07965 ASSISTED LIVING	0	0	0	0	0	194. 15
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	o	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	44, 015	О .	10, 359	29, 143	26, 156	202. 00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Peri od: Worksheet B From 07/01/2022 Part II To 06/30/2023 Date/Time Prepared:

11/29/2023 2:49 pm CAPITAL RELATED COSTS ADMI NI STRATI VE CONVENI ENCE BUSHNELL Subtotal **EMPLOYEE** Cost Center Description CARE CLIN OFFICE BLDG BENEFITS & GENERAL DEPARTMENT 5.00 1.09 1.10 2A 4.00 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1.00 00101 CAP REL COSTS-HOSPITAL 1.01 1.01 1.02 1.02 00102 CAP REL COSTS-HSB I 00103 CAP REL COSTS-HSB II 1.03 1.03 00104 CAP REL COSTS-REHAB CNT 1.04 1.04 00105 CAP REL 1.05 COSTS-DLAYSLS 1.05 1.06 00106 CAP REL COSTS-HOSPI TALI TY HOUSE 1.06 1.07 00107 CAP REL COSTS-MAB 1.07 00108 CAP REL COSTS-ORTHO BLDG 1 08 1 08 00109 CAP REL COSTS-CONVENIENCE CARE CLIN 1.09 1.09 1.10 00110 CAP REL COSTS-BUSHNELL OFFICE BLDG 1.10 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 41, 754 41, 754 4.00 0 00500 ADMINISTRATIVE & GENERAL 7, 101 532, 251 5 00 Ω 525, 150 5 00 6.00 00600 MAINTENANCE & REPAIRS 197, 111 679 31,068 6.00 00601 MAINTENANCE & REPAIRS-HSB I 6.01 0000000000000000000 66, 993 37 3,057 6.01 00602 MAINTENANCE & REPAIRS-HSB II 2. 233 6 02 Ω 39 218 29 6 02 6.03 00603 MAINTENANCE & REPAIRS-REHAB CLINIC 0 0 2 291 6.03 6.04 00604 MAINTENANCE & REPAIRS-MAB 0 0 3 199 6.04 2 6.05 00605 MAINTENANCE & REPAIRS-ORTHO BLDG 0 106 6.05 0 00606 MAINTENANCE & REPAIRS-BUSHNELL 3 0 254 6.06 0 6 06 8.00 00800 LAUNDRY & LINEN SERVICE 0 78, 421 0 2, 411 8.00 00900 HOUSEKEEPI NG 6, 698 9.00 82,660 456 9.00 9.01 00901 HOUSEKEEPI NG-HSB 0 0 132 1,732 9.01 9. 02 00902 HOUSEKEEPING-HSB II 9 02 0 0 94 1, 229 9.03 00903 HOUSEKEEPI NG-ORTHO 0 0 8 109 9.03 00904 HOUSEKEEPI NG-MAB 9.04 0 9.04 01000 DI ETARY 59, 557 171 10.00 0 2,850 10.00 7, 782 01100 CAFETERI A 11.00 0 84.779 692 11.00 01300 NURSING ADMINISTRATION 0 15, 684 557 5, 188 13.00 13.00 01400 CENTRAL SERVICES & SUPPLY 14.00 155, 146 369 6,841 14.00 15.00 01500 PHARMACY 0 29, 122 1.040 32, 352 15.00 01600 MEDICAL RECORDS & LIBRARY 16.00 0 32, 852 571 6, 949 16.00 01700 SOCIAL SERVICE 0 17.00 17.00 19,075 518 5, 172 19.00 01900 NONPHYSICIAN ANESTHETISTS 0 0 19.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 0 n 1, 141, 974 3, 190 46, 230 30.00 31.00 03100 INTENSIVE CARE UNIT 0 0 77, 573 1, 414 15, 135 31.00 04000 SUBPROVIDER - IPF 0 0 40.00 Ω 40.00 04300 NURSERY 0 0 20, 983 543 5,096 43.00 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 818, 074 1, 471 24, 712 50.00 05100 RECOVERY ROOM 0 55, 106 6, 528 51.00 0 636 51.00 05200 DELIVERY ROOM & LABOR ROOM 52.00 0000 0 36, 031 560 5, 377 52.00 53.00 05300 ANESTHESI OLOGY 17 721 53.00 05400 RADI OLOGY-DI AGNOSTI C 0 341, 999 22, 924 54.00 1.526 54.00 05700 CT SCAN 14.200 57.00 C 129 4, 155 57 00 58.00 05800 MRI C 10, 597 4, 374 58.00 06000 LABORATORY 00000000000 60.00 0 167, 714 2, 470 40, 489 60.00 06300 BLOOD STORING, PROCESSING & TRANS. 1, 970 63.00 63.00 06500 RESPIRATORY THERAPY 65.00 104, 363 1, 105 15, 232 65.00 66.00 06600 PHYSI CAL THERAPY 28, 549 177, 605 1, 958 20,885 66.00 06700 OCCUPATIONAL THERAPY 67.00 7, 206 133 2, 256 67.00 1, 953 68 00 06800 SPEECH PATHOLOGY Ω 21, 703 191 68 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 71.00 C C 0 8, 529 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 4, 491 72.00 72.00 C 73.00 07300 DRUGS CHARGED TO PATIENTS 0 0 2, 478 73.00 C 7, 938 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 14, 789 860 76.00 76 00 Ω 03950 DIABETES/WOUND CARE/COUMADIN CNTR 76.01 0 65, 958 358 3, 923 76.01 03951 PAIN MANAGEMENT 0 76.02 76.02 C C 0 0 77.00 07700 ALLOGENEIC HSCT ACQUISITION 0 0 0 77.00 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 98, 371 98, 371 703 7, 835 88.00 08801 RURAL HEALTH CLINIC II 0 88.01 137, 895 5, 708 62, 576 88.01 0 90.00 09000 CLINIC 0 182, 254 1, 155 15, 739 90.00 91.00 09100 EMERGENCY 0 C 346, 683 1,868 33, 399 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 3, 456 95.00 95. 00 09500 AMBULANCE SERVICES 71, 935 0 0 137 101.00 10100 HOME HEALTH AGENCY 0 0 4, 250 1, 900 19, 191 101. 00 102.00 10200 OPI OID TREATMENT PROGRAM 0 0 102.00 Period: Worksheet B
From 07/01/2022 Part II
To 04/20/2022 Part II
To 04/20/2022 Part II
To 04/20/2022 Part II

			To	06/30/2023	Date/Time Pre 11/29/2023 2:	
	CAPITAL REL	ATED COSTS				
Cost Center Description	CONVENIENCE CARE CLIN	BUSHNELL OFFICE BLDG	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMI NI STRATI VE & GENERAL	
	1. 09	1. 10	2A	4. 00	5. 00	
SPECIAL PURPOSE COST CENTERS						
113. 00 11300 I NTEREST EXPENSE						113. 00
116. 00 11600 HOSPI CE	0	0	4, 250	468		116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	126, 920	5, 349, 035	40, 964	511, 419	118. 00
NONRE MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190. 00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0	141, 494	0		192. 00
194. 00 07950 DAY HEALTH	0	0	19, 027	0		194. 00
194. 01 07962 OUTREACH	0	0	1, 387	230		194. 01
194. 02 07951 OCCUPATI ONAL MEDI CI NE	0	0	0	0		194. 02
194.03 07952 FUND DEVELOPMENT	0	0	55, 106	206		194. 03
194. 04 07953 OUTSI DE LAUNDRY	0	0	0	0		194. 04
194. 05 07954 PHYSI CI AN SUPPORT	0	0	0	0		194. 05
194. 06 07955 HOSPI TALI TY HOUSE	0	0	10, 359	1		194. 06
194. 07 07956 HSK DI ALYSI S	0	0	0	0		194. 07
194. 08 07957 LEASED SALARI ES	0	0	3, 643	0		194. 08
194.09 07958 VISITING PHYSICIANS	0	0	4, 857	100		194. 09
194.10 07959 FARM LAND	0	0	211, 948	0		194. 10
194. 11 07963 CONVENI ENCE CARE CLINIC	0	0	0	0	l e	194. 11
194. 12 07960 MMG-PHYSICIAN OFFICES	0	0	156, 822	12		194. 12
194. 13 07961 VALET PARKING SERVICE	0	0	0	73		194. 13
194.14 07964 PAIN MANAGEMENT JOINT VENTURE	0	0	0	0		194. 14
194. 15 07965 ASSISTED LIVING	0	0	15, 896	168	1, 715	194. 15
200.00 Cross Foot Adjustments			0			200. 00
201.00 Negative Cost Centers	0	0	0	0		201. 00
202.00   TOTAL (sum lines 118 through 201)	0	126, 920	5, 969, 574	41, 754	532, 251	202. 00

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 07/01/2022 Part II
To 06/30/2023 Date/Time Prepared:
11/29/2023 2:49 pm

	1			0 06/30/2023	11/29/2023 2:	
Cost Center Description	MAINTENANCE & REPAIRS	MAINTENANCE &		MAINTENANCE & REPAIRS-REHAB	MAINTENANCE & REPAIRS-MAB	
				CLINIC		
GENERAL SERVICE COST CENTERS	6. 00	6. 01	6. 02	6. 03	6. 04	
1. 00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1. 01   00101   CAP REL COSTS-HOSPI TAL						1. 01
1.02   00102   CAP REL COSTS-HSB I						1. 02
1. 03   00103   CAP REL COSTS-HSB   I						1. 03
1. 04   00104   CAP REL COSTS-REHAB CNT						1.04
1. 05   00105 CAP REL COSTS-DI AYSTS 1. 06   00106 CAP REL COSTS-HOSPI TALITY HOUSE						1. 05 1. 06
1.06   00106 CAP REL COSTS-HOSPITALITY HOUSE 1.07   00107 CAP REL COSTS-MAB						1.00
1. 08   00107 CAL REL COSTS-WAD						1. 08
1. 09 00109 CAP REL COSTS-CONVENIENCE CARE CLIN						1. 09
1.10   00110   CAP REL COSTS-BUSHNELL OFFICE BLDG						1. 10
4.00   00400   EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 00   00500   ADMINISTRATIVE & GENERAL						5. 00
6. 00 00600 MAINTENANCE & REPAIRS	228, 858	70.007				6.00
6. 01   00601 MAI NTENANCE & REPAI RS-HSB   6. 02   00602 MAI NTENANCE & REPAI RS-HSB   I	0	70, 087 0	41, 480			6. 01 6. 02
6. 03   00603 MAI NTENANCE & REPAI RS-REHAB CLINI C	0	0	41, 400			6. 03
6. 04   00604 MAI NTENANCE & REPAI RS-MAB	0	0			202	6. 04
6. 05 00605 MAI NTENANCE & REPAI RS-ORTHO BLDG	Ö	Ö	ĺ	1	0	6. 05
6. 06 00606 MAI NTENANCE & REPAI RS-BUSHNELL	0	0	C	0	0	6. 06
8.00   00800 LAUNDRY & LINEN SERVICE	4, 044	0	C	0	0	8. 00
9. 00   00900   HOUSEKEEPI NG	4, 262	0	C	0	0	9. 00
9. 01   00901   HOUSEKEEPI NG-HSB	0	0	C	0	0	9. 01
9. 02   00902   HOUSEKEEPI NG-HSB   I	0	0		0	0	
9. 03   00903   HOUSEKEEPI NG-ORTHO 9. 04   00904   HOUSEKEEPI NG-MAB	0	0		_	0	9. 03 9. 04
10. 00   01000 DI ETARY	3, 071	0		1	0	10.00
11. 00 01100 CAFETERI A	4, 372	0		0	l ő	11.00
13. 00 01300 NURSING ADMINISTRATION	809	0		o o	o o	13. 00
14.00 01400 CENTRAL SERVICES & SUPPLY	8, 000	Ō	d	Ö	Ō	14. 00
15. 00 01500 PHARMACY	1, 502	0	C	0	0	15. 00
16.00 01600 MEDICAL RECORDS & LIBRARY	1, 694	0	C	0	0	16. 00
17. 00   01700   SOCIAL SERVICE	984	0	C	1	0	17. 00
19. 00 01900 NONPHYSI CI AN ANESTHETI STS	0	0		0	0	19. 00
30.00 O3000 ADULTS & PEDIATRICS	58, 888	0		0	0	30.00
31. 00   03100   NTENSI VE CARE UNI T	4,000	Ö		-	Ö	31.00
40. 00   04000   SUBPROVI DER -   PF	0	0	d	-	1	40. 00
43. 00 04300 NURSERY	1, 082	0	c	0	0	43. 00
ANCILLARY SERVICE COST CENTERS	14 575		Г .		Ι	
50. 00   05000   OPERATING ROOM 51. 00   05100   RECOVERY ROOM	41, 575	l ·		-	0	50.00
51.00   05100   RECOVERY ROOM 52.00   05200   DELIVERY ROOM & LABOR ROOM	2, 842 1, 858	l e				51. 00 52. 00
53. 00   05300   ANESTHESI OLOGY	1,030	0			0	53.00
54. 00   05400   RADI OLOGY - DI AGNOSTI C	17, 636	Ö	ĺ	o o	o o	
57. 00 05700 CT SCAN	732	l e	C	0	0	57. 00
58. 00   05800   MRI	546	l .	C	0	0	58. 00
60. 00   06000   LABORATORY	8, 648	0	C	0	0	60.00
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	C	0	0	63.00
65. 00   06500   RESPI RATORY THERAPY 66. 00   06600   PHYSI CAL THERAPY	5, 382	0		0	0	65.00
66. 00   06600  PHYSI CAL THERAPY 67. 00   06700  OCCUPATI ONAL THERAPY	5, 417 372	0		293	0	66. 00 67. 00
68. 00 06800 SPEECH PATHOLOGY	1, 119	0			0	68. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	i c	Ö	0	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	C	0	0	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	C	0	0	73. 00
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	4, 349	C	0	0	76. 00
76. 01   03950   DI ABETES/WOUND CARE/COUMADI N CNTR	3, 401	0	C	0	0	76. 01
76. 02   03951   PALN MANAGEMENT	0	0		0	0	76. 02
77.00 07700 ALLOGENEIC HSCT ACQUISITION OUTPATIENT SERVICE COST CENTERS	0	0		)  0	0	77. 00
88. 00 08800 RURAL HEALTH CLINIC	0	0	C	0	0	88. 00
88.01 08801 RURAL HEALTH CLINIC II	0	4, 106	25, 781	0	0	88. 01
90. 00  09000   CLI NI C	5, 527	12, 108	7, 053	0	0	90. 00
91. 00   09100   EMERGENCY	17, 877	0	C	0	0	91. 00
92. 00 09200 OBSERVATI ON BEDS (NON-DISTINCT PART						92. 00
OTHER REIMBURSABLE COST CENTERS	2 700				^	0F 00
95. 00   09500   AMBULANCE SERVI CES 101. 00   10100   HOME   HEALTH   AGENCY	3, 709	i e				95. 00 101. 00
	Λ	1				
102.00 10200 0PL0LD TREATMENT PROGRAM	0	0		) 0		
102.00 10200 OPIOID TREATMENT PROGRAM SPECIAL PURPOSE COST CENTERS		0		0		102. 00
		0		0		

						To	06/30/2023	Date/Time Pre 11/29/2023 2:	
Cost	Center Description	MAINTENANCE &	MAI	NTENANCE &	MAI NTENANCE	&	MAINTENANCE &		
	<b>'</b>	REPAI RS	REP	AIRS-HSB I	REPAI RS-HSB	П	REPAI RS-REHAB	REPAIRS-MAB	
							CLINIC		
		6. 00		6. 01	6. 02		6. 03	6. 04	
116. 00 11600 H0SPI		0		0		0	0		116. 00
	OTALS (SUM OF LINES 1 through 117)	209, 349		24, 041	32, 8	34	293	58	118. 00
	SABLE COST CENTERS								
	FLOWER, COFFEE SHOP & CANTEEN	0		0		0	0		190. 00
	ICIANS' PRIVATE OFFICES	0		38, 040		0	0		192. 00
194.00 07950 DAY F		0		5, 596		0	0	-	194. 00
194. 01 07962 OUTRE		0		408		0	0	-	194. 01
194. 02 07951 OCCUF		0		0		0	0	-	194. 02
194. 03 07952 FUND		2, 842		0		0	0		194. 03
194. 04 07953 OUTSI		0		0		0	0		194. 04
194. 05 07954 PHYSI		0		0		0	0		194. 05
194. 06 07955 HOSPI		0		0		0	0		194. 06
194. 07 07956 HSK [		0		0		0	0		194. 07
194. 08 07957 LEASE		0		0		0	0		194. 08
194. 09 07958 VI SI T		0		0		0	0		194. 09
194. 10 07959 FARM		10, 929		0		0	0		194. 10
	ENIENCE CARE CLINIC	0		0		0	0		194. 11
194. 12 07960 MMG-F		4, 918		2, 002	8, 6	46	0		194. 12
194. 13 07961 VALET		0		0		0	0		194. 13
	MANAGEMENT JOINT VENTURE	0		0		0	0		194. 14
194. 15 07965 ASSI S		820		0		0	0	0	194. 15
	s Foot Adjustments	_		_			_	_	200. 00
	tive Cost Centers	0		0		0	0	-	201. 00
202. 00 TOTAL	L (sum lines 118 through 201)	228, 858		70, 087	41, 4	80	293	202	202. 00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 14-0089

				11	0 06/30/2023	Date/lime Pre 11/29/2023 2:	
	Cost Center Description	MAINTENANCE &		LAUNDRY &	HOUSEKEEPI NG	HOUSEKEEPI NG-H	
		REPAIRS-ORTHO		LINEN SERVICE		SB	
		BLDG 6. 05	LL 6. 06	8. 00	9. 00	9. 01	
	GENERAL SERVICE COST CENTERS	0.00	0.00	0.00	7.00	7.01	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1. 00
1.01	00101 CAP REL COSTS-HOSPI TAL						1. 01
1.02	00102 CAP REL COSTS-HSB I						1.02
1.03	00103 CAP REL COSTS BEHAR CAT						1.03
1. 04 1. 05	O0104   CAP REL COSTS-REHAB CNT   O0105   CAP REL COSTS-DI AYSIS						1. 04 1. 05
1.05	00106 CAP REL COSTS-HOSPI TALITY HOUSE						1.05
1. 07	00107 CAP REL COSTS-MAB						1. 07
1. 08	00108 CAP REL COSTS-ORTHO BLDG						1. 08
1.09	00109 CAP REL COSTS-CONVENIENCE CARE CLIN						1. 09
1. 10	00110 CAP REL COSTS-BUSHNELL OFFICE BLDG						1. 10
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5.00	00500 ADMINISTRATIVE & GENERAL						5.00
6. 00 6. 01	OO6OO   MAINTENANCE & REPAIRS   OO6O1   MAINTENANCE & REPAIRS   I						6.00
6. 02	00602 MAINTENANCE & REPAIRS-HSB II						6. 01 6. 02
6. 03	00603 MAINTENANCE & REPAIRS-REHAB CLINIC						6. 03
6. 04	00604 MAINTENANCE & REPAIRS-MAB						6. 04
6.05	00605 MAINTENANCE & REPAIRS-ORTHO BLDG	108					6. 05
6.06	00606 MAI NTENANCE & REPAI RS-BUSHNELL	0	257				6. 06
8.00	00800 LAUNDRY & LINEN SERVICE	0	0				8. 00
9.00	00900 HOUSEKEEPING	0	0	0	94, 076		9.00
9. 01 9. 02	O0901   HOUSEKEEPI NG-HSB   O0902   HOUSEKEEPI NG-HSB   I	0	0	0	0		9. 01
9. 02 9. 03	00903 HOUSEKEEPI NG-ORTHO		0	0	0	0 0	9. 02 9. 03
9. 04	00904 HOUSEKEEPI NG-MAB	0	0	0	0	0	9. 04
10.00	01000 DI ETARY	o	0	o o	8, 725		10.00
11. 00	01100 CAFETERI A	0	0	0	0	0	11. 00
13.00	01300 NURSING ADMINISTRATION	0	0	0	0	0	13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY	0	0	4, 154	3, 680	0	14. 00
15. 00	01500 PHARMACY	0	0	0	831	0	15. 00
16. 00	01600 MEDI CAL RECORDS & LI BRARY	0	0	0	415		16.00
17. 00 19. 00	01700   SOCIAL SERVICE   01900   NONPHYSICIAN ANESTHETISTS	0	0	0	59 0	0	17. 00 19. 00
17.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	J O	0	0	0	0	19.00
30.00	03000 ADULTS & PEDIATRICS	0	0	18, 369	19, 823	0	30.00
31.00	03100 INTENSIVE CARE UNIT	0	0	6, 383	2, 493	0	31. 00
40. 00	04000 SUBPROVI DER - I PF	0	0		0	0	40. 00
43. 00	04300 NURSERY	0	0	0	0	0	43. 00
50. 00	ANCILLARY SERVICE COST CENTERS    O5000   OPERATING ROOM		0	15, 066	11, 930	92	50.00
51. 00	05100 RECOVERY ROOM	o	0	1, 027	1, 662	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESI OLOGY	0	0	0	0	0	53. 00
	05400 RADI OLOGY-DI AGNOSTI C	0	0	6, 260			54. 00
	05700 CT SCAN	0	0	0	_, -,		57.00
	05800 MRI	0	0	1, 091	0	0	58.00
60. 00 63. 00	06000   LABORATORY   06300   BLOOD STORING, PROCESSING & TRANS.		0	362	3, 205	0	60. 00 63. 00
65. 00	06500 RESPIRATORY THERAPY	0	0	1, 465	3, 621	0	65.00
66. 00	06600 PHYSI CAL THERAPY	o	58			-	66. 00
67.00	06700 OCCUPATI ONAL THERAPY	0	0		0	0	67. 00
68. 00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71. 00
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72. 00
	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76. 00 76. 01	03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   03950   DI ABETES/WOUND   CARE/COUMADI N   CNTR		0	0 575	297 119	116 0	76. 00 76. 01
76. 01	03951 PAIN MANAGEMENT	0	0	0	0	0	76. 01
	07700 ALLOGENEIC HSCT ACQUISITION	o	0	Ö	_	Ö	77. 00
	OUTPATIENT SERVICE COST CENTERS						
	08800 RURAL HEALTH CLINIC	0	199			-	88. 00
88. 01	08801 RURAL HEALTH CLINIC II	0	0	· ·			•
90.00	09000 CLINIC	0	0	0	5, 283	322	90.00
	O9100   EMERGENCY   O9200   OBSERVATION BEDS (NON-DISTINCT PART	0	0	24, 392	14, 898	0	91. 00 92. 00
72. UU	OTHER REIMBURSABLE COST CENTERS						72.00
95. 00	09500 AMBULANCE SERVICES	0	0	0	1, 128	0	95. 00
	10100 HOME HEALTH AGENCY		0				101. 00
	10200 OPIOID TREATMENT PROGRAM	0	0	0			102. 00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE						113. 00

			To	06/30/2023	Date/Time Prep 11/29/2023 2:4	
Cost Center Description	MAINTENANCE &	MAINTENANCE &	LAUNDRY &	HOUSEKEEPI NG	HOUSEKEEPI NG-H	
	REPAI RS-ORTHO	REPAIRS-BUSHNE	LINEN SERVICE		SB	
	BLDG	LL				
	6. 05	6. 06	8. 00	9. 00	9. 01	
116. 00 11600 HOSPI CE	0	0	195	712	0	116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	257	84, 848	89, 505	639	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1, 012	192. 00
194. 00 07950 DAY HEALTH	0	0	0	0	149	194. 00
194. 01 07962 OUTREACH	0	0	0	119	11	194. 01
194. 02 07951 OCCUPATI ONAL MEDICINE	0	0	0	0		194. 02
194.03 07952 FUND DEVELOPMENT	0	0	0	1, 306		194. 03
194. 04 07953 0UTSIDE_LAUNDRY	0	0	0	0		194. 04
194. 05 07954  PHYSI CI AN SUPPORT	0	0	0	1, 187		194. 05
194. 06 07955 HOSPI TALI TY HOUSE	0	0	0	0		194. 06
194. 07 07956 HSK_DLALYSLS	0	0	0	0		194. 07
194. 08 07957  LEASED SALARI ES	0	0	0	0		194. 08
194.09 07958 VISITING PHYSICIANS	0	0	0	0		194. 09
194.10 07959 FARM LAND	0	0	0	0		194. 10
194. 11 07963 CONVENI ENCE CARE CLINIC	0	0	0	0		194. 11
194.12 07960 MMG-PHYSICIAN OFFICES	108	0	28	1, 959		194. 12
194. 13 07961 VALET PARKING SERVICE	0	0	0	0	l I	194. 13
194.14 07964 PAIN MANAGEMENT JOINT VENTURE	0	0	0	0		194. 14
194. 15 07965 ASSISTED LIVING	0	0	0	0	l	194. 15
200.00 Cross Foot Adjustments					l	200. 00
201.00 Negative Cost Centers	0	0	0	0	l	201. 00
202.00   TOTAL (sum lines 118 through 201)	108	257	84, 876	94, 076	1, 864	202. 00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 14-0089

				1	0 06/30/2023	Date/lime Pre   11/29/2023 2:	
	Cost Center Description	HOUSEKEEPI NG-H			DI ETARY	CAFETERI A	
		SB 11 9. 02	RTH0 9. 03	AB 9. 04	10.00	11. 00	
	GENERAL SERVICE COST CENTERS	9.02	9.03	9.04	10.00	11.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
1. 01	00101 CAP REL COSTS-HOSPI TAL						1. 01
1.02	00102 CAP REL COSTS-HSB I						1. 02
1. 03 1. 04	00103 CAP REL COSTS-HSB II 00104 CAP REL COSTS-REHAB CNT						1. 03 1. 04
1. 05	00104 CAP REL COSTS-REHAB CNT						1. 05
1. 06	00106 CAP REL COSTS-HOSPI TALI TY HOUSE						1. 06
1.07	00107 CAP REL COSTS-MAB						1. 07
1. 08	00108 CAP REL COSTS-ORTHO BLDG						1. 08
1.09	00109 CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1. 10 4. 00	00110 CAP REL COSTS-BUSHNELL OFFICE BLDG 00400 EMPLOYEE BENEFITS DEPARTMENT						1. 10 4. 00
5. 00	00500 ADMINISTRATIVE & GENERAL						5. 00
6.00	00600 MAINTENANCE & REPAIRS						6. 00
6. 01	00601 MAINTENANCE & REPAIRS-HSB I						6. 01
6. 02	00602 MAINTENANCE & REPAIRS-HSB II						6. 02
6. 03 6. 04	00603 MAINTENANCE & REPAIRS-REHAB CLINIC 00604 MAINTENANCE & REPAIRS-MAB						6. 03
6. 05	00605 MAINTENANCE & REPAIRS-WAB						6. 04 6. 05
6. 06	00606 MAI NTENANCE & REPAI RS-BUSHNELL						6.06
8.00	00800 LAUNDRY & LINEN SERVICE						8. 00
9. 00	00900 HOUSEKEEPI NG						9. 00
9. 01	00901 HOUSEKEEPI NG-HSB	1 222					9. 01
9. 02 9. 03	00902 HOUSEKEEPI NG-HSB II 00903 HOUSEKEEPI NG-ORTHO	1, 323	117				9. 02 9. 03
9. 04	00904 HOUSEKEEPI NG-MAB		0				9. 04
10.00	01000 DI ETARY	0	0	Ō			10.00
11. 00	01100 CAFETERI A	0	0	0	0	97, 625	11. 00
13. 00	01300 NURSI NG ADMI NI STRATI ON	0	0	0	_	1, 211	1
14.00	01400 CENTRAL SERVICES & SUPPLY	0	0	0	_	2, 384	1
15. 00 16. 00	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	0	0			2, 581 2, 895	1
17. 00	01700 SOCI AL SERVI CE	Ö	0				1
19. 00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0		1
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	0	0			9, 584	1
31. 00 40. 00	03100   NTENSI VE CARE UNI T 04000   SUBPROVI DER -   PF	0	0			3, 146 0	1
43. 00	04300 NURSERY	O	Ö				1
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	•			1
51. 00 52. 00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	0	0	0			1
53. 00	05300 ANESTHESI OLOGY		0	0	0	1, 414 0	52. 00 53. 00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	Ö	0	Ö	0	4, 817	1
57.00	05700 CT SCAN	0	0	0	0		1
	05800 MRI	0	0	0	, and the second	Ĭ	1
60.00	06000 LABORATORY	0	0	0	_	9, 506	1
63. 00 65. 00	06300 BLOOD STORI NG, PROCESSI NG & TRANS. 06500 RESPI RATORY THERAPY	0	0	0	0	0 3, 444	
66. 00	06600 PHYSI CAL THERAPY	O	Ö	Ö	0	5, 924	1
67. 00	06700 OCCUPATI ONAL THERAPY	0	0	0	0	445	1
68. 00	06800 SPEECH PATHOLOGY	0	0	0	0	571	1
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	
72. 00 73. 00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	
76. 00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES		0	0	0	3, 462	1
76. 01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	0	0	Ō	0	1, 389	1
76. 02		0	0	0	0	0	1
77. 00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77. 00
00.00	OUTPATIENT SERVICE COST CENTERS				0		00.00
88. 00 88. 01	08800 RURAL HEALTH CLINIC 08801 RURAL HEALTH CLINIC II	822	0	0	_	0 11, 898	
90.00	09000 CLINIC	225	0	0		5, 451	1
91. 00	09100 EMERGENCY	0	0	Ö	_	6, 072	
	09200 OBSERVATION BEDS (NON-DISTINCT PART					<u> </u>	92. 00
05 -	OTHER REIMBURSABLE COST CENTERS					_	
	09500 AMBULANCE SERVICES	0	0				95.00
	10100		0		_		101. 00 102. 00
102.00	SPECIAL PURPOSE COST CENTERS	. 0	0		<u> </u>	0	102.00
	11300 INTEREST EXPENSE						113. 00
116.00	11600 HOSPI CE	0	0	0	0	1, 421	116. 00

Health Financial Systems	MCDONOUGH DISTRICT HOSPITAL	In Lie	Lieu of Form CMS-2552-10		
ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 14-0089	Peri od:	Worksheet B		

				rom 07/01/2022 o 06/30/2023	Part II Date/Time Prepared: 11/29/2023 2:49 pm
Cost Center Description	HOUSEKEEPI NG-HH	OUSEKEEPI NG-O	HOUSEKEEPI NG-M	DI ETARY	CAFETERI A
·	SB II	RTH0	AB		
	9. 02	9. 03	9. 04	10.00	11. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1, 047	0	0	74, 374	95, 034 118. 00
NONREI MBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192. 00
194. 00 07950 DAY HEALTH	0	0	0	0	0 194. 00
194. 01 07962 OUTREACH	0	0	0	0	314 194. 01
194. 02 07951 OCCUPATIONAL MEDICINE	0	0	0	0	0 194. 02
194.03 07952 FUND DEVELOPMENT	0	0	0	0	734 194. 03
194. 04 07953 OUTSI DE LAUNDRY	0	0	0	0	0 194. 04
194. 05 07954 PHYSI CI AN SUPPORT	0	0	0	0	0 194. 05
194. 06 07955 HOSPI TALI TY HOUSE	0	0	0	0	0 194. 06
194. 07 07956 HSK DIALYSIS	0	0	0	0	0 194. 07
194. 08 07957 LEASED SALARIES	0	0	0	0	0 194. 08
194.09 07958 VISITING PHYSICIANS	0	0	0	0	317 194. 09
194.10 07959 FARM LAND	0	0	0	0	0 194. 10
194. 11 07963 CONVENIENCE CARE CLINIC	0	0	0	0	0 194. 11
194.12 07960 MMG-PHYSICIAN OFFICES	276	117	0	0	0 194. 12
194.13 07961 VALET PARKING SERVICE	0	O	0	0	640 194. 13
194.14 07964 PAIN MANAGEMENT JOINT VENTURE	0	O	0	0	0 194. 14
194. 15 07965 ASSISTED LIVING	O	O	0	0	586 194. 15
200.00 Cross Foot Adjustments					200. 00
201.00 Negative Cost Centers	o	o	0	o	0 201. 00
202.00 TOTAL (sum lines 118 through 201)	1, 323	117	0	74, 374	97, 625 202. 00

| Period: | Worksheet B | From 07/01/2022 | Part II | To 06/30/2023 | Date/Time Prepared: Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provi der CCN: 14-0089

				T	06/30/2023		
	Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	11/29/2023 2: A SOCIAL SERVICE	49 pili
		ADMI NI STRATI ON	SERVICES & SUPPLY		RECORDS & LI BRARY		
		13. 00	14. 00	15. 00	16. 00	17. 00	
-	GENERAL SERVICE COST CENTERS			ı			1 00
	00100 CAP REL COSTS-BLDG & FLXT 00101 CAP REL COSTS-HOSPLTAL						1. 00 1. 01
	00102 CAP REL COSTS-HSB I						1. 01
	00103 CAP REL COSTS-HSB II						1. 03
	00104 CAP REL COSTS-REHAB CNT						1. 04
	00105 CAP REL COSTS-DI AYSI S						1. 05
	00106 CAP REL COSTS-HOSPITALITY HOUSE 00107 CAP REL COSTS-MAB						1. 06 1. 07
	00107 CAP REL COSTS-WAD 00108 CAP REL COSTS-ORTHO BLDG						1. 07
	00109 CAP REL COSTS-CONVENIENCE CARE CLIN						1. 09
1.10	00110 CAP REL COSTS-BUSHNELL OFFICE BLDG						1. 10
	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
	00500 ADMI NI STRATI VE & GENERAL						5. 00
	00600 MAINTENANCE & REPAIRS 00601 MAINTENANCE & REPAIRS-HSB I						6. 00 6. 01
	00602 MAINTENANCE & REPAIRS-HSB II						6. 02
1	00603 MAINTENANCE & REPAIRS-REHAB CLINIC						6. 03
	00604 MAINTENANCE & REPAIRS-MAB						6. 04
	00605 MAINTENANCE & REPAIRS-ORTHO BLDG						6. 05
	00606 MAI NTENANCE & REPAI RS-BUSHNELL						6. 06
	00800 LAUNDRY & LINEN SERVICE						8. 00 9. 00
	00900 HOUSEKEEPI NG 00901 HOUSEKEEPI NG-HSB						9. 00 9. 01
	00902 HOUSEKEEPING-HSB II						9. 02
1	00903 HOUSEKEEPI NG-ORTHO						9. 03
9.04	00904 HOUSEKEEPI NG-MAB						9. 04
	01000 DI ETARY						10.00
	01100 CAFETERI A	00.440					11.00
	01300 NURSI NG ADMI NI STRATI ON	23, 449	100 574				13. 00 14. 00
	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY		180, 574 575				15. 00
	01600 MEDICAL RECORDS & LIBRARY		306		45, 682		16. 00
	01700 SOCI AL SERVI CE	o	114		0	27, 365	17. 00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19. 00
	INPATIENT ROUTINE SERVICE COST CENTERS	0.770	/ 45/		05 400	04 554	00.00
	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	8, 778 0	6, 456 1, 525		25, 423 0	21, 554 4, 722	30. 00 31. 00
	04000 SUBPROVI DER – I PF		1, 525		0	4, 722	40. 00
	04300 NURSERY	7, 068	0		0	Ö	43. 00
	ANCILLARY SERVICE COST CENTERS						
	05000 OPERATI NG ROOM	0	12, 671		0	0	50.00
	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	0 7, 374	1, 106 0		0	0	51. 00 52. 00
	05300 ANESTHESI OLOGY	7, 374	1, 013		0		53. 00
	05400 RADI OLOGY-DI AGNOSTI C	o	2, 252		_		
	05700 CT SCAN	O	67	0	0	0	57. 00
	05800 MRI	0	0		0	0	58. 00
	06000 LABORATORY	0	55, 186		0	0	60.00
	06300 BLOOD STORING, PROCESSING & TRANS. 06500 RESPIRATORY THERAPY	0	1, 605		0	0	63.00
	06600 PHYSI CAL THERAPY		1, 636 879		0		65. 00 66. 00
	06700 OCCUPATI ONAL THERAPY		66		0	o o	67. 00
	06800 SPEECH PATHOLOGY	o	18		0	0	68. 00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	40, 337		0	0	71. 00
	07200 I MPL. DEV. CHARGED TO PATIENTS	0	22, 134		0	0	72. 00
	07300 DRUGS CHARGED TO PATIENTS	0	12, 211		0	0	73.00
	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 03950 DI ABETES/WOUND CARE/COUMADI N CNTR	0	170 390		0	0	76. 00 76. 01
	03951 PAIN MANAGEMENT	0	0		0	Ö	76. 01
	07700 ALLOGENEIC HSCT ACQUISITION	o	0		0	Ö	77. 00
	OUTPATIENT SERVICE COST CENTERS						
	08800 RURAL HEALTH CLINIC	0	407		0	0	88. 00
	08801 RURAL HEALTH CLINIC II	o o	5, 092		0	0	88. 01
	09000 CLI NI C 09100 EMERGENCY	229	3, 489 8, 421		0 20, 259	0 605	90. 00 91. 00
	09200 OBSERVATION BEDS (NON-DISTINCT PART	229	0, 421		20, 239	005	91.00
-	OTHER REIMBURSABLE COST CENTERS						
	09500 AMBULANCE SERVICES	0	11		0		95. 00
	10100 HOME HEALTH AGENCY	0	1, 085		0		101.00
	10200 OPIOLD TREATMENT PROGRAM SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	102. 00
	11300 INTEREST EXPENSE						113. 00
		, <u> </u>		,		,	

				T	06/30/2023	Date/Time Pre 11/29/2023 2:	
C	Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE	
		ADMI NI STRATI ON	SERVICES &		RECORDS &		
			SUPPLY		LI BRARY		
		13. 00	14. 00	15. 00	16. 00	17. 00	
116. 00 11600 H	HOSPI CE	0	430	0	0	0	116. 00
118. 00 S	SUBTOTALS (SUM OF LINES 1 through 117)	23, 449	179, 652	68, 003	45, 682	26, 881	118. 00
	MBURSABLE COST CENTERS						
190. 00 19000 G	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190. 00
192. 00 19200 P	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192. 00
194. 00 07950 D		0	0	0	0	-	194. 00
194. 01 07962 0		0	7	0	0	-	194. 01
	OCCUPATIONAL MEDICINE	0	0	0	0	-	194. 02
	FUND DEVELOPMENT	0	382	0	0		194. 03
	OUTSI DE LAUNDRY	0	0	0	0		194. 04
1 1	PHYSICIAN SUPPORT	0	36	0	0		194. 05
	HOSPI TALI TY HOUSE	0	2	0	0		194. 06
194. 07 07956 H		0	0	0	0		194. 07
	LEASED SALARI ES	0	0	0	0		194. 08
1 1	/ISITING PHYSICIANS	0	25	0	0		194. 09
194. 10 07959 F		0	0	0	0		194. 10
	CONVENIENCE CARE CLINIC	0	0	0	0		194. 11
1 1	MMG-PHYSICIAN OFFICES	0	247	0	0		194. 12
194. 13 07961 V	/ALET PARKING SERVICE	0	192	0	0	0	194. 13
194. 14 07964 P	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194. 14
194. 15 07965 A	ASSISTED LIVING	0	31	0	0	0	194. 15
200.00 C	Cross Foot Adjustments						200. 00
	Negative Cost Centers	0	0	0	0	-	201. 00
202. 00 T	「OTAL (sum lines 118 through 201)	23, 449	180, 574	68, 003	45, 682	27, 365	202. 00

					To 06/30/2023	
	Cost Center Description	NONPHYSI CI AN ANESTHETI STS	Subtotal	Intern & Residents Cos & Post Stepdown	Total t	11/29/2023 2: 49 pm
		19.00	24. 00	Adjustments 25.00	26.00	
	GENERAL SERVICE COST CENTERS					
1. 00 1. 01 1. 02 1. 03 1. 04 1. 05 1. 06 1. 07 1. 08 1. 09 1. 10 4. 00 5. 00 6. 00 6. 01 6. 02 6. 03 6. 04 6. 05 6. 06 8. 00 9. 01 9. 01 9. 02 9. 01 9. 02 9. 03 9. 04 10. 00 11. 00 13. 00	OO100 CAP REL COSTS-BLDG & FIXT OO101 CAP REL COSTS-HOSPITAL OO102 CAP REL COSTS-HSB I OO103 CAP REL COSTS-HSB II OO104 CAP REL COSTS-HSB II OO105 CAP REL COSTS-BLDG & FIXT OO105 CAP REL COSTS-BHAB CNT OO105 CAP REL COSTS-BHAB CNT OO106 CAP REL COSTS-BITALITY HOUSE OO107 CAP REL COSTS-MAB OO108 CAP REL COSTS-MAB OO109 CAP REL COSTS-ORTHO BLDG OO109 CAP REL COSTS-BUSHNELL OFFICE BLDG OO400 EMPLOYEE BENEFITS DEPARTMENT OO500 ADMINISTRATIVE & GENERAL OO600 MAINTENANCE & REPAIRS OO601 MAINTENANCE & REPAIRS OO601 MAINTENANCE & REPAIRS-HSB II OO602 MAINTENANCE & REPAIRS-HSB II OO603 MAINTENANCE & REPAIRS-BUSHNELL OO604 MAINTENANCE & REPAIRS-ORTHO BLDG OO605 MAINTENANCE & REPAIRS-BUSHNELL OO606 MAINTENANCE & REPAIRS-BUSHNELL OO607 MAINTENANCE & REPAIRS-BUSHNELL OO608 MAINTENANCE & REPAIRS-BUSHNELL OO609 HOUSEKEEPING OO901 HOUSEKEEPING-HSB OO902 HOUSEKEEPING-HSB OO903 HOUSEKEEPING-HSB OO904 HOUSEKEEPING-HSB OO905 CAFETERIA OO100 OLETARY OO006 CAFETERIA OOND OND OND OND OND OND OND OND OND OND					1. 00 1. 01 1. 02 1. 03 1. 04 1. 05 1. 06 1. 07 1. 08 1. 09 1. 10 4. 00 5. 00 6. 00 6. 01 6. 02 6. 03 6. 04 6. 05 6. 06 8. 00 9. 00 9. 01 9. 02 9. 03 9. 04 10. 00 11. 00 13. 00
14. 00 15. 00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY					14. 00 15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY					16. 00
17. 00 19. 00	01700   SOCIAL SERVICE   01900   NONPHYSICIAN ANESTHETISTS	753				17. 00 19. 00
20.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS		1 417 04/		0 1 417 047	20.00
30. 00 31. 00	03000   ADULTS & PEDIATRICS   03100   INTENSIVE CARE UNIT		1, 417, 84 <i>6</i> 133, 188	1	0 1, 417, 846 0 133, 188	30. 00 31. 00
40. 00	04000 SUBPROVI DER - I PF		(	1	0 0	40.00
43. 00	04300 NURSERY ANCILLARY SERVICE COST CENTERS		36, 146		0 36, 146	43. 00
50. 00	05000 OPERATING ROOM		933, 701	1	0 933, 701	50.00
51. 00	05100 RECOVERY ROOM		71, 106	1	71, 106	51.00
52. 00 53. 00	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY		52, 614	1	0 52, 614 0 1, 751	52. 00
54. 00	05400 RADI OLOGY-DI AGNOSTI C		1, 751 401, 153		0 1, 751 0 401, 153	53. 00 54. 00
57. 00	05700 CT SCAN		21, 749	1	0 21, 749	57. 00
58. 00	05800 MRI		16, 608		0 16, 608	58. 00
60. 00 63. 00	06000   LABORATORY   06300   BLOOD STORING, PROCESSING & TRANS.		287, 580	1	0 287, 580	60.00
65. 00	06500 RESPIRATORY THERAPY		3, 575 136, 248	1	0 3, 575 0 136, 248	65. 00
66. 00	06600 PHYSI CAL THERAPY		222, 564	1	0 222, 564	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY		10, 478	1	0 10, 478	67. 00
68. 00	06800 SPEECH PATHOLOGY		25, 555	1	0 25, 555	68. 00
71. 00 72. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS		48, 86 <i>6</i> 26, 625	1	0 48, 866 0 26, 625	71. 00 72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS		82, 692		0 82, 692	73. 00
76. 00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES		31, 981	1	0 31, 981	76. 00
	03950 DIABETES/WOUND CARE/COUMADIN CNTR		76, 113	1	0 76, 113	76. 01
	03951 PALN MANAGEMENT		C	1	0 0	76. 02
77. 00	07700   ALLOGENEIC HSCT ACQUISITION   OUTPATIENT SERVICE COST CENTERS			ון	0 0	77. 00
88. 00	08800 RURAL HEALTH CLINIC		107, 515	5	0 107, 515	88. 00
88. 01	08801 RURAL HEALTH CLINIC II		254, 106	5	0 254, 106	88. 01
90. 00	09000 CLI NI C		238, 606	1	0 238, 606	90. 00
91.00	09100 EMERGENCY		474, 703	1	0 474, 703	91.00
92. 00	O9200   OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS				0	92. 00
95. 00	09500 AMBULANCE SERVICES		80, 931		0 80, 931	95. 00
101.00	10100 HOME HEALTH AGENCY		33, 182	2	0 33, 182	101. 00
102.00	10200 OPI OI D TREATMENT PROGRAM		C	)	0 0	102. 00

Health Financial Systems ALLOCATION OF CAPITAL RELATED COSTS	MCDONOUGH DI STRI		CN: 14-0089	Peri od:	u of Form CMS-2552-1 Worksheet B
ALLOCATION OF CALLIAL RELATED COSTS		110videi C		From 07/01/2022	Part II
				To 06/30/2023	Date/Time Prepared:
0 1 0 1 5 11	NONDUNCI OL ANI	6 1 1 1 1		T	11/29/2023 2: 49 pm
Cost Center Description	NONPHYSI CI AN ANESTHETI STS	Subtotal	Intern & Residents Cos	Total	
	ANESTRETTSTS		& Post	) t	
			Stepdown		
			Adjustments		
	19.00	24. 00	25. 00	26.00	
SPECIAL PURPOSE COST CENTERS	<u>'</u>		1		
113. 00 11300 I NTEREST EXPENSE					113. 00
116. 00 11600 HOSPI CE		14, 811		0 14, 811	116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	5, 241, 993	3	0 5, 241, 993	118. 00
NONREI MBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN		0		0	190. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES		181, 848	1	0 181, 848	192. 00
194.00 07950 DAY HEALTH		24, 936	1	0 24, 936	194. 00
194. 01 07962 OUTREACH		4, 619	7	0 4, 619	194. 0
194. 02 07951 OCCUPATI ONAL MEDI CI NE		0		0	194. 02
194. 03 07952 FUND DEVELOPMENT		65, 201		0 65, 201	194. 03
194. 04 07953 OUTSI DE LAUNDRY		0	)	0	194. 04
194. 05 07954 PHYSI CI AN SUPPORT		3, 598		0 3, 598	194. 05
194. 06 07955 HOSPI TALI TY HOUSE		10, 494		0 10, 494	194. 06
194. 07 07956 HSK DI ALYSI S		0	)	0 0	194. 0
194. 08 07957 LEASED SALARI ES		3, 699		0 3, 699	194. 08
194. 09 07958 VISITING PHYSICIANS		6, 283		0 6, 283	194. 09
194. 10 07959 FARM LAND		224, 799	<u>'</u>	0 224, 799	194. 10
194. 11 07963 CONVENI ENCE CARE CLINIC		100 510	)	0 0	194. 1
194. 12 07960 MMG-PHYSI CI AN OFFI CES		180, 518	1	0 180, 518	194. 1
194. 13 07961 VALET PARKING SERVICE		1, 617	1	0 1, 617	194. 1
194.14 07964 PALN MANAGEMENT JOINT VENTURE		10 214	1	0 0	194. 14 194. 1
194. 15 07965 ASSISTED LIVING	750	19, 216		0 19, 216	
200.00 Cross Foot Adjustments 201.00 Negative Cost Centers	753	753		0 753 0 0	200. 00 201. 00
1 1 3	1	E 040 574	1	-	
202.00   TOTAL (sum lines 118 through 201)	753	5, 969, 574	†I	0 5, 969, 574	202. 0

Provider CCN: 14-0089

			CAR	TTAL RELATED CO	nete	11/29/2023 2:	
			CAP	TIAL RELATED CO	0515		
	Cost Center Description	BLDG & FIXT	CAP REL	CAP REL	CAP REL	CAP REL	
		(SQUARE FEET)	COSTS-HOSPI TAL	COSTS-HSB I (SQUARE FEET)	COSTS-HSB II (SQUARE FEET)	COSTS-REHAB CNT	
			(SQUARE FEET)	,	(SQS/IKE TEET)	(PER CENT)	
	CENEDAL CEDIU CE COCT CENTEDO	1.00	1. 01	1. 02	1. 03	1. 04	
1. 00	GENERAL SERVICE COST CENTERS  00100 CAP REL COSTS-BLDG & FIXT	1 0					1. 00
1. 01	00101 CAP REL COSTS-HOSPI TAL	0	235, 497				1. 01
1.02	00102 CAP REL COSTS-HSB I	0	0	68, 137			1. 02
1. 03 1. 04	00103 CAP REL COSTS-HSB II 00104 CAP REL COSTS-REHAB CNT	0	0	0	48, 336	4, 300	1. 03 1. 04
1.04	00104 CAP REL COSTS-REHAB CNT			0	0	4, 300	1. 04
1.06	00106 CAP REL COSTS-HOSPI TALI TY HOUSE	0	Ö	ō	0	0	1. 06
1.07	00107 CAP REL COSTS-MAB	0	0	0	0	0	1. 07
1. 08 1. 09	00108 CAP REL COSTS-ORTHO BLDG 00109 CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1. 08 1. 09
1. 10	00110 CAP REL COSTS-BUSHNELL OFFICE BLDG			Ö	0	0	1. 10
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	0	1, 970	1	0	0	4. 00
5.00	00500 ADMINISTRATIVE & GENERAL	0	14, 830		17, 367	0	5. 00
6. 00 6. 01	00600   MAI NTENANCE & REPAI RS   00601   MAI NTENANCE & REPAI RS-HSB   1	0	9, 300	12, 362	0	0	6. 00 6. 01
6. 02	00602 MAINTENANCE & REPAIRS-HSB II	0	Ö	0	5, 090	0	6. 02
6. 03	00603 MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6. 03
6. 04 6. 05	00604 MAI NTENANCE & REPAI RS-MAB 00605 MAI NTENANCE & REPAI RS-ORTHO BLDG	0	0	0	0	0	6. 04 6. 05
6. 06	00606 MAI NTENANCE & REPAIRS-ONTHO BEDG			0	0	0	6. 06
8.00	00800 LAUNDRY & LINEN SERVICE	0	3, 700	0	0	0	8. 00
9.00	00900 HOUSEKEEPI NG	0	3, 900	0	0	0	9. 00
9. 01 9. 02	00901 HOUSEKEEPI NG-HSB 00902 HOUSEKEEPI NG-HSB I I	0	0	0	0	0	9. 01 9. 02
9. 03	00903 HOUSEKEEPI NG-ORTHO	Ö	Ö	ő	0	Ö	9. 03
9.04	00904 HOUSEKEEPI NG-MAB	0	0	0	0	0	9. 04
10.00	01000 DI ETARY	0	2, 810	1	0	0	10.00
11. 00 13. 00	01100 CAFETERIA 01300 NURSI NG ADMI NI STRATI ON	0	4, 000 740		0	0	11. 00 13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY	0	7, 320	1	0	0	14. 00
15.00	01500 PHARMACY	0	1, 374		0	0	15. 00
16. 00 17. 00	01600 MEDI CAL RECORDS & LI BRARY 01700 SOCI AL SERVI CE	0	.,	1	0	0	16. 00 17. 00
19. 00	01900 NONPHYSI CLAN ANESTHETI STS			1	0	0	19. 00
	INPATIENT ROUTINE SERVICE COST CENTERS	_			_	_	
30. 00 31. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	0	53, 880 3, 660	1	0	0	30. 00 31. 00
40. 00	04000 SUBPROVI DER - I PF			0	0	0	40. 00
43.00	04300 NURSERY	0	990	0	0	0	43. 00
F0 00	ANCI LLARY SERVI CE COST CENTERS		20.040	2 102		0	FO 00
50. 00 51. 00	05000 OPERATI NG ROOM 05100 RECOVERY ROOM	0		1		0	50. 00 51. 00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	0		1		0	52. 00
53. 00	05300 ANESTHESI OLOGY	0		0	_	0	53. 00
54. 00 57. 00	05400 RADI OLOGY-DI AGNOSTI C 05700 CT SCAN	0	16, 136 670	i	0	0	54. 00 57. 00
58. 00	05800 MRI		500	l .	0	0	58. 00
60.00	06000 LABORATORY	0	7, 913	1	0	0	60. 00
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65. 00 66. 00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	0	4, 924 4, 956	1	0	0 4, 300	65. 00 66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	0	340	1	0	0	67. 00
68. 00	06800 SPEECH PATHOLOGY	0	1, 024	0	0	0	68. 00
71.00	07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT	0	0	0	0	0	71.00
72. 00 73. 00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS			0	0	0	72. 00 73. 00
76. 00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	Ö	2, 729	0	0	76. 00
76. 01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	0	3, 112		0	0	76. 01
76. 02 77. 00	03951 PAIN MANAGEMENT 07700 ALLOGENEIC HSCT ACQUISITION	0		0	0	0	76. 02 77. 00
77.00	OUTPATIENT SERVICE COST CENTERS			'I U	0	0	77.00
88. 00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88. 00
88. 01	08801 RURAL HEALTH CLINIC II	0		2, 576		0	88. 01
90. 00 91. 00	09000   CLI NI C   09100   EMERGENCY	0	1		4, 400	0	90. 00 91. 00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART		10, 357			O .	92.00
	OTHER REIMBURSABLE COST CENTERS	I	I	ı			
95. 00 101. 00	09500   AMBULANCE SERVI CES   10100   HOME   HEALTH   AGENCY	0 0		i		0	95. 00 101. 00
101.00	PITOTOOTHONIC HEACHT AGENCT	1 0	1 0	'I U	ı U	0	101.00

			T	0 06/30/2023	Date/Time Pre 11/29/2023 2:	pared: 49 pm
		CAP	ITAL RELATED CO	OSTS		
Cost Center Description	BLDG & FIXT	CAP REL	CAP REL	CAP REL	CAP REL	
'	(SQUARE FEET)	COSTS-HOSPI TAL	COSTS-HSB I	COSTS-HSB II	COSTS-REHAB	
			(SQUARE FEET)	(SQUARE FEET)	CNT	
		(SQUARE FEET)			(PER CENT)	
102 00 10200 ODI OLD TREATMENT DROCDAM	1.00	1.01	1.02	1. 03	1. 04	100.00
102. 00 10200 OPI OI D TREATMENT PROGRAM SPECIAL PURPOSE COST CENTERS		0	0	U <sub>I</sub>	0	102. 00
113. 00 11300 I NTEREST EXPENSE						113. 00
116. 00 11600 HOSPI CE		0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)		217, 647	39, 245	42, 942		118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	C	0	0	0	0	190. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	C	0	23, 869	0		192. 00
194. 00 07950 DAY HEALTH	C	0	3, 511	0		194. 00
194. 01 07962 OUTREACH	C	0	256	0		194. 01
194. 02 07951 OCCUPATI ONAL MEDI CI NE	C	0	0	0		194. 02
194. 03 07952 FUND DEVELOPMENT	C	2, 600	0	0		194. 03
194. 04 07953 OUTSI DE LAUNDRY	C	0	0	0		194. 04
194. 05 07954 PHYSI CI AN SUPPORT		0	0	0		194. 05
194. 06 07955 HOSPI TALI TY HOUSE 194. 07 07956 HSK DI ALYSI S		0	0	0		194. 06 194. 07
194. 07 07956 HSK DI ALYSI S 194. 08 07957 LEASED SALARI ES		0	0	0		194. 07
194. 08 07937 LEASED SALARI ES 194. 09 07958 VI SI TI NG PHYSI CI ANS			0	0		194. 08
194. 10 07959 FARM LAND		10, 000	0		-	194. 10
194. 11 07963 CONVENI ENCE CARE CLINIC		10,000	0	ol ol		194. 11
194. 12 07960 MMG-PHYSI CI AN OFFI CES		4, 500	1, 256	5, 394		194. 12
194. 13 07961 VALET PARKING SERVICE	C	0	0	O	0	194. 13
194.14 07964 PAIN MANAGEMENT JOINT VENTURE	C	0	0	o	0	194. 14
194. 15 07965 ASSISTED LIVING	C	750	0	o	0	194. 15
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)	C	4, 991, 302	369, 251	372, 428	44, 015	202. 00
203.00 Unit cost multiplier (Wkst. B, Part I)	0. 000000	21. 194758	5. 419244	7. 704982	10. 236047	203. 00
204.00 Cost to be allocated (per Wkst. B,						204. 00
Part II) 205.00 Unit cost multiplier (Wkst. B, Part						205. 00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206. 00
207.00 NAHE unit cost multiplier (Wkst. D,						207. 00
Parts III and IV)	1	I	I	ı I		I

			CAP	ITAL RELATED CO	OSTS	11/29/2023 2:	
	Cost Center Description	CAP REL COSTS-DI AYSI S	CAP REL COSTS-HOSPI TAL	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO	CONVENIENCE CARE CLIN	
		(PER CENT)	ITY HOUSE	(SQUARE FEET)	BLDG	(PER CENT)	
		1.05	(PER CENT) 1.06	1. 07	(SQUARE FEET) 1.08	1. 09	
1 00	GENERAL SERVICE COST CENTERS		I	I			1 1 00
1. 00 1. 01	00100 CAP REL COSTS-BLDG & FIXT 00101 CAP REL COSTS-HOSPITAL						1. 00 1. 01
1.02	00102 CAP REL COSTS-HSB I						1. 02
1.03	00103 CAP REL COSTS-HSB II						1. 03
1. 04 1. 05	00104 CAP REL COSTS-REHAB CNT 00105 CAP REL COSTS-DI AYSI S	0					1. 04 1. 05
1.06	00106 CAP REL COSTS-HOSPI TALI TY HOUSE	0	2, 160				1. 06
1.07	00107 CAP REL COSTS-MAB	0	0		0 172		1. 07
1. 08 1. 09	00108 CAP REL COSTS-ORTHO BLDG 00109 CAP REL COSTS-CONVENIENCE CARE CLIN			0	9, 172 0	0	1. 08 1. 09
1. 10	00110 CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	0	0	1. 10
4. 00 5. 00	00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL	0	0	0	0 4, 586	0	4. 00 5. 00
6. 00	00600 MAI NTENANCE & REPAI RS	0		0	4, 380	0	
6. 01	00601 MAINTENANCE & REPAIRS-HSB I	0	0	0	0	0	
6. 02 6. 03	00602 MAINTENANCE & REPAIRS-HSB II 00603 MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	1
6. 04	00604 MAI NTENANCE & REPAI RS-MAB	0	Ö	ő	0	Ö	
6. 05	00605 MAI NTENANCE & REPAI RS-ORTHO BLDG	0	0	0	0	0	6. 05
6. 06 8. 00	00606 MAINTENANCE & REPAIRS-BUSHNELL 00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	
9. 00	00900 HOUSEKEEPI NG	0	Ö	ő	0	Ö	
9. 01	00901 HOUSEKEEPI NG-HSB	0	0	0	0	0	
9. 02 9. 03	00902 HOUSEKEEPI NG-HSB 11 00903 HOUSEKEEPI NG-ORTHO	0		0	0	0	
9. 04	00904 HOUSEKEEPI NG-MAB	0	0	0	0	0	9. 04
10.00	01000 DI ETARY	0	0	0	0	0	10.00
11. 00 13. 00	01100 CAFETERI A 01300 NURSI NG ADMI NI STRATI ON			0	0	0	11. 00 13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14. 00
15. 00 16. 00	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	
17. 00	01700 SOCI AL SERVI CE	0			Ü		1
19. 00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19. 00
30. 00	O3000 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31. 00	03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40. 00 43. 00	04000 SUBPROVI DER - I PF 04300 NURSERY	0	0				1
43.00	ANCI LLARY SERVI CE COST CENTERS				0		43.00
50.00	05000 OPERATING ROOM	0	0				
51. 00 52. 00	O5100   RECOVERY ROOM   O5200   DELIVERY ROOM & LABOR ROOM	0	0				
53. 00	05300 ANESTHESI OLOGY	0	0	1			1
54. 00 57. 00	05400   RADI OLOGY-DI AGNOSTI C   05700   CT   SCAN	0	0	0	0	0	
58. 00	05800 MRI	0	0	0	0	0	1
60.00	06000 LABORATORY	0	0	0	0	0	
63. 00 65. 00	06300 BLOOD STORING, PROCESSING & TRANS. 06500 RESPIRATORY THERAPY	0	0	0	0	0	63. 00 65. 00
66. 00	06600 PHYSI CAL THERAPY	0	Ö	ő	0	Ö	66. 00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68. 00 71. 00	06800 SPEECH PATHOLOGY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	0	68. 00 71. 00
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	Ö	o o	0	0	1
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	
76. 00 76. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 03950 DI ABETES/WOUND CARE/COUMADI N CNTR	0		0	0	0	
76. 02	03951 PAIN MANAGEMENT	0	0	0		0	76. 02
77. 00	07700 ALLOGENEI C HSCT ACQUISITION OUTPATIENT SERVICE COST CENTERS	0	0	0	0	0	77. 00
88. 00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88. 00
88. 01	08801 RURAL HEALTH CLINIC II	0	0	0	0	0	
90. 00 91. 00	09000   CLI NI C   09100   EMERGENCY	0	0	0	0	0	
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
95 00	OTHER REIMBURSABLE COST CENTERS  O9500 AMBULANCE SERVI CES	0	0	0	0	0	95. 00
	10100 HOME HEALTH AGENCY	0					101.00

			T.	0 06/30/2023	Date/Time Pre 11/29/2023 2:	
		CAP	ITAL RELATED CO	OSTS		
Cost Center Description	CAP REL COSTS-DI AYSI S	CAP REL COSTS-HOSPITAL	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO	CONVENIENCE CARE CLIN	
	(PER CENT)	ITY HOUSE (PER CENT)	(SQUARE FEET)	BLDG (SQUARE FEET)	(PER CENT)	
	1. 05	1. 06	1. 07	1. 08	1. 09	
102. 00 10200 OPI OI D TREATMENT PROGRAM	0	0	0	0	0	102. 00
SPECIAL PURPOSE COST CENTERS						113. 00
113. 00 11300  I NTEREST EXPENSE 116. 00 11600  HOSPI CE	0		1, 050		0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	· ·	l .		118.00
NONREI MBURSABLE COST CENTERS		0	2, 100	4, 300	0	1110.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	ol	0	190. 00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	o	3, 000	o		192. 00
194. 00 07950 DAY HEALTH	0	0	0	О	0	194. 00
194. 01 07962 OUTREACH	0	0	0	o	0	194. 01
194. 02 07951 OCCUPATI ONAL MEDI CI NE	0	0	0	0	0	194. 02
194.03 07952 FUND DEVELOPMENT	0	0	0	0		194. 03
194. 04 07953 OUTSI DE LAUNDRY	0	0	0	0		194. 04
194. 05 07954 PHYSI CI AN SUPPORT	0	0	0	0		194. 05
194. 06 07955 HOSPI TALI TY HOUSE	0	2, 160	0	0		194. 06
194. 07 07956 HSK DI ALYSI S	0	0	0	0		194. 07
194. 08 07957 LEASED SALARIES 194. 09 07958 VISITING PHYSICIANS	0	0	900			194. 08 194. 09
194. 09 07958  VISITING PHYSICIANS 194. 10 07959  FARM LAND	0	0	1, 200 0	l I		194. 09
194. 10 07959  FARW LAND 194. 11 07963  CONVENI ENCE CARE CLINI C	0	0	0	0		194. 10
194. 12 07960 MMG-PHYSI CI AN OFFI CES	0	0	0	4, 586		194. 11
194. 13 07961 VALET PARKING SERVICE	0	0	0	4, 500		194. 13
194. 14 07964 PAIN MANAGEMENT JOINT VENTURE	0	o o	0	o		194. 14
194. 15 07965 ASSISTED LIVING	0	o	l o	ol		194. 15
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers						201. 00
202.00   Cost to be allocated (per Wkst. B, Part I)	0	10, 359	29, 143	26, 156	0	202. 00
203.00 Unit cost multiplier (Wkst. B, Part I)	0. 000000	4. 795833	4. 047639	2. 851723	0.000000	203. 00
204.00 Cost to be allocated (per Wkst. B, Part II)						204. 00
205.00 Unit cost multiplier (Wkst. B, Part						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
i liaito ili ana iv)	1	1	ı	ı I		ı

	MCDONOUGH DISTR				eu of Form CMS-	
COST ALLOCATION - STATISTICAL BASIS		Provi der C		Peri od:	Worksheet B-1	
				From 07/01/2022 To 06/30/2023	Date/Time Pre 11/29/2023 2:	
Cost Center Description	CAPITAL RELATED COSTS BUSHNELL OFFICE BLDG (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)		ADMINISTRATIVE & GENERAL (ACCUM. COST)	REPAIRS (SQUARE FEET)	·
	1. 10	4. 00	5A	5. 00	6. 00	
101. 00 10100 HOME HEALTH AGENCY	0	1, 484, 683		2, 230, 429		101.00
102. 00 10200 OPI OI D TREATMENT PROGRAM	0	0	) (	0	0	102. 00
SPECIAL PURPOSE COST CENTERS						140.00
113. 00 11300   NTEREST EXPENSE		2/5 2/4		040.455		113.00
116. 00 11600 HOSPI CE	0	365, 964		849, 155		116.00
118. 00 SUBTOTALS (SUM OF LINES 1 through 117)	5, 806	31, 999, 472	-13, 086, 078	59, 436, 796	191, 547	1118.00
NONREI MBURSABLE COST CENTERS  190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	C	ı ,	0		190. 00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN  192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0	1	0 141, 494	<b>l</b>	190.00
194. 00 07950 DAY HEALTH	0	0	1	19, 027		194. 00
194. 01 07962 OUTREACH	0	179, 747	1	249, 114		194. 00
194. 02 07951 OCCUPATI ONAL MEDI CI NE	0	1/9, /4/	1	249, 114		194. 01
194. 03 07951 OCCOPATIONAL MEDICINE	0	161, 209	1	537, 538		194. 02
194. 04 07953 OUTSI DE LAUNDRY	0	161, 209	i	337, 336		194. 03
194. 05 07954 PHYSI CI AN SUPPORT	0	0	1	275, 992		194. 04
194. 06 07955 HOSPI TALI TY HOUSE	0	838		15, 295	•	194. 05
194. 07 07956 HSK DI ALYSI S	0	030	1	0 13, 243		194. 00
194. 08 07957 LEASED SALARI ES	0	0	1	3, 643		194. 07
194. 09 07958 VI SI TI NG PHYSI CI ANS	0	78, 014	1	110, 471		194. 09
194. 10 07959 FARM LAND	0	70,014	l .	223, 353	1	194. 10
194. 11 07963 CONVENI ENCE CARE CLINIC	0	0	1	0 223, 333		194. 11
194. 12 07960 MMG-PHYSI CI AN OFFI CES	0	9, 085	1	563, 246		194. 12
194. 13 07961 VALET PARKING SERVICE	0	56, 848		82, 790		194. 13
194. 14 07964 PAIN MANAGEMENT JOINT VENTURE	o o	00, 010	l .	0 02,770		194. 14
194. 15 07965 ASSISTED LIVING	o o	131, 432		199, 343	l	194. 15
200.00 Cross Foot Adjustments	ا ا	1017 102		1,,,,,,,,,	, , ,	200. 00
201.00 Negative Cost Centers						201. 00
202.00 Cost to be allocated (per Wkst. B, Part I)	126, 920	11, 294, 957		13, 086, 078	4, 374, 816	
203.00 Unit cost multiplier (Wkst. B, Part I)	21. 860145	0. 346294		0. 211550	20. 892448	203 00
204.00 Cost to be allocated (per Wkst. B, Part II)	21. 000110	41, 754		532, 251	228, 858	
205.00 Unit cost multiplier (Wkst. B, Part		0. 001280		0. 008604	1. 092938	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

			Ť	06/30/2023	Date/Time Pre 11/29/2023 2:	
Cost Center Description		MAINTENANCE & REPAIRS-HSB II	REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG	.,
	6. 01	(SQUARE FEET) 6.02	(PER CENT) 6.03	6. 04	(SQUARE FEET) 6.05	
GENERAL SERVICE COST CENTERS			ı			
1. 00   00100   CAP REL COSTS-BLDG & FIXT 1. 01   00101   CAP REL COSTS-HOSPITAL						1.00
1. 02   00101 CAP REL   COSTS-HOSFT FAL						1.01
1.03 00103 CAP REL COSTS-HSB II						1. 03
1. 04 00104 CAP REL COSTS-REHAB CNT						1.04
1. 05   00105   CAP REL   COSTS-DI AYSI S 1. 06   00106   CAP REL   COSTS-HOSPI TALI TY HOUS						1. 05 1. 06
1. 07   00100 CAP REL   COSTS-HOSPITALITY HOUS	PE					1.00
1.08 O0108 CAP REL COSTS-ORTHO BLDG						1. 08
1. 09 00109 CAP REL COSTS-CONVENIENCE CARE						1. 09
1.10   00110   CAP REL COSTS-BUSHNELL OFFICE E 4.00   00400   EMPLOYEE BENEFITS DEPARTMENT	BLDG					1. 10 4. 00
5. 00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6. 00
6.01 00601 MAINTENANCE & REPAIRS-HSB I	43, 976					6. 01
6. 02 00602 MAINTENANCE & REPAIRS-HSB II 6. 03 00603 MAINTENANCE & REPAIRS-REHAB CLI	NIC 0	25, 879	4, 300			6. 02 6. 03
6. 04   00604 MAI NTENANCE & REPAI RS-MAB	0	0	4, 300	7, 200		6. 04
6. 05 00605 MAI NTENANCE & REPAI RS-ORTHO BLD	og 0	Ō	Ö	0	4, 586	6. 05
6. 06 00606 MAI NTENANCE & REPAI RS-BUSHNELL	0	0	0	0	0	6. 06
8.00   00800   LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9. 00   00900  HOUSEKEEPI NG 9. 01   00901  HOUSEKEEPI NG-HSB	0	0	0	_	0	9. 00 9. 01
9. 02   00902   HOUSEKEEPI NG-HSB   1	0	0	0	0	0	9. 02
9. 03 00903 HOUSEKEEPI NG-ORTHO	0	0	0	0	0	9. 03
9. 04 00904 HOUSEKEEPI NG-MAB	0	0	0	0	0	9. 04
10. 00   01000   DI ETARY	0	0	0	0	0	10.00
11. 00   01100   CAFETERI A 13. 00   01300   NURSI NG ADMI NI STRATI ON	0	0	J 0	0	0	11. 00
14. 00 01400 CENTRAL SERVICES & SUPPLY	0	0	Ö	0	Ö	14. 00
15. 00 01500 PHARMACY	0	0	0	0	0	15. 00
16. 00 01600 MEDI CAL RECORDS & LI BRARY	0	0	0	0	0	16.00
17. 00   01700   SOCIAL SERVICE 19. 00   01900   NONPHYSICIAN ANESTHETISTS	0	0	0	_	0	17. 00 19. 00
INPATIENT ROUTINE SERVICE COST CENTER						17.00
30. 00 03000 ADULTS & PEDIATRICS	0	0	0		_	30.00
31. 00   03100   I NTENSI VE CARE UNI T 40. 00   04000   SUBPROVI DER - I PF	0	0	0	_	0	
40. 00   04000   SUBPROVI DER - I PF 43. 00   04300   NURSERY	0	0			0	40. 00 43. 00
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATING ROOM	2, 182	0	0	0	0	50.00
51. 00   05100   RECOVERY ROOM	0	0	0	0	0	
52. 00   05200   DELI VERY ROOM & LABOR ROOM 53. 00   05300   ANESTHESI OLOGY	0	)   0	0	0	0	52. 00 53. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0	Ö	0	Ö	
57. 00  05700   CT   SCAN	0	0	0	0	0	
58. 00   05800   MRI	0	0	0	0	0	58.00
60. 00   06000   LABORATORY 63. 00   06300   BLOOD STORING, PROCESSING & TRA	.NS 0	0	0	0	0	60.00
65. 00 06500 RESPIRATORY THERAPY	0	0	Ö	0	ő	65.00
66. 00 06600 PHYSI CAL THERAPY	0	0	4, 300	0	0	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	0	0	0	0	0	67.00
68. 00   06800   SPEECH PATHOLOGY 71. 00   07100   MEDICAL SUPPLIES CHARGED TO PAT	0 O	0	0	0	0	68. 00 71. 00
72. 00 07100 MEDICAL SUFFEILS CHARGED TO PATIENTS	0	0	0	0	0	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	Ö	Ö	o o	0	73. 00
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI		0	0	0	0	76. 00
76. 01 03950 DI ABETES/WOUND CARE/COUMADIN CN	IIR 0	0	0	0	0	76. 01
76.02   03951   PAIN MANAGEMENT 77.00   07700   ALLOGENEIC HSCT ACQUISITION	0	)   0	0	0	0 0	76. 02 77. 00
OUTPATIENT SERVICE COST CENTERS	0	0	·	0	0	1 , ,
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	
88. 01   08801   RURAL HEALTH CLINIC II	2, 576			0	0	
90. 00   09000   CLI NI C 91. 00   09100   EMERGENCY	7, 597	4, 400	0	0	0 0	90.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT	-	0	١			91.00
OTHER REIMBURSABLE COST CENTERS						1 2.00
95. 00 09500 AMBULANCE SERVI CES	0	0	0		0	
101.00 10100 HOME HEALTH AGENCY	0	0		,		101.00
102.00 10200 0PI0ID TREATMENT PROGRAM	0	0	0	1 0	0	102. 00

Health Financial Systems	MCDONOUGH DIST	RICT HOSPITAL		In Lie	eu of Form CMS-	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provi der Co		Peri od:	Worksheet B-1	
				From 07/01/2022 Fo 06/30/2023		
Cost Center Description	MAINTENANCE &	MAINTENANCE &	MAINTENANCE &	MAINTENANCE &	MAINTENANCE &	
		REPAIRS-HSB II	REPAI RS-REHAB		REPAI RS-ORTHO	
	(SQUARE FEET)		CLINIC	(SQUARE FEET)	BLDG	
		(SQUARE FEET)	(PER CENT)		(SQUARE FEET)	
	6. 01	6. 02	6. 03	6. 04	6. 05	
SPECIAL PURPOSE COST CENTERS						1
113.00 11300 INTEREST EXPENSE						113. 00
116. 00 11600 HOSPI CE	C	1	1	1, 050		116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	15, 084	20, 485	4, 300	2, 100	0	118. 00
NONREI MBURSABLE COST CENTERS						1
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	C	1	(	0		190. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	23, 869		(	3, 000		192. 00
194.00 07950 DAY HEALTH	3, 511		(	0		194. 00
194. 01 07962 OUTREACH	256	0	(	0		194. 01
194. 02 07951 OCCUPATI ONAL MEDICINE	C	0	(	0		194. 02
194.03 07952 FUND DEVELOPMENT	C	0	(	0		194. 03
194. 04 07953 OUTSI DE LAUNDRY	C	0	(	0		194. 04
194. 05 07954 PHYSI CI AN SUPPORT	C	0	(	0		194. 05
194. 06 07955 HOSPI TALI TY HOUSE	C	0	(	0		194. 06
194. 07 07956 HSK DI ALYSI S	C	0	(	0		194. 07
194. 08 07957 LEASED SALARI ES	C	0	(	900		194. 08
194.09 07958 VISITING PHYSICIANS	C	0	(	1, 200		194. 09
194.10 07959 FARM LAND	C	0	(	0		194. 10
194. 11 07963 CONVENIENCE CARE CLINIC	C	0	(	0		194. 11
194.12 07960 MMG-PHYSICIAN OFFICES	1, 256	5, 394	. (	0		194. 12
194.13 07961 VALET PARKING SERVICE	C	0	(	0		194. 13
194.14 07964 PAIN MANAGEMENT JOINT VENTURE	C	0	(	0	0	194. 14
194. 15 07965 ASSISTED LIVING	C	0	(	0	0	194. 15
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B,	430, 456	314, 424	40, 986	28, 041	14, 991	202. 00
Part I)						
203.00 Unit cost multiplier (Wkst. B, Part I)	9. 788430	•	1			
204.00 Cost to be allocated (per Wkst. B, Part II)	70, 087	41, 480	293	3 202	108	204. 00
205.00 Unit cost multiplier (Wkst. B. Part	1, 593756	1. 602844	0. 068140	0. 028056	0. 023550	205. 00

1. 593756

1. 602844

0.068140

0. 028056

0. 023550 205. 00

206. 00

207. 00

205.00

206.00

207.00

II)

Unit cost multiplier (Wkst. B, Part

NAHE adjustment amount to be allocated (per Wkst. B-2)
NAHE unit cost multiplier (Wkst. D, Parts III and IV)

			Т	0 06/30/2023	Date/Time Pre 11/29/2023 2:	
Cost Center Description	MAI NTENANCE &	LAUNDRY &			HOUSEKEEPI NG-H	
	REPAI RS-BUSHNE	(POUNDS OF	(TIME SPENT)	SB (SQUARE FEET)	SB II (SQUARE FEET)	
	(SQUARE FEET)	LI NEN)		(SQUARE TEET)	(SQUARE TEET)	
	6. 06	8. 00	9. 00	9. 01	9. 02	
1. 00 GENERAL SERVICE COST CENTERS  1. 00 00100 CAP REL COSTS-BLDG & FIXT			I			1.00
1. 01   00100 CAP REL COSTS-BLDG & FTXT						1.00
1.02 00102 CAP REL COSTS-HSB I						1. 02
1. 03 00103 CAP REL COSTS-HSB II						1. 03
1. 04   00104   CAP REL COSTS-REHAB CNT 1. 05   00105   CAP REL COSTS-DI AYSI S						1. 04 1. 05
1. 06   00106 CAP REL COSTS-HOSPI TALI TY HOUSE						1.06
1.07 O0107 CAP REL COSTS-MAB						1. 07
1.08 O0108 CAP REL COSTS-ORTHO BLDG						1.08
1. 09 O0109 CAP REL COSTS-CONVENIENCE CARE CLIN 1. 10 O0110 CAP REL COSTS-BUSHNELL OFFICE BLDG						1. 09 1. 10
4.00   00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5.00 00500 ADMINISTRATIVE & GENERAL						5. 00
6. 00 00600 MAINTENANCE & REPAIRS						6.00
6. 01   00601 MAINTENANCE & REPAIRS-HSB   6. 02   00602 MAINTENANCE & REPAIRS-HSB   I						6. 01 6. 02
6. 03 00603 MAI NTENANCE & REPAI RS-REHAB CLINIC						6. 03
6. 04 00604 MAI NTENANCE & REPAI RS-MAB						6. 04
6. 05   00605 MAI NTENANCE & REPAI RS-ORTHO BLDG 6. 06   00606 MAI NTENANCE & REPAI RS-BUSHNELL	5, 806					6. 05 6. 06
8.00   00800 LAUNDRY & LINEN SERVICE	3, 800	103, 535				8.00
9. 00   00900   HOUSEKEEPI NG	0	0	1, 585			9. 00
9. 01   00901   HOUSEKEEPI NG-HSB	0	0	0	43, 976		9. 01
9. 02   00902   HOUSEKEEPI NG-HSB   I   9. 03   00903   HOUSEKEEPI NG-ORTHO	0	0	0	0	25, 879 0	9. 02 9. 03
9. 04   00904   HOUSEKEEPI NG-MAB		0	0	0	0	9.03
10. 00   01000   DI ETARY	0	0	147	0	0	10.00
11. 00 01100 CAFETERI A	0	0	0	0	0	11. 00
13. 00   01300   NURSI NG ADMI NI STRATI ON 14. 00   01400   CENTRAL SERVI CES & SUPPLY	0	0 5, 067	0 62	0	0	13. 00 14. 00
15. 00   01500   PHARMACY	0	3,007	14	0	0	15. 00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	7	0	0	16. 00
17. 00   01700   SOCIAL SERVICE	0	0	1	0	0	17. 00
19. 00 01900 NONPHYSI CLAN ANESTHETI STS I NPATI ENT ROUTI NE SERVI CE COST CENTERS	0	0	0	0	0	19. 00
30. 00 03000 ADULTS & PEDIATRICS	0	22, 407	334	0	0	30.00
31. 00 03100 I NTENSI VE CARE UNI T	0	7, 786			0	31.00
40. 00   04000   SUBPROVI DER - I PF 43. 00   04300   NURSERY	0 0	0	0	0	0	40. 00 43. 00
ANCI LLARY SERVI CE COST CENTERS					0	43.00
50. 00 05000 OPERATING ROOM	0	18, 378		2, 182	0	50.00
51. 00   05100   RECOVERY ROOM	0	1, 253			0	51.00
52. 00   05200   DELI VERY ROOM & LABOR ROOM 53. 00   05300   ANESTHESI OLOGY		0	0		0	52. 00 53. 00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	0	7, 636	63	_	0	
57. 00 05700 CT SCAN	0	0		0	0	57. 00
58. 00   05800   MRI 60. 00   06000   LABORATORY	0	1, 331 442	0 54	0	0	58. 00 60. 00
60. 00   06000   LABORATORY 63. 00   06300   BLOOD STORING, PROCESSING & TRANS.		442	0	0	0	63.00
65. 00 06500 RESPIRATORY THERAPY	0	1, 787	61	0	0	65. 00
66. 00 06600 PHYSI CAL THERAPY	1, 306	6, 720	68	0	0	66.00
67. 00   06700   OCCUPATI ONAL THERAPY 68. 00   06800   SPEECH PATHOLOGY	0	0	0	0	0	67. 00 68. 00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	Ö	ő	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
76. 00   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 76. 01   03950   DI ABETES/WOUND   CARE/COUMADI N   CNTR	0	701	5	2, 729 0	0	76. 00 76. 01
76. 02   03951   PAI N   MANAGEMENT	Ö	0	Ō	0	0	76. 02
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77. 00
0UTPATIENT SERVICE COST CENTERS  88. 00 08800 RURAL HEALTH CLINIC	4, 500	0		0	0	88. 00
88. 01   08800   RURAL HEALTH CLINIC 88. 01   08801   RURAL HEALTH CLINIC II	4, 500	0	2	2, 576	16, 085	
90. 00   09000   CLI NI C	0	0	89		4, 400	1
91. 00 09100 EMERGENCY	0	29, 755	251	0	0	1
92. 00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART OTHER REIMBURSABLE COST CENTERS					<u> </u>	92.00
95. 00 09500 AMBULANCE SERVICES	1 0	Ω	19	n	0	95. 00
101.00 10100 HOME HEALTH AGENCY	Ö	Ö	12		0	101. 00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102. 00

Health Financial Systems	MCDONOUGH DIST	RICT HOSPITAL		In Lie	eu of Form CMS-:	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider Co		Period: From 07/01/2022 To 06/30/2023	11/29/2023 2:	pared: 49 pm
Cost Center Description	MAI NTENANCE & REPAI RS-BUSHNE LL (SQUARE FEET)	LINEN SERVICE (POUNDS OF LINEN)	, ,	SB (SQUARE FEET)	SB II (SQUARE FEET)	
	6.06	8. 00	9. 00	9. 01	9. 02	
SPECIAL PURPOSE COST CENTERS						
113. 00 11300 I NTEREST EXPENSE						113. 00
116. 00 11600 HOSPI CE	C	238				116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	5, 806	103, 501	1, 50	15, 084	20, 485	118. 00
NONREI MBURSABLE COST CENTERS	1					
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	C	0		0 0	l e	190. 00
192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES		0		23, 869		192. 00
194. 00 07950 DAY HEALTH		0		3, 511		194. 00
194. 01 07962 OUTREACH				2 256		194. 01 194. 02
194. 02 07951 OCCUPATI ONAL MEDI CI NE				0		194. 02
194. 03 07952  FUND DEVELOPMENT 194. 04 07953  OUTSI DE LAUNDRY			2:	0 0		194. 03
194. 04 07953 00151 DE LAUNDRY 194. 05 07954 PHYSI CLAN SUPPORT			20	-		194. 04
194. 06 07955  HOSPI TALI TY HOUSE			20	0		194. 05
194. 06 07955 HOSPITALITY HOUSE 194. 07 07956 HSK DIALYSIS				0		194. 06
194. 07 07936 H3K DIALTSTS 194. 08 07957 LEASED SALARIES						194. 07
194. 09 07958 VISITING PHYSICIANS						194. 09
194. 10107959 FARM LAND						194. 09
194. 11 07963 CONVENI ENCE CARE CLINIC						194. 10
194. 12 07960 MMG-PHYSI CI AN OFFI CES		34	3:	3 1, 256		194. 11
194. 13 07961  VALET PARKING SERVICE		0	3.	1, 230		194. 12
194. 14 07964 PAIN MANAGEMENT JOINT VENTURE				0		194. 14
194. 15 07965 ASSISTED LIVING						194. 15
200.00 Cross Foot Adjustments		,	· ·	5	ı	200. 00
201.00 Negative Cost Centers						201. 00
202.00 Cost to be allocated (per Wkst. B,	35, 811	416, 755	1, 024, 70	5 243, 931	173, 044	
Part I)	00,011	110,700	1, 52 1, 70	210, 701	1,5,044	
203.00 Unit cost multiplier (Wkst. B, Part I)	6. 167930	4. 025257	646. 50157 <sup>-</sup>	5. 546912	6. 686657	203. 00
204.00 Cost to be allocated (per Wkst. B,	257					204. 00
Part II)						
205 00 Unit cost multiplier (Wkst B Part	0 044265	0 819781	59 35394	3 0.042387	0.051123	205 00

0. 044265

0. 819781

59. 353943

0. 051123 205. 00

206. 00

207. 00

0.042387

205.00

206.00

207.00

II)

Unit cost multiplier (Wkst. B, Part

NAHE adjustment amount to be allocated (per Wkst. B-2)
NAHE unit cost multiplier (Wkst. D, Parts III and IV)

Heal th Financial Systems MCDONOUGH DISTRICT HOSPITAL In Lieu of Form CMS-2552-10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089 Period:
From 07/01/2022
To 06/30/2023 Date/Time Prepared:
11/29/2023 2: 49 pm

Cost Center Description HOUSEKEEPING-M
RTHO
RTHO
GQUARE FEET) GQUARE FEET)

HOUSEKEEPING-M
(SQUARE FEET)

CAFETERIA
ADMINISTRATION

COURSE SERVED)

ADMINISTRATION

COURSE SERVED

CONSTRUCTION OF FORM CMS-2552-10

Worksheet B-1

Date/Time Prepared:
11/29/2023 2: 49 pm

COST CENTERIA
ADMINISTRATION

COURSE FEET)

COST CENTERIA

	Cost Center Description	HOUSEKEEPI NG-0 RTHO	HOUSEKEEPI NG-M AB	DIETARY (MEALS SERVED)	CAFETERI A (FTE' S)	11/29/2023 2: NURSI NG ADMI NI STRATI ON	49 pm_
		(SQUARE FEET)	(SQUARE FEET)		, ,	(DI RECT NRS	
		0.00	0.04	10.00	11.00	IN)	
	GENERAL SERVICE COST CENTERS	9. 03	9. 04	10.00	11. 00	13. 00	
1. 00 1. 01	00100 CAP REL COSTS-BLDG & FIXT 00101 CAP REL COSTS-HOSPITAL						1. 00 1. 01
1.01	00101 CAP REL COSTS-HOSPITAL						1. 01
1.03	00103 CAP REL COSTS-HSB II						1. 03
1. 04 1. 05	00104 CAP REL COSTS-REHAB CNT 00105 CAP REL COSTS-DIAYSIS						1. 04 1. 05
1.06	00106 CAP REL COSTS-HOSPI TALITY HOUSE						1. 06
1. 07 1. 08	OO107   CAP REL COSTS-MAB   OO108   CAP REL COSTS-ORTHO BLDG						1. 07 1. 08
1. 09	00109 CAP REL COSTS-CONVENIENCE CARE CLIN						1. 09
1. 10 4. 00	OO110 CAP REL COSTS-BUSHNELL OFFICE BLDG						1. 10 4. 00
5. 00	00500 ADMINISTRATIVE & GENERAL						5. 00
6.00	00600 MAINTENANCE & REPAIRS						6. 00
6. 01 6. 02	OO6O1   MAINTENANCE & REPAIRS-HSB   OO6O2   MAINTENANCE & REPAIRS-HSB   I						6. 01 6. 02
6. 03	00603 MAINTENANCE & REPAIRS-REHAB CLINIC						6. 03
6. 04 6. 05	OO6O4   MAI NTENANCE & REPAI RS-MAB   OO6O5   MAI NTENANCE & REPAI RS-ORTHO BLDG						6. 04 6. 05
6.06	00606 MAI NTENANCE & REPAI RS-BUSHNELL						6. 06
8. 00 9. 00	O0800   LAUNDRY & LINEN SERVICE   O0900   HOUSEKEEPING						8. 00 9. 00
9. 01	00901 HOUSEKEEPI NG-HSB						9. 01
9. 02	00902 HOUSEKEEPING-HSB II	4 50/					9. 02
9. 03 9. 04	00903   HOUSEKEEPI NG-ORTHO   00904   HOUSEKEEPI NG-MAB	4, 586 0	7, 200				9. 03 9. 04
10.00	01000 DI ETARY	0	0	952	04 400		10.00
11. 00 13. 00	01100   CAFETERI A   01300   NURSI NG   ADMI NI STRATI ON	0	0	0	31, 128 386		11. 00 13. 00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	0	0	760	0	14. 00
15. 00 16. 00	01500   PHARMACY   01600   MEDICAL RECORDS & LIBRARY	0	0	0	823 923	0	15. 00 16. 00
17. 00	01700 SOCIAL SERVICE	0	Ö	0	460		17. 00
19. 00	01900   NONPHYSI CLAN ANESTHETI STS   NPATI ENT ROUTI NE SERVI CE COST CENTERS	0	0	0	240	0	19. 00
30. 00	03000 ADULTS & PEDIATRICS	0	0		3, 056		30. 00
31. 00 40. 00	03100 INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF	0	0		1, 003 0	0	31. 00 40. 00
43. 00	04300 NURSERY	Ö	0		438		43. 00
50. 00	ANCILLARY SERVICE COST CENTERS    05000   OPERATING ROOM	1 0	0	O	1, 477	0	50. 00
51. 00	05100 RECOVERY ROOM	0	0		701	o	51. 00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		451	483	52.00
	05300  ANESTHESI OLOGY   05400  RADI OLOGY-DI AGNOSTI C	0	0		0 1, 536		53. 00 54. 00
57. 00	05700 CT SCAN	0	0	0	143	0	57. 00
58. 00 60. 00	05800   MRI   06000   LABORATORY	0	0	0	0 3, 031	0	58. 00 60. 00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63. 00
65. 00 66. 00	06500   RESPI RATORY   THERAPY   06600   PHYSI CAL   THERAPY	0	0	0	1, 098 1, 889	l	65. 00 66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	0	0	Ö	142		67. 00
68. 00 71. 00	06800  SPEECH PATHOLOGY   07100  MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	182 0	0	68. 00 71. 00
72. 00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	Ö	0	ő	72. 00
73. 00 76. 00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	1 104	0	73. 00 76. 00
76. 00 76. 01	03550  PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   03950  DI ABETES/WOUND CARE/COUMADI N CNTR	0	0	0	1, 104 443		76. 00 76. 01
76. 02	03951 PALN MANAGEMENT	0	0	0	0		76. 02
77. 00	07700 ALLOGENEIC HSCT ACQUISITION OUTPATIENT SERVICE COST CENTERS	0	0	0	0	0	77. 00
88.00	08800 RURAL HEALTH CLINIC	0	0		0		88. 00
88. 01 90. 00	O8801   RURAL HEALTH CLINIC II   O9000   CLINIC	0	0	0	3, 794 1, 738	0	88. 01 90. 00
91. 00	09100 EMERGENCY	0	o	ō	1, 936		91. 00
92. 00	09200  OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92. 00
	09500 AMBULANCE SERVICES	0	0		177	0	
	10100 HOME HEALTH AGENCY  10200 OPIOID TREATMENT PROGRAM	0	1, 050 0		1, 918 0		101. 00 102. 00
. 32. 30		1 0	·	1 0		<u>.                                    </u>	1.02.00

Health Financial Systems	MCDONOUGH DISTRICT HOSPITAL	In Lieu	In Lieu of Form CMS-2552-10	
COST ALLOCATION - STATISTICAL BASIS	Provi der CCN: 14-0089	Peri od:	Worksheet B-1	

Provider CN: 14-0089	near th i i na	nerar systems	MODONOCCH DICTI	TOT HOOFT IAL		111 210	Ju of Form one 2	2002 10
Cost Center Description	COST ALLOCA	TION - STATISTICAL BASIS		Provi der C			Worksheet B-1	
COST Center Description						From 0//01/2022	Doto/Time Dro	nanad.
Cost Center Description						10 06/30/2023		pared: 40 nm
SPECIAL PURPOSE COST CENTERS   9.03   9.04   10.00   11.00   13.00   113.		Cost Center Description	HUIISEKEEDI NG-U	HUIZEKEEDI NG-W	DIETADY	CAFETEDIA		47 pili
SPECIAL PURPOSE COST CENTERS   9.03   9.04   10.00   11.00   13.00   113.		cost center bescription						
SPECIAL PURPOSE COST CENTERS   9,03   9,04   10.00   11.00   13.00   113.					(WILKES SERVE	(112 3)	ADMINI STRATION	
SPECIAL PURPOSE COST CENTERS   113.00   110.00   11.00   13.00			(SQUARE TEET)	(SQUARE TELT)			(DIRECT NRS	
SPECIAL PURPOSE COST CENTERS   113.00   11.00   13.00   11.00   13.00   11.00   11.00   13.00   11.00   11.00   13.00   11.00   11.00   11.00   13.00   11.0								
SPECIAL PURPOSE COST CENTERS   113.00   113000   113000   113000   113000   113000   113000   113000   113000   113000   113000   113000   113000			9.03	9 04	10.00	11 00		
113.00	SPECI	AL PURPOSE COST CENTERS	7.00	7. 04	10.00	11.00	13.00	
116.00   11600   HOSPICE   0   1,050   0   453   0   116.00								113 00
118. 00   SUBTOTALS (SUM OF LINES 1 through 117)   0   2,100   952   30,302   1,536   118. 00   NONREI MBURSABLE COST CENTERS   0   0   0   0   0   0   190. 00   19				1 050		0 453		
NONREI MBURSABLE COST CENTERS   190. 00   19		SUBTOTALS (SUM OF LINES 1 through 117)						
190. 00   19000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   0   0   0   0   0   190. 00     192. 00   19200   PHYSICIANS' PRIVATE OFFICES   0   0   0   0   0   0     194. 00   07950   DAY HEALTH   0   0   0   0   0   0   0     194. 01   07962   OUTREACH   0   0   0   0   0   0     194. 02   07951   OCUPATIONAL MEDICINE   0   0   0   0   0     194. 03   07952   FUND DEVELOPMENT   0   0   0   0   0     194. 04   07953   OUTSIDE LAUNDRY   0   0   0   0   0     194. 05   07954   PHYSICIAN SUPPORT   0   0   0   0   0     194. 05   07954   PHYSICIAN SUPPORT   0   0   0   0   0     194. 06   07954   PHYSICIAN SUPPORT   0   0   0   0     194. 06   07955   LEASED SALARIES   0   0   0   0     194. 07   07956   HSK DIALYSIS   0   0   0   0     194. 08   07957   LEASED SALARIES   0   900   0   0     194. 08   07959   FARM LAND   0   0   0     194. 11   07963   CONVENIENCE CARE CLINIC   0   0   0     194. 11   07963   CONVENIENCE CARE CLINIC   0   0   0     194. 12   07960   MMG-PHYSICIAN SERVICE   0   0   0   0     194. 12   07960   MMG-PHYSICIAN SERVICE   0   0   0   0     194. 13   194. 14   07964   PAIN MANAGEMENT JOINT VENTURE   0   0   0   0     200. 00   Cross Foot Adjustments   0   0   0   555, 081   1, 179, 428   760, 581     200. 00   Cross Foot Adjustments   0   0   0   555, 081   1, 179, 428   760, 581     202. 00   Cost to be allocated (per Wkst. B, Part I)   3.356956   0.000000   78.123950   3.136244   15.266276   205.00     201. 00   Cost to be allocated (per Wkst. B, Part I)   0.005512   0.000000   78.123950   3.136244   15.266276   205.00			<u> </u>	2, 100	/ /	30, 302	1, 550	1110.00
192. 00   19200   PHYSICI ANS' PRIVATE OFFICES   0   3,000   0   0   192. 00     194. 00   197950   DAY HEALTH   0   0   0   0   0   0     194. 01   197962   OUTREACH   0   0   0   0   0     194. 02   197951   OCCUPATI ONAL MEDICI NE   0   0   0   0     194. 02   07951   OCCUPATI ONAL MEDICI NE   0   0   0   0     194. 02   07952   FUND DEVELOPMENT   0   0   0   0     194. 04   07953   OUTSI DE LAUNDRY   0   0   0   0     194. 05   07954   PHYSI CI AN SUPPORT   0   0   0   0     194. 05   07955   OUTSI DE LAUNDRY   0   0   0   0     194. 06   07955   OUTSI DE LAUNDRY   0   0   0   0     194. 07   07956   HSK DI ALYSI S   0   0   0   0     194. 08   07957   LEASED SALARI ES   0   0   0   0     194. 08   07957   LEASED SALARI ES   0   0   0   0     194. 10   07959   FARM LAND   0   0   0     194. 11   07963   ONIVENIE CE CARE CLINIC   0   0   0     194. 12   197960   MMG-PHYSI CI AN OFFI CES   4,586   0   0   0     194. 13   07961   VALET PARKI NG SERVI CE   0   0   0   0     194. 14   07964   PAIN MANAGEMENT JOINT VENTURE   0   0   0   0     194. 15   07965   ASSI STED LIVING   0   0   0     201. 00   Cross Foot Adj ustments   200. 00     202. 00   Cost to be allocated (per Wkst. B, Part I)   3.356956   0.000000   78.123950   3.136244   15.266276   205. 00     205. 00   Unit cost multiplier (Wkst. B, Part I)   0   0.000000   78.123950   3.136244   15.266276   205. 00     205. 00   Unit cost multiplier (Wkst. B, Part I)   0   0.000000   78.123950   3.136244   15.266276   205. 00     205. 00   Unit cost multiplier (Wkst. B, Part I)   0   0.000000   78.123950   3.136244   15.266276   205. 00     205. 00   Unit cost multiplier (Wkst. B, Part I)   0   0.000000   78.123950   3.136244   15.266276   205. 00     205. 00   Unit cost multiplier (Wkst. B, Part I)   0   0.000000   78.123950   3.136244   15.266276   205. 00     205. 00   Unit cost multiplier (Wkst. B, Part I)   0   0.000000   0.000000   0.0000000   0.00000000				0	1	0 0		190 00
194. 00 07950 DAY HEALTH 0 0 0 0 0 0 0 194. 00 194. 01 07962 OUTREACH 0 0 0 0 0 0 0 100 194. 02 01TREACH 0 0 0 0 0 0 0 194. 02 194. 03 07952 FUND DEVELOPMENT 0 0 0 0 0 234 0 194. 03 194. 04 07953 OUTSI DE LAUNDRY 0 0 0 0 0 0 0 194. 02 194. 06 07955 HOSPITALITY HOUSE 0 0 0 0 0 0 0 0 194. 05 194. 06 07955 HOSPITALITY HOUSE 0 0 0 0 0 0 0 0 194. 06 194. 07 07956 HSK DI ALYSI S 0 0 0 0 0 0 0 0 194. 06 194. 09 07958 VI SI TING PHYSI CIANS 0 1,200 0 101 0 194. 08 194. 10 07959 FARM LAND 0 0 0 0 0 0 101 0 194. 09 194. 11 07956 CARE CLINIC 0 0 0 0 0 0 194. 11 194. 12 07960 MMG-PHYSI CIAN OFFICES 4,586 0 0 0 0 0 194. 12 194. 13 07961 VALET PARKI NG SERVI CE 0 0 0 0 0 0 0 194. 12 194. 13 07964 PAIN MANAGEMENT JOINT VENTURE 0 0 0 0 0 187 194. 15 07965 ASSI STED LIVI NG 0 0 0 187 200. 00 201. 00 202. 00 Cost to be allocated (per Wkst. B, Part I) 3. 356956 0.00000 78. 123950 3. 136244 15. 266276 205. 00 Unit cost multiplier (Wkst. B, Part I) 11 Unit cost			0	3 000		-		
194. 01 07962   OUTREACH				3,000				
194. 02 07951 OCCUPATIONAL MEDICINE 0 0 0 0 0 194. 02 194. 03 07952 FUND DEVELOPMENT 0 0 0 0 0 234 0194. 03 194. 04 194. 03 07952 FUND DEVELOPMENT 0 0 0 0 0 0 0 194. 04 194. 05 07954 PHYSI CI AN SUPPORT 0 0 0 0 0 0 0 194. 06 194. 06 07955 HOSPITALITY HOUSE 0 0 0 0 0 0 0 194. 06 194. 06 07955 HOSPITALITY HOUSE 0 0 0 0 0 0 0 194. 06 194. 06 07957 LEASED SALARIES 0 0 900 0 0 0 194. 06 194. 08 194. 09 07958 VI SITING PHYSI CI ANS 0 0 1,200 0 101 0 194. 09 194. 10 07959 FARM LAND 0 0 0 0 0 0 194. 10 194. 10 194. 10 194. 11 194. 12 07960 MMG-PHYSI CI AN OFFICES 4,586 0 0 0 0 194. 11 194. 12 07960 MMG-PHYSI CI AN OFFICES 4,586 0 0 0 0 194. 12 194. 13 07961 VALET PARKING SERVI CE 0 0 0 0 0 194. 12 194. 13 07961 VALET PARKING SERVI CE 0 0 0 0 0 194. 12 194. 15 07965 ASSI STED LI VI NG 0 0 0 0 194. 12 194. 15 07965 Cross Foot Adjustments 0 0 0 0 555, 081 1, 179, 428 760, 581 202. 00 0 194. 1			0	0		100		
194. 03 07952 FUND DEVELOPMENT 0 0 0 0 234 0 194. 03 194. 04 07953 OUTSI DE LAUNDRY 0 0 0 0 0 0 0 194. 04 194. 04 194. 05 07954 PHYSI CI AN SUPPORT 0 0 0 0 0 0 0 194. 05 194. 06 07955 HOSPI TALI TY HOUSE 0 0 0 0 0 0 0 194. 06 194. 06 194. 07 07956 HSK DI ALYSI S 0 0 0 0 0 0 0 0 194. 07 194. 08 07957 LEASED SALARI ES 0 900 0 0 0 0 194. 07 194. 08 07958 VI SIT IN GPHYSI CI ANS 0 1,200 0 101 0 194. 09 194. 10 07959 FARM LAND 0 0 0 0 0 0 194. 10 194. 10 194. 11 07963 CONVENI ENCE CARE CLINI C 0 0 0 0 0 0 194. 11 194. 12 07960 MMG-PHYSI CI AN OFFI CES 4,586 0 0 0 0 0 194. 12 194. 14 07964 PAIN MANAGEMENT JOINT VENTURE 0 0 0 0 0 0 194. 14 194. 15 07965 ASSI STED LI VI NG 0 0 0 0 194. 15 200. 00 200 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	0	(			
194. 04 07953 OUTSIDE LAUNDRY 194. 05 07954 PHYSI CI AN SUPPORT 0 0 0 0 0 0 0 194. 04 194. 05 07955 HOSPI TALI TY HOUSE 0 0 0 0 0 0 0 194. 05 194. 07955 HOSPI TALI TY HOUSE 0 0 0 0 0 0 0 194. 06 194. 07956 HOSPI TALI TY HOUSE 0 0 0 0 0 0 194. 06 194. 07956 HOSPI TALI TY HOUSE 0 0 0 0 0 0 194. 07 194. 08 07957 LEASED SALARIES 0 0 900 0 0 0 194. 07 194. 08 07957 LEASED SALARIES 0 0 900 0 0 0 194. 08 194. 10 07959 FARM LAND 0 0 0 0 0 0 101 0 194. 08 194. 10 07959 FARM LAND 0 0 0 0 0 0 0 0 194. 10 194. 11 07963 CONVENI ENCE CARE CLINIC 0 0 0 0 0 0 0 0 194. 11 194. 12 07960 MMG-PHYSI CI AN OFFI CES 4,586 0 0 0 0 0 194. 12 194. 13 07961 VALET PARKI NG SERVI CE 0 0 0 0 0 0 194. 13 194. 14 07964 PAIN MANAGEMENT JOINT VENTURE 0 0 0 0 0 187 0 194. 13 194. 15 07965 ASSI STED LI VI NG 0 0 0 0 187 0 194. 14 194. 15 07965 ASSI STED LI VI NG 0 0 0 555,081 1, 179, 428 760, 581 202. 00 202. 00 Cost to be allocated (per Wkst. B, Part I) 203. 00 Unit cost multiplier (Wkst. B, Part I) 205. 00 Unit cost multiplier (Wkst. B, Part I) 205. 00 Unit cost multiplier (Wkst. B, Part I) 205. 00 Unit cost multiplier (Wkst. B, Part I) 205. 00 Unit cost multiplier (Wkst. B, Part I) 206. 00 Unit cost multiplier (Wkst. B, Part I) 207. 00 Unit cost multiplier (Wkst. B, Part I) 208. 00 Unit cost multiplier (Wkst. B, Part I) 208. 00 Unit cost multiplier (Wkst. B, Part I) 209. 00 Unit cost multiplier (Wkst. B, Part I) 200. 00 Unit cost multiplier (Wkst. B, Part I) 200. 00 Unit cost multiplier (Wkst. B, Part I) 200. 00 Unit cost multiplier (Wkst. B, Part I) 200. 00 Unit cost multiplier (Wkst. B, Part I) 200. 00 Unit cost multiplier (Wkst. B, Part I) 200. 00 Unit cost multiplier (Wkst. B, Part I) 200. 00 Unit cost multiplier (Wkst. B, Part I) 200. 00 Unit cost multiplier (Wkst. B, Part I) 200. 00 Unit cost multiplier (Wkst. B, Part I)			0	0	(	٥		
194. 05 07954 PHYSICIAN SUPPORT 0 0 0 0 0 0 194. 05 194. 06 194. 06 07955 HOSPITALITY HOUSE 0 0 0 0 0 0 194. 06 194. 06 194. 07 07956 HSK DIALYSIS 0 0 0 0 0 0 194. 06 194. 07 07956 HSK DIALYSIS 0 0 0 0 0 0 194. 07 194. 07 194. 08 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 10			0	U	(			
194. 06 07955   HOSPITALITY HOUSE   0 0 0 0 0 0 194. 06   194. 07 07956   HSK DI ALYSI S   0 0 0 0 0 0 0 194. 07   194. 08 07957   LEASED SALARIES   0 0 900 0 0 0 0 194. 08   194. 09 07958   VISITING PHYSICIANS   0 0 1, 200 0 0 101 0 194. 09   194. 10 07959   FARM LAND   0 0 0 0 0 0 0 0 194. 10   194. 11 07963   CONVENIENCE CARE CLINIC   0 0 0 0 0 0 0 194. 11   194. 12 07960   MMG-PHYSICIAN OFFICES   4,586 0 0 0 0 0 194. 12   194. 13 07961   VALET PARKING SERVICE   0 0 0 0 0 0 194. 12   194. 15 07965   ASSISTED LIVING   0 0 0 0 0 0 194. 14   194. 15 07965   ASSISTED LIVING   0 0 0 0 0 187   200. 00   Coss Foot Adjustments   200. 00   201. 00   Negative Cost Centers   201. 00   202. 00   Cost to be allocated (per Wkst. B, Part I)   3. 356956   0. 000000   583. 068277   37. 889617   495. 169922   203. 00   204. 00   Unit cost multiplier (Wkst. B, Part I)   3. 356956   0. 000000   78. 123950   3. 136244   15. 266276   205. 00   205. 00   Unit cost multiplier (Wkst. B, Part II)   0. 000000   78. 123950   3. 136244   15. 266276   205. 00   205. 00   Unit cost multiplier (Wkst. B, Part II)   0. 000000   78. 123950   3. 136244   15. 266276   205. 00   206. 00   Unit cost multiplier (Wkst. B, Part II)   0. 000000   78. 123950   3. 136244   15. 266276   205. 00   207. 00   Unit cost multiplier (Wkst. B, Part II)   0. 00000000			0	U	<u>'</u>	0		
194. 07 07956   HSK DIALYSIS   0 0 0 0 0 0 0 194. 07   194. 08 07957   LEASED SALARIES   0 900 0 0 0 0 194. 08   194. 09 07958   VISITING PHYSICIANS   0 1, 200 0 0 101 0 194. 08   194. 10 07959   FARM LAND 0 0 0 0 0 0 0 0 194. 10   194. 11 07963   CONVENIENCE CARE CLINIC 0 0 0 0 0 0 194. 11   194. 12 07960   MMG-PHYSICIAN OFFICES   4,586 0 0 0 0 0 194. 11   194. 13 07961   VALET PARKING SERVICE 0 0 0 0 0 0 194. 13   194. 14 07964   PAIN MANAGEMENT JOINT VENTURE 0 0 0 0 0 194. 14   194. 15 07965   ASSISTED LIVING 0 0 0 0 194. 15   200. 00   Cross Foot Adjustments   Negative Cost Centers   200. 00   202. 00   Cost to be allocated (per Wkst. B, Part I)   3. 356956   0. 000000   78. 123950   3. 136244   15. 266276   205. 00   205. 00   Unit cost multiplier (Wkst. B, Part II)   Unit cost multiplier (Wkst. B, Part II)   205. 00   Unit cost multiplier (Wkst. B, Part II)   Unit cost multiplier (Wkst. B, Part II)   205. 00   Unit cost multiplier (Wkst. B, Part II)   Unit cost multiplier (Wkst. B, Part II)   Unit cost multiplier (Wkst. B, Part II)   205. 00   Unit cost multiplier (Wkst. B, Part II)   Unit cost mult			0	Ü	2	0		
194. 08 07957 LEASED SALARIES 0 900 0 194. 08 194. 09 07958 VISITING PHYSICIANS 0 1, 200 0 101 0 194. 09 194. 10 07959 FARM LAND 0 0 0 0 0 194. 10 194. 11 07963 CONVENIENCE CARE CLINIC 0 0 0 0 0 194. 11 194. 12 07960 MMG-PHYSICIAN OFFICES 4, 586 0 0 0 0 0 194. 12 194. 13 07961 VALET PARKING SERVICE 0 0 0 0 0 0 194. 13 194. 14 07964 PAIN MANAGEMENT JOINT VENTURE 0 0 0 0 0 187 0 194. 15 194. 15 07965 ASSISTED LIVING 0 0 0 0 187 0 194. 15 200. 00 Cost to be allocated (per Wkst. B, Part I) 203. 00 Unit cost multiplier (Wkst. B, Part I) 205. 00 Unit cost multiplier (Wkst. B, Part I) 205. 00 Unit cost multiplier (Wkst. B, Part I) 205. 00 Unit cost multiplier (Wkst. B, Part I) 205. 00 Unit cost multiplier (Wkst. B, Part I) 205. 00 Unit cost multiplier (Wkst. B, Part I) 205. 00 Unit cost multiplier (Wkst. B, Part I) 206. 00 To 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	Ü	<u>'</u>	0		
194. 09 07958 VISITING PHYSICIANS 194. 10 07959 FARM LAND 194. 11 07963 CONVENIENCE CARE CLINIC 194. 12 07960 MMG-PHYSICIAN OFFICES 194. 13 07961 VALET PARKING SERVICE 194. 15 07965 ASSISTED LIVING 200. 00 201. 00 202. 00 203. 00 204. 01 194. 19 205. 00 Unit cost multiplier (Wkst. B, Part I) 205. 00 Unit cost multiplier (Wkst. B, Part I) 205. 00 Unit cost multiplier (Wkst. B, Part I) 205. 00 Unit cost multiplier (Wkst. B, Part I) 205. 00 Unit cost multiplier (Wkst. B, Part I) 205. 00 Unit cost multiplier (Wkst. B, Part I) Unit cost multiplier (Wkst. B, Part			0	O	)	0		
194. 10 07959 FARM LAND 194. 11 07963 CONVENIENCE CARE CLINIC 194. 12 07960 MMG-PHYSI CI AN OFFICES 194. 13 07961 VALET PARKING SERVICE 194. 14 07964 PAIN MANAGEMENT JOINT VENTURE 194. 15 07965 ASSISTED LIVING 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 205. 00 206. 00 207. 00 208. 00 209.			0			-		
194. 11 07963 CONVENIENCE CARE CLINIC 0 0 0 0 0 194. 11 194. 12 07960 MMG-PHYSICIAN OFFICES 4, 586 0 0 0 0 194. 12 194. 13 07961 VALET PARKING SERVICE 0 0 0 0 0 194. 13 194. 14 07964 PAIN MANAGEMENT JOINT VENTURE 0 0 0 0 194. 15 07965 ASSISTED LIVING 0 0 187 0 194. 15 07965 ASSISTED LIVING 0 0 0 187 0 194. 15 07965 ASSISTED LIVING 0 0 0 187 0 194. 15 07965 ASSISTED LIVING 0 0 0 187 0 194. 15 07965 ASSISTED LIVING 0 0 0 187 0 194. 15 07965 ASSISTED LIVING 0 0 0 187 0 194. 15 07965 ASSISTED LIVING 0 0 194. 15 07965 ASSISTED LIVING 0 0 194. 15 07965 ASSISTED LIVING 0 0 187 0 194. 15 07965 ASSISTED LIVING 0 0 0 187 0 194. 15 07965 ASSISTED LIVING 0 0 194. 15 07965 ASSISTED LIVING 0 0 0 194. 15 07965 ASSISTED LIVING 0 0 0 194. 15 07965 ASSISTED LIVING 0 0 0 0 194. 15 07965 ASSISTED LIVING 0 0 0 0 194. 15 0 194			0	1, 200	)			
194. 12 07960 MMG-PHYSICIAN OFFICES 4, 586 0 0 0 0 0 194. 12 194. 13 07961 VALET PARKING SERVICE 0 0 0 0 0 0 194. 13 194. 14 07964 PAIN MANAGEMENT JOINT VENTURE 0 0 0 0 0 194. 14 194. 15 07965 ASSISTED LIVING 0 0 0 187 0 194. 15 200. 00 0 0 0 194. 15 200. 00 0 0 0 0 0 194. 15 200. 00 0 0 0 0 0 0 0 194. 15 200. 00 0 0 0 0 0 0 0 0 0 0 194. 15 200. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	0	)	0		
194. 13 07961 VALET PARKING SERVICE 0 0 0 0 204 0 194. 13 194. 14 07964 PAIN MANAGEMENT JOINT VENTURE 0 0 0 0 0 194. 14 194. 15 07965 ASSISTED LIVING 0 0 0 187 0 194. 15 200. 00 Cross Foot Adjustments 201. 00 Negative Cost Centers 202. 00 Cost to be allocated (per Wkst. B, Part I) 3. 356956 0. 000000 583. 068277 37. 889617 495. 169922 203. 00 204. 00 Part II) 0 74. 374 97, 625 23, 449 204. 00 Part II) 0 194. 15 266276 205. 00 194. 14 187 0 194. 15 200. 00 194. 15 200. 00 20			0	0	)	0		
194. 14     07964     PAIN MANAGEMENT JOINT VENTURE     0     0     0     0     194. 14       194. 15     07965     ASSISTED LIVING     0     0     0     187     0     194. 15       200. 00     201. 00     Negative Cost Centers     200. 00     201. 00			4, 586	0	)	0		
194. 15 07965   ASSISTED LIVING   0 0 0 0 187   0 194. 15 200. 00 201. 00   201. 00   202. 00   Cost to be allocated (per Wkst. B, Part I)   3. 356956   0. 000000   583. 068277   37. 889617   495. 169922   203. 00 205. 00   Unit cost multiplier (Wkst. B, Part II)   3. 356956   0. 000000   74. 374   97. 625   23. 449   204. 00   205. 00   Unit cost multiplier (Wkst. B, Part II)   0. 025512   0. 000000   78. 123950   3. 136244   15. 266276   205. 00   19. 10   19. 15	194. 13 0796	1 VALET PARKING SERVICE	0	0	)	0 204		
200.00   Cross Foot Adjustments   200.00   201.00   Negative Cost Centers   202.00   Cost to be allocated (per Wkst. B, Part I)   3.356956   0.000000   583.068277   37.889617   495.169922   203.00   204.00   Cost to be allocated (per Wkst. B, Part I)   3.356956   0.000000   583.068277   37.889617   495.169922   203.00   204.00   Cost to be allocated (per Wkst. B, Part II)   0   74,374   97,625   23,449   204.00   205.00   Unit cost multiplier (Wkst. B, Part II)   0.0025512   0.000000   78.123950   3.136244   15.266276   205.00   11)			0	0	)	0		
201.00   Negative Cost Centers   201.00   Cost to be allocated (per Wkst. B, Part I)   3.356956   0.000000   583.068277   37.889617   495.169922   203.00   Cost to be allocated (per Wkst. B, Part II)   205.00   Unit cost multiplier (Wkst. B, Part II)   0.025512   0.000000   78.123950   3.136244   15.266276   205.00   201.00	194. 15 07965	5 ASSISTED LIVING	0	0	)	0 187		
202.00 Cost to be allocated (per Wkst. B, Part I)	200.00	Cross Foot Adjustments						200.00
203.00 Part I) Unit cost multiplier (Wkst. B, Part I) 205.00 Part II) Unit cost multiplier (Wkst. B, Part III) 205.00 Part III) 206.00 Part III) 207.00 Part III) 208.00 Part III) 208.00 Part III) 209.00 Part IIII	201. 00	Negative Cost Centers						201.00
203.00   Unit cost multiplier (Wkst. B, Part I)   3.356956   0.000000   583.068277   37.889617   495.169922   203.00   204.00   Cost to be allocated (per Wkst. B, Part II)   Unit cost multiplier (Wkst. B, Part II)   Unit cost multiplier (Wkst. B, Part II)   Unit cost multiplier (Wkst. B, Part II)   0.0025512   0.000000   78.123950   3.136244   15.266276   205.00	202. 00	Cost to be allocated (per Wkst. B,	15, 395	0	555, 08	1, 179, 428	760, 581	202. 00
204.00   Cost to be allocated (per Wkst. B, Part II)   Cost to be allocated (per Wkst. B, Part II)   Cost multiplier (Wkst. B, Part II)   Cost multiplier (Wkst		Part I)						
205.00 Part II) Unit cost multiplier (Wkst. B, Part 0.025512 0.000000 78.123950 3.136244 15.266276 205.00	203. 00	Unit cost multiplier (Wkst. B, Part I)	3. 356956	0.000000	583. 06827	77 37. 889617	495. 169922	203. 00
205.00 Unit cost multiplier (Wkst. B, Part 0.025512 0.000000 78.123950 3.136244 15.266276 205.00	204.00	Cost to be allocated (per Wkst. B,	117	0	74, 37	74 97, 625	23, 449	204.00
		Part II)						
	205. 00	Unit cost multiplier (Wkst. B, Part	0. 025512	0. 000000	78. 12395	3. 136244	15. 266276	205. 00
206.00 NAHE adjustment amount to be allocated 206.00								
	206. 00	1 *						206. 00
(per Wkst. B-2)								
207.00 NAHE unit cost multiplier (Wkst. D,	207. 00							207.00
Parts III and IV)								

	Provi der C		Peri od:	Worksheet B-1	
			From 07/01/2022 To 06/30/2023	Date/Time Prep	
CENTRAL SERVICES & SUPPLY (COSTED	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSI CI AN ANESTHETI STS (ASSI GNED TI ME)	
14.00	15. 00	16.00	17. 00	19. 00	
4, 258, 406 13, 555 7, 205 2, 690 0	0	46	0 226	100	1. 00 1. 07 1. 02 1. 03 1. 04 1. 05 1. 06 1. 07 1. 08 1. 09 1. 10 4. 00 5. 00 6. 07 6. 02 6. 03 6. 04 6. 05 6. 04 9. 00 9. 00 9. 02 9. 03 9. 04 10. 00 11. 00 13. 00 14. 00 15. 00 17. 00 19. 00
152, 238 35, 962				0	
0	0		0 0	0	40.00
U	0	7	ار 0	0	43.00
298, 805 26, 075 0 23, 880 53, 097 1, 586 11 1, 301, 511 37, 852 38, 586 20, 721 1, 551 417 951, 261	0 0 0 0 0 0 0 0 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 100 0 0 0 0 0 0	51. 00 52. 00 53. 00 54. 00 57. 00 58. 00 60. 00 63. 00 65. 00 66. 00 67. 00 68. 00 71. 00
	SERVI CES & SUPPLY (COSTED REQUIS.)  14. 00  4, 258, 406 13, 555 7, 205 2, 690 0  152, 238 35, 962 0 0 298, 805 26, 075 0 23, 880 53, 907 1, 586 11 1, 301, 511 37, 852 38, 586 20, 721 1, 551 417	SERVI CES & SUPPLY (COSTED REQUI S.)  REQUI S.)  14. 00	CENTRAL SERVICES & COSTED REQUIS.)  SUPPLY (COSTED REQUIS.)  14.00  15.00  16.00  4, 258, 406  13, 555  100  7, 205  2, 690  0  0  152, 238  35, 962  0  0  0  0  298, 805  26, 075  0  0  0  298, 805  26, 075  0  0  0  298, 805  26, 075  0  0  0  23, 880  53, 097  1, 586  11  1, 301, 511  0  1, 301, 511  0  1, 301, 511  1, 37, 852  38, 586  20, 721  1, 551  0  1, 551	CENTRAL SERVICES & COSTED REQUIS.)	CENTRAL SERVICES & COSTED REQUIS.)

120, 085 82, 276

198, 590

249

25, 586 0

0 0 0

0 0 0

204

0

0

0

0 0 0

92.00

0 95.00

0 101.00 0 102.00

0 88. 01

0 90.00

0 91.00

90.00

91.00

09000 CLI NI C

09100 EMERGENCY

88. 01 08801 RURAL HEALTH CLINIC II

91. 00 | 09200 | O9200 | O9200

	MCDONOUGH DISTR				u of Form CMS-255	52-10
COST ALLOCATION - STATISTICAL BASIS		Provi der CC		Peri od:	Worksheet B-1	
				From 07/01/2022 To 06/30/2023	Date/Time Prepai	red.
			'	10 00/ 30/ 2023	11/29/2023 2: 49	
Cost Center Description	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE	NONPHYSI CI AN	
	SERVICES &	(COSTED	RECORDS &		ANESTHETI STS	
	SUPPLY	REQUI S. )	LI BRARY	(TIME SPENT)	(ASSI GNED	
	(COSTED		(TIME SPENT)		TIME)	
	REQUIS.)	1F 00	1/ 00	17.00	10.00	
CDECLAL DUDDOCE COST CENTEDS	14. 00	15. 00	16. 00	17. 00	19. 00	
SPECIAL PURPOSE COST CENTERS  113. 00 11300   INTEREST EXPENSE					11	13. 00
116. 00 11600 HOSPI CE	10, 138	0	(	اه		13. 00 16. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	4, 236, 686	100		-	100 11	
NONREI MBURSABLE COST CENTERS	4, 230, 000	100	400	7 222	100 11	10.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	(	ol ol	0 19	90. 00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	Ö	,			92. 00
194. 00 07950  DAY HEALTH	o	Ö	(	-		94. 00
194. 01 07962 OUTREACH	172	0	(	ol ol		94. 01
194. 02 07951 OCCUPATIONAL MEDICINE	0	0	(	ol ol	0 19	94. 02
194.03 07952 FUND DEVELOPMENT	9, 003	0	(	ol ol	0 19	94. 03
194. 04 07953 OUTSI DE LAUNDRY	0	0	(	o o	0 19	94. 04
194. 05 07954 PHYSI CI AN SUPPORT	849	0	(	0	0 19	94. 05
194. 06 07955 HOSPI TALI TY HOUSE	45	0	(	1		94. 06
194. 07 07956 HSK DI ALYSI S	0	0	(	-		94. 07
194. 08 07957 LEASED SALARI ES	0	0	(	-		94. 08
194. 09 07958 VISITING PHYSICIANS	584	0	(	-		94. 09
194. 10 07959 FARM LAND	0	0	· ·	0		94. 10
194. 11 07963 CONVENIENCE CARE CLINIC	0	0	(	0		94. 11
194. 12 07960 MMG-PHYSI CI AN OFFI CES	5, 816	0	(	0 4		94. 12
194. 13 07961 VALET PARKING SERVICE	4, 526	0	(	-		94. 13
194. 14 07964 PAIN MANAGEMENT JOINT VENTURE	0	0	(			94. 14
194. 15 07965 ASSISTED LIVING	725	0	(			94. 15
200.00 Cross Foot Adjustments 201.00 Negative Cost Centers						00. 00 01. 00
202.00   Regative cost centers 202.00   Cost to be allocated (per Wkst. B,	1, 205, 454	4, 628, 383	1, 052, 399	765, 989	9, 094 20	
Part I)	1, 200, 404	4, 020, 303	1, 052, 39	700, 909	9, 094 20	J2. UU
203.00 Unit cost multiplier (Wkst. B, Part I)	0. 283076	46, 283. 830000	2, 287. 823913	3, 389. 331858	90. 940000 20	33 00
204.00 Cost to be allocated (per Wkst. B,	180, 574	68, 003			753 20	
Part II)	1007071	00, 000	10,001	27,000	700 20	, 00
205.00 Unit cost multiplier (Wkst. B, Part	0. 042404	680. 030000	99. 308696	121. 084071	7. 530000 20	35. 00
206.00 NAHE adjustment amount to be allocated					20	06. 00
(per Wkst. B-2)						
207.00 NAHE unit cost multiplier (Wkst. D,					20	07. 00
Parts III and IV)						

Health Financial Systems	MCDONOUGH DISTI	RICT HOSPITAL	In Lie	u of Form CMS-2	2552-10	
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CO		Peri od: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Pre 11/29/2023 2:	
		Title	XVIII	Hospi tal	PPS	
		·		Costs		
Cost Center Description	Total Cost (from Wkst. B,	Therapy Limit Adj.	Total Costs	RCE Di sal I owance	Total Costs	

						11/29/2023 2:	49 piii
			Title	XVIII	Hospi tal	PPS	
					Costs		
	Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
		(from Wkst. B,	Adj .		Di sal I owance		
		Part I, col.	Auj.		Di Sai i Owanice		
		26)	0.00				
		1.00	2.00	3.00	4. 00	5. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS		1				
30. 00	03000 ADULTS & PEDI ATRI CS	10, 003, 820		10, 003, 820		10, 003, 820	1
31. 00	03100 INTENSIVE CARE UNIT	2, 571, 943		2, 571, 943	0	2, 571, 943	31. 00
40.00	04000 SUBPROVI DER - I PF	0		0	0	0	40.00
43.00	04300 NURSERY	984, 185		984, 185	0	984, 185	43.00
	ANCILLARY SERVICE COST CENTERS	<u> </u>	'				İ
50.00	05000 OPERATING ROOM	4, 652, 417		4, 652, 417	0	4, 652, 417	50.00
51. 00	05100 RECOVERY ROOM	1, 030, 592		1, 030, 592		1, 030, 592	51.00
	05200 DELIVERY ROOM & LABOR ROOM	1, 048, 936		1, 048, 936		1, 048, 936	
	l						
53. 00	05300 ANESTHESI OLOGY	117, 384		117, 384		117, 384	53.00
	05400 RADI OLOGY-DI AGNOSTI C	3, 709, 867	l .	3, 709, 867		3, 709, 867	54. 00
57. 00	05700 CT SCAN	626, 947		626, 947		626, 947	57. 00
58. 00	05800 MRI	631, 681		631, 681		631, 681	58. 00
60.00	06000 LABORATORY	6, 386, 669		6, 386, 669	0	6, 386, 669	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	288, 068		288, 068	0	288, 068	63. 00
65. 00	06500 RESPIRATORY THERAPY	2, 346, 870				2, 346, 870	65.00
66. 00	06600 PHYSI CAL THERAPY	3, 241, 950		_, _, ,		3, 241, 950	
67. 00	06700 OCCUPATI ONAL THERAPY	330, 541		330, 541		330, 541	67. 00
68. 00	06800 SPEECH PATHOLOGY					303, 406	
		303, 406					
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1, 470, 228		1, 470, 228		1, 470, 228	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	780, 165		780, 165		780, 165	
	07300 DRUGS CHARGED TO PATIENTS	5, 058, 803		5, 058, 803	0	5, 058, 803	73. 00
76.00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	1, 205, 833		1, 205, 833	0	1, 205, 833	76. 00
76. 01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	640, 994		640, 994	0	640, 994	76. 01
76. 02	03951 PALN MANAGEMENT	0			0	0	76. 02
	07700 ALLOGENEIC HSCT ACQUISITION	0			0	0	77. 00
00	OUTPATIENT SERVICE COST CENTERS		1		, <u> </u>		, , , , , ,
88. 00	08800 RURAL HEALTH CLINIC	1, 133, 702		1, 133, 702	0	1, 133, 702	88. 00
	08801 RURAL HEALTH CLINIC II	9, 329, 249		9, 329, 249		9, 329, 249	
	09000 CLINIC	2, 667, 961		2, 667, 961		2, 667, 961	
		1	l e				
	09100 EMERGENCY	5, 947, 393		5, 947, 393		5, 947, 393	
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2, 447, 571		2, 447, 571		2, 447, 571	92. 00
	OTHER REIMBURSABLE COST CENTERS	T	1				
	09500 AMBULANCE SERVICES	576, 603		576, 603		576, 603	
101.00	10100 HOME HEALTH AGENCY	2, 794, 038		2, 794, 038	3	2, 794, 038	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0		C		0	102.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300 I NTEREST EXPENSE						113. 00
	11600 HOSPI CE	1, 061, 633		1, 061, 633	s	1, 061, 633	
200. 00	l	73, 389, 449				73, 389, 449	
201.00		2, 447, 571	l .	2, 447, 571		2, 447, 571	1
	l		l .				
202. 00	Total (see instructions)	70, 941, 878	0	70, 941, 878	0	70, 941, 878	1202.00

Health Financial Systems	MCDONOUGH DISTRICT HOSPITAL	In Lieu of	Form CMS-2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES	Provi der CCN: 14-0089		ksheet C
		From 07/01/2022 Part	
		To 04/20/2022 Dot	a/Tima Dranarad

				To 06/30/2023	Date/Time Pre	
		Title	: XVIII	Hospi tal	PPS	
		Charges				
Cost Center Description	Inpati ent	Outpati ent	Total (col. 6	Cost or Other	TEFRA	
		·	+ col . 7)	Ratio	Inpati ent	
					Ratio	
	6.00	7. 00	8. 00	9. 00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00   03000   ADULTS & PEDI ATRI CS	6, 032, 607		6, 032, 60	7		30. 00
31.00 03100 INTENSIVE CARE UNIT	3, 999, 250		3, 999, 25			31.00
40. 00   04000   SUBPROVI DER - 1 PF	0					40.00
43. 00   04300 NURSERY	781, 525		781, 52	5		43.00
ANCILLARY SERVICE COST CENTERS						
50.00 O5000 OPERATING ROOM	1, 825, 273	13, 545, 891	15, 371, 16	4 0. 302672	0. 000000	50. 00
51. 00   05100   RECOVERY ROOM	367, 940	5, 620, 102	5, 988, 04	0. 172108	0.000000	51.00
52.00   05200   DELIVERY ROOM & LABOR ROOM	1, 693, 172	0	1, 693, 17	0. 619509	0.000000	52.00
53. 00 05300 ANESTHESI OLOGY	273, 044	3, 004, 333	3, 277, 37	0. 035816	0.000000	53.00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	297, 492	8, 172, 007	8, 469, 49	0. 438027	0.000000	54.00
57. 00  05700 CT SCAN	885, 851	14, 759, 153	15, 645, 00	0. 040073	0.000000	57.00
58. 00   05800   MRI	208, 765	4, 458, 666	4, 667, 43	0. 135338	0.000000	58. 00
60. 00   06000   LABORATORY	2, 518, 717	19, 597, 012	22, 115, 72	0. 288784	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1, 779, 672	3, 436, 450	5, 216, 12	0. 055226	0.000000	63.00
65. 00 06500 RESPIRATORY THERAPY	1, 717, 861	7, 239, 875	8, 957, 73	0. 261994	0.000000	65. 00
66. 00 06600 PHYSI CAL THERAPY	603, 490	6, 160, 790	6, 764, 28	0. 479275	0.000000	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	231, 656	529, 301	760, 95	0. 434375	0.000000	67. 00
68. 00 06800 SPEECH PATHOLOGY	63, 308	494, 645	557, 95	0. 543784	0.000000	68. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1, 488, 140	5, 006, 942	6, 495, 08	0. 226360	0.000000	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	854, 521	771, 931	1, 626, 45	0. 479673	0.000000	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	4, 037, 369	11, 655, 499	15, 692, 86	0. 322363	0.000000	73. 00
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	302	2, 200, 352			0.000000	76. 00
76.01 03950 DIABETES/WOUND CARE/COUMADIN CNTR	4, 467	908, 798	913, 26	0. 701871	0.000000	76. 01
76. 02 03951 PAIN MANAGEMENT	o	0		0. 000000	0.000000	76. 02
77.00 07700 ALLOGENEIC HSCT ACQUISITION	o	0		0. 000000	0.000000	77. 00
OUTPATIENT SERVICE COST CENTERS	· · · · · · · · · · · · · · · · · · ·		•	<u>'</u>		
88. 00 08800 RURAL HEALTH CLINIC	0	580, 610	580, 61			88. 00
88. 01 08801 RURAL HEALTH CLINIC II	o	7, 169, 601	7, 169, 60	1		88. 01
90. 00  09000 CLI NI C	1, 072	6, 334, 850	6, 335, 92	0. 421085	0.000000	90.00
91. 00 09100 EMERGENCY	2, 193, 710	23, 069, 063	25, 262, 77	0. 235421	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	494, 700	1, 460, 990			0. 000000	92.00
OTHER REIMBURSABLE COST CENTERS		, ,	, , , , , , , , , , , , , , , , , , , ,			
95. 00 09500 AMBULANCE SERVICES	0	0		0.000000	0.000000	95. 00
101.00 10100 HOME HEALTH AGENCY	o	1, 411, 257	1, 411, 25			101.00
102.00 10200 OPIOID TREATMENT PROGRAM	ol	0				102.00
SPECIAL PURPOSE COST CENTERS	-1			- 1		
113. 00 11300 I NTEREST EXPENSE						113. 00
116. 00 11600 HOSPI CE	o	932, 425	932, 42	5		116. 00
200.00 Subtotal (see instructions)	32, 353, 904	148, 520, 543	1			200. 00
201.00 Less Observation Beds						201. 00
202.00 Total (see instructions)	32, 353, 904	148, 520, 543	180, 874, 44	7		202.00
			•			•

Health Financial Systems	MCDONOUGH DISTRICT HOSPITAL In Lieu			
COMPUTATION OF RATIO OF COSTS TO CHARGES	Provi der CCN: 14-0089	Peri od: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/29/2023 2:49 pm	

INPATIENT ROUTI NE SERVICE COST CENTERS			T		11/29/2023 2: 49 pm
INPATIENT ROUTINE SERVICE COST CENTERS		1000 1 11 1	litle XVIII	Hospi tal	PPS
INPATIENT ROUTINE SERVICE COST CENTERS   30.00   33000 ADULTS & PEDIATRICS   31.00   31.00   31.00   31.00   1NTENSI VC CARE UNIT   31.00   30.00   40.00   50.000   60.0000   60.000   60.000   60.000   60.000   60.000   60.000   60.0000   60.000   60.000   60.000   60.000   60.000   60.000   60.0000   60.000   60.000   60.000   60.000   60.000   60.000   60.0000   60.000   60.0000   60.0000   60.0000   60.0000   60.0000   60.0000   60.0000   60.0000   60.0000   60.0000   60.0000   60.0000   60.00000   60.00000   60.00000   60.00000   60.000000   60.000000   60.0000000   60.000000000   60.0000000000	Cost Center Description				
INPATI ENT ROUTINE SERVICE COST CENTERS   30.00   31					
30.00   03000   03000   03000   04000   0115	INDATIENT DOUTINE CEDVICE COST CENTEDS	11.00			
31.00   03100   INTENSIVE CARE UNIT					30.00
40.00   04000   SUBPROVIDER - IPF   40.00					
A3. 00   O4300   NURSERY					
ANCILLARY SERVICE COST CENTERS   50.00					
50.00   05000  0FERATI NG ROOM   0.302672   50.00   51.00   51.00   51.00   51.00   51.00   51.00   52.00   52.00   52.00   05200   DELI VERY ROOM & LABOR ROOM   0.619509   52.00   53.00   05300   MSSTHESI OLOGY   0.35816   53.00   53.00   55.0					43.00
51.00   05100   RECOVERY ROOM   0.172108   55.00   52.00   52.00   DELIVERY ROOM & LABOR ROOM   0.619509   52.00   53.00   05300   ANESTHESI OLOGY   0.035816   53.00   54.00   05400   RADIOLOGY-DI AGNOSTIC   0.438027   54.00   57.00   57.00   57.00   CT SCAN   0.40073   57.00   57.00   57.00   CT SCAN   0.40073   57.00   57.00   57.00   CT SCAN   0.40073   57.00   57.00   57.00   57.00   57.00   CT SCAN   0.135338   58.00   63.00   63.00   06000   LABORATORY   0.135338   58.00   63.00   06000   LABORATORY   THERAPY   0.261994   66.00		0.202672			50.00
52.00   05200   DELI VERY ROOM & LABOR ROOM   0.619509   52.00   05300   05300   ANESTHESI OLOGY   0.35816   53.00   05300   ANESTHESI OLOGY   0.35816   54.00   05400   RADI OLDGY-DI AGNOSTI C   0.438027   54.00   05700   CT SCAN   0.040073   55.00   05800   MRI					
53.00   05300   ANESTHESI OLOGY   0.035816   53.00		1			
54.00   05400   RADI OLOGY - DI AGNOSTI C   0.438027   55.00   05700   CT SCAN   0.040073   57.00   05800   MRI   0.135338   58.00   60.00   06600   LABORATORY   0.288784   66.00   66.00   66.00   66.00   SCAO					
57.00   05700   CT SCAN   0.040073   57.00   05800   MRI   0.135338   58.00   05800   MRI   0.135338   58.00   06000   LABDRATORY   0.288784   60.00   06000   LABDRATORY   0.288784   60.00   06300   BLOOD STORI NG, PROCESSI NG & TRANS.   0.055226   63.00   06500   RESPIRATORY THERAPY   0.261994   65.00   06500   RESPIRATORY THERAPY   0.479275   66.00   06700   0CCUPATI ONAL THERAPY   0.434375   67.00   06700   0CCUPATI ONAL THERAPY   0.543784   68.00   06800   SPEECH PATHOLOGY   0.543784   68.00   071.00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENT   0.226360   771.00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0.479673   772.00   072.00   IMPL. DEV. CHARGED TO PATIENTS   0.322363   773.00   07300   DRUGS CHARGED TO PATIENTS   0.322363   773.00   07300   DRUGS CHARGED TO PATIENTS   0.322363   776.00   03550   PSYCHI ATRIC C/PSYCHOLOGI CAL SERVICES   0.547943   776.00   03550   PSYCHI ATRIC C/PSYCHOLOGI CAL SERVICES   0.547943   776.00   0700   ALLOGENIEL CHARGENT   0.000000   077.00   07700   ALLOGENIEL CHARGENT   0.000000   077.00   07700   ALLOGENIEL CHARGENT   0.000000   077.00   07700   ALLOGENIEL CHART   CAUSILITION   0.000000   077.00   07700   ALLOGENIEL CHART   CAUSILITION   0.000000   077.00   07700					
58.00   05800   MR		1			
60. 00   06.000   LABORATORY   0. 288784   60. 00   63. 00   06300   BLOOD STORING, PROCESSING & TRANS.   0. 055226   63. 00   66. 00   06500   RESPIRATORY THERAPY   0. 261994   65. 00   66. 00   06600   PHYSI CAL THERAPY   0. 479275   66. 00   06700   OCCUPATI ONAL THERAPY   0. 434375   67. 00   06700   OCCUPATI ONAL THERAPY   0. 434375   68. 00   08800   SPEECH PATHOLOGY   0. 543784   68. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENT   0. 226360   71. 00   71. 00   71.00   DRUGS CHARGED TO PATI ENT   0. 226360   71. 00   73.00   DRUGS CHARGED TO PATI ENT   0. 322363   73. 00   73.00   DRUGS CHARGED TO PATI ENT   0. 322363   73. 00   76. 00   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   0. 547943   76. 00   76. 00   77. 00   ALLOGENEI C HEST WOUND CARE/COUMADIN CNTR   0. 701871   76. 01   76. 02   77. 00   ALLOGENEI C HIST ACQUI SITI ON   0. 0000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 0000000   0. 000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 00000000					
63. 00   06300   BLOOD STORING, PROCESSING & TRANS.   0.055226   65.00   06500   RESPIRATORY THERAPY   0.261994   65.00   66.00   06600   PHYSI CAL THERAPY   0.479275   66.00   66.00   06600   PHYSI CAL THERAPY   0.479275   67.00   67.00   06700   0CCUPATI ONAL THERAPY   0.434375   67.00   68.00   06600   PHYSI CAL THERAPY   0.434375   67.00   68.00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENT   0.226360   71.00   71.00   72.00   IMPL DEV. CHARGED TO PATIENTS   0.479673   72.00   73.00   07300   DRUGS CHARGED TO PATIENTS   0.322363   73.00   73.00   07300   DRUGS CHARGED TO PATIENTS   0.322363   73.00   07300   DRUGS CHARGED TO PATIENTS   0.322363   73.00   07300   DRUGS CHARGED TO PATIENTS   0.322363   76.00   03550   PSYCHLATRI C/PSYCHOLGGI CAL SERVICES   0.547943   76.01   03950   DIABETES/WOUND CARE/COUMADIN CNTR   0.701871   76.01   76.02   03951   PAI N MANAGEMENT   0.000000   77.00   07700   ALLOGENEI C HSCT ACQUISITION   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.00000000		1			
65. 00   06500   RESPIRATORY THERAPY   0. 261994   65. 00   06600   06600   PHYSI CAL THERAPY   0. 479275   66. 00   06700   OCCUPATI ONAL THERAPY   0. 479275   67. 00   06700   OCCUPATI ONAL THERAPY   0. 434375   67. 00   06700   OCCUPATI ONAL THERAPY   0. 434375   68. 00   0800   SPEECH PATHOLOGY   0. 543784   68. 00   071.00   MEDI CAL SUPPLIES CHARGED TO PATI ENT   0. 226360   71. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   0. 479673   72. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0. 322263   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0. 322263   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0. 322263   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0. 547943   76. 00   03950   DI ABETES/WOUND CARE/COUMADI N CNTR   0. 701871   76. 01   76. 02   07950   DI ABETES/WOUND CARE/COUMADI N CNTR   0. 000000   077. 00   000000   077. 00   0000000   077. 00   00000000   077. 00   000000000   077. 00   000000000   077. 00   000000000   077. 00   0000000000					
66. 00   06600   PHYSI CAL THERAPY   0. 479275   66. 00   06700   0CCUPATI IONAL THERAPY   0. 434375   67. 00   06700   0CCUPATI IONAL THERAPY   0. 4343784   68. 00   06800   SPEECH PATHOLOGY   0. 543784   68. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENT   0. 226360   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   0. 479673   72. 00   07300   DRUGS CHARGED TO PATI ENTS   0. 479673   72. 00   07300   DRUGS CHARGED TO PATI ENTS   0. 479673   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0. 479673   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0. 547943   76. 00   07500   IABETES/WOUND CARE/COUMADIN CNTR   0. 701871   76. 01   03950   DI ABETES/WOUND CARE/COUMADIN CNTR   0. 701871   76. 01   03951 PAIN MANAGEMENT   0. 0000000   77. 00   07700   ALLOGENEI C HSCT ACQUISITION   0. 000000   000000					
67. 00		1			
68. 00					
71. 00					
72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   0. 479673   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   0. 322363   73. 00   07300   DRUGS CHARGED TO PATIENTS   0. 322363   73. 00   07300   DRUGS CHARGED TO PATIENTS   0. 547943   76. 60   076. 01   07550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   0. 547943   76. 01   076. 01   076. 01   07700   DRETES WOUND CARE/COUMADIN CNTR   0. 701871   76. 01   07700   07700   ALLOGENEI C HSCT ACQUI SI TI ON   0. 000000   07700   07700   ALLOGENEI C HSCT ACQUI SI TI ON   0. 000000   07700   07700   ALLOGENEI C HSCT ACQUI SI TI ON   0. 000000   0770	l I	1			
73. 00		1			
76. 00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES 0. 547943 76. 00 76. 01 03950 DI ABETES/WOUND CARE/COUMADIN CNTR 0. 701871 76. 01 76. 02 03951 PAIN MANAGEMENT 0. 000000 76. 02 77. 00 07700 ALLOGENEI C HSCT ACQUISITION 0. 0. 000000 77. 00  0UTPATIENT SERVICE COST CENTERS  88. 00 08800 RURAL HEALTH CLINIC 11 88. 01 90. 00 09000 CLINIC 0. 0. 421085 90. 00 91. 00 09100 EMERGENCY 0. 235421 91. 00 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART 1. 251513 92. 00  07101. 00 10100 HOME HEALTH AGENCY 101. 00 101. 00 10100 HOME HEALTH AGENCY 101. 00 102. 00 10200 OPIOID TREATMENT PROGRAM 102. 00  SPECIAL PURPOSE COST CENTERS  113. 00 11300 INTEREST EXPENSE 113. 00 116. 00 11600 HOSPICE 116. 00 200. 00 Subbtotal (see instructions) 200. 00 201. 00 Less Observation Beds 201. 00					
76. 01 03950 DI ABETES/WOUND CARE/COUMADI N CNTR 0. 701871 76. 02 03951 PAI N MANAGEMENT 0. 0000000 76. 02 77. 00 07700 ALLOGENEI C HSCT ACQUI SI TI ON 0. 0000000 77. 00 0UTPATI ENT SERVI CE COST CENTERS 88. 00 08800 RURAL HEALTH CLI NI C I 88. 01 08801 RURAL HEALTH CLI NI C I 1 90. 00 09000 CLI NI C 0. 421085 91. 00 09100 EMERGENCY 0. 235421 97. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART 1. 251513 92. 00 07101 EMERGENCY 0. 000000 ON					
76. 02 03951 PAIN MANAGEMENT 0. 000000 770. 0200000 777. 00 07700 ALLOGENEIC HSCT ACQUISITION 0. 0000000 777. 00 0UTPATIENT SERVICE COST CENTERS  88. 00 08800 RURAL HEALTH CLINIC   88. 01 08801 RURAL HEALTH CLINIC II 88. 01 09000 CLINIC 0. 421085 90. 00 9100 EMERGENCY 0. 235421 91. 00 9200 OBSERVATION BEDS (NON-DISTINCT PART 1. 251513 92. 00 09000 OBSERVATION BEDS (NON-DISTINCT PART 1. 251513 92. 00 09500 AMBULANCE SERVICES 0. 000000 95. 00 101. 00 10100 HOME HEALTH AGENCY 101. 00 102. 00 10200 OPIOLD TREATMENT PROGRAM 102. 00 113.00 INTEREST EXPENSE 113. 00 11300 INTEREST EXPENSE 116. 00 11600 HOSPICE 116. 00 11600 HOSPICE 116. 00 11600 HOSPICE 116. 00 11600 HOSPICE 200. 00 200. 00 Subtotal (see instructions) Less Observation Beds 201. 00					
77. 00 07700 ALLOGENEI C HSCT ACQUI SITI ON 0.000000 77. 00 0UTPATI ENT SERVI CE COST CENTERS  88. 00 08800 RURAL HEALTH CLINI C 88. 01 90.00 99000 CLINI C 90.00 99000 CLINI C 90.00 99100 EMERGENCY 91.00 99100 EMERGENCY 91.00 99200 OBSERVATI ON BEDS (NON-DI STINCT PART 1.251513 92.00 07500 AMBULANCE SERVI CES 0.000000 101.00 10100 HOME HEALTH AGENCY 95. 00 102.00 09101 D TREATMENT PROGRAM 95. 00 102.00 09101 D TREATMENT PROGRAM 95. 01 113.00 11300 INTEREST EXPENSE 113.00 11300 INTEREST EXPENSE 113.00 200.00 Subtotal (see instructions) Less Observation Beds 201.00 201.00 Less Observation Beds	l	1			
SERVICE COST CENTERS   SERVICE CENTERS   SERVIC		1			
88. 00 88. 01 08801 RURAL HEALTH CLINIC II 90. 00 09000 CLINIC 0. 421085 91. 00 991. 00 992. 00 09100 BEBRGROCY 0. 235421 91. 00 995. 00 09500 AMBULANCE SERVICES 0. 09500 AMBULANCE SERVICES 0101. 00 101. 00 102. 00 102. 00 102. 00 103. 00 11300 INTEREST EXPENSE 113. 00 11300 INTEREST EXPENSE 116. 00 100. 00 200. 00 Subtotal (see instructions) Less Observation Beds  88. 00 88. 01 90. 00 88. 01 90. 00 90. 00 201. 00 90.		0.00000			77.00
88. 01					88 00
90. 00					
91. 00   09100   EMERGENCY   0. 235421   91. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART   1. 251513   92. 00   09500   OBSERVATI ON BEDS (NON-DI STI NCT PART   1. 251513   92. 00   OTHER REI MBURSABLE COST CENTERS   95. 00   O9500   AMBULANCE SERVI CES   0. 000000   95. 00   OTHOR HEALTH AGENCY   101. 00   OTHOR HEALTH AGENCY   102. 00   OPI OI D TREATMENT PROGRAM   102. 00   OTHOR HEALTH AGENCY   103. 00   OTHER STEAM OF THE STEAM OF		0. 421085			
92. 00   09200   0BSERVATI ON BEDS (NON-DISTINCT PART   1. 251513   92. 00   07HER REIMBURSABLE COST CENTERS   95. 00   09500   AMBULANCE SERVI CES   0. 000000   95. 00   101. 00   10200   0PI OI D TREATMENT PROGRAM   102. 00   SPECIAL PURPOSE COST CENTERS   113. 00   11300   INTEREST EXPENSE   113. 00   116. 00   11600   HOSPI CE   116. 00   200. 00   Subtotal (see instructions)   200. 00   201. 00   Less Observation Beds   201. 00					
OTHER REIMBURSABLE COST CENTERS   95. 00   09500   AMBULANCE SERVICES   0. 000000   95. 00   101. 00   10100   HOME HEALTH AGENCY   101. 00   102. 00   10200   0PI 0I D TREATMENT PROGRAM   102. 00   SPECIAL PURPOSE COST CENTERS   113. 00   11300   INTEREST EXPENSE   113. 00   116. 00   1050   HOSPICE   116. 00   1000   Subtotal (see instructions)   200. 00   201. 00   Less Observation Beds   201. 00		1			
101. 00					
102. 00   10200   OPI OI D TREATMENT PROGRAM   102. 00   SPECI AL PURPOSE COST CENTERS   113. 00   11300   INTEREST EXPENSE   116. 00   11600   HOSPI CE   116. 00   200. 00   Subtotal (see instructions)   200. 00   201. 00   Less Observation Beds   201. 00	95. 00 09500 AMBULANCE SERVICES	0. 000000			95. 00
SPECIAL PURPOSE COST CENTERS   113.00   11300   INTEREST EXPENSE   116.00   11600	101.00 10100 HOME HEALTH AGENCY				101. 00
SPECIAL PURPOSE COST CENTERS   113.00   11300   INTEREST EXPENSE   116.00   11600	102.00 10200 OPI OI D TREATMENT PROGRAM				102. 00
113. 00   113. 00   116. 00   116. 00   200. 00   201. 00   Less Observation Beds   113. 00   113. 00   113. 00   113. 00   114. 00   115. 00   116. 00   200. 00   201. 00   201. 00   115. 00   116. 00   200. 00   201. 00   20					
200.00         Subtotal (see instructions)         200.00           201.00         Less Observation Beds         201.00	113. 00 11300 I NTEREST EXPENSE				113. 00
201.00 Less Observation Beds 201.00	116. 00 11600 HOSPI CE				116. 00
	200.00 Subtotal (see instructions)				200. 00
202.00   Total (see instructions)   202.00	201.00 Less Observation Beds				201. 00
	202.00 Total (see instructions)				202. 00

Health Financial Systems	MCDONOUGH DISTRICT HOSPITAL	u of Form CMS-2552-10	
COMPUTATION OF RATIO OF COSTS TO CHARGES	Provi der CCN: 14-0089	Peri od: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/29/2023 2:49 pm
	Title XIX	Hospi tal	Cost

					To 06/30/2023	Date/Time Pre 11/29/2023 2:	
			Ti tl	e XIX	Hospi tal	Cost	
					Costs		
	Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
		(from Wkst. B,	Adj .		Di sal I owance		
		Part I, col.					
		26)					
		1.00	2. 00	3.00	4. 00	5. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	10, 003, 820		10, 003, 82	0	10, 003, 820	30. 00
31.00	03100 INTENSIVE CARE UNIT	2, 571, 943		2, 571, 94	3 0	2, 571, 943	31.00
40.00	04000 SUBPROVI DER - I PF	0			0	0	40. 00
43.00	04300 NURSERY	984, 185		984, 18	5 0	984, 185	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	4, 652, 417		4, 652, 41	7 0	4, 652, 417	50.00
51.00	05100 RECOVERY ROOM	1, 030, 592		1, 030, 59	2 0	1, 030, 592	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1, 048, 936		1, 048, 93	6 0	1, 048, 936	52. 00
53.00	05300 ANESTHESI OLOGY	117, 384		117, 38	4 0	117, 384	53. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	3, 709, 867		3, 709, 86	7 0	3, 709, 867	54. 00
57.00	05700 CT SCAN	626, 947		626, 94	7 0	626, 947	57. 00
58.00	05800 MRI	631, 681		631, 68	1 0	631, 681	58. 00
60.00	06000 LABORATORY	6, 386, 669		6, 386, 66	9 0	6, 386, 669	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	288, 068		288, 06		288, 068	63.00
65. 00	06500 RESPIRATORY THERAPY	2, 346, 870					
66. 00	06600 PHYSI CAL THERAPY	3, 241, 950				3, 241, 950	
67. 00	06700 OCCUPATI ONAL THERAPY	330, 541	0	330, 54		330, 541	67. 00
68. 00	06800 SPEECH PATHOLOGY	303, 406	0	303, 40		303, 406	
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1, 470, 228		1, 470, 22		1, 470, 228	
72. 00	07200 IMPL. DEV. CHARGED TO PATIENTS	780, 165		780, 16		780, 165	
	07300 DRUGS CHARGED TO PATIENTS	5, 058, 803		5, 058, 80		5, 058, 803	
76. 00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	1, 205, 833		1, 205, 83		1, 205, 833	
	03950 DI ABETES/WOUND CARE/COUMADIN CNTR	640, 994		640, 99		640, 994	
76. 02	03951 PAIN MANAGEMENT	010,771			o o		76. 02
77. 00	07700 ALLOGENEIC HSCT ACQUISITION	0				-	
77.00	OUTPATIENT SERVICE COST CENTERS				<u> </u>		77.00
88. 00	08800 RURAL HEALTH CLINIC	1, 133, 702		1, 133, 70	2 0	1, 133, 702	88. 00
88. 01	08801 RURAL HEALTH CLINIC II	9, 329, 249		9, 329, 24			
90. 00	09000 CLI NI C	2, 667, 961		2, 667, 96		2, 667, 961	
91. 00	09100 EMERGENCY	5, 947, 393		5, 947, 39		5, 947, 393	
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2, 447, 571		2, 447, 57		2, 447, 571	92.00
72.00	OTHER REIMBURSABLE COST CENTERS	2,117,071		2, 117, 07	•	2, 117, 071	72.00
95 00	09500 AMBULANCE SERVI CES	576, 603		576, 60	3 0	576, 603	95. 00
	10100 HOME HEALTH AGENCY	2, 794, 038		2, 794, 03		2, 794, 038	
	10200 OPI OI D TREATMENT PROGRAM	0			0		102.00
102.00	SPECIAL PURPOSE COST CENTERS				<u> </u>		. 52. 55
113 00	11300   I NTEREST EXPENSE						113. 00
	11600 HOSPI CE	1, 061, 633		1, 061, 63	3	1, 061, 633	
200.00		73, 389, 449					
201.00		2, 447, 571		2, 447, 57		2, 447, 571	1
202.00		70, 941, 878	О				
_52.00	1.000. (000 1.100. 4001 0110)	1 .5, , 11, 576	•	1 .5, , 11, 07	-1	, 5, , 11, 576	,_02.00

Health Financial Systems	MCDONOUGH DISTRICT HOSPITAL	In Lieu of Form CMS-2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES	Provi der CCN: 14-0089	Period: Worksheet C From 07/01/2022 Part I
		To 06/30/2023 Date/Time Prepared

				o 06/30/2023		pared:
		Ti +I	e XIX	Hospi tal	Cost	49 μιι
		Charges	C XIX	nospi tai	0031	
Cost Center Description	Inpati ent	Outpati ent	Total (col. 6	Cost or Other	TEFRA	
COST CENTER DESCRIPTION	Tripati ent	outpatrent	+ col . 7)	Ratio	Inpati ent	
			+ (01. 7)	Katio	Ratio	
	6.00	7. 00	8. 00	9. 00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS	0.00	7.00	0.00	7. 00	10.00	
30. 00 03000 ADULTS & PEDIATRICS	6, 032, 607		6, 032, 607			30.00
31. 00 03100 I NTENSI VE CARE UNI T	3, 999, 250		3, 999, 250			31. 00
40. 00   04000   SUBPROVI DER -   PF	3, 777, 230		3, 777, 230			40.00
43. 00   04300   NURSERY	781, 525		781, 525			43.00
ANCI LLARY SERVI CE COST CENTERS	701, 323		761, 525			43.00
50. 00 05000 OPERATING ROOM	1, 825, 273	13, 545, 891	15, 371, 164	0. 302672	0. 000000	50.00
51. 00   05100   RECOVERY ROOM	367, 940	5, 620, 102	5, 988, 042		0. 000000	
52.00   05200   DELIVERY ROOM & LABOR ROOM	1, 693, 172	3, 020, 102 N	1, 693, 172		0. 000000	1
53. 00   05300   ANESTHESI OLOGY	273, 044	3, 004, 333	3, 277, 377	0. 017307	0. 000000	
54. 00   05400   RADI OLOGY-DI AGNOSTI C	297, 492	8, 172, 007	8, 469, 499		0. 000000	1
57. 00   05700 CT SCAN	885, 851	14, 759, 153	15, 645, 004	0. 040073	0. 000000	
58. 00   05800 MRI	208, 765	4, 458, 666	4, 667, 431	0. 040073	0. 000000	
60. 00   06000   LABORATORY	2, 518, 717	19, 597, 012	22, 115, 729		0. 000000	
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	1				0. 000000	
	1, 779, 672	3, 436, 450	5, 216, 122			
	1, 717, 861	7, 239, 875	8, 957, 736		0.000000	
66. 00 06600 PHYSI CAL THERAPY	603, 490	6, 160, 790	6, 764, 280		0.000000	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	231, 656	529, 301	760, 957	0. 434375	0.000000	67.00
68. 00 06800 SPEECH PATHOLOGY	63, 308	494, 645	557, 953		0.000000	
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1, 488, 140	5, 006, 942	6, 495, 082	0. 226360	0.000000	
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	854, 521	771, 931	1, 626, 452		0.000000	
73. 00 07300 DRUGS CHARGED TO PATIENTS	4, 037, 369	11, 655, 499	15, 692, 868		0.000000	
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	302	2, 200, 352	2, 200, 654	0. 547943	0.000000	
76. 01 03950 DI ABETES/WOUND CARE/COUMADIN CNTR	4, 467	908, 798	913, 265		0.000000	
76. 02   03951   PAI N MANAGEMENT	0	0	0	0.000000	0.000000	
77. 00 07700 ALLOGENEI C HSCT ACQUI SI TI ON	0	0	0	0. 000000	0. 000000	77. 00
OUTPATIENT SERVICE COST CENTERS		500 (10	500 (40	4 050/05		
88. 00   08800   RURAL HEALTH CLINIC	0	580, 610			0.000000	
88. 01   08801 RURAL HEALTH CLINIC II	0	7, 169, 601	7, 169, 601	1. 301223	0.000000	
90. 00   09000   CLI NI C	1, 072	6, 334, 850	6, 335, 922	0. 421085	0.000000	
91. 00   09100   EMERGENCY	2, 193, 710	23, 069, 063	25, 262, 773		0.000000	
92. 00 O9200 OBSERVATION BEDS (NON-DISTINCT PART	494, 700	1, 460, 990	1, 955, 690	1. 251513	0. 000000	92. 00
OTHER REIMBURSABLE COST CENTERS				0.000000	0.00000	05 00
95. 00 09500 AMBULANCE SERVI CES	0	0	0	0. 000000	0. 000000	
101. 00 10100 HOME HEALTH AGENCY	0	1, 411, 257	1, 411, 257			101.00
102. 00 10200 OPI OI D TREATMENT PROGRAM	0	0	0			102. 00
SPECIAL PURPOSE COST CENTERS						440.00
113. 00 11300   NTEREST EXPENSE		000 105				113.00
116. 00 11600 HOSPI CE	0 252 25	932, 425	932, 425			116. 00
200.00 Subtotal (see instructions)	32, 353, 904	148, 520, 543	180, 874, 447			200.00
201.00 Less Observation Beds	00 050 051	440 500 5:-	400 07. ::=			201. 00
202.00   Total (see instructions)	32, 353, 904	148, 520, 543	180, 874, 447			202. 00

Health Financial Systems	MCDONOUGH DISTRICT HOSPITAL	In Lie	u of Form CMS-2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES	Provi der CCN: 14-0089	Peri od: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/29/2023 2:49 pm

			10 00/30/2023	11/29/2023 2: 49 pm
		Title XIX	Hospi tal	Cost
Cost Center Description	PPS Inpatient			
,	Ratio			
	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS				
30. 00 03000 ADULTS & PEDIATRICS				30.00
31.00 03100 INTENSIVE CARE UNIT				31.00
40. 00   04000   SUBPROVI DER - 1 PF				40. 00
43. 00   04300   NURSERY				43. 00
ANCI LLARY SERVI CE 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   ANESTHESI OLOGY	0. 000000			53. 00
54. 00   05400   RADI OLOGY - DI AGNOSTI C	0. 000000			54.00
57. 00   05700   CT   SCAN	0. 000000			57. 00
58. 00   05800   MRI	0. 000000			58.00
60. 00   06000   LABORATORY	0. 000000			60.00
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0. 000000			63.00
65. 00   06500   RESPIRATORY THERAPY	0. 000000			65. 00
66. 00   06600   PHYSI CAL THERAPY	0. 000000			66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0. 000000			67. 00
68. 00 06800 SPEECH PATHOLOGY	1			68. 00
	0.000000			
71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT	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
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0. 000000			76.00
76. 01 03950 DI ABETES/WOUND CARE/COUMADIN CNTR	0. 000000			76. 01
76. 02   03951   PAI N MANAGEMENT	0. 000000			76. 02
77. 00 07700 ALLOGENEI C HSCT ACQUI SITION	0. 000000			77. 00
OUTPATIENT SERVICE COST CENTERS	0.000000			00.00
88. 00   08800   RURAL HEALTH CLINIC	0. 000000			88. 00
88. 01   08801 RURAL HEALTH CLINIC II	0. 000000			88. 01
90. 00   09000   CLI NI C	0. 000000			90.00
91. 00   09100   EMERGENCY	0. 000000			91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 000000			92. 00
OTHER REIMBURSABLE COST CENTERS				
95. 00 09500 AMBULANCE SERVICES	0. 000000			95. 00
101.00 10100 HOME HEALTH AGENCY				101.00
102.00 10200 OPI OI D TREATMENT PROGRAM				102. 00
SPECIAL PURPOSE COST CENTERS				
113. 00 11300 I NTEREST EXPENSE				113. 00
116. 00 11600 HOSPI CE				116. 00
200.00 Subtotal (see instructions)				200. 00
201.00 Less Observation Beds				201. 00
202.00 Total (see instructions)				202. 00

Health Financial Systems	MCDONOUGH DISTE	RICT HOSPITAL		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	COSTS	Provi der Co		Peri od:	Worksheet D	
				From 07/01/2022	Part I	
				To 06/30/2023	Date/Time Pre 11/29/2023 2:	
		Title	xVIII	Hospi tal	PPS	тл рііі
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient	Per Diem (col.	
	Related Cost	Adjustment	Capi tal	Days	3 / col . 4)	
	(from Wkst. B,		Related Cost		, i	
	Part II, col.		(col . 1 - col			
	26)		2)			
	1.00	2.00	3.00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS				<u>.</u>		
30. 00 ADULTS & PEDIATRICS	1, 417, 846	0	1, 417, 84	6 3, 045	465. 63	30. 00
31.00 INTENSIVE CARE UNIT	133, 188		133, 18	8 736	180. 96	31.00
40. 00 SUBPROVI DER - I PF	0	0	1	o o	0.00	40.00
43. 00 NURSERY	36, 146		36, 14	6 427	84. 65	43.00
200.00 Total (lines 30 through 199)	1, 587, 180		1, 587, 18	0 4, 208		200. 00
Cost Center Description	I npati ent	Inpatient		•		
	Program days	Program				
		Capital Cost				
		(col. 5 x col.				
		6)				
	6.00	7. 00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDI ATRI CS	999	465, 164				30. 00
31.00 INTENSIVE CARE UNIT	379	68, 584				31.00
40. 00 SUBPROVI DER - I PF	0	0				40. 00
43. 00 NURSERY	0	0				43.00
200.00 Total (lines 30 through 199)	1, 378	533, 748				200. 00

	Financial Systems	MCDONOUGH DIST				u of Form CMS-2	2552-10
APPORT	FIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provider Co		Period: From 07/01/2022 To 06/30/2023		
				XVIII	Hospi tal	PPS	
	Cost Center Description	Capi tal	Total Charges			Capital Costs	
			(from Wkst. C,		Program	(column 3 x	
		(from Wkst. B,			. Charges	column 4)	
		Part II, col.	8)	2)			
		26)					
	T	1.00	2. 00	3. 00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS	T	T	1			
50.00	05000 OPERATI NG ROOM	933, 701					
51. 00	05100 RECOVERY ROOM	71, 106				1	
52.00	05200 DELIVERY ROOM & LABOR ROOM	52, 614				0	
53.00	05300 ANESTHESI OLOGY	1, 751					
54.00	05400 RADI OLOGY-DI AGNOSTI C	401, 153					
57. 00		21, 749				1, 231	
58. 00	05800 MRI	16, 608					
60.00	06000 LABORATORY	287, 580					
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	3, 575					
65.00	06500 RESPI RATORY THERAPY	136, 248					
66. 00	06600 PHYSI CAL THERAPY	222, 564					
67. 00	06700 OCCUPATI ONAL THERAPY	10, 478					
68. 00	06800 SPEECH PATHOLOGY	25, 555	557, 953	0. 04580	47, 351	2, 169	68. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	48, 866	6, 495, 082	0. 00752	4 670, 625	5, 046	71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	26, 625	1, 626, 452	0. 01637	0 269, 166		
73.00	07300 DRUGS CHARGED TO PATIENTS	82, 692	15, 692, 868	0.00526	9 1, 994, 214	10, 508	73. 00
76.00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	31, 981	2, 200, 654	0. 01453	2 302	4	76. 00
76. 01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	76, 113	913, 265	0. 08334	2 2, 361	197	76. 01
76. 02	03951 PALN MANAGEMENT	0	0	0.00000	0 0	0	76. 02
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.00000	0 0	0	77. 00
	OUTPATIENT SERVICE COST CENTERS						
88. 00	08800 RURAL HEALTH CLINIC	107, 515	580, 610	0. 18517	6 0	0	88. 00
88. 01	08801 RURAL HEALTH CLINIC II	254, 106	7, 169, 601	0. 03544	.2	0	88. 01
90.00	09000 CLI NI C	238, 606	6, 335, 922	0. 03765	9 0	0	90.00
91.00	09100 EMERGENCY	474, 703	25, 262, 773	0. 01879	1, 136, 674	21, 359	91.00
00 00	00200 OBSERVATION BERS (NON DISTINCT DART	244 004	1 055 (00	0 17727	7 101 /07	22 227	02 02

346, 894

3, 872, 783

1, 955, 690

167, 717, 383

0. 177377

181, 687

9, 330, 940

32, 227

167, 943 200. 00

92.00 95.00

92. 00 | 09200 | 0BSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS | 09500 | AMBULANCE SERVICES | 200. 00 | Total (lines 50 through 199)

Health Financial Systems	MCDONOUGH DISTR	ICT HOSPITAL		In Lie	eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER P	ASS THROUGH COST			Period: From 07/01/2022 To 06/30/2023		
		Ti tl e	: XVIII	Hospi tal	PPS	
Cost Center Description	Nursi ng	Nursi ng	Allied Healt	Allied Health	All Other	
	Program	Program	Post-Stepdow	Cost	Medi cal	
	Post-Stepdown		Adjustments		Education Cost	
	Adjustments					
	1A	1. 00	2A	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00   03000   ADULTS & PEDI ATRI CS	0	0		0 0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0		0 0	0	31.00
40. 00   04000   SUBPROVI DER - 1 PF	0	0		o o	0	40.00
43. 00   04300   NURSERY	0	0		o o	0	43.00
200.00 Total (lines 30 through 199)	o	0		o o	0	200.00
Cost Center Description	Swi ng-Bed	Total Costs	Total Patien	Per Diem (col.	Inpati ent	
· ·	Adjustment	(sum of cols.	Days	5 ÷ col. 6)	Program Days	
	Amount (see	1 through 3,		·		
	instructions)	minus col. 4)				
	4.00	5.00	6.00	7. 00	8. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00  03000 ADULTS & PEDIATRICS	0	0	3, 04			30.00
31.00   03100   INTENSIVE CARE UNIT		0	73	6 0.00	379	31.00
40. 00   04000   SUBPROVI DER - 1 PF	0	0		0.00	0	40.00
43. 00   04300   NURSERY		0	42	7 0.00	0	43.00
200.00 Total (lines 30 through 199)		0	4, 20	8	1, 378	200. 00
Cost Center Description	I npati ent					
	Program					
	Pass-Through					
	Cost (col. 7 x					
	col . 8)					
	9.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00  03000 ADULTS & PEDIATRICS	0					30.00
31.00 03100 INTENSIVE CARE UNIT	0					31. 00
40. 00   04000   SUBPROVI DER - 1 PF	0					40. 00
43. 00   04300   NURSERY	0					43.00
200.00   Total (lines 30 through 199)	0					200. 00

Health Financial Systems	MCDONOUGH DISTRI	CT HOSPITAL		In Lie	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS	ANCILLARY SERVICE OTHER PASS	Provi der CC	N: 14-0089	Peri od: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/29/2023 2:49 pm
		Title	XVIII	Hospi tal	PPS
Cost Center Description	Non Physician	Nursi na	Nursi na	Allied Health	Allied Health

				10 00/30/2023	11/29/2023 2:	
		Title	· XVIII	Hospi tal	PPS	
Cost Center Description	Non Physician	Nursi ng	Nursi ng	Allied Health	Allied Health	
	Anesthetist	Program	Program	Post-Stepdown		
	Cost	Post-Stepdown		Adjustments		
		Adjustments				
	1.00	2A	2.00	3A	3. 00	
ANCILLARY SERVICE COST CENTERS						
50.00   05000   OPERATING ROOM	0	0		0	0	
51.00   05100   RECOVERY ROOM	0	0		0	0	51. 00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0	0	52. 00
53. 00 05300 ANESTHESI OLOGY	0	0		0	0	53. 00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	0	0		0	0	54. 00
57. 00   05700   CT   SCAN	0	0		0	0	57. 00
58. 00   05800   MRI	0	0		0	0	58. 00
60. 00   06000   LABORATORY	0	0		0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0	0	63. 00
65. 00 06500 RESPI RATORY THERAPY	0	0		0	0	65. 00
66. 00 06600 PHYSI CAL THERAPY	0	0		0	0	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	0	0		0	0	67. 00
68.00 06800 SPEECH PATHOLOGY	0	0		0	0	68. 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
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0		0	0	76. 00
76. 01 03950 DI ABETES/WOUND CARE/COUMADIN CNTR	0	0		0	0	76. 01
76. 02   03951   PAI N MANAGEMENT	0	0		0	0	76. 02
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0		0 0	0	77. 00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0		0	0	00.00
88.01 08801 RURAL HEALTH CLINIC II	0	0		0	0	88. 01
90. 00   09000   CLI NI C	0	0		0	0	90. 00
91. 00   09100   EMERGENCY	0	0		0	0	91. 00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0			0	0	92. 00
OTHER REIMBURSABLE COST CENTERS			1		1	
95. 00 09500 AMBULANCE SERVICES				_		95. 00
200.00   Total (lines 50 through 199)	0	0	1	0	0	200. 00

Heal th	Financial Systems	MCDONOUGH DISTE	RICT HOSPITAL		In lie	u of Form CMS-2	2552-10
APPORT	TIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER H COSTS		S Provider C		Peri od: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Pre 11/29/2023 2:	pared:
				XVIII	Hospi tal	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)	to Charges (col. 5 ÷ col. 7) (see	
		4.00	5. 00	6.00	7. 00	instructions) 8.00	
	ANCILLARY SERVICE COST CENTERS	4.00	3.00	0.00	7.00	8.00	
50.00		0	0		0 15, 371, 164	0.000000	50.00
	05100 RECOVERY ROOM	0	Ö		0 5, 988, 042		
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		0 1, 693, 172		52. 00
53.00	05300 ANESTHESI OLOGY	0	0		0 3, 277, 377		53. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0		0 8, 469, 499	0.000000	54.00
57.00	05700 CT SCAN	0	0		0 15, 645, 004	0.000000	57. 00
58.00	05800 MRI	0	0		0 4, 667, 431	0.000000	58. 00
60.00	06000 LABORATORY	0	0		0 22, 115, 729	0.000000	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0 5, 216, 122	0.000000	63. 00
65.00	06500 RESPIRATORY THERAPY	0	0		0 8, 957, 736	0.000000	65. 00
66.00	06600 PHYSI CAL THERAPY	0	0		0 6, 764, 280	0.000000	66.00
67.00	06700 OCCUPATI ONAL THERAPY	0	0		0 760, 957	0.000000	67. 00
68.00	06800 SPEECH PATHOLOGY	0	0		0 557, 953	0.000000	68. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 6, 495, 082	0.000000	71. 00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		0 1, 626, 452	0.000000	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0		0 15, 692, 868	0.000000	73. 00
76.00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0		0 2, 200, 654	0.000000	76. 00
76. 01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	0	0		0 913, 265	0.000000	76. 01
	03951 PAIN MANAGEMENT	0	0		0	0.000000	
77. 00	07700 ALLOGENEIC HSCT ACQUISITION	0	0		0 0	0.000000	77. 00
	OUTPATIENT SERVICE COST CENTERS						
88. 00	08800 RURAL HEALTH CLINIC	0	0		0 580, 610		
88. 01	08801 RURAL HEALTH CLINIC II	0	0		0 7, 169, 601	0. 000000	
	09000 CLI NI C	0	0		0 6, 335, 922		
	09100 EMERGENCY	0	0		0 25, 262, 773		
92 00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1 0	1 0	I	0 1 955 690	0 000000	1 92 00

00000

1, 955, 690

167, 717, 383

0.000000

92.00

95.00

200. 00

95. 00 09500 AMBULANCE SERVICES

09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS

Total (lines 50 through 199)

92.00

200.00

Heal th	Financial Systems	MCDONOUGH DISTRI	CT HOSPITAL		In lie	u of Form CMS-2	2552-10
APPORT	TIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER H COSTS		Provi der CC		Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Pre 11/29/2023 2:	pared:
				XVIII	Hospi tal	PPS	
	Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col.	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col.		Outpatient Program Pass-Through Costs (col. 9	
		7)	10.00	x col. 10)	12.00	x col . 12)	
	ANCILLARY SERVICE COST CENTERS	9.00	10. 00	11. 00	12.00	13. 00	
50. 00	05000 OPERATING ROOM	0. 000000	577, 329		0 3, 326, 358	0	50.00
51. 00	05100 RECOVERY ROOM	0. 000000	102, 758		0 1, 285, 008	0	51.00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	0. 000000	102, 730		0 1, 283, 666	0	52.00
53. 00	05300 ANESTHESI OLOGY	0. 000000	67, 930		0 728, 689	Ö	53.00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	0. 000000	297, 492		0 1, 831, 376	Ö	54.00
57. 00	05700 CT SCAN	0. 000000	885, 851		0 4, 285, 191	0	57. 00
58. 00	05800 MRI	0. 000000	130, 332		0 1, 170, 798	0	58.00
60.00	06000 LABORATORY	0. 000000	1, 022, 999		0 2, 410, 715	0	60.00
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.	0. 000000	577, 134		0 706, 074	Ö	63. 00
65. 00	06500 RESPIRATORY THERAPY	0. 000000	935, 295		0 2, 103, 300	0	65. 00
66. 00	06600 PHYSI CAL THERAPY	0. 000000	316, 395		0 158, 019	0	66.00
67. 00	06700 OCCUPATI ONAL THERAPY	0. 000000	115, 045		0 787	0	67. 00
68. 00	06800 SPEECH PATHOLOGY	0. 000000	47, 351		0 7, 706	0	68. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 000000	670, 625		0 1, 005, 615	0	71.00
72. 00	07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000	269, 166		0 257, 193	0	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	0. 000000	1, 994, 214		0 3, 741, 725	0	73. 00
76.00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0. 000000	302		0 154, 793	0	76. 00
76. 01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	0. 000000	2, 361		0 144, 358	0	76. 01
76. 02	03951 PAIN MANAGEMENT	0. 000000	0		0 0	0	76. 02
77. 00	07700 ALLOGENEIC HSCT ACQUISITION	0. 000000	0		0 0	0	77. 00
	OUTPATIENT SERVICE COST CENTERS	· · · · · · · · · · · · · · · · · · ·			<u>'</u>		
88.00	08800 RURAL HEALTH CLINIC	0. 000000	0		0 0	0	88. 00
88. 01	08801 RURAL HEALTH CLINIC II	0. 000000	0		0 0	0	88. 01
90.00	09000 CLI NI C	0. 000000	0		0 153, 215	0	90.00
91.00	09100 EMERGENCY	0. 000000	1, 136, 674		0 4, 146, 004	0	91.00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 000000	181, 687		0 206, 869	0	92. 00

9, 330, 940

27, 823, 793

0 92.00 95.00

0 200. 00

200.00

92. 00 09200 0BSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS 095.00 09500 AMBULANCE SERVICES

Total (lines 50 through 199)

Weel the Firence of Contains	MCDONOLICII, DI CTDI	CT LICEDITAL		1-11-	£ F CMC :	2552 40
Health Financial Systems APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVIC	MCDONOUGH DISTRI EES AND VACCINE COST	Provider CC		Peri od: From 07/01/2022	u of Form CMS-2 Worksheet D Part V Date/Time Pre 11/29/2023 2:	pared:
		Title	XVIII	Hospi tal	PPS	
		<u> </u>	Charges		Costs	
Cost Center Description	Cost to Charge P	PS Reimbursed	Cost	Cost	PPS Services	
'		Services (see		Rei mbursed	(see inst.)	
	Worksheet C,	inst.)	Servi ces	Services Not		
	Part I, col. 9		Subject To	Subject To		
			Ded. & Coins.	Ded. & Coins.		

				AVIII	поэрт сат		
				Charges		Costs	
	Cost Center Description	Cost to Charge			Cost	PPS Services	
			Services (see	Rei mbursed	Rei mbursed	(see inst.)	
		Worksheet C,	inst.)	Servi ces	Services Not		
		Part I, col. 9		Subject To	Subject To		
				Ded. & Coins.	Ded. & Coins.		
				(see inst.)	(see inst.)		
		1.00	2. 00	3. 00	4. 00	5. 00	
	CILLARY SERVICE COST CENTERS						1
	OOO OPERATING ROOM	0. 302672				.,,	
	100 RECOVERY ROOM	0. 172108	1, 285, 008	0	0	221, 160	
	200 DELIVERY ROOM & LABOR ROOM	0. 619509		1		0	52. 00
	300 ANESTHESI OLOGY	0. 035816	728, 689	0	0	26, 099	
54.00 05	400 RADI OLOGY-DI AGNOSTI C	0. 438027	1, 831, 376	0	0	802, 192	54. 00
57. 00 05	700 CT SCAN	0. 040073	4, 285, 191	0	0	171, 720	57.00
58. 00 05	800 MRI	0. 135338	1, 170, 798	0	0	158, 453	58. 00
60.00 06	000 LABORATORY	0. 288784	2, 410, 715	0	0	696, 176	60.00
63. 00 06	300 BLOOD STORING, PROCESSING & TRANS.	0. 055226	706, 074	0	0	38, 994	63.00
65. 00 06	500 RESPI RATORY THERAPY	0. 261994	2, 103, 300	0	0	551, 052	65.00
66. 00 06	600 PHYSI CAL THERAPY	0. 479275	158, 019		0	75, 735	66.00
67. 00 06	700 OCCUPATI ONAL THERAPY	0. 434375			0	342	
68. 00 06	800 SPEECH PATHOLOGY	0. 543784	7, 706	l 0	0	4, 190	68. 00
	100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 226360			0	227, 631	
	200 IMPL. DEV. CHARGED TO PATIENTS	0. 479673	257, 193		0	123, 369	
	300 DRUGS CHARGED TO PATIENTS	0. 322363			7, 662		
	550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0. 547943				84, 818	1
	950 DIABETES/WOUND CARE/COUMADIN CNTR	0. 701871	144, 358		0	101, 321	
	951 PALN MANAGEMENT	0. 000000		1		0	76. 02
	700 ALLOGENEIC HSCT ACQUISITION	0. 000000	0			1	77. 00
	TPATIENT SERVICE COST CENTERS		-	-	-		1
	800 RURAL HEALTH CLINIC						88. 00
	801 RURAL HEALTH CLINIC II						88. 01
	000 CLINIC	0. 421085	153, 215	l o	0	64, 517	
	100 EMERGENCY	0. 235421	4, 146, 004				
	200 OBSERVATION BEDS (NON-DISTINCT PART	1. 251513					
	HER REIMBURSABLE COST CENTERS	1. 201010	200,007			200, 077	72.00
	500 AMBULANCE SERVICES	0. 000000		0			95.00
200.00	Subtotal (see instructions)	2. 223000	27, 823, 793			6, 795, 713	
201.00	Less PBP Clinic Lab. Services-Program		27,020,770				201.00
201.00	Only Charges			Ĭ			
202. 00	Net Charges (line 200 - line 201)		27, 823, 793	0	7, 662	6, 795, 713	202, 00
_02.00	1 300 (1 200 1 201)	I	2.,020,770	1	.,002	3, , , 3, , 10	1-32. 00

Health Financial Systems	MCDONOUGH DISTRICT HOSPITAL				In Lieu of Form CMS-2552-			
APPORTI ONMENT OF MEDI CAL, OTHER HEALTH SEI	RVICES AND	VACCI NE	COST	Provi der CO	CN: 14-0089	Peri od: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Prep 11/29/2023 2:4	
				Title	XVIII	Hospi tal	PPS	
			Costs					
Cost Center Description		Cost	t	Cost				

					11/29/2023 2:	47 DIII
		Title	XVIII	Hospi tal	PPS	
	Costs	s				
Cost Center Description Co	ost	Cost				
Rei ml	bursed	Rei mbursed				
Serv	vi ces S	Services Not				
		Subject To				
		ed. & Coins.				
		(see inst.)				
	. 00	7. 00				
ANCILLARY SERVICE COST CENTERS						4
50. 00   05000   OPERATI NG 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   ANESTHESI OLOGY	0	0				53. 00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	0	0				54. 00
57. 00   05700   CT   SCAN	0	0				57. 00
58. 00   05800   MRI	0	0				58. 00
60. 00   06000   LABORATORY	0	0				60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0				63. 00
65. 00 06500 RESPI RATORY THERAPY	0	0				65. 00
66. 00 06600 PHYSI CAL THERAPY	0	0				66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	0	0				67. 00
68. 00   06800   SPEECH PATHOLOGY	O	0				68. 00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	O	0				71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	O	0				72. 00
73. 00 07300 DRUGS CHARGED TO PATIENTS	O	2, 470				73. 00
76. 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	O	0				76. 00
76. 01   03950   DI ABETES/WOUND   CARE/COUMADI N   CNTR	0	0				76. 01
76. 02   03951   PAI N   MANAGEMENT	0	0				76. 02
77. 00 07700 ALLOGENEI C HSCT ACQUI SI TI ON	O	0				77. 00
OUTPATIENT SERVICE COST CENTERS						
88. 00   08800   RURAL HEALTH CLINIC						88. 00
88. 01   08801   RURAL HEALTH CLINIC II						88. 01
90. 00   09000   CLI NI C	O	0				90.00
91. 00   09100   EMERGENCY	O	0				91.00
92. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART	O	U				92. 00
OTHER REI MBURSABLE COST CENTERS	O					95. 00
95. 00 09500 AMBULANCE SERVICES	o	2 470				
200.00 Subtotal (see instructions)	o	2, 470				200. 00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	٩					201. 00
202.00 Net Charges (line 200 - line 201)		2, 470				202. 00
202.00   Net Charges (Title 200 - Title 201)	이	2,470				1202.00

COMPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 14-0089	Period: From 07/01/2022	Worksheet D-1	
		T' 11 \0.0011	To 06/30/2023	11/29/2023 2: 2	
	Cost Center Description	Title XVIII	Hospi tal	PPS	
	DART I ALL DROWLDED COMPONENTS			1. 00	
	PART I - ALL PROVIDER COMPONENTS INPATIENT DAYS				
00	Inpatient days (including private room days and swing-bed days	, excluding newborn)		3, 083	1.0
00	Inpatient days (including private room days, excluding swing-b			3, 045	2. 0
00	Private room days (excluding swing-bed and observation bed day	s). If you have only pr	ivate room days,	0	3.0
00	do not complete this line. Semi-private room days (excluding swing-bed and observation be	d days)		2, 300	4. (
00	Total swing-bed SNF type inpatient days (including private roo		r 31 of the cost	2, 300	1
00	reporting period	days) thi dagii becembe	Tor or the cost	ĭ	0.0
00	Total swing-bed SNF type inpatient days (including private roo	m days) after December	31 of the cost	0	6.0
	reporting period (if calendar year, enter 0 on this line)				
00	Total swing-bed NF type inpatient days (including private room	idays) through December	31 of the cost	19	7.0
00	reporting period Total swing-bed NF type inpatient days (including private room	days) after December 3	1 of the cost	19	8.0
00	reporting period (if calendar year, enter 0 on this line)	days) arter becomber a	1 of the cost	' '	0. \
00	Total inpatient days including private room days applicable to	the Program (excluding	swing-bed and	999	9. (
	newborn days) (see instructions)				
. 00	Swing-bed SNF type inpatient days applicable to title XVIII on	ly (including private r	oom days)	0	10.
. 00	through December 31 of the cost reporting period (see instruct Swing-bed SNF type inpatient days applicable to title XVIII on		oom days) after	0	11.
. 00	December 31 of the cost reporting period (if calendar year, en		dom days) arter	٥	' ' '
. 00	Swing-bed NF type inpatient days applicable to titles V or XIX		e room days)	0	12.
	through December 31 of the cost reporting period				
. 00	Swing-bed NF type inpatient days applicable to titles V or XIX			0	13.
. 00	after December 31 of the cost reporting period (if calendar ye Medically necessary private room days applicable to the Progra			0	14.
. 00	Total nursery days (title V or XIX only)	iii (excluding swing-bed	uays)	0	
. 00	Nursery days (title V or XIX only)				16.
	SWING BED ADJUSTMENT				
. 00	Medicare rate for swing-bed SNF services applicable to service	s through December 31 c	f the cost	250. 38	17.
00	reporting period Medicare rate for swing-bed SNF services applicable to service	s after December 21 of	the cost	259. 03	10
. 00	reporting period	s after becember 31 01	the cost	259. 03	18.
. 00	Medicaid rate for swing-bed NF services applicable to services	through December 31 of	the cost	0.00	19.
	reporting period	3			
. 00	Medicaid rate for swing-bed NF services applicable to services	after December 31 of t	he cost	0. 00	20.
00	reporting period			10 002 020	21
. 00	Total general inpatient routine service cost (see instructions Swing-bed cost applicable to SNF type services through Decembe	,	ing period (line	10, 003, 820 0	1
. 00	5 x line 17)	1 31 of the cost report	riig perroa (iriie	٥	22.
. 00	Swing-bed cost applicable to SNF type services after December	31 of the cost reportin	g period (line 6	0	23.
	x line 18)				
. 00	Swing-bed cost applicable to NF type services through December	31 of the cost reporti	ng period (line	0	24.
. 00	7 x line 19) Swing-bed cost applicable to NF type services after December 3	1 of the cost reporting	neriod (line 8	0	25.
. 00	x line 20)	To the cost reporting	perrod (Trie o	ĭ	25.
. 00	Total swing-bed cost (see instructions)			0	26.
. 00	General inpatient routine service cost net of swing-bed cost (	line 21 minus line 26)		10, 003, 820	27.
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
00	General inpatient routine service charges (excluding swing-bed	and observation bed ch	arges)	0	1
00	Private room charges (excluding swing-bed charges) Semi-private room charges (excluding swing-bed charges)			0	1
00	General inpatient routine service cost/charge ratio (line 27 ÷	line 28)		0. 000000	
00	Average private room per diem charge (line 29 ÷ line 3)	11110 20)		0.00000	1
00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	1
. 00	Average per diem private room charge differential (line 32 min	us line 33)(see instruc	tions)	0.00	1
. 00	Average per diem private room cost differential (line 34 x lin	e 31)		0.00	
. 00	Private room cost differential adjustment (line 3 x line 35)			0	
. 00	General inpatient routine service cost net of swing-bed cost a			10, 003, 820	37.

	do not complete this line.		
4.00	Semi-private room days (excluding swing-bed and observation bed days)	2, 300	4. 00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost	0	5. 00
	reporting period		
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost	0	6. 00
	reporting period (if calendar year, enter 0 on this line)		
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost	19	7. 00
,, ,,	reporting period	' '	,, 00
8. 00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost	19	8. 00
0.00	reporting period (if calendar year, enter 0 on this line)	17	0.00
9. 00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and	999	9. 00
9.00	newborn days) (see instructions)	777	9.00
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days)	0	10. 00
10.00	through December 31 of the cost reporting period (see instructions)	U	10.00
11 00		0	11 00
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after	U	11. 00
12.00	December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	10.00
12. 00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days)	0	12. 00
40.00	through December 31 of the cost reporting period		40.00
13. 00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days)	0	13. 00
	after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		
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	250. 38	17. 00
	reporting period		
18. 00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost	259. 03	18. 00
	reporting period		
19. 00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost	0. 00	19. 00
	reporting period		
20. 00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost	0. 00	20.00
	reporting period		
21. 00	Total general inpatient routine service cost (see instructions)	10, 003, 820	21. 00
22. 00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line	0	22. 00
	5 x line 17)		
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6	0	23. 00
	x line 18)		
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line	0	24.00
	7 x line 19)		
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8	0	25. 00
	x line 20)		
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)	10, 003, 820	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	
34. 00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0. 00	
35. 00	Average per diem private room cost differential (line 34 x line 31)	0.00	
36. 00	Private room cost differential adjustment (line 3 x line 35)	0.00	36. 00
37. 00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line	10, 003, 820	
37.00	27 minus line 36)	10, 003, 020	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
20 00		3, 285. 33	38. 00
38. 00 39. 00	Adjusted general inpatient routine service cost per diem (see instructions)	· ·	
	Program general inpatient routine service cost (line 9 x line 38)	3, 282, 045	
	Medically necessary private room cost applicable to the Program (line 14 x line 35)	2 292 045	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	3, 282, 045	41.00

	Financial Systems ATION OF INPATIENT OPERATING COST	MCDONOUGH DISTI	RICT HOSPITAL Provider CO		eri od:	eu of Form CMS-2 Worksheet D-1	2552-10
					rom 07/01/2022 o 06/30/2023		
	0.10.1	T		XVIII	Hospi tal	PPS	
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col 1 ÷	Program Days	Program Cost (col. 3 x col.	
		Impatront oost	Impatront bays	col . 2)		4)	
		1. 00	2.00	3. 00	4. 00	5. 00	
42. 00	NURSERY (title V & XIX only) Intensive Care Type Inpatient Hospital Units	0	0	0.00	0	0	42. 00
43. 00	INTENSIVE CARE UNIT	2, 571, 943	736	3, 494. 49	379	1, 324, 412	43. 00
44. 00	CORONARY CARE UNIT			2,		1,,	44. 00
45. 00	BURN INTENSIVE CARE UNIT						45. 00
46. 00	SURGICAL INTENSIVE CARE UNIT						46. 00
47. 00	OTHER SPECIAL CARE (SPECIFY)  Cost Center Description						47. 00
						1. 00	
48. 00	Program inpatient ancillary service cost (Wk					2, 598, 589	•
48. 01 49. 00	Program inpatient cellular therapy acquisition Total Program inpatient costs (sum of lines				column 1)	7, 205, 046	
49.00	PASS THROUGH COST ADJUSTMENTS	41 till ough 46. C	))(see Ilistiuc	ti ons)		7, 205, 046	49.00
50.00	Pass through costs applicable to Program inp	atient routine	services (from	Wkst. D, sum	of Parts I and	533, 748	50.00
F1 00		-+:	(6	WI+ D	£ Dt- 11	1/7 0/2	F1 00
51. 00	Pass through costs applicable to Program inpand IV)	atrent anciliar	y services (fr	om wkst. D, Su	m or Parts II	167, 943	51. 00
52.00	Total Program excludable cost (sum of lines	50 and 51)				701, 691	52.00
53. 00	Total Program inpatient operating cost exclu		elated, non-phy	sician anesthe	tist, and	6, 503, 355	53. 00
	medical education costs (line 49 minus line TARGET AMOUNT AND LIMIT COMPUTATION	52)					
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	ı
55. 02	Adjustment amount per discharge (contractor					0.00	•
56. 00 57. 00	Target amount (line 54 x sum of lines 55, 55 Difference between adjusted inpatient operat			ine 56 minus I	ine 53)	0 0	56. 00 57. 00
58. 00	Bonus payment (see instructions)	ring cost and te	inger amount (i	THE 30 IIITHUS T	1116 33)		58.00
59. 00	Trended costs (lesser of line 53 ÷ line 54,	or line 55 from	n the cost repo	rting period e	ndi ng 1996,	0.00	59. 00
	updated and compounded by the market basket)						
60. 00	Expected costs (lesser of line 53 ÷ line 54, market basket)	or line 55 tro	om prior year c	ost report, up	dated by the	0.00	60. 00
61. 00	Continuous improvement bonus payment (if lin- 55.01, or line 59, or line 60, enter the les 53) are less than expected costs (lines 54 x	ser of 50% of t	he amount by w	hich operating	costs (İine	0	61. 00
62. 00	enter zero. (see instructions) Relief payment (see instructions)					0	62. 00
63. 00	Allowable Inpatient cost plus incentive paym	ent (see instru	ıcti ons)				1
	PROGRAM INPATIENT ROUTINE SWING BED COST					1	
64. 00	Medicare swing-bed SNF inpatient routine cos instructions)(title XVIII only)	ts through Dece	ember 31 of the	cost reportin	g period (See	0	64. 00
65. 00	Medicare swing-bed SNF inpatient routine cos	ts after Decemb	er 31 of the c	ost reporting	period (See	0	65. 00
	instructions)(title XVIII only)						
66. 00	Total Medicare swing-bed SNF inpatient routi CAH, see instructions	ne costs (line	64 plus line 6	5)(title XVIII	only); for	0	66. 00
67. 00	Title V or XIX swing-bed NF inpatient routing	e costs through	December 31 o	f the cost rep	orting period	0	67. 00
<b>,</b> 0, 00	(line 12 x line 19)	t6t F	)	*b*			68. 00
68. 00	Title V or XIX swing-bed NF inpatient routing (line 13 x line 20)	e costs arter t	ecember 31 01	the cost repor	ting period	0	08.00
69. 00	Total title V or XIX swing-bed NF inpatient PART III - SKILLED NURSING FACILITY, OTHER NI					0	69. 00
70. 00	Skilled nursing facility/other nursing facil	ty/ICF/IID rou	itine service c	ost (line 37)			70. 00
71. 00	Adjusted general inpatient routine service of		ine 70 ÷ line	2)			71.00
72. 00 73. 00	Program routine service cost (line 9 x line Medically necessary private room cost applications)		(line 14 v li	ne 35)			72. 00 73. 00
74. 00	Total Program general inpatient routine serv		•	110 00)			74. 00
75. 00	Capital-related cost allocated to inpatient	routine service	e costs (from W	orksheet B, Pa	rt II, column		75. 00
76. 00	26, line 45)  Per diem capital-related costs (line 75 ÷ li	20. 2)					76. 00
77.00	Program capital-related costs (line 9 x line	,					77. 00
78. 00	Inpatient routine service cost (line 74 minu						78. 00
79. 00	Aggregate charges to beneficiaries for exces			· *.			79. 00
80.00	Total Program routine service costs for comp.		cost limitation	(line 78 minu	s line 79)		80.00
81. 00 82. 00	Inpatient routine service cost per diem limi Inpatient routine service cost limitation (I		)				81. 00 82. 00
83. 00	Reasonable inpatient routine service costs (		* .				83. 00
84. 00	Program inpatient ancillary services (see in	structions)	•				84. 00
85. 00	Utilization review - physician compensation						85. 00
86. 00	Total Program inpatient operating costs (sum PART IV - COMPUTATION OF OBSERVATION BED PASS		ıı ougn 85)				86. 00
87. 00	Total observation bed days (see instructions					745	87. 00
88. 00	Adjusted general inpatient routine cost per	•				3, 285. 33	1
89. 00	Observation bed cost (line 87 x line 88) (se	e instructions)	· · · · · · · · · · · · · · · · · · ·			2, 447, 571	89. 00

Health Financial Systems	MCDONOUGH DISTE	RICT HOSPITAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der CO		Peri od:	Worksheet D-1	
				From 07/01/2022 To 06/30/2023		pared: 49 pm
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2. 00	3. 00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital -related cost	1, 417, 846	10, 003, 820	0. 14173	2, 447, 571	346, 894	90.00
91.00 Nursing Program cost	0	10, 003, 820	0. 00000	2, 447, 571	0	91.00
92.00 Allied health cost	0	10, 003, 820	0.00000	2, 447, 571	0	92. 00
93.00 All other Medical Education	0	10, 003, 820	0.00000	2, 447, 571	0	93. 00

Heal th	Financial Systems	MCDONOUGH DISTRICT HOSPITAL		In Lie	u of Form CMS-2	2552-10
	ENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der Co	CN: 14-0089	Peri od: From 07/01/2022 To 06/30/2023	Worksheet D-3 Date/Time Pre 11/29/2023 2:	pared:
		Title	XVIII	Hospi tal	PPS	
	Cost Center Description		Ratio of Cos		Inpati ent	
	<b>'</b>		To Charges	Program	Program Costs	
				Charges	(col. 1 x col.	
			1.00	2. 00	2) 3. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	
30. 00	03000 ADULTS & PEDIATRICS			1, 580, 018		30. 00
31. 00	03100 I NTENSI VE CARE UNI T			1, 666, 169		31.00
40. 00	04000 SUBPROVI DER - I PF			0		40. 00
43. 00	04300 NURSERY					43. 00
.0.00	ANCI LLARY SERVI CE COST CENTERS					10.00
50.00	05000 OPERATING ROOM		0. 30267	72 577, 329	174, 741	50.00
51. 00	05100 RECOVERY ROOM		0. 17210		17, 685	
52. 00	05200 DELIVERY ROOM & LABOR ROOM		0. 61950		0	52. 00
53. 00	05300 ANESTHESI OLOGY		0. 03581		2, 433	
54.00	05400 RADI OLOGY-DI AGNOSTI C		0. 43802		130, 310	
57. 00	05700 CT SCAN		0.04007		35, 499	57.00
58. 00	05800 MRI		0. 13533		17, 639	58. 00
60.00	06000 LABORATORY		0. 28878		295, 426	60.00
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.		0. 05522			63.00
65. 00	06500 RESPIRATORY THERAPY		0. 26199		245, 042	65. 00
66. 00	06600 PHYSI CAL THERAPY		0. 47927		151, 640	
67.00	06700 OCCUPATI ONAL THERAPY		0. 43437		49, 973	67.00
68. 00	06800 SPEECH PATHOLOGY		0. 54378		25, 749	68. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0. 22636		151, 803	71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		0. 47967			
73.00	07300 DRUGS CHARGED TO PATIENTS		0. 32236	1, 994, 214	642, 861	73. 00
76.00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES		0. 54794	13 302	165	76. 00
76. 01	03950 DIABETES/WOUND CARE/COUMADIN CNTR		0. 70187	71 2, 361	1, 657	76. 01
76. 02	03951 PAIN MANAGEMENT		0.00000	00	0	76. 02
77. 00	07700 ALLOGENEIC HSCT ACQUISITION		0. 00000	00	0	77. 00
	OUTPATIENT SERVICE COST CENTERS					
88. 00	08800 RURAL HEALTH CLINIC		0.00000	00	0	88. 00
88. 01	08801 RURAL HEALTH CLINIC II		0.00000	00	0	88. 01
90.00	09000 CLI NI C		0. 42108	35 0	0	90.00
91.00	09100 EMERGENCY		0. 23542	21 1, 136, 674	267, 597	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		1. 25151	181, 687	227, 384	92.00
	OTHER REIMBURSABLE COST CENTERS					
95.00						95. 00
200.00				9, 330, 940	2, 598, 589	200. 00
201.00		ogram only charges (line 61)		0		201. 00
202.00	Net charges (line 200 minus line 201)			9, 330, 940		202. 00

Health Financial Systems	MCDONOUGH DISTRICT HOSPITAL	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 14-0089	Peri od: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 11/29/2023 2:49 pm

	Title XVIII Hospital	11/29/2023 2: 4 PPS	49 piii
		4.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS	1.00	
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	849, 912	1. 01
1. 02	Instructions) DRG amounts other than outlier payments for discharges occurring on or after October 1 (see	2, 309, 604	1. 02
1.02	instructions)	2, 307, 004	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	0	1. 04
	October 1 (see instructions)		
2. 00 2. 01	Outlier payments for discharges. (see instructions) Outlier reconciliation amount	0	2. 00 2. 01
2. 01	Outlier payment for discharges for Model 4 BPCI (see instructions)		2.01
2. 03	Outlier payments for discharges occurring prior to October 1 (see instructions)	593	2. 03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	29, 595	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) Indirect Medical Education Adjustment	45. 85	4. 00
5. 00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on	0.00	5. 00
0.00	or before 12/31/1996. (see instructions)	0.00	0.00
5. 01	FTE cap adjustment for qualifing 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	0.00	6. 00
6. 26	new programs in accordance with 42 CFR 413.79(e) Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of	0.00	6. 26
0. 20	the CAA 2021 (see instructions)	0.00	0. 20
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	0.00	7. 01
7. 02	cost report straddles July 1, 2011 then see instructions.  Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural	0.00	7. 02
7.02	track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b)	0.00	7.02
	and 87 FR 49075 (August 10, 2022) (see instructions)		
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for	0.00	8. 00
	affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12,		
8. 01	1998), and 67 FR 50069 (August 1, 2002). The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost	0.00	8. 01
0.01	report straddles July 1, 2011, see instructions.	0.00	0.01
8. 02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital	0. 00	8. 02
0.01	under § 5506 of ACA. (see instructions)	0.00	0 01
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	0.00	9. 00
	minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)		
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		10. 00 11. 00
11. 00 12. 00	FTE count for residents in dental and podiatric programs.  Current year allowable FTE (see instructions)		12.00
13. 00	Total allowable FTE count for the prior year.		13. 00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997,	0.00	14. 00
	otherwise enter zero.	!	
15. 00 16. 00	Sum of lines 12 through 14 divided by 3. Adjustment for residents in initial years of the program (see instructions)		15. 00 16. 00
17. 00	Adjustment for residents displaced by program or hospital closure		17. 00
18. 00	Adjusted rolling average FTE count	1	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	
21. 00 22. 00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000	21. 00 22. 00
22. 00	IME payment adjustment (see instructions) IME payment adjustment - Managed Care (see instructions)	0	22. 00
22.01	Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA		22.01
23. 00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105	0.00	23. 00
	(f)(1)(iv)(c).	0.00	
24. 00 25. 00	IME FTE Resident Count Over Cap (see instructions) If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see	0.00	24. 00 25. 00
23.00	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 29. 00	IME add-on adjustment amount - Managed Care (see instructions)   Total IME payment ( sum of lines 22 and 28)	0	28. 01 29. 00
29. 00	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0	29. 01
	Disproportionate Share Adjustment		
30. 00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	4. 07	30.00
31.00	Percentage of Medicaid patient days (see instructions)	25. 99	31.00
32. 00 33. 00	Sum of lines 30 and 31 Allowable disproportionate share percentage (see instructions)	30. 06 12. 00	
34. 00	Disproportionate share adjustment (see instructions)	94, 785	

CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0089	Peri od:	Worksheet E	2552-10
			From 07/01/2022 To 06/30/2023	Part A Date/Time Pre	pared:
		T: +1 - \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		11/29/2023 2: 4	49 pm
		Title XVIII	Hospital Prior to 10/1	PPS On/After 10/1	
			1. 00	2. 00	
25 00	Uncompensated Care Payment Adjustment		7 102 000 710	4 074 402 450	35.00
35. 00 35. 01	Total uncompensated care amount (see instructions) Factor 3 (see instructions)		0. 000072589	6, 874, 403, 459 0. 000078130	
35. 02	Hospital UCP, including supplemental UCP (If line 34 is zero	o, enter zero on this line		537, 097	
35. 03	(see instructions) Pro rata share of the hospital UCP, including supplemental	UCD (soo instructions)	131, 588	401, 719	35. 03
36. 00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	oce (see mistructions)	533, 307	401, 719	36. 00
	Additional payment for high percentage of ESRD beneficiary of	discharges (lines 40 throu	gh 46)		
40. 00	Total Medicare discharges (see instructions)		0 Before 1/1	On/After 1/1	40. 00
			1. 00	1. 01	
41. 00	Total ESRD Medicare discharges (see instructions)		0	0	1
41. 01 42. 00	Total ESRD Medicare covered and paid discharges (see instru- Divide line 41 by line 40 (if less than 10%, you do not qual		0.00	0	41. 01 42. 00
42.00	Total Medicare ESRD inpatient days (see instructions)	irry for adjustment)	0.00		43. 00
44. 00	Ratio of average length of stay to one week (line 43 divided days)	d by line 41 divided by 7	0.000000		44. 00
45. 00 46. 00	Average weekly cost for dialysis treatments (see instruction Total additional payment (line 45 times line 44 times line	,	0.00	0. 00	45. 00 46. 00
47. 00	Subtotal (see instructions)	41.01)	3, 817, 796		47. 00
48. 00	Hospital specific payments (to be completed by SCH and MDH,	small rural hospitals	4, 103, 438		48. 00
	only. (see instructions)			Amount	
				1.00	
49. 00 50. 00	Total payment for inpatient operating costs (see instruction Payment for inpatient program capital (from Wkst. L, Pt. I a			4, 103, 438	
50.00	Exception payment for inpatient program capital (Wkst. L, Pt. 1 a			240, 713 0	51.00
52. 00	Direct graduate medical education payment (from Wkst. E-4,			0	52. 00
53.00	Nursing and Allied Health Managed Care payment			77.014	53.00
54. 00 54. 01	Special add-on payments for new technologies Islet isolation add-on payment			77, 816 0	1
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line	69)		0	
55. 01	Cellular therapy acquisition cost (see instructions)	tructions)		0	55. 01 56. 00
56. 00 57. 00	Cost of physicians' services in a teaching hospital (see in Routine service other pass through costs (from Wkst. D, Pt.		hrough 35).	0	57.00
58. 00	Ancillary service other pass through costs from Wkst. D, Pt.		,	0	
59. 00	Total (sum of amounts on lines 49 through 58)			4, 421, 967	1
60. 00 61. 00	Primary payer payments Total amount payable for program beneficiaries (line 59 min	us line 60)		0 4, 421, 967	
62. 00	Deductibles billed to program beneficiaries	ase se,		439, 624	1
63.00	Coinsurance billed to program beneficiaries			0	63.00
64. 00 65. 00	Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions)			109, 730 71, 325	
66. 00	Allowable bad debts for dual eligible beneficiaries (see in:	structions)		109, 730	
67. 00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			4, 053, 668	
68. 00 69. 00	Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96)			0	1
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	). (101 Sch see Fristraction	3)	0	70.00
70. 50	Rural Community Hospital Demonstration Project (§410A Demon	stration) adjustment (see	instructions)	0	70. 50
70. 75 70. 87	N95 respirator payment adjustment amount (see instructions) Demonstration payment adjustment amount before sequestration	n		0	70. 75 70. 87
70. 88	SCH or MDH volume decrease adjustment (contractor use only)	.1		0	70. 88
70. 89	Pioneer ACO demonstration payment adjustment amount (see in	structions)			70. 89
70. 90	HSP bonus payment HVBP adjustment amount (see instructions)			0	1
70. 91 70. 92	HSP bonus payment HRR adjustment amount (see instructions) Bundled Model 1 discount amount (see instructions)			0	1
	HVBP payment adjustment amount (see instructions)			0	1
70. 93 70. 94	HRR adjustment amount (see instructions)			-12, 854	1

	Provider Co	CN: 14-0089	Peri od: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Pre 11/29/2023 2:4	
	Title	XVIII	Hospi tal	PPS	
		FF	' (yyyy)	Amount	_
			0	1. 00	4
96 Low volume adjustment for federal fiscal year (yyyy) (Enter in	column 0		2022	234, 532	70
the corresponding federal year for the period prior to 10/1) 197 Low volume adjustment for federal fiscal year (yyyy) (Enter in			2023	672, 903	70
the corresponding federal year for the period ending on or aft 98 Low Volume Payment-3	er 10/1)		0	0	70
99 HAC adjustment amount (see instructions)			U	0	1
00 Amount due provider (line 67 minus lines 68 plus/minus lines 6	9 & 70)			4, 948, 249	
O1 Sequestration adjustment (see instructions)	,, a ,0,			98, 965	
O2 Demonstration payment adjustment amount after sequestration				0	1
O3 Sequestration adjustment-PARHM pass-throughs				o ,	71
00 Interim payments				4, 904, 497	
01   Interim payments-PARHM				1, 701, 177	72
OD Tentative settlement (for contractor use only)				0	1
O1   Tentative settlement-PARHM (for contractor use only)				· ·	73
00 Balance due provider/program (line 71 minus lines 71.01, 71.02	72 and			-55, 213	
73)	, , , , , , , , , , , , , , , , , , , ,			00/210	^
01 Balance due provider/program-PARHM (see instructions)					74
00 Protested amounts (nonallowable cost report items) in accordan	ce with			105, 357	
CMS Pub. 15-2, chapter 1, §115.2				,	'
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
00 Operating outlier amount from Wkst. E, Pt. A, line 2, or sum o	of 2.03			0	90
plus 2.04 (see instructions)					
00 Capital outlier from Wkst. L, Pt. I, line 2				0	91
00 Operating outlier reconciliation adjustment amount (see instru	ıcti ons)			0	92
00 Capital outlier reconciliation adjustment amount (see instruct	i ons)			0	93
00 The rate used to calculate the time value of money (see instru	ıcti ons)			0.00	94
00 Time value of money for operating expenses (see instructions)				0	
00 Time value of money for capital related expenses (see instruct	i ons)			0	96
			Prior to 10/1		4
UCD Darrie Darries Assessed			1.00	2. 00	-
HSP Bonus Payment Amount  On the one of the			0	0	100
HVBP Adjustment for HSP Bonus Payment			<u> </u>	0	110
. 00 HVBP adjustment factor (see instructions)			0.0000000000	0. 0000000000	110
.00 HVBP adjustment amount for HSP bonus payment (see instructions	:)		0.000000000		10
HRR Adjustment for HSP Bonus Payment	· )		١	Ü	1.0.
			0.0000	0.0000	1103
					104
.00 HRR adjustment factor (see instructions)			ol		
.00 HRR adjustment factor (see instructions) .00 HRR adjustment amount for HSP bonus payment (see instructions)		stment	0		
8.00 HRR adjustment factor (see instructions) 8.00 HRR adjustment amount for HSP bonus payment (see instructions) 8.00 Rural Community Hospital Demonstration Project (§410A Demonstra	ation) Adju		0		200
Rural Community Hospital Demonstration Project (§410A Demonstration Projec	ation) Adju		0		200
8.00 HRR adjustment factor (see instructions) 9.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstra	ation) Adju		0		200
8.00 HRR adjustment factor (see instructions) 8.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement	ation) Adju iod under t		0		
8.00 HRR adjustment factor (see instructions) 1.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr. 1.00 Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement 1.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line	ation) Adju iod under t		0		20
HRR adjustment factor (see instructions)  HRR adjustment amount for HSP bonus payment (see instructions)  Rural Community Hospital Demonstration Project (§410A Demonstration of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no.  Cost Reimbursement  OM Medicare inpatient service costs (from Wkst. D-1, Pt. II, line of the current of the curren	ation) Adju iod under t : 49)	he 21st			202
.00 HRR adjustment factor (see instructions) .00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) 1s this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement .00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line) .00 Medicare discharges (see instructions)	ation) Adju iod under t : 49)	he 21st			20° 20°
HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration of Ls this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no.  Cost Reimbursement  OO Medicare inpatient service costs (from Wkst. D-1, Pt. II, line demonstration)  Cost Reimbursement  OO Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in period)	ation) Adju iod under t : 49)	he 21st		ration	20° 20° 20°
8.00 HRR adjustment factor (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr.  9.00 Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no.  1.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line community adjustment factor (see instructions)  1.00 Case-mix adjustment factor (see instructions)  1.00 Computation of Demonstration Target Amount Limitation (N/A in period)  1.00 Medicare target amount	ation) Adju iod under t : 49)	he 21st		ration	201 202 203
.00 HRR adjustment factor (see instructions) .00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr.) .00 Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement .00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line .00 Medicare discharges (see instructions) .00 Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) .00 Medicare target amount .00 Case-mix adjusted target amount (line 203 times line 204)	ation) Adju iod under t : 49)	he 21st		ration	20° 20° 20° 20° 20°
.00 HRR adjustment factor (see instructions) .00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr.) .00 Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement .00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line .00 Medicare discharges (see instructions) .00 Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) .00 Medicare target amount .00 Case-mix adjusted target amount (line 203 times line 204) .00 Medicare inpatient routine cost cap (line 202 times line 205)	ation) Adju iod under t : 49)	he 21st		ration	20° 20° 20° 20° 20°
.00 HRR adjustment factor (see instructions) .00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) 1s this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement .00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line) .00 Medicare discharges (see instructions) .00 Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) .00 Medicare target amount .00 Case-mix adjusted target amount (line 203 times line 204) .00 Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement	ation) Adju iod under t : 49) first year	he 21st		ration	201 202 203 204 205 206
HRR adjustment factor (see instructions)  HRR adjustment amount for HSP bonus payment (see instructions)  Rural Community Hospital Demonstration Project (§410A Demonstration)  Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no.  Cost Reimbursement  ON Medicare inpatient service costs (from Wkst. D-1, Pt. II, line)  Medicare discharges (see instructions)  Cose-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in period)  Medicare target amount  ON Medicare inpatient routine cost cap (line 202 times line 204)  Adjustment to Medicare Part A Inpatient Reimbursement	ation) Adjuriod under te 49) first year	he 21st		ration	200 201 202 203 204 205 206
HRR adjustment factor (see instructions)  HRR adjustment amount for HSP bonus payment (see instructions)  Rural Community Hospital Demonstration Project (§410A Demonstr.)  OO Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no.  Cost Reimbursement  OO Medicare inpatient service costs (from Wkst. D-1, Pt. II, line Medicare discharges (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in period)  OO Medicare target amount  OO Medicare inpatient routine cost cap (line 202 times line 205)  Adjustment to Medicare Part A Inpatient Reimbursement  OO Program reimbursement under the §410A Demonstration (see instruction)  Medicare Part A inpatient service costs (from Wkst. E, Pt. A,	ation) Adjuriod under te 49) first year	he 21st		ration	201 202 203 204 205 206 206
HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr.  OO Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no.  Cost Reimbursement  OO Medicare inpatient service costs (from Wkst. D-1, Pt. II, line community and care discharges (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in period)  OO Medicare target amount  OO Medicare target amount  OO Medicare inpatient routine cost cap (line 202 times line 204)  Adjustment to Medicare Part A Inpatient Reimbursement  OO Medicare Part A inpatient Reimbursement  OO Medicare Part A inpatient service costs (from Wkst. E, Pt. A,  OO Adjustment to Medicare IPPS payments (see instructions)	ation) Adjuriod under te 49) first year	he 21st		ration	201 202 203 204 205 206 207 208 209
HRR adjustment factor (see instructions)  HRR adjustment amount for HSP bonus payment (see instructions)  Rural Community Hospital Demonstration Project (§410A Demonstr.  OO Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no.  Cost Reimbursement  OO Medicare inpatient service costs (from Wkst. D-1, Pt. II, line delicare discharges (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in period)  OO Medicare target amount  OO Medicare target amount  OO Medicare inpatient routine cost cap (line 203 times line 204)  Adjustment to Medicare Part A Inpatient Reimbursement  OO Medicare Part A inpatient Reimbursement  OO Medicare Part A inpatient service costs (from Wkst. E, Pt. A,  OO Adjustment to Medicare IPPS payments (see instructions)	ation) Adjuriod under te 49) first year	he 21st		ration	20° 20° 20° 20° 20° 20° 20° 20° 20° 21°
HRR adjustment factor (see instructions)  HRR adjustment amount for HSP bonus payment (see instructions)  Rural Community Hospital Demonstration Project (§410A Demonstration or Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no.  Cost Reimbursement  Medicare inpatient service costs (from Wkst. D-1, Pt. II, line of Medicare discharges (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in period)  Medicare target amount  Medicare target amount  Medicare inpatient routine cost cap (line 202 times line 204)  Medicare inpatient routine cost cap (line 202 times line 205)  Adjustment to Medicare Part A Inpatient Reimbursement  Program reimbursement under the §410A Demonstration (see instructions)  Medicare Part A inpatient service costs (from Wkst. E, Pt. A, adjustment to Medicare IPPS payments (see instructions)	ation) Adjuriod under te 49) first year	he 21st		ration	20° 20° 20° 20° 20° 20° 20° 20° 20° 21°
HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr.)  OO Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no.  Cost Reimbursement  OO Medicare inpatient service costs (from Wkst. D-1, Pt. II, line end of the current of	ation) Adjuriod under t	he 21st		ration	20° 20° 20° 20° 20° 20° 20° 20° 21° 21°
Rural Community Hospital Demonstration Project (§410A Demonstration Project (§410A Demonstration Project (§410A Demonstration Project (§410A Demonstration Project (§410A Demonstration Project (§410A Demonstration Project (§410A Demonstration Project (§410A Demonstration Project (§410A Demonstration Project (§410A Demonstration Project (§410A Demonstration Project (§410A Demonstration Project (§410A Demonstration Project (§410A Demonstration Project (§410A Demonstration Project (§410A Demonstration Project (§410A Demonstration (§	ation) Adjuriod under t	he 21st		ration	201 202 203 204 205 206 208 209 210 211
8.00 HRR adjustment factor (see instructions) 4.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr.) 0.00 Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement 1.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 2.00 Medicare discharges (see instructions) 8.00 Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) 1.00 Medicare target amount 1.00 Medicare inpatient routine cost cap (line 202 times line 204) 1.00 Medicare inpatient routine cost cap (line 202 times line 205) 1.00 Adjustment to Medicare Part A Inpatient Reimbursement 1.00 Program reimbursement under the §410A Demonstration (see instructions) 1.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. A, 20.00 Adjustment to Medicare IPPS payments (see instructions) 1.00 Meserved for future use 1.00 Total adjustment to Medicare IPPS payments (see instructions)	ation) Adjuriod under to 449) first year fuctions) line 59)	of the curre		ration	20° 20° 20° 20° 20° 20° 20° 20° 21° 21°

Health Financial Systems

LOW VOLUME CALCULATION EXHIBIT 4 Provider CCN: 14-0089

							11/29/2023 2:	49 pm
		W /0 F D			XVIII	Hospi tal	PPS	
		W/S E, Part A	Amounts (from E, Part A)	Pre/Post	Period Prior to 10/01	Period	Total (Col 2	
		line 0	1.00	Entitlement 2.00	3.00	0n/After 10/01 4.00	through 4) 5.00	
1. 00	DRG amounts other than outlier	1. 00	0	0	3.00		0.00	1.00
	payments			-				
1. 01	DRG amounts other than outlier payments for discharges	1. 01	849, 912	0	849, 912	2	849, 912	1. 01
	occurring prior to October 1			_				
1. 02	DRG amounts other than outlier payments for discharges occurring on or after October	1. 02	2, 309, 604	0		2, 309, 604	2, 309, 604	1. 02
	1							
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	1. 04	0	0		0	0	1. 04
	October 1							
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	2. 03	593	0	593	3	593	2. 02
	discharges occurring prior to October 1 (see instructions)							
2.03	Outlier payments for discharges occurring on or after October 1 (see	2. 04	29, 595	0		29, 595	29, 595	2. 03
3. 00	instructions) Operating outlier	2. 01	0	0	(	0	0	3. 00
3.00	reconciliation	2.01		O			0	3.00
4. 00	Managed care simulated payments	3. 00	0	0	(	0	0	4. 00
	Indirect Medical Education Adju	ustment						
5. 00	Amount from Worksheet E, Part	21. 00	0. 000000	0. 000000	0. 000000	0.000000		5. 00
6. 00	A, line 21 (see instructions) IME payment adjustment (see	22. 00	0	0	(	0	0	6. 00
6. 01	instructions) IME payment adjustment for managed care (see	22. 01	0	0	(	0	0	6. 01
	instructions)							
	Indirect Medical Education Adju	ustment for the	Add-on for Sec	ction 422 of t	he MMA			
7.00	IME payment adjustment factor	27. 00	0. 000000	0. 000000	0. 000000	0.000000		7. 00
8. 00	(see instructions) IME adjustment (see	28. 00	0	0	(	0	0	8. 00
0.01	instructions)	20.01	0		,		0	0.01
8. 01	IME payment adjustment add on for managed care (see instructions)	28. 01	0	0	(	) O	0	8. 01
9. 00	Total IME payment (sum of	29. 00	o	o	(	0	0	9. 00
9. 01	lines 6 and 8) Total IME payment for managed	29. 01	0	0	(	0	0	
	care (sum of lines 6.01 and 8.01)							
10.00	Disproportionate Share Adjustme		0.4000	0.4000	0.400	0.4000		10.00
10. 00	Allowable disproportionate share percentage (see	33. 00	0. 1200	0. 1200	0. 1200	0. 1200		10.00
11. 00	<pre>instructions) Disproportionate share adjustment (see instructions)</pre>	34. 00	94, 785	0	25, 49	69, 288	94, 785	11. 00
11. 01	Uncompensated care payments  Additional payment for high per	36.00	533, 307	0	131, 588	401, 719	533, 307	11. 01
12. 00	Total ESRD additional payment	46. 00	n beneficiary c	on scharges 0	(	0	0	12. 00
12.00	(see instructions)	70.00						12.00
13.00	Subtotal (see instructions)	47. 00	3, 817, 796	O	1, 007, 590	2, 810, 206	3, 817, 796	13. 00
14. 00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.)	48. 00	4, 103, 438	0	1, 073, 845	3, 029, 593	4, 103, 438	14. 00
15. 00	(see instructions) Total payment for inpatient operating costs (see	49. 00	4, 103, 438	0	1, 073, 845	3, 029, 593	4, 103, 438	15. 00
16. 00	instructions) Payment for inpatient program	50. 00	240, 713	0	63, 817	7 176, 896	240, 713	16. 00
	capital (from Wkst. L, Pt. I, if applicable)							

Health Financial Systems	MCDONOUGH DISTRICT HOSPITAL	In Lie	u of Form CMS-2552-10
LOW VOLUME CALCULATION EXHIBIT 4	Provi der CCN: 14-0089	Peri od:	Worksheet E
		From 07/01/2022	Part A Exhibit 4

						o 06/30/2023		pared:
				Title	XVIII	Hospi tal	PPS	
		W/S E, Part A	Amounts (from	Pre/Post	Period Prior	Peri od	Total (Col 2	
		line	E, Part A)	Entitlement	to 10/01	On/After 10/01	through 4)	
		0	1.00	2. 00	3.00	4. 00	5. 00	
	Special add-on payments for new technologies	54.00	77, 816	0	31, 901	45, 915	77, 816	17. 00
17. 01 17. 02	Net organ aquisition cost Credits received from manufacturers for replaced devices for applicable MS-DRGs	68. 00	0	0	C	0	0	17. 01 17. 02
18. 00	Capital outlier reconciliation adjustment amount (see instructions)	93. 00	0	0	C	0	0	18. 00
19. 00	SUBTOTAL			0	1, 169, 563	3, 252, 404	4, 421, 967	19. 00
		W/S L, line	(Amounts from L)					
		0	1.00	2. 00	3. 00	4. 00	5. 00	
20. 00 20. 01	Capital DRG other than outlier Model 4 BPCI Capital DRG other than outlier		231, 916 0	0	62, 588 (	169, 328 0 0	231, 916 0	1
21. 00	Capital DRG outlier payments	2. 00	8, 797	0	1, 229	7, 568	8, 797	21. 00
21. 01	Model 4 BPCI Capital DRG outlier payments	2. 01	0	0			•	1
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			_	
24. 00	Allowable disproportionate share percentage (see instructions)	10. 00	0. 0000	0. 0000	0.0000	0.0000		24. 00
25. 00	Disproportionate share adjustment (see instructions)	11. 00	0	0				
26. 00	Total prospective capital payments (see instructions)	12. 00	240, 713	0	63, 817	176, 896	240, 713	26. 00
		W/S E, Part A						
		line	Part A)					
	I	0	1. 00	2. 00	3. 00	4. 00	5. 00	
27. 00 28. 00	Low volume adjustment factor Low volume adjustment (transfer amount to Wkst. E,	70. 96			0. 200530 234, 532		234, 532	27. 00 28. 00
29. 00	Pt. A, line) Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70. 97				672, 903	672, 903	29. 00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100. 00

HUSPI I	AL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	IION EXHIBIT 5		F	From 07/01/2022 fo 06/30/2023	Date/Time Pre 11/29/2023 2:	pared:
				XVIII	Hospi tal	PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3. 00	4. 00	
1. 00 1. 01	DRG amounts other than outlier payments DRG amounts other than outlier payments for discharges occurring prior to October 1	1. 00 1. 01	849, 912	849, 912	2	849, 912	1. 00 1. 01
1. 02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1. 02	2, 309, 604		2, 309, 604	2, 309, 604	1. 02
1. 03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October	1. 03	0	C	D	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	2. 01
2. 02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2. 03	593	593	3	593	2. 02
2. 03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	29, 595		29, 595		
3.00	Operating outlier reconciliation	2. 01 3. 00	0				3. 00 4. 00
4. 00	Managed care simulated payments Indirect Medical Education Adjustment	3.00			)  0		4.00
5. 00	Amount from Worksheet E, Part A, line 21 (see instructions)	21. 00	0. 000000	0.000000	0. 000000		5. 00
6. 00 6. 01	IME payment adjustment (see instructions) IME payment adjustment for managed care (see instructions)	22. 00 22. 01	0	(	-	-	6. 00 6. 01
	Indirect Medical Education Adjustment for the	Add-on for Se	ection 422 of t	he MMA		l	
7. 00	IME payment adjustment factor (see instructions)	27. 00	0. 000000		0.000000		7. 00
8. 00 8. 01	IME adjustment (see instructions) IME payment adjustment add on for managed care (see instructions)	28. 00 28. 01	0	(	0 0	0	8. 00 8. 01
9. 00	Total IME payment (sum of lines 6 and 8)	29. 00	0		o	0	9. 00
9. 01	Total IME payment for managed care (sum of	29. 01	0	(	0	0	9. 01
	lines 6.01 and 8.01)						
10.00	Disproportionate Share Adjustment	22.00	0.1200	0.100	0 1000		10.00
10. 00	(see instructions)	33. 00	0. 1200	0. 1200	0. 1200		10.00
11. 00	Disproportionate share adjustment (see instructions)	34.00	94, 785	25, 497	69, 288	94, 785	11. 00
11. 01	Uncompensated care payments	36. 00	533, 307	131, 588	401, 719	533, 307	11. 01
40.00	Additional payment for high percentage of ESF		di scharges				10.00
12. 00	Total ESRD additional payment (see instructions)	46. 00	0	(	0	0	12. 00
	Subtotal (see instructions)	47. 00	3, 817, 796		2, 810, 206	3, 817, 796	
14. 00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48. 00	4, 103, 438	(	0	0	14. 00
15. 00	Total payment for inpatient operating costs (see instructions)	49. 00	4, 103, 438	(	4, 103, 438	4, 103, 438	15. 00
16. 00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50. 00	240, 713	63, 817	176, 896	240, 713	16. 00
17. 00 17. 01	Special add-on payments for new technologies Net organ acquisition cost	54. 00	77, 816	31, 901	45, 915	77, 816	17. 00 17. 01
17. 02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68. 00	0	(		0	
18. 00	amount (see instructions)	93. 00	0				
19. 00	SUBTOTAL			95, 718	4, 326, 249	4, 421, 967	19. 00

Heal th	Financial Systems	MCDONOUGH DIST	RICT HOSPITAL		In Lie	u of Form CMS-:	2552-10
HOSPI T	AL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	ATION EXHIBIT 5		<u> </u>	Period: From 07/01/2022 To 06/30/2023	Date/Time Pre 11/29/2023 2:	pared:
			Title	XVIII	Hospi tal	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	231, 916	62, 588	169, 328	231, 916	20.00
20. 01	Model 4 BPCI Capital DRG other than outlier	1. 01	0	(	0	0	20. 01
21.00	Capital DRG outlier payments	2. 00	8, 797	1, 229	7, 568	8, 797	21. 00
21. 01	Model 4 BPCI Capital DRG outlier payments	2. 01	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	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	25. 00
26. 00	Total prospective capital payments (see instructions)	12.00	240, 713	63, 81	176, 896	240, 713	26. 00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2. 00	3. 00	4. 00	
27. 00 28. 00	Low volume adjustment prior to October 1	70. 96	234, 532			234, 532	1
29. 00	Low volume adjustment on or after October 1	70. 97	672, 903		672, 903	672, 903	1
30. 00 30. 01	HVBP payment adjustment (see instructions) HVBP payment adjustment for HSP bonus payment (see instructions)	70. 93 70. 90	0		0	0	
31. 00 31. 01	HRR adjustment (see instructions) HRR adjustment for HSP bonus payment (see	70. 94 70. 91	-12, 854 0	-7, 672 (	2 -5, 182 0 0	-12, 854 0	1

0

70. 99

(Amt. to Wkst. E, Pt. A) 4.00

0 32.00

100.00

2.00

0

1.00

Ν

3. 00

0

instructions)

32.00 HAC Reduction Program adjustment (see

instructions)

100.00 Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.

Health Financial Systems	MCDONOUGH DISTRICT HOSPITAL	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 14-0089	Peri od: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 11/29/2023 2:49 pm

		Title XVIII	Hospi tal	11/29/2023 2: PPS	49 pm_	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			1.00		
1.00	Medical and other services (see instructions)			2, 470	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)			6, 795, 713		
3. 00 4. 00	OPPS or REH payments Outlier payment (see instructions) 4,787,628 3,577					
4. 00	Outlier reconciliation amount (see instructions)					
5.00	Enter the hospital specific payment to cost ratio (see instructions) 0.000					
6. 00	Line 2 times line 5			0		
7. 00 8. 00	Sum of lines 3, 4, and 4.01, divided by line 6 Transitional corridor payment (see instructions)			0.00	1	
9. 00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col	. 13. line 200		0	9. 00	
10.00	Organ acqui si ti ons	,		0	10.00	
11. 00	Total cost (sum of lines 1 and 10) (see instructions)			2, 470	11. 00	
	COMPUTATION OF LESSER OF COST OR CHARGES  Reasonable charges				1	
12. 00	Ancillary service charges			7, 662	12.00	
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	)		0		
14. 00	Total reasonable charges (sum of lines 12 and 13)			7, 662	14. 00	
15. 00	Customary charges Aggregate amount actually collected from patients liable for payment	for services on a	a charge basis	0	15. 00	
16. 00	Amounts that would have been realized from patients liable for payment			o o		
	had such payment been made in accordance with 42 CFR §413.13(e)		-			
17. 00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000	1	
18. 00 19. 00	Total customary charges (see instructions)  Excess of customary charges over reasonable cost (complete only if I	ine 18 exceeds li	ne 11) (see	7, 662 5, 192		
17.00	instructions)		, ,	0,172	17.00	
20. 00	Excess of reasonable cost over customary charges (complete only if I	ine 11 exceeds li	ne 18) (see	0	20. 00	
21 00	instructions) Lesser of cost or charges (see instructions)			2 470	21.00	
21. 00 22. 00	Interns and residents (see instructions)			2,470		
23. 00	Cost of physicians' services in a teaching hospital (see instruction	ns)		0		
24. 00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)			4, 791, 205	24. 00	
25. 00	COMPUTATION OF REIMBURSEMENT SETTLEMENT  Deductibles and coinsurance amounts (for CAH, see instructions)			0	25. 00	
26. 00	Deductibles and Coinsurance amounts (for CAR, see First actions)  Deductibles and Coinsurance amounts relating to amount on line 24 (f	or CAH. see instr	uctions)	1, 014, 203		
27. 00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus th			3, 779, 472	1	
00.00	instructions)				00.00	
28. 00 28. 50	Direct graduate medical education payments (from Wkst. E-4, line 50) REH facility payment amount			0	28. 00 28. 50	
29. 00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0	1	
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)			3, 779, 472	1	
31. 00	Primary payer payments			0		
32. 00	Subtotal (line 30 minus line 31) ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			3, 779, 472	32.00	
33. 00	Composite rate ESRD (from Wkst. I-5, line 11)			0	33. 00	
34. 00	Allowable bad debts (see instructions)			110, 625	1	
35. 00 36. 00	Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see instruction	ne)		71, 906 110, 625		
	Subtotal (see instructions)	13)		3, 851, 378		
	MSP-LCC reconciliation amount from PS&R			0		
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0		
39. 50 39. 75	Pioneer ACO demonstration payment adjustment (see instructions) N95 respirator payment adjustment amount (see instructions)			0	39. 50 39. 75	
39. 73	Demonstration payment adjustment amount before sequestration			0	1	
39. 98	Partial or full credits received from manufacturers for replaced dev	vices (see instruc	tions)	0	39. 98	
39. 99	RECOVERY OF ACCELERATED DEPRECIATION			0	39. 99	
40. 00 40. 01	Subtotal (see instructions) Sequestration adjustment (see instructions)			3, 851, 378		
40. 01	Demonstration payment adjustment amount after sequestration			77, 028	40.01	
40. 03	Sequestration adjustment-PARHM pass-throughs				40. 03	
41. 00	Interim payments			3, 817, 081		
41. 01 42. 00	Interim payments-PARHM Tentative settlement (for contractors use only)			0	41. 01 42. 00	
42. 00	Tentative settlement (for contractors use only)				42.00	
43. 00	Balance due provider/program (see instructions)			-42, 731	1	
43. 01	Balance due provider/program-PARHM (see instructions)				43. 01	
44. 00	Protested amounts (nonallowable cost report items) in accordance wit	th CMS Pub. 15-2, o	chapter 1,	86, 375	44. 00	
	§115. 2 TO BE COMPLETED BY CONTRACTOR				1	
90.00	Original outlier amount (see instructions)			0		
91.00	Outlier reconciliation adjustment amount (see instructions)			0		
92. 00 93. 00	The rate used to calculate the Time Value of Money Time Value of Money (see instructions)			0.00		
94.00				l .	94.00	
	·			•	•	

Health Financial Systems	MCDONOUGH DISTRICT HOSPITAL	In Lie	In Lieu of Form CMS-2552-1		
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-008		Worksheet E		
		From 07/01/2022	Part B		
		To 06/30/2023	Date/Time Pre	epared:	
			11/29/2023 2:	49 pm	
	Title XVIII	Hospi tal	PPS		
			1. 00		
MEDICARE PART B ANCILLARY COSTS					
200.00 Part B Combined Billed Days			0	200. 00	

Health Financial Systems MCDON
ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED Provider CCN: 14-0089 

Title XVIII					10 00/30/2023	11/29/2023 2: 4	
mm/dd/yyyy			Title	XVIII	Hospi tal		
1.00   Total Interim payments paid to provider   1.00   2.00   3.00   4.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   2.00   1.00   1.00   1.00   2.00   1.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00			Inpatien	t Part A	Par	t B	
1.00   Total Interim payments paid to provider   1.00   2.00   3.00   4.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   2.00   1.00   1.00   1.00   2.00   1.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00   1.00   2.00							
Total interim payments paid to provider   4,904,497   3,817,081   1,00   2,00   2,00   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 neter a zero   3.00		I=	1. 00				
Submitted or to be Submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero   2.00				4, 904, 49			
Services rendered in the cost reporting period. If none, write "NONE" or enter a zero   3.00	2.00				0	0	2.00
### Write "NONE" or enter a zero  1.00 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  2.01 ADJUSTMENTS TO PROVIDER  2.02 0 0 0 3.02 2.03 0 0 0 3.03 3.04 3.05  Provider to Program  2.50 0 0 0 3.05  Provider to Program  2.51 0 0 0 3.52 3.53 3.54 0 0 0 0 3.53 3.55 0 0 0 0 3.52 3.53 3.54 0 0 0 0 3.52 3.53 3.54 0 0 0 0 3.53 3.55 0 0 0 0 3.52 3.59 0 0 0 3.52 3.50 0 0 0 3.52 3.50 0 0 0 3.52 3.50 0 0 0 3.52 3.50 0 0 0 3.52 3.50 0 0 0 3.52 3.50 0 0 0 3.55 3.50 0 0 0 3.55 3.50 0 0 0 3.55 3.50 0 0 0 3.55 3.50 0 0 0 3.55 3.50 0 0 0 3.55 3.50 0 0 0 3.55 3.50 0 0 0 3.55 3.50 0 0 0 3.55 3.50 0 0 0 3.55 3.50 0 0 0 3.55 3.50 0 0 0 3.55 3.50 0 0 0 3.55 3.50 0 0 0 3.55 3.50 0 0 0 3.55 3.50 0 0 0 3.55 3.50 0 0 0 3.55 3.50 0 0 0 0 3.55 3.50 0 0 0 0 3.55 3.50 0 0 0 0 3.55 3.50 0 0 0 0 3.55 3.50 0 0 0 0 0 3.55 3.50 0 0 0 0 0 3.55 3.50 0 0 0 0 0 0 3.55 3.50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
List separately each retroactive lump sum adjustment amount based on subsequent revision of the interin rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)							
amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write in Normal Program to Provider  3.01 3.02 3.03 3.04 3.05 Provider to Program 3.51 3.50 ADJUSTMENTS TO PROVIDER  ADJUSTMENTS TO PROVIDER  ADJUSTMENTS TO PROGRAM	3 00						3 00
For the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)   Program to Provider	0.00						0.00
Program to Provider							
ADJUSTMENTS TO PROVIDER		payment. If none, write "NONE" or enter a zero. (1)					
3.02   0							
3.03   0		ADJUSTMENTS TO PROVI DER					
3. 04   0   0   0   3. 04   3. 05							
3.05							
Provider to Program   ADJUSTMENTS TO PROGRAM   0   0   3.50							
3. 50   ADJUSTMENTS TO PROGRAM   0   0   3. 50     3. 51   3. 52   0   0   0   3. 51     3. 52   3. 53   0   0   0   3. 52     3. 53   3. 54   0   0   0   3. 53     3. 50 - 3. 98)   3. 50 - 3. 99     4. 00   Total interim payments (sum of lines 1, 2, and 3. 99)   4. 904, 497   3. 817, 081     4. 00   Total interim payments (sum of lines 1, 2, and 3. 99)   4. 904, 497   3. 817, 081     4. 00   Total interim payments (sum of lines 1, 2, and 3. 99)   4. 904, 497   3. 817, 081     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. 00   0   5. 01     5. 01   TENTATIVE TO PROVIDER   0   0   5. 50     5. 03   Provider to Program   5. 50   0   0   5. 50     5. 50   FOND   TENTATIVE TO PROGRAM   0   0   5. 50     5. 50   5. 50   5. 89   5. 50 - 5. 89     6. 00   Determined net settlement amount (balance due) based on the cost report. (1)   6. 01     6. 01   SETLEMENT TO PROGRAM   5. 5, 21   4. 731   6. 02     7. 00   Total Medicare program liability (see instructions)   4. 849, 284   3. 774, 350   7. 00     O   1. 00   2. 00   0   2. 00     O   1. 00   2. 00   0     O   1. 00	3.05				0	0	3. 05
3.51   3.52   3.53   3.54   3.55   3.55   3.55   3.55   3.57   3.58   3.59   3.50-3-98	2 50					0	2 50
3.52   3.53   3.54   3.99   3.50		ADJUSTMENTS TO PROGRAM					
3.53   3.54   0							
3.54   3.99   Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)   4.904,497   3.817,081   4.00   (transfer to Wkst. E or Wkst. E -3, line and column as appropriate)   TO BE COMPLETED BY CONTRACTOR							
3.99   Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.05-3.98)   4,904,497   3,817,081   4.00   (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)   TO BE COMPLETED BY CONTRACTOR					0	ı	
3. 50 - 3. 98   Total interim payments (sum of lines 1, 2, and 3. 99) (transfer to Wkst. E or Wkst. E - 3, line and column as appropriate)   To BE COMPLETED BY CONTRACTOR		Subtotal (sum of lines 3.01-3.49 minus sum of lines					
(transfer to Wkst. E or Wkst. E-3, line and column as appropriate)   TO BE COMPLETED BY CONTRACTOR						-	
appropriate   TO BE COMPLETED BY CONTRACTOR	4.00	Total interim payments (sum of lines 1, 2, and 3.99)		4, 904, 49	97	3, 817, 081	4.00
To BE COMPLÉTED BY CONTRACTOR							
Solid							
desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)   Program to Provider							
Write "NONE" or enter a zero. (1)   Program to Provider	5.00						5.00
Program to Provider							
TENTATI VE TO PROVIDER							
Description   Description	5 01				0	0	5 01
Description   Description		TERMINE TO TROTTEE					
TENTATI VE TO PROGRAM	5.03				0	0	
5.51 5.52 5.99 Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98) 6.00 Determined net settlement amount (balance due) based on the cost report. (1) 6.01 SETTLEMENT TO PROVIDER 6.02 SETTLEMENT TO PROGRAM 7.00 Total Medicare program liability (see instructions)  0 0 0 5.51 0 0 0 5.52 0 0 0 5.59 0 0 6.00 0 6.00 0 6.00 0 6.01 0 6.01 0 7.00 0 7.00 0 8.00 0 8.00 0 8.00 0 8.00 0 9.00 0		Provider to Program					
S. 52   Subtotal (sum of lines 5. 01-5. 49 minus sum of lines 5. 50 - 5. 99   Subtotal (sum of lines 5. 01-5. 49 minus sum of lines 5. 50 - 5. 98)   S. 50 - 5. 99   S. 50 - 5. 98)   S. 50 - 5. 98)   S. 50 - 5. 99   S. 50 - 5. 98)   S. 50 - 5.	5.50	TENTATI VE TO PROGRAM			0		5. 50
5. 99 Subtotal (sum of lines 5. 01-5. 49 minus sum of lines 5. 50-5. 98) 6. 00 Determined net settlement amount (balance due) based on the cost report. (1) 6. 01 SETTLEMENT TO PROVIDER 6. 02 SETTLEMENT TO PROGRAM 7. 00 Total Medicare program liability (see instructions)   Contractor NPR Date (Mo/Day/Yr)  0 1. 00 2. 00							
5. 50-5. 98) 6. 00 Determined net settlement amount (balance due) based on the cost report. (1) 6. 01 SETTLEMENT TO PROVIDER 6. 02 SETTLEMENT TO PROGRAM 7. 00 Total Medicare program liability (see instructions)  Contractor NPR Date (Mo/Day/Yr)  0 1. 00 2. 00						-	
6.00 Determined net settlement amount (balance due) based on the cost report. (1) 6.01 SETTLEMENT TO PROVIDER 6.02 SETTLEMENT TO PROGRAM 7.00 Total Medicare program liability (see instructions)  Contractor NPR Date (Mo/Day/Yr)  Number (Mo/Day/Yr)  0 1.00 2.00	5. 99				0	0	5. 99
the cost report. (1) 6. 01 SETTLEMENT TO PROVIDER 6. 02 SETTLEMENT TO PROGRAM 7. 00 Total Medicare program liability (see instructions)  Contractor Number (Mo/Day/Yr) 0 1. 00 2. 00							/ 00
6. 01 SETTLEMENT TO PROVIDER 6. 02 SETTLEMENT TO PROGRAM 7. 00 Total Medicare program liability (see instructions)  Contractor Number (Mo/Day/Yr)  0 1. 00 2. 00	6.00						6.00
6.02 SETTLEMENT TO PROGRAM 7.00 Total Medicare program liability (see instructions)  55, 213 4, 849, 284 3, 774, 350 7.00  Contractor Number (Mo/Day/Yr) 0 1.00 2.00	6 01					ام	6 01
7.00 Total Medicare program liability (see instructions)				55.2	-	-	
Contractor         NPR Date           Number         (Mo/Day/Yr)           0         1.00         2.00							
Number         (Mo/Day/Yr)           0         1.00         2.00				., 0,,,,20			
8.00 Name of Contractor 8.00				)	1. 00	2.00	
	8.00	Name of Contractor					8. 00

Heal th	Financial Systems MCDONOUGH DISTRI	CT HOSPITAL	In Lie	u of Form CMS-	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 14-0089	Peri od: From 07/01/2022	Worksheet E-1 Part II	
			To 06/30/2023	Date/Time Pre 11/29/2023 2:	
	<u> </u>	Title XVIII	Hospi tal	PPS	
				1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS			1. 00	
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION	N.			-
1.00	Total hospital discharges as defined in AARA §4102 from Wkst.		: 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	4.00 Total inpatient days (see instructions)				
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 I				6. 00
7. 00	CAH only - The reasonable cost incurred for the purchase of o	certified HIT technology	Wkst. S-2, Pt. I		7. 00
0.00	line 168				0.00
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 INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH	(see Instructions)			10. 00
20.00	Initial/interim HIT payment adjustment (see instructions)				30.00
	Other Adjustment (specify)				31. 00
	Balance due provider (line 8 (or line 10) minus line 30 and I	line 31) (see instruction	is)		32.00
52. 50	paranes and provider (iffice of (or iffice to) mirrids fiftic be dild i	(365 111511 4611 61			1 32. 00

Health Financial Systems MCDONOUGH DISTRICT HOSPITAL In Lieu			u of Form CMS-2	552-10	
				Worksheet E-5	
			From 07/01/2022 To 06/30/2023	Date/Time Prep 11/29/2023 2:4	oared: 19 pm
		Title XVIII		PPS	
				1. 00	
TO BE COMPLETED BY CONTRACTOR					
1.00 Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)					1.00
2.00 Capital outlier from Wkst. L, Pt. I, line 2					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)					6.00
7.00	Time value of money for capital related expenses (see instru	ıcti ons)		0	7.00

	Financial Systems MCDONOUGH DISTR	RICT HOSPITAL			u of Form CMS-	2552-10
	E SHEET (If you are nonproprietary and do not maintain	Provider CCN: 14-0089		Peri od:	Worksheet G	
fund-t only)	ype accounting records, complete the General Fund column			From 07/01/2022 Fo 06/30/2023	Date/Time Pre	pared:
————					11/29/2023 2:	
		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	57, 481, 034	(		0	1.00
2.00	Temporary investments	0			0	
3. 00 4. 00	Notes recei vabl e Accounts recei vabl e	8, 294, 059			0	4. 00
5. 00	Other recei vable	0, 2, 4, 03,			0	5. 00
6.00	Allowances for uncollectible notes and accounts receivable	Ō	į (	o o	0	6. 00
7.00	Inventory	2, 138, 368	(	o o	0	7. 00
8.00	Prepai d expenses	2, 224, 500	(	0	0	8. 00
9.00	Other current assets	0	9	0	0	
10. 00 11. 00	Due from other funds Total current assets (sum of lines 1-10)	70, 137, 961			0	10.00
11.00	FIXED ASSETS	70, 137, 701		<u> </u>	0	11.00
12. 00	Land	416, 836	(	ol ol	0	12. 00
13.00	Land improvements	4, 650, 471	(	o o	0	13. 00
14.00	Accumulated depreciation	-3, 083, 360	(	0	0	14. 00
15. 00	Bui I di ngs	60, 991, 948	(	0	0	15. 00
16.00	Accumulated depreciation	-28, 491, 202	(	0	0	16.00
17. 00	Leasehold improvements	0			0	17.00
18. 00 19. 00	Accumulated depreciation Fixed equipment	0			0	18. 00 19. 00
20. 00	Accumulated depreciation	0			0	20.00
21. 00	Automobiles and trucks	Ö			0	21.00
22. 00	Accumul ated depreciation	0	(	o o	0	22. 00
23. 00	Major movable equipment	80, 418, 465	(	0	0	23. 00
24. 00	Accumul ated depreciation	-59, 528, 642	(	٦ ١	0	24. 00
25. 00	Mi nor equipment depreciable	6, 138, 535	(	0	0	25. 00
26. 00	Accumulated depreciation	-1, 701, 219	(		0	26.00
27. 00 28. 00	HIT designated Assets Accumulated depreciation	0			0	27. 00 28. 00
29. 00	Mi nor equi pment-nondepreci abl e	0			0	29.00
30. 00	Total fixed assets (sum of lines 12-29)	59, 811, 832			0	30.00
	OTHER ASSETS					
31. 00	Investments	0		0	0	31. 00
32.00	Deposits on Leases	0	(	٦ ١	0	32. 00
33. 00 34. 00	Due from owners/officers Other assets	2, 494, 656		٦ ١	0	33. 00 34. 00
35. 00	Total other assets (sum of lines 31-34)	2, 494, 656	1		0	35.00
36. 00	Total assets (sum of lines 11, 30, and 35)	132, 444, 449			0	36.00
	CURRENT LIABILITIES	, , , , , , , , , , , , , , , , , , , ,		-,		
37. 00	Accounts payable	7, 404, 978	(	0	0	37. 00
38. 00	Salaries, wages, and fees payable	0	(	0	0	38. 00
39. 00	Payroll taxes payable	0	(	0	0	39. 00
40.00	Notes and Loans payable (short term)	2, 254, 858	(	0	0	1
41. 00 42. 00	Deferred income Accel erated payments	0			0	41.00
43. 00	Due to other funds	1, 089, 824	(	ol ol	0	
44. 00	Other current liabilities	0			0	
45.00	Total current liabilities (sum of lines 37 thru 44)	10, 749, 660	(	o o	0	
	LONG TERM LIABILITIES					
46. 00	Mortgage payable	0		0	0	1
47. 00	Notes payable	24, 565, 436	9	0	0	
48. 00 49. 00	Unsecured Loans Other Long term Liabilities	4, 748, 229			0	
50. 00	Total long term liabilities (sum of lines 46 thru 49)	29, 313, 665			0	
51. 00	Total liabilities (sum of lines 45 and 50)	40, 063, 325			0	51.00
	CAPI TAL ACCOUNTS	,,		-1		
52.00	General fund balance	92, 381, 124				52. 00
53. 00	Specific purpose fund		(			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55. 00 56. 00	Donor created - endowment fund balance - unrestricted			0		55.00
56. 00 57. 00	Governing body created - endowment fund balance Plant fund balance - invested in plant				0	56. 00 57. 00
58. 00	Plant fund balance - reserve for plant improvement,				0	58.00
	replacement, and expansion				9	
59. 00	Total fund balances (sum of lines 52 thru 58)	92, 381, 124		이	0	59. 00
60. 00	Total liabilities and fund balances (sum of lines 51 and	132, 444, 449	(	이	0	60.00
	[59]	l l	I	1		I

Provider CCN: 14-0089

					To 06/30/202	3 Date/Time Pre 11/29/2023 2:	
		General	Fund	Speci al	Purpose Fund	Endowment Fund	
		1.00	2.00	3. 00	4.00	F 00	
1. 00	Fund balances at beginning of period	1.00	93, 400, 953		4. 00	5. 00	1. 00
2. 00	Net income (loss) (from Wkst. G-3, line 29)		-46, 689	1			2.00
3. 00	Total (sum of line 1 and line 2)		93, 354, 264	1			3.00
4. 00	Additions (credit adjustments) (specify)	o	75, 554, 204		0	0	4. 00
5. 00	That there (ereal tradition to) (epoetry)	0			0	0	
6. 00		o			0	0	
7. 00		0			0	0	
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)		93, 354, 264			0	11. 00
12. 00	PRIOR YEAR ADJUSTMENT	973, 138			0	0	
13.00	ROUNDI NG	2			0	0	
14.00		0			0	0	
15. 00		0			0	0	
16.00		0			0	0	
17. 00	T	0	070 440		0	0	
18. 00 19. 00	Total deductions (sum of lines 12-17)		973, 140	•			18. 00 19. 00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		92, 381, 124			٩	19.00
	Silver (Title 11 millius Title 10)	Endowment Fund	PI ant	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 7. 00			0				6. 00 7. 00
8. 00			0				8.00
9. 00			0				9.00
10.00	Total additions (sum of line 4-9)	0	J		0		10.00
11. 00	Subtotal (line 3 plus line 10)	0			0		11. 00
12. 00	PRIOR YEAR ADJUSTMENT		O				12.00
13.00	ROUNDI NG		o				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	O		I .	0		19.00
17.00		٩			٩		19.00
17.00	sheet (line 11 minus line 18)						19.00

Health Financial Systems MC STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES Provider CCN: 14-0089

			To	06/30/2023	Date/Time Prep 11/29/2023 2:4	
	Cost Center Description	Inpatie	nt	Outpati ent	Total	
		1, 00		2.00	3. 00	
	PART I - PATIENT REVENUES					
	General Inpatient Routine Services					
1.00	Hospi tal	11, 64	3. 300		11, 643, 300	1. 00
2.00	SUBPROVIDER - I PF		2, 349		2, 349	2. 00
3.00	SUBPROVI DER - I RF		2, 0 . ,		2,017	3. 00
4. 00	SUBPROVI DER					4. 00
5. 00	Swing bed - SNF	5.	5, 287		56, 287	5. 00
6. 00	Swing bed - NF		0		0	6. 00
7. 00	SKILLED NURSING FACILITY		-		-	7. 00
8.00	NURSING FACILITY					8. 00
9. 00	OTHER LONG TERM CARE					9. 00
10. 00	Total general inpatient care services (sum of lines 1-9)	11, 70	1. 936		11, 701, 936	
	Intensive Care Type Inpatient Hospital Services	1.1770	., , , , ,		1177017700	
11. 00	INTENSIVE CARE UNIT	3.99	9, 250		3, 999, 250	11. 00
12. 00	CORONARY CARE UNIT	, , , ,	,		27 7 = 2 2	12. 00
13. 00	BURN INTENSIVE CARE UNIT					13. 00
14. 00	SURGI CAL INTENSI VE CARE UNI T					14. 00
15. 00	OTHER SPECIAL CARE (SPECIFY)					15. 00
16. 00	Total intensive care type inpatient hospital services (sum of li	nes 3, 99	2. 250		3, 999, 250	16. 00
	11-15)	5,11	,		27 7 = 2 2	
17.00	Total inpatient routine care services (sum of lines 10 and 16)	15, 70	1. 186		15, 701, 186	17.00
18. 00	Ancillary services	19, 41		115, 952, 083	135, 365, 722	18. 00
19. 00	Outpati ent servi ces	2, 19		29, 414, 158	31, 608, 940	19. 00
20. 00	RURAL HEALTH CLINIC		0	580, 810	580, 810	
20. 01	RURAL HEALTH CLINIC II	1!	5, 649	10, 135, 783	10, 151, 432	20. 01
21.00	FEDERALLY QUALIFIED HEALTH CENTER		0	o	0	21.00
22.00	HOME HEALTH AGENCY			1, 411, 257	1, 411, 257	22.00
23.00	AMBULANCE SERVICES		0	o	0	
24.00	CMHC					24.00
25.00	AMBULATORY SURGICAL CENTER (D. P. )					25.00
26.00	HOSPI CE		1	932, 424	932, 425	26.00
27.00	MCDONOUGH MEDICAL GROUP & OTHER		9, 476	814, 999	824, 475	27. 00
28. 00	Total patient revenues (sum of lines 17-27)(transfer column 3 to	Wkst. 37, 33	1, 733	159, 241, 514	196, 576, 247	28. 00
	G-3, line 1)					
	PART II - OPERATING EXPENSES	•				
29.00	Operating expenses (per Wkst. A, column 3, line 200)			85, 215, 587		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)			o		36.00
37.00	RECONCILIATION TO FINANCIAL STATEMEN	2, 29:	2, 326			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)			2, 292, 326		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)	(transfer		82, 923, 261		43.00
	to Wkst. G-3, line 4)					
		•		·		

Provider CN: 14-0089	Heal th	Financial Systems MCDONOUGH DISTRIC	T HOSPITAL	In Lie	u of Form CMS-2	2552-10
To   O6/30/2023   Date/Time Prepared: 11/29/2023 2:49 pm   11/29/2023	STATE	IENT OF REVENUES AND EXPENSES	Provider CCN: 14-0089		Worksheet G-3	
1.00						
1.00						
2.00   Less contractual allowances and discounts on patients' accounts   117, 011, 694   2.00   Net patient revenues (line 1 minus line 2)   79, 564, 553   3.00   Net patient revenues (line 1 minus line 2)   79, 564, 553   3.00   Net income from service to patients (line 3 minus line 4)   32, 23, 261   4.00   Net income from service to patients (line 3 minus line 4)   -3, 358, 708   -3, 358,		I=				
3.00   Net patient revenues (line 1 minus line 2)   79,564,555   3.00   Less total operating expenses (from Wkst. G-2. Part II. line 43)   82,923,261   4.00   Net income from service to patients (line 3 minus line 4)   -3,338,708   5.00   Net income from service to patients (line 3 minus line 4)   -3,338,708   5.00   OTHER INCOME   332,808   7.00   7.00   Income from investments   332,808   7.00   8.00   Revenues from telephone and other miscellaneous communication services   0,800   9.00   9.00   9.00   9.00   Purchase discounts   0,900   9.00						
A. 00   Less' total operating expenses (From Wists' G-2, Part II, line 43)   Re', 190   Net income from service to patients (line 3 minus line 4)   S. 00   Net income from service to patients (line 3 minus line 4)   S. 00   Net income from service to patients (line 3 minus line 4)   S. 00   Net income from investments   S. 332, 808   7. 00   Net income from investments   S. 332, 808   7. 00   New New New New New New New New New New			TS			
5.00   Net income from service to patients (line 3 minus line 4)   -3,358,708   5.00   OTHER INCOME			42)			
OTHER INCOME         A31, 019         6. 00           7. 00         Contributions, donations, bequests, etc         431, 019         6. 00           8. 00         Revenues from investments         332, 808         7. 00           9. 00         Revenue from tel elephone and other miscel laneous communication services         0         8. 00           9. 00         Revenue from tel elephone and radio service         0         9. 00           10. 00         Purchase discounts         0         10. 00           11. 00         Rebates and refunds of expenses         0         11. 00           12. 00         Parkin gl Iot recel pts         0         12. 00           13. 00         Revenue from laundry and linen service         0         13. 00           14. 00         Revenue from meals sold to employees and guests         0         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 fundical records and abstracts         0         16. 00           19. 00         Tuition (fees, sale of textbooks, uniforms, etc.)         0         19. 00           20. 00			43)			
6. 00       Contributions, donations, bequests, etc       431,019       6. 00         7. 00       Income from investments       332,808       7. 00         8. 00       Revenue from tel episone and other miscel laneous communication services       0       9. 00         9. 00       Revenue from tel evision and radio service       0       9. 00         10. 00       Purchase discounts       0       10. 00         11. 00       Rebates and refunds of expenses       0       11. 00         12. 00       Parking lot receipts       0       13. 00         13. 00       Revenue from laundry and linen service       0       13. 00         14. 00       Revenue from meals sold to employees and guests       0       14. 00         15. 00       Revenue from meal a sold to employees and guests       0       14. 00         16. 00       Revenue from sale of medical records and abstracts       0       15. 00         17. 00       Revenue from sale of fugs to other than patients       0       17. 00         18. 00       Revenue from sale of medical records and abstracts       0       18. 00         19. 00       Tuition (fees, sale of textbooks, uniforms, etc.)       0       19. 00         12. 00       Revenue from gifts, flowers, coffee shops, and canteen	5.00				-3, 358, 708	5.00
7.00       Income from investments       332,808       7.00         8.00       Revenue from telephone and other miscellaneous communication services       0       8.00         9.00       Revenue from television and radio service       0       9.00         10.00       Purchase discounts       0       10.00         11.00       Rebates and refunds of expenses       0       11.00         12.00       Parking lot receipts       0       12.00         13.00       Revenue from laundry and linen service       0       13.00         14.00       Revenue from laundry and linen service       0       13.00         15.00       Revenue from laundry and linen service       0       13.00         15.00       Revenue from laundry and linen service       0       13.00         15.00       Revenue from laundry and linen service       0       14.00         15.00       Revenue from laundry and linen service       0       14.00         16.00       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 medical mad surgical supplies to other than patients       0       16.00	4 00				421 010	4 00
8.00       Revenues from telephone and other miscellaneous communication services       0       8.00         9.00       Revenue from television and radio service       0       9.00         10.00       Purchase discounts       0       10.00         11.00       Rebates and refunds of expenses       0       11.00         12.00       Parking lot receipts       0       12.00         13.00       Revenue from laundry and linen service       0       13.00         14.00       Revenue from meals sold to employees and guests       0       14.00         15.00       Revenue from sale of medical and surgical supplies to other than patients       0       15.00         16.00       Revenue from sale of medical and surgical supplies to other than patients       0       17.00         18.00       Revenue from sale of medical records and abstracts       0       17.00         18.00       Revenue from sale of medical records and abstracts       0       18.00         19.00       Tuition (fees, sale of textbooks, uniforms, etc.)       0       19.00         20.00       Revenue from gifts, flowers, coffee shops, and canteen       0       20.00         21.00       Rental of vending machines       0       21.00         22.00       Rental of Pospital space       0<						
9.00       Revenue from television and radio service       0       9.00         10.00       Purchase discounts       0       10.00         11.00       Rebates and refunds of expenses       0       11.00         12.00       Parking lot receipts       0       12.00         13.00       Revenue from laundry and linen service       0       13.00         14.00       Revenue from meals sold to employees and guests       0       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       15.00         17.00       Revenue from sale of ferugs to other than patients       0       17.00         18.00       Revenue from sale of fextbooks, uniforms, etc.)       0       19.00         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       Revental of vending machines       0       22.00         23.00       Governmental appropriations       0       22.00         23.00       Governmental appropriations       850, 106       24.01         24.01			sorvi cos			
10. 00       Purchase discounts       0       10. 00         11. 00       Rebates and refunds of expenses       0       11. 00         12. 00       Parkin gl of 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       0       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 medical records and abstracts       0       17. 00         18. 00       Revenue from sale of medical records and abstracts       0       18. 00         19. 00       Tuit ion (fees, sale of textbooks, uniforms, etc.)       0       19. 00         20. 00       Revenue from gifts, flowers, coffee shops, and canteen       0       20. 00         21. 00       Revenul of vending machines       0       21. 00         22. 00       Rental of vending machines       0       22. 00         23. 00       Governmental appropriations       0       23. 00         24. 01       OTHER OPERATING REVENUES       850, 106       24. 00			ser vi ces		- 1	
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       12. 00         14. 00       Revenue from laundry and linen service       0       13. 00         14. 00       Revenue from meals sold to employees and guests       0       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 medical records and abstracts       0       17. 00         18. 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       0       21. 00         22. 00       Rental of hospital space       0       22. 00         23. 00       Governmental appropriations       850, 106 24, 00         24. 01       OTHER (SPECIFY)       3, 310, 339 24, 50         25. 00       Total other income (sum of lines 6-24)       4, 924, 272 25, 00         26. 00       Tot						
12.00						
13.00   Revenue from laundry and linen service   0   13.00     14.00   Revenue from meals sold to employees and guests   0   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   15.00     17.00   Revenue from sale of drugs to other than patients   0   17.00     18.00   Revenue from sale of medical records and abstracts   0   18.00     19.00   Tuition (fees, sale of textbooks, uniforms, etc.)   0   19.00     10.00   Revenue from gifts, flowers, coffee shops, and canteen   0   20.00     10.00   Rental of vending machines   0   21.00     10.00   Rental of vending machines   0   22.00     23.00   Governmental appropriations   0   22.00     24.00   OTHER OPERATING REVENUES   850, 106   24.00     24.01   OTHER (SPECIFY)   0   24.01     24.50   COVID-19 PHE Funding   3,310,339   24.50     25.00   Total other income (sum of lines 6-24)   3,310,339   24.50     27.00   OTHER NON-OP NET   246,915   27.00     27.01   INTEREST EXPENSE   246,915   27.00     27.02   OTHER EXPENSES   471,126   27.00     27.03   Total other expenses (sum of line 27 and subscripts)   1,612,253   28.00						
14. 00       Revenue from meals sold to employees and guests       0       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       0       17. 00         18. 00       Revenue from sale of medical records and abstracts       0       18. 00         19. 00       Tuition (fees, sale of textbooks, uniforms, etc.)       0       19. 00         20. 00       Revenue from gifts, flowers, coffee shops, and canteen       0       20. 00         21. 00       Rental of vending machines       0       21. 00         22. 00       Rental of hospital space       0       22. 00         23. 00       Governmental appropriations       0       23. 00         24. 00       OTHER OPERATING REVENUES       850, 106       24. 00         24. 01       OTHER (SPECIFY)       0       24. 01         25. 00       Total other income (sum of lines 6-24)       3, 310, 339       24. 50         26. 00       Total (line 5 plus line 25)       1, 565, 564       26. 00         27. 01       INTEREST EXPENSES       246, 915       27. 01						
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   0   17.00     18.00   Revenue from sale of medical records and abstracts   0   18.00     19.00   Tuition (fees, sale of textbooks, uniforms, etc.)   0   19.00     19.00   Revenue from gifts, flowers, coffee shops, and canteen   0   20.00     19.00   Revenue from gifts, flowers, coffee shops, and canteen   0   20.00     19.00   Rental of vending machines   0   21.00     19.00   Rental of hospital space   0   22.00     19.00   Governmental appropriations   0   23.00     19.00   OTHER OPERATING REVENUES   850, 106   24.00     19.00   OTHER (SPECIFY)   0   24.01     24.01   OTHER (SPECIFY)   3, 310, 339   24.50     25.00   Total other income (sum of lines 6-24)   4,924,272   25.00     26.00   Total (line 5 plus line 25)   1,565,564   26.00     27.00   OTHER RON-OP NET   246,915   27.00     27.01   INTEREST EXPENSE   894,212   27.01     27.02   OTHER EXPENSES   27.01     28.00   Total other expenses (sum of line 27 and subscripts)   1,612,253   28.00     10.00   15.00   16.00     16.00   16.00   16.00     17.00   16.00   17.00     18.00   17.00   18.00     19.00   19.00     19.00   19.00     20.00   20.00     20.00   20.00     21.00   22.00     22.00   23.00   24.00     23.00   24.00     24.00   24.00     24.00   24.00     24.00   24.00     25.00   Total other expenses (sum of line 27 and subscripts)   1,612,253   28.00     27.01   10.00   10.00     28.00   17.00   10.00     28.00   17.00     29.00   18.00     20.00   18.00     20.00   18.00     20.00   18.00     20.00   18.00     20.00   18.00     20.00   19.00     20.00   20.00     20.00   20.00     20.00   20.00     20.00   20.00     20.00   20.00     20.00   20.00     20.00   20.00     20.00   20.00     20.00   20.00     20.00   20.00     20.00   20.00     20.00   20.00     20.00   20.00     20.00   20.00     20.00   20.00     20.00   20.00					- 1	
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       0       17.00         18.00       Revenue from sale of medical records and abstracts       0       18.00         19.00       Tuit ion (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       0       21.00         22.00       Rental of hospital space       0       22.00         23.00       Governmental appropriations       0       23.00         24.01       OTHER OPERATING REVENUES       850, 106       24.00         24.01       OTHER (SPECIFY)       0       0       24.01         25.00       Total other income (sum of lines 6-24)       3, 310, 339       24.50         25.00       Total (line 5 plus line 25)       1, 565, 564       26.00         27.00       OTHER NON-OP NET       246, 915       27.00         27.01       INTEREST EXPENSE       894, 212       27.01         27.02       OTHER EXPENSES       471, 126       27.02         28.00       Total other expe						
17. 00       Revenue from sale of drugs to other than patients       0       17. 00         18. 00       Revenue from sale of medical records and abstracts       0       18. 00         19. 00       Tuition (fees, sale of textbooks, uniforms, etc.)       0       19. 00         20. 00       Revenue from gifts, flowers, coffee shops, and canteen       0       20. 00         21. 00       Rental of vending machines       0       21. 00         22. 00       Rental of hospital space       0       22. 00         23. 00       Governmental appropriations       0       23. 00         24. 00       OTHER OPERATING REVENUES       850, 106       24. 00         24. 01       OTHER (SPECIFY)       0       24. 01         24. 01       OTHER (SPECIFY)       3, 310, 339       24. 50         25. 00       Total other income (sum of lines 6-24)       4, 924, 272       25. 00         26. 00       Total (line 5 plus line 25)       1, 565, 564       26. 00         27. 01       INTEREST EXPENSE       894, 212       27. 01         27. 02       OTHER NON-OP NET       894, 212       27. 01         27. 02       OTHER EXPENSES       471, 126       27. 02         28. 00       Total other expenses (sum of line 27 and subscripts			han patients			
18. 00       Revenue from sale of medical records and abstracts       0       18. 00         19. 00       Tuition (fees, sale of textbooks, uniforms, etc.)       0       19. 00         20. 00       Revenue from gifts, flowers, coffee shops, and canteen       0       20. 00         21. 00       Rental of vending machines       0       21. 00         22. 00       Rental of hospital space       0       22. 00         23. 00       Governmental appropriations       0       23. 00         24. 00       OTHER OPERATING REVENUES       850, 106       24. 00         24. 01       OTHER (SPECIFY)       0       24. 01         24. 50       COVID-19 PHE Funding       3, 310, 339       24. 50         25. 00       Total other income (sum of lines 6-24)       4, 924, 272       25. 00         26. 00       Total (line 5 plus line 25)       1, 565, 564       26. 00         27. 01       INTEREST EXPENSE       246, 915       27. 01         27. 02       OTHER REXPENSES       894, 212       27. 01         28. 00       Total other expenses (sum of line 27 and subscripts)       1, 612, 253       28. 00			nan patronto		- 1	
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       0       21.00         22.00       Rental of hospital space       0       22.00         23.00       Governmental appropriations       0       23.00         24.00       OTHER OPERATING REVENUES       850, 106       24.00         24.01       OTHER (SPECIFY)       0       24.01         24.50       COVID-19 PHE Funding       3, 310, 339       24.50         25.00       Total other income (sum of lines 6-24)       4, 924, 272       25.00         26.00       Total (line 5 plus line 25)       1, 565, 564       26.00         27.01       INTEREST EXPENSE       246, 915       27.00         27.02       OTHER REXPENSES       894, 212       27.01         28.00       Total other expenses (sum of line 27 and subscripts)       1, 612, 253       28.00					0	
20. 00       Revenue from gifts, flowers, coffee shops, and canteen       0       20. 00         21. 00       Rental of vending machines       0       21. 00         22. 00       Rental of hospital space       0       22. 00         23. 00       Governmental appropriations       0       23. 00         24. 00       OTHER OPERATING REVENUES       850, 106       24. 01         24. 01       OTHER (SPECIFY)       0       24. 01         24. 50       COVID-19 PHE Funding       3, 310, 339       24. 50         25. 00       Total other income (sum of lines 6-24)       4, 924, 272       25. 00         26. 00       Total (line 5 plus line 25)       1, 565, 564       26. 00         27. 01       INTEREST EXPENSE       246, 915       27. 00         27. 02       OTHER REXPENSES       894, 212       27. 02         28. 00       Total other expenses (sum of line 27 and subscripts)       1, 612, 253       28. 00					0	
21. 00       Rental of vending machines       0       21. 00         22. 00       Rental of hospital space       0       22. 00         23. 00       Governmental appropriations       0       23. 00         24. 00       OTHER OPERATING REVENUES       850, 106       24. 00         24. 01       OTHER (SPECIFY)       0       24. 01         24. 50       COVID-19 PHE Funding       3, 310, 339       24. 50         25. 00       Total other income (sum of lines 6-24)       4, 924, 272       25. 00         26. 00       Total (line 5 plus line 25)       1, 565, 564       26. 00         27. 01       INTEREST EXPENSE       246, 915       27. 00         27. 02       OTHER EXPENSES       471, 126       27. 02         28. 00       Total other expenses (sum of line 27 and subscripts)       1, 612, 253       28. 00	20.00				0	20. 00
22. 00       Rental of hospital space       0       22. 00         23. 00       Governmental appropriations       0       23. 00         24. 00       OTHER OPERATING REVENUES       850, 106       24. 00         24. 01       OTHER (SPECLFY)       0       24. 01         24. 50       COVID-19 PHE Funding       3, 310, 339       24. 50         25. 00       Total other income (sum of lines 6-24)       4, 924, 272       25. 00         26. 00       Total (line 5 plus line 25)       1, 565, 564       26. 00         27. 00       OTHER NON-OP NET       246, 915       27. 00         27. 01       INTEREST EXPENSE       894, 212       27. 01         27. 02       OTHER EXPENSES       471, 126       27. 02         28. 00       Total other expenses (sum of line 27 and subscripts)       1, 612, 253       28. 00	21.00				0	21. 00
24.00       OTHER OPERATING REVENUES       850, 106       24.00         24.01       OTHER (SPECIFY)       0 24.01         24.50       COVI D-19 PHE Funding       3, 310, 339       24.50         25.00       Total other income (sum of lines 6-24)       4,924, 272       25.00         26.00       Total (line 5 plus line 25)       1, 565, 564       26.00         27.00       OTHER NON-OP NET       246, 915       27.00         27.01       INTEREST EXPENSE       894, 212       27.01         27.02       OTHER EXPENSES       471, 126       27.02         28.00       Total other expenses (sum of line 27 and subscripts)       1, 612, 253       28.00	22.00	Rental of hospital space			0	22. 00
24. 01       OTHER (SPECIFY)       0       24. 01         24. 50       COVI D-19 PHE Funding       3, 310, 339       24. 50         25. 00       Total other income (sum of lines 6-24)       4, 924, 272       25. 00         26. 00       Total (line 5 plus line 25)       1, 565, 564       26. 00         27. 01       INTEREST EXPENSE       246, 915       27. 00         27. 02       OTHER EXPENSES       894, 212       27. 01         28. 00       Total other expenses (sum of line 27 and subscripts)       1, 612, 253       28. 00	23.00	Governmental appropriations			0	23. 00
24. 50       COVID-19 PHE Funding       3, 310, 339       24. 50         25. 00       Total other income (sum of lines 6-24)       4, 924, 272       25. 00         26. 00       Total (line 5 plus line 25)       1, 565, 564       26. 00         27. 00       OTHER NON-OP NET       246, 915       27. 00         27. 01       INTEREST EXPENSE       894, 212       27. 00         27. 02       OTHER EXPENSES       471, 126       27. 02         28. 00       Total other expenses (sum of line 27 and subscripts)       1, 612, 253       28. 00	24.00	OTHER OPERATING REVENUES			850, 106	24. 00
25. 00       Total other income (sum of lines 6-24)       4, 924, 272       25. 00         26. 00       Total (line 5 plus line 25)       1, 565, 564       26. 00         27. 00       OTHER NON-OP NET       246, 915       27. 00         27. 01       INTEREST EXPENSE       894, 212       27. 01         27. 02       OTHER EXPENSES       471, 126       27. 02         28. 00       Total other expenses (sum of line 27 and subscripts)       1, 612, 253       28. 00	24. 01	OTHER (SPECIFY)			0	24. 01
26. 00     Total (line 5 plus line 25)     1,565,564     26. 00       27. 00     OTHER NON-OP NET     246,915     27. 00       27. 01     INTEREST EXPENSE     894, 212     27. 01       27. 02     OTHER EXPENSES     471, 126     27. 02       28. 00     Total other expenses (sum of line 27 and subscripts)     1,612, 253     28. 00	24. 50	COVI D-19 PHE Funding			3, 310, 339	24. 50
27. 00     OTHER NON-OP NET     246, 915     27. 00       27. 01     INTEREST EXPENSE     894, 212     27. 01       27. 02     OTHER EXPENSES     471, 126     27. 02       28. 00     Total other expenses (sum of line 27 and subscripts)     1, 612, 253     28. 00	25.00	Total other income (sum of lines 6-24)			4, 924, 272	25.00
27. 01     INTEREST EXPENSE     894, 212     27. 01       27. 02     OTHER EXPENSES     471, 126     27. 02       28. 00     Total other expenses (sum of line 27 and subscripts)     1,612, 253     28. 00	26.00	Total (line 5 plus line 25)			1, 565, 564	26. 00
27. 02     OTHER EXPENSES     471, 126     27. 02       28. 00     Total other expenses (sum of line 27 and subscripts)     1, 612, 253     28. 00	27. 00				246, 915	27. 00
28.00 Total other expenses (sum of line 27 and subscripts)  1,612,253 28.00	27. 01	INTEREST EXPENSE			894, 212	27. 01
	27. 02				471, 126	27. 02
29.00  Net income (or loss) for the period (line 26 minus line 28) -46,689   29.00						
	29. 00	Net income (or loss) for the period (line 26 minus line 28)			-46, 689	29. 00

Heal th	Financial Systems	ı	MCDONOUGH DISTR	ICT HOSPITAL		In Lie	u of Form CMS-:	2552-10
	LLOCATION - HHA GENERAL SERVICE			Provi der C	CN: 14-0089	Peri od:	Worksheet H-1	
				HHA CCN:	14-7293	From 07/01/2022 To 06/30/2023	Part     Date/Time Pre	nared·
				11111 0011.			11/29/2023 2:	49 pm
						Home Health	PPS	
			Capital Rela	ated Costs		Agency I		
		Net Expenses	BI dgs &	Movabl e	Plant	Transportation	Subtotal	
		for Cost Allocation	Fixtures	Equi pment	Operation 8		(cols. 0-4)	
		(from Wkst. H,			warmenance			
		col . 10)						
	OFNEDAL CERVILOR COST OFNITERS	0	1. 00	2. 00	3.00	4. 00	4A. 00	
1. 00	GENERAL SERVICE COST CENTERS  Capital Related - Bldg. &	0	0		I		0	1. 00
1.00	Fi xtures		Ŭ.					1.00
2.00	Capital Related - Movable	O		0			0	2. 00
2 00	Equipment			0			0	2 00
3. 00 4. 00	Plant Operation & Maintenance Transportation	0	0	0		0 0	U	3. 00 4. 00
5. 00	Administrative and General	511, 445	ő	0	l .	o o	511, 445	1
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	663, 637	0	0	1	0 0	663, 637	
7. 00 8. 00	Physical Therapy Occupational Therapy	225, 173 194, 023	0	0		0 0	225, 173 194, 023	1
9. 00	Speech Pathology	7, 926	0	0		0 0	7, 926	
10.00	Medical Social Services	0	0	0		0 0	0	1
11. 00	Home Health Aide	84, 252	0	0		0 0		11. 00
12. 00 13. 00	Supplies (see instructions)	25, 586	0	0		0 0		12.00
14. 00	Drugs DME	0	0	0	1	0	0	
00	HHA NONREIMBURSABLE SERVICES		<u> </u>			<u> </u>		
15. 00	Home Dialysis Aide Services	0	0	0	1	0 0	0	
16.00	Respiratory Therapy	0	0	0	1	0 0	0	
17. 00 18. 00	Private Duty Nursing Clinic	0	0	0		0 0	0	
19. 00	Health Promotion Activities	0	o	0			Ö	
20.00	Day Care Program	0	O	0	)	0 0	0	20. 00
21. 00	Home Delivered Meals Program	0	0	0	)	0 0	0	
22. 00 23. 00	Homemaker Service All Others (specify)	0	0	0		0 0	0	
23. 50	Telemedicine	0	0	0		0 0	0	23. 50
	Total (sum of lines 1-23)	1, 712, 042	0	0	1	0 0	1, 712, 042	1
		Admi ni strati ve						
		& General 5.00	4A + 5) 6.00					
	GENERAL SERVICE COST CENTERS	3.00	0.00					
1.00	Capital Related - Bldg. &							1. 00
2 00	Fixtures							2.00
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	511, 445						5.00
6. 00	HHA REIMBURSABLE SERVICES Skilled Nursing Care	282, 705	946, 342					6. 00
7. 00	Physical Therapy	95, 922	321, 095					7. 00
8.00	Occupational Therapy	82, 652	276, 675					8. 00
9.00	Speech Pathology	3, 376	11, 302					9. 00
10. 00 11. 00	Medical Social Services Home Health Aide	35, 891	0 120, 143					10. 00 11. 00
12. 00	Supplies (see instructions)	10, 899	36, 485					12. 00
13.00	Drugs	0	0					13. 00
14. 00	DME	0	0					14. 00
15. 00	HHA NONREIMBURSABLE SERVICES Home Dialysis Aide Services	0	0					15. 00
16. 00	Respiratory Therapy	0	0					16. 00
17. 00	Private Duty Nursing	0	O					17. 00
18. 00	Clinic	0	0					18. 00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program Home Delivered Meals Program	0	0					20. 00 21. 00
	Homemaker Service		0					22. 00
23. 00	All Others (specify)	0	0					23. 00
23. 50	4	0	1 712 042					23. 50
∠4. UU	Total (sum of lines 1-23)	1	1, 712, 042					24. 00

	Financial Systems		MCDONOUGH DISTE	RICT HOSPITAL		In Lie	eu of Form CMS-2	2552-10
COST A	LLOCATION - HHA STATISTICAL BAS	SIS		Provider C	CN: 14-0089 14-7293	Peri od: From 07/01/2022 To 06/30/2023	Worksheet H-1 Part II Date/Time Pre 11/29/2023 2:	pared:
						Home Health	PPS	
		1			1	Agency I		
		Capital Rei	ated Costs					
		BI dgs &	Movabl e	PI ant	Transportati	onReconciliation	Administrative	-
		Fixtures	Equi pment	Operation &	(MI LEAGE)		& General	
		(SQUARE FEET)	(DOLLAR VALUE)	Mai ntenance	, ,		(ACCUM. COST)	
				(SQUARE FEET)				
	DENIEDAL DEDILLOS DOOT DENIEDO	1.00	2. 00	3. 00	4.00	5A. 00	5. 00	
1 00	GENERAL SERVICE COST CENTERS	0			I	0		1 00
1.00	Capital Related - Bldg. & Fixtures	0				0		1. 00
2.00	Capital Related - Movable		0			0		2. 00
	Equi pment							
3.00	Plant Operation & Maintenance	0	0	0	)	0		3. 00
4.00	Transportation (see	0	0	0	)	0		4. 00
г оо	instructions)					0 511 445	1 200 507	F 00
5.00	Administrative and General HHA REIMBURSABLE SERVICES	0	0	0	1	0 -511, 445	1, 200, 597	5.00
6.00	Skilled Nursing Care	Ιο	0	O		0 0	663, 637	6.00
7. 00	Physical Therapy				1		225, 173	1
8.00	Occupational Therapy	0	0	O	)	0 0	194, 023	1
9.00	Speech Pathology	0	0	O		0 0	7, 926	9. 00
10.00	Medical Social Services	0	0	0		0 0	0	
11. 00	Home Health Aide	0	0	0	)	0	l	11. 00
12.00	Supplies (see instructions)	0	0	0		0 0		12.00
13. 00 14. 00	Drugs DME	0		-	1	0 0	0	
14.00	HHA NONREI MBURSABLE SERVI CES	0	0			0 0		14.00
15. 00	Home Dialysis Aide Services	0	0	0		0 0	0	15. 00
16.00	Respiratory Therapy	0	0	O	)	0 0	0	1
17.00	Private Duty Nursing	0	0	0		0 0	0	17. 00
18. 00	Clinic	0	0	0		0 0	0	1
19. 00	Health Promotion Activities	0	0	0	)	0	0	
20.00	Day Care Program	0	0	0	1	0 0	0	
21. 00 22. 00	Home Delivered Meals Program Homemaker Service	0	0			0	0	
23. 00	All Others (specify)		0				0	1
23. 50	Tel emedicine		0			0 0	0	
24. 00	Total (sum of lines 1-23)	Ö	0	O	,	0 -511, 445	1, 200, 597	
25. 00	Cost To Be Allocated (per	0	0	0		0	511, 445	
	Worksheet H-1, Part I)							
26. 00	Unit Cost Multiplier	0. 000000	0. 000000	0. 000000	0.0000	00	0. 425992	26.00

						Home Health Agency I	PPS	
			CAPITAL RELATED COSTS			Agency 1		
	Cost Center Description	HHA Trial Balance (1)	BLDG & FIXT	CAP REL COSTS-HOSPI TAL	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II	CAP REL COSTS-REHAB CNT	
		0	1. 00	1. 01	1. 02	1. 03	1. 04	
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 15. 00 16. 00 17. 00 18. 00 19. 50 20. 00 21. 00	Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) (2)	0 946, 342 321, 095 276, 675 11, 302 0 120, 143 36, 485 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					3. 00
	Cost Center Description	CAPITAL RELATED COSTS CAP REL	CAP REL	CAP REL	CAP REL	CONVENI ENCE	BUSHNELL	
	·		COSTS-HOSPITAL ITY HOUSE		COSTS-ORTHO BLDG	CARE CLIN	OFFICE BLDG	
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 10. 00 11. 00 12. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 50 20. 00 21. 00	Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) (2)	1.05 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1.06 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1. 08	0 0 0 0 0 0 0 0 0	1. 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00

<sup>(1)</sup> Column O, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns O through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

						Home Health	PPS	
	Cost Center Description	EMPLOYEE	Subtotal	ADMI NI STRATI VE	MAINTENANCE &	Agency I MAINTENANCE &	MAINTENANCE &	
		BENEFITS		& GENERAL	REPAI RS	REPAIRS-HSB I	REPAIRS-HSB II	
		DEPARTMENT	4.0	F 00	/ 00	( 01	/ 02	
1. 00	Administrative and General	4. 00 143, 456	4A 147, 706	5. 00 31, 247	6.00	6. 01	6. 02	1. 00
2. 00	Skilled Nursing Care	206, 338					0	
3. 00	Physical Therapy	72, 522		83, 270	1		ő	
4.00	Occupational Therapy	63, 668		1	l .	0	0	
5.00	Speech Pathology	2, 526	13, 828	2, 925		0	0	5.00
6.00	Medical Social Services	0	0	0		0	0	6. 00
7.00	Home Health Aide	25, 627	145, 770	1	1	0	0	7. 00
8. 00 9. 00	Supplies (see instructions)	0	36, 485	7, 718	i	0	0	8. 00 9. 00
10. 00	Drugs DME				1		0	10. 00
11. 00	Home Dialysis Aide Services	0		ĺ	1		Ö	11. 00
12.00	Respiratory Therapy	0	0	0		0	0	12.00
13.00	Private Duty Nursing	0	0	0		0	0	13.00
14. 00	Clinic	0	0	0		0	0	14. 00
15. 00	Health Promotion Activities	0	0	0		0	0	15. 00
16.00	Day Care Program	0	0	0			0	16.00
17. 00 18. 00	Home Delivered Meals Program Homemaker Service	0		0			0	17. 00 18. 00
19. 00	All Others (specify)	0		0			Ö	19. 00
19. 50		0	0	Ö		0	Ō	19. 50
20.00	Total (sum of lines 1-19) (2)	514, 137	2, 230, 429	471, 847		0	0	20.00
21. 00	Unit Cost Multiplier: column		0. 000000					21. 00
	26, line 1 divided by the sum							
	of column 26, line 20 minus column 26, line 1, rounded to							
	6 decimal places.							
	Cost Center Description	MAINTENANCE &	MAINTENANCE &				HOUSEKEEPI NG	
	Cost Center Description	REPAI RS-REHAB	MAINTENANCE & REPAIRS-MAB	REPAI RS-ORTHO	REPAI RS-BUSHNI	LAUNDRY & E LINEN SERVICE	HOUSEKEEPI NG	
	Cost Center Description	REPAI RS-REHAB CLI NI C	REPAIRS-MAB	REPAIRS-ORTHO BLDG	REPAI RS-BUSHNI LL	LINEN SERVICE	HOUSEKEEPI NG 9. 00	
1.00	Cost Center Description  Administrative and General	REPAI RS-REHAB	REPAI RS-MAB  6. 04	REPAI RS-ORTHO BLDG 6. 05	REPAI RS-BUSHNI LL 6. 06			1. 00
2.00	Administrative and General Skilled Nursing Care	REPAI RS-REHAB CLI NI C 6. 03	REPAI RS-MAB  6. 04	REPAI RS-ORTHO BLDG 6. 05	REPAI RS-BUSHNI LL 6. 06	E LINEN SERVICE 8.00	9. 00 7, 758 0	2. 00
2. 00 3. 00	Administrative and General Skilled Nursing Care Physical Therapy	REPAI RS-REHAB CLI NI C 6. 03	6. 04 4, 089	REPAI RS-ORTHO BLDG 6. 05	REPAI RS-BUSHNI LL 6. 06	E LINEN SERVICE 8.00	9. 00 7, 758 0 0	2. 00 3. 00
2.00 3.00 4.00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy	REPAI RS-REHAB CLI NI C 6. 03	6. 04 4, 089	REPAI RS-ORTHO BLDG 6. 05	REPAI RS-BUSHNI LL 6. 06	E LINEN SERVICE 8.00	9. 00 7, 758 0 0	2. 00 3. 00 4. 00
2. 00 3. 00 4. 00 5. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology	REPAI RS-REHAB CLI NI C 6. 03	6. 04 4, 089 0	REPAI RS-ORTHO BLDG 6. 05 0 0 0	REPAI RS-BUSHNI LL 6. 06	E LINEN SERVICE 8.00	9.00 7,758 0 0 0	2. 00 3. 00 4. 00 5. 00
2. 00 3. 00 4. 00 5. 00 6. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services	REPAI RS-REHAB CLI NI C 6. 03	6. 04 4, 089	REPAI RS-ORTHO BLDG 6. 05	REPAI RS-BUSHNI LL 6. 06	E LINEN SERVICE 8.00	9. 00 7, 758 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00
2. 00 3. 00 4. 00 5. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology	REPAI RS-REHAB CLI NI C 6. 03	6. 04 4, 089 0 0	REPAI RS-ORTHO BLDG 6. 05 0 0 0 0 0 0	REPAI RS-BUSHNI LL 6. 06	E LINEN SERVICE 8.00	9.00 7,758 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs	REPAI RS-REHAB CLI NI C 6. 03	6. 04 4, 089 0 0 0 0 0	REPAI RS-ORTHO BLDG 6. 05	REPAI RS-BUSHNI LL 6. 06	8. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9.00 7,758 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME	REPAI RS-REHAB CLI NI C 6. 03	6. 04 4, 089 0 0 0 0 0 0 0	REPAI RS-ORTHO BLDG 6. 05	REPAI RS-BUSHNI LL 6. 06	8. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9.00 7,758 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services	REPAI RS-REHAB CLI NI C 6. 03	6. 04 4, 089 0 0 0 0 0 0 0	REPAI RS-ORTHO BLDG 6. 05 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REPAI RS-BUSHNI LL 6. 06	8. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9.00 7,758 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy	REPAI RS-REHAB CLI NI C 6. 03	6. 04 4, 089 0 0 0 0 0 0 0 0 0	REPAI RS-ORTHO BLDG 6. 05 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REPAI RS-BUSHNI LL 6. 06	8. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9.00 7,758 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing	REPAI RS-REHAB CLI NI C 6. 03	6. 04 4, 089 0 0 0 0 0 0 0	REPAI RS-ORTHO BLDG 6. 05 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REPAI RS-BUSHNI LL 6. 06	8. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9.00 7,758 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic	REPAI RS-REHAB CLI NI C 6. 03	6. 04 4, 089 0 0 0 0 0 0 0 0 0	REPAI RS-ORTHO BLDG 6. 05 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REPAI RS-BUSHNI LL 6. 06	8. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9.00 7,758 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing	REPAI RS-REHAB CLI NI C 6. 03	6. 04  4, 089  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REPAI RS-ORTHO BLDG 6. 05 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REPAI RS-BUSHNI LL 6. 06	8. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9.00 7,758 0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 13. 00 14. 00 15. 00 16. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities	REPAI RS-REHAB CLI NI C 6. 03	6. 04  4, 089  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REPAI RS-ORTHO BLDG 6. 05 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REPAI RS-BUSHNI LL 6. 06	8. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9.00 7,758 0 0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 9. 00 10. 00 11. 00 12. 00 14. 00 15. 00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Heal th Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service	REPAI RS-REHAB CLI NI C 6. 03	6. 04  4, 089  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REPAIRS-ORTHO BLDG 6.05 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REPAI RS-BUSHNI	8. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9.00 7,758 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 17. 00 18. 00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify)	REPAI RS-REHAB CLI NI C 6. 03  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6. 04  4, 089  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REPAIRS-ORTHO BLDG 6.05 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REPAI RS-BUSHNI	8.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	9.00 7,758 0 0 0 0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 19. 50	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine	REPAI RS-REHAB CLI NI C 6. 03  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6. 04  4, 089  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REPAIRS-ORTHO BLDG 6.05 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REPAI RS-BUSHNI	8.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	9.00 7,758 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 19. 50
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 19. 50 20. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) (2)	REPAI RS-REHAB CLI NI C 6. 03  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6. 04  4, 089  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REPAIRS-ORTHO BLDG 6.05 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REPAI RS-BUSHNI	8.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	9.00 7,758 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 17. 00 18. 00 19. 00 19. 50 20. 00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 19. 50	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine	REPAI RS-REHAB CLI NI C 6. 03  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6. 04  4, 089  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REPAIRS-ORTHO BLDG 6.05 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REPAI RS-BUSHNI	8.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	9.00 7,758 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 19. 50
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 19. 50 20. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) (2) Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus	REPAI RS-REHAB CLI NI C 6. 03  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6. 04  4, 089  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REPAIRS-ORTHO BLDG 6.05 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REPAI RS-BUSHNI	8. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9.00 7,758 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 17. 00 18. 00 19. 00 19. 50 20. 00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 19. 50 20. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) (2) Unit Cost Multiplier: column 26, line 1 divided by the sum	REPAI RS-REHAB CLI NI C 6. 03  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6. 04  4, 089  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REPAIRS-ORTHO BLDG 6.05 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REPAI RS-BUSHNI	8. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9.00 7,758 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 17. 00 18. 00 19. 00 19. 50 20. 00

<sup>(1)</sup> Column O, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns O through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

of column 26, line 20 minus column 26, line 1, rounded to

6 decimal places.

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

<sup>(2)</sup> Columns O 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: 14-0089 Peri od: Worksheet H-2 From 07/01/2022 Part I HHA CCN: 14-7293 06/30/2023 Date/Time Prepared: To 11/29/2023 2:49 pm Home Health PPS Agency I Total HHA Cost Center Description Subtotal Intern & Subtotal Allocated HHA Residents Cost Costs A&G (see Part & Post II) Stepdown Adjustments 24. 00 25. 00 26.00 27. 00 28. 00 1.00 Administrative and General 263, 472 263, 472 1.00 0 1, 403, 772 1, 403, 772 1, 549, 926 2 00 2 00 Skilled Nursing Care 146, 154 3.00 Physical Therapy 476, 887 0 476, 887 49, 652 526, 539 3.00 4.00 Occupational Therapy 412, 343 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 412, 343 42, 932 455, 275 4.00 Speech Pathology 16, 753 16, 753 1, 744 18, 497 5 00 5 00 6.00 Medical Social Services 0 6.00 7.00 Home Heal th Aide 176, 608 176, 608 18, 388 194, 996 7.00 8.00 Supplies (see instructions) 44, 203 44, 203 4,602 48, 805 8.00 9.00 0 9 00 Drugs 0 0 10.00 DMF 0 0 0 10.00 Home Dialysis Aide Services 0 0 0 0 11.00 11.00 0 Respiratory Therapy 0 0 12.00 12.00 0 0 13.00 Private Duty Nursing 0 13.00 14.00 Clinic 0 0 14.00 Health Promotion Activities 15.00 0 0 15.00 0 Day Care Program 0 0 0 0 16.00 16, 00 0 17.00 Home Delivered Meals Program 0 17.00 18.00 Homemaker Service 0 18.00 19.00 All Others (specify) 0 0 0 19.00 Tel emedi ci ne 19.50 19.50 0 0 0 Total (sum of lines 1-19) (2) 2, 794, 038 2, 794, 038 2, 794, 038 20.00 263, 472 20.00 Unit Cost Multiplier: column 0.104116 21.00 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.

<sup>(1)</sup> Column O, line 20 must agree with Wkst. A, column 7, line 101.

<sup>(2)</sup> Columns O through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

Health Financial Systems	MCDONOUGH DISTRIC	T HOSPITAL	In Lie	u of Form CMS-2552-10
ALLOCATION OF GENERAL SERVICE COSTS BASIS	TO HHA COST CENTERS STATISTICAL	Provider CCN: 14-0089	Peri od: From 07/01/2022	Worksheet H-2 Part II
S. C. C.		HHA CCN: 14-7293	To 06/30/2023	Date/Time Prepared: 11/29/2023 2:49 pm
			Home Health	PPS

						Home Health	PPS	
		CADLTAL				Agency I		
		CAPI TAL RELATED COSTS						
	Cost Center Description	BLDG & FLXT	CAP REL	CAP REL	CAP REL	CAP REL	CAP REL	
	oost conten beschiptron		COSTS-HOSPI TAL		COSTS-HSB II	COSTS-REHAB	COSTS-DI AYSI S	
		(		(SQUARE FEET)		CNT	(PER CENT)	
			(SQUARE FEET)	,		(PER CENT)	· ·	
		1.00	1. 01	1. 02	1.03	1. 04	1. 05	
1.00	Administrative and General	0	0	0			0	1. 00
2.00	Skilled Nursing Care	0	0	0		0	0	2. 00
3.00	Physi cal 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	5. 00
6.00	Medical Social Services	0	0	0		0	0	6. 00
7. 00 8. 00	Home Health Aide Supplies (see instructions)	0	0	0		0	0	7. 00 8. 00
9. 00	Drugs		0	0		0	0	9. 00
10. 00	DME	0	0	0		0	0	10. 00
11. 00	Home Dialysis Aide Services	0	0	0		0	o o	11. 00
12. 00	Respiratory Therapy	0	0	Ö	l o	0	o	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	Tel emedi ci ne	0	0	0	0	0	0	19. 50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21. 00	Total cost to be allocated	0 000000	0.00000	0 000000	0 000000	0 000000	0 000000	21. 00
22. 00	Unit cost multiplier	0. 000000	0. 000000	O. 000000 TAL RELATED CO		0. 000000	0. 000000	22. 00
			CAFI	TAL KLLATED CO	0313			
	Cost Center Description	CAP REL	CAP REL	CAP REL	CONVENI ENCE	BUSHNELL	EMPLOYEE	
	•	COSTS-HOSPI TAL	COSTS-MAB	COSTS-ORTHO	CARE CLIN	OFFICE BLDG	BENEFI TS	
		ITY HOUSE	(SQUARE FEET)	BLDG	(PER CENT)	(SQUARE FEET)	DEPARTMENT	
		(PER CENT)		(SQUARE FEET)			(GROSS	
		1.0/	4 07	1.00	1 00	1 10	SALARI ES)	
1 00	Administration and Comment	1.06	1.07	1.08	1. 09	1. 10	4. 00	1 00
1. 00 2. 00	Administrative and General	0	1, 050	0			414, 260 595, 846	
3.00	Skilled Nursing Care Physical Therapy		0	0		0	209, 424	
4.00	Occupati onal Therapy	0	0	0	· -	0	183, 854	
5. 00	Speech Pathology	0	0	0		0	7, 294	5. 00
6.00	Medical Social Services	0	0	Ö	Ö	Ö	0	6. 00
7.00	Home Health Aide	0	0	0	0	0	74, 005	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	14. 00
15.00	Health Promotion Activities	0	0	0		0	0	15. 00
16.00	Day Care Program Home Delivered Meals Program	0	0	0	· -	0	0	16.00
17. 00 18. 00	Homemaker Service		0		"	0	0	17. 00 18. 00
19. 00	All Others (specify)		0	0				19. 00
19. 50	Tel emedicine		0	0	· -			19. 50
20. 00	Total (sum of lines 1-19)		1, 050	-			1, 484, 683	
21. 00	Total cost to be allocated	0	4, 250		· -	Ö	514, 137	
22. 00	Unit cost multiplier	0. 000000			0. 000000	0. 000000		

Health Financial Systems	MCDONOUGH DISTRICT HOSPITAL	In Lieu of Form CMS-2552-10			
ALLOCATION OF GENERAL SERVICE COSTS TO		Period: Worksheet H-2			
BASIS	HHA CCN: 14-7293	From 07/01/2022   Part II To 06/30/2023   Date/Time Prepared:			
		11/29/2023 2: 49 pm			

							11/29/2023 2.	49 piii
						Home Health Agency I	PPS	
	Cost Center Description	Reconciliation	ADMI NI STRATI VE	MAINTENANCE &	MAINTENANCE &	MAINTENANCE &	MAINTENANCE &	
	cost center beserretron	INCCONCITTUTION	& GENERAL	REPAI RS	REPAIRS-HSB I			
			(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)		CLINIC	
			(ACCOM. COST)	(SQUARE TELT)	(SQUARE TELT)	(SQUARE FEET)	(PER CENT)	
		5A	5.00	6.00	6. 01	6. 02	6. 03	
1. 00	Administrative and General	0				0 0.02	0.03	1.00
2.00	1		,	l .			0	1
3.00	Skilled Nursing Care Physical Therapy						0	
4.00				l .		0 0	0	1
	Occupational Therapy		340, 343	l .		0 0	1	1.00
5.00	Speech Pathology		13, 828	0		0 0	0	
6.00	Medical Social Services	1	145 770	_			0	0.00
7.00	Home Heal th Ai de	0				٥	0	
8. 00	Supplies (see instructions)	0	1			0	0	8. 00
9. 00	Drugs	0	0			0	0	9. 00
10. 00	DME	0	0	0		0	0	10.00
11. 00	Home Dialysis Aide Services	0	0	0		0	0	1 11.00
12. 00	Respiratory Therapy	0	0	0		0	0	1 00
13. 00	Private Duty Nursing	0	0	0		0	0	1
14. 00	Clinic	0	0	0		0	0	
15. 00	Health Promotion Activities	0	0	0		0	0	15. 00
16. 00	Day Care Program	0	0	0		0	0	16. 00
17. 00	Home Delivered Meals Program	0	0	0		0	0	17. 00
18. 00	Homemaker Service	0	0	0		0	0	18. 00
19. 00	All Others (specify)	0	0	0		0	0	1 17.00
19. 50	Tel emedi ci ne	0	0	0		0	0	19. 50
20.00	Total (sum of lines 1-19)		2, 230, 429	l .		0	0	20.00
21. 00	Total cost to be allocated		471, 847			0	0	21. 00
22. 00		MALATENANOE A	0. 211550					
	Cost Center Description	MAINTENANCE & REPAIRS-MAB		MAINTENANCE & REPAIRS-BUSHNE	LAUNDRY &		HOUSEKEEPI NG-H SB	
		(SQUARE FEET)	BLDG	LL	(POUNDS OF	(ITWL SILIVI)	(SQUARE FEET)	
		(SQUARE TELT)	(SQUARE FEET)	(SQUARE FEET)	LI NEN)		(SQUARE TELT)	
		6. 04	6. 05	6.06	8.00	9. 00	9. 01	
1.00	Administrative and General	1, 050	0	0		0 12	0	1. 00
2.00	Skilled Nursing Care	0	0	0		o o	0	2. 00
3.00	Physi cal Therapy	0	0	0		o o	0	3. 00
4.00	Occupational Therapy	0	0	0		o o	0	4. 00
5.00	Speech Pathology	0	0	0		o o	0	5. 00
6.00	Medical Social Services	0	0	0		o o	0	6. 00
7.00	Home Health Aide	0	0	0		o o	0	7. 00
8.00	Supplies (see instructions)	0	0	0		ol o	0	8.00
9.00	Drugs	0	0	0		o o	0	9. 00
10.00	DME	0	0	0		o o	0	10.00
11. 00	Home Dialysis Aide Services	0	0	0		ol o	0	11. 00
12.00	Respiratory Therapy	0	0	0		o o	0	12. 00
13.00	Private Duty Nursing	0	0	0		o o	0	13.00
14.00	Clinic	0	0	0		o o	0	14. 00
15.00	Health Promotion Activities	0	0	0		o o	0	15. 00
16.00	Day Care Program	0	0	0		0 0	О	16. 00
17.00	Home Delivered Meals Program	0	0	0		o o	0	17. 00
18. 00	Homemaker Service	0	0	0		0 0	О	18. 00
19. 00	All Others (specify)	0	0	0		o o	О	19. 00
19. 50	Tel emedi ci ne	0	0	0		0 0	0	19. 50
20.00	Total (sum of lines 1-19)	1, 050	0	0		0 12	0	20.00
21. 00	Total cost to be allocated	4, 089	0	0		0 7, 758	0	21. 00
						1		
22. 00	Unit cost multiplier	3. 894286	0. 000000	0. 000000	0.00000	0 646. 500000	0. 000000	22. 00

Health Financial Systems	MCDONOUGH DISTRIC	T HOSPITAL	In Lieu of Form CMS-2552-10		
ALLOCATION OF GENERAL SERVICE COSTS T	HHA COST CENTERS STATISTICAL	Provider CCN: 14-0089	Peri od: From 07/01/2022	Worksheet H-2	
BASIS		HHA CCN: 14-7293		Date/Time Prepared:	
				11/29/2023 2:49 pm	

Home Health **PPS** Agency I HOUSEKEEPI NG-HHOUSEKEEPI NG-OHOUSEKEEPI NG-M NURSI NG Cost Center Description DI ETARY CAFETERI A (MEALS SERVED) (FTE'S) ADMI NI STRATI ON SB II RTH0 AB (SQUARE FEET) (SQUARE FEET) (SQUARE FEET) (DIRECT NRS IN) 9. 02 9. 03 9.04 10.00 11. 00 13. 00 1.00 Administrative and General 0 0 1, 050 1, 918 1.00 0 0 2 00 0 O 2 00 Skilled Nursing Care 3.00 Physical Therapy 0 0 0 3.00 00000000000000000000 4.00 Occupational Therapy 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 4.00 5.00 0 0 5 00 Speech Pathology 0 6.00 Medical Social Services 0 6.00 7.00 Home Health Aide 7.00 0 8.00 Supplies (see instructions) 0 0 0 0 8.00 0 9.00 0 9 00 Drugs 10.00 DMF 10.00 Home Dialysis Aide Services 11.00 11.00 Respiratory Therapy 12.00 12.00 0 0 0 0 13.00 13.00 Private Duty Nursing 14.00 Clinic 0 14.00 Health Promotion Activities 15.00 15.00 0 0 0 0 16.00 Day Care Program 16,00 0 17 00 Home Delivered Meals Program 17 00 18.00 Homemaker Service 18.00 19.00 All Others (specify) 0 0 19.00 0 0 19.50 Tel emedi ci ne 0 19.50 0 20.00 Total (sum of lines 1-19) 1,050 1, 918 20.00 21.00 Total cost to be allocated 72, 672 21.00 0.000000 22.00 Unit cost multiplier 0.000000 0.000000 0.000000 0.000000 37. 889468 22.00 PHARMACY Cost Center Description CENTRAL MEDI CAL SOCIAL SERVICE NONPHYSI CI AN SERVICES & (COSTED RECORDS & **ANESTHETISTS** SUPPLY REQUIS.) LI BRARY (TIME SPENT) (ASSI GNED (COSTED (TIME SPENT) TIME) REQUIS.) 16.00 19.00 15.00 17.00 14.00 1.00 1.00 Administrative and General 0 C 0 0 0 2.00 Skilled Nursing Care 25, 586 0000000000000000000 0 2.00 3.00 Physical Therapy 0 0 0 0 0 3.00 0 Occupational Therapy 0 0 4.00 4.00 0 5.00 Speech Pathology 5.00 6.00 Medical Social Services 0 0 6.00 0 0 0 7.00 Home Health Aide 0 0 0 7.00 0 8.00 0 8.00 Supplies (see instructions) 9.00 Drugs 0 9.00 10.00 DMF 000000 0 0 0 10.00 0 0 11.00 11.00 Home Dialysis Aide Services 0 12.00 Respiratory Therapy 0 12.00 13.00 Private Duty Nursing 13.00 14.00 Clinic 0 0 0 0 0 14.00 Health Promotion Activities 15 00 0 15 00 0 16.00 Day Care Program 16.00 0 0 17.00 Home Delivered Meals Program 0 0 17.00 Homemaker Service 0 0 0 0 18.00 18.00 0 0 0 19 00 All Others (specify) Ω 19.00 19. 50 Tel emedi ci ne 0 0 0 0 0 19.50 0 0 20.00 Total (sum of lines 1-19) 25, 586 0 20.00 0 0 ol 21. 00 21 00 Total cost to be allocated 7 243 22.00 Unit cost multiplier 0. 283084 0.000000 0.000000 0.000000 0.000000 22.00

Hoal th	Financial Systems		MCDONOUGH DISTE	DICT HOSDITAL		In lie	eu of Form CMS-2	2552_10
	TIONMENT OF PATIENT SERVICE COST		WCDONOOGH DISTI		CN: 14-0089	Peri od:	Worksheet H-3	
711 1 0101	TORMENT OF TATTER SERVICE GOST	0				From 07/01/2022	Part I	
				HHA CCN:	14-7293	To 06/30/2023		
				Ti +1 4	e XVIII	Home Health	11/29/2023 2: PPS	49 pm
				11.61	ZVIII	Agency I	113	
	Cost Center Description	From, Wkst.	Facility Costs	Shared	Total HHA	Total Visits	Average Cost	
	·	H-2, Part I,	(from Wkst.	Ancillary	Costs (cols.	1	Per Visit	
		col. 28, line	H-2, Part I)	Costs (from	+ 2)		(col. 3 ÷ col.	
				Part II)			4)	
	DART I COMPUTATION OF LECCED	0	1. 00	2.00	3.00	4.00	5. 00	
	PART I - COMPUTATION OF LESSER BENEFICIARY COST LIMITATION	OF AGGREGATE F	RUGRAM CUSI, A	GGREGATE OF TH	IE PROGRAM LIN	ILLATION COST, OF	₹	
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	1, 549, 926		1, 549, 92	26 10, 278	150, 80	1.00
2.00	Physical Therapy	3. 00		(	1			
3.00	Occupational Therapy	4. 00		(	1			1
4.00	Speech Pathology	5. 00		Ċ	18, 49		152. 87	
5.00	Medical Social Services	6.00				0 53		
6.00	Home Health Aide	7.00			194, 99	1, 829	106. 61	6.00
7.00	Total (sum of lines 1-6)		2, 745, 233	(	2, 745, 23	17, 358		7. 00
					Program Visi			
						art B		
	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Not Subject			
					Deducti bl es			
		0	1.00	2.00	Coi nsurance 3.00	4. 00	5. 00	
	Limitation Cost Computation	0	1.00	2.00	3.00	4.00	5.00	
8. 00	Skilled Nursing Care		37900	(		0		8.00
8. 01	Skilled Nursing Care		99914	(	•	38		8. 01
9. 00	Physical Therapy		37900	(	., 5.	0		9.00
9. 01	Physical Therapy		99914	Ċ	6	72		9. 01
10.00	Occupational Therapy		37900	Ċ		0		10.00
10. 01	Occupational Therapy		99914	(	5	12		10. 01
11.00	Speech Pathology		37900	(		0		11. 00
11. 01	Speech Pathology		99914	(		34		11. 01
12.00	Medical Social Services		37900	(		0		12. 00
12. 01	Medical Social Services		99914	(	)	13		12. 01
13.00			37900	(		0		13. 00
13. 01	Home Health Aide		99914	(		70		13. 01
14. 00	Total (sum of lines 8-13)			(	3, 43			14. 00
	Cost Center Description		Facility Costs		Total HHA		Ratio (col. 3	
		Part I, col.	(from Wkst.	Ancillary	Costs (cols.		÷ col. 4)	
		28, line	H-2, Part I)	Costs (from Part II)	+ 2)	Records)		
		0	1.00	2.00	3.00	4. 00	5. 00	
	Supplies and Drugs Cost Computa		1.00	2.00	0.00	1.00	0.00	
15. 00		8. 00	48, 805	(	48, 80	05 32, 747	1. 490366	15. 00
16.00		9. 00	0	(		0 0	0. 000000	16. 00
			Program Visits		Cost of			
					Servi ces			
			Par			Part B		
	Cost Center Description	Part A	Not Subject to		Part A	Not Subject to		
			Deductibles &			Deductibles &		
		4 00	Coi nsurance	Coi nsurance	0.00	Coi nsurance	Coi nsurance	
	PART I - COMPUTATION OF LESSER	0.00	7.00 PROGRAM COST A	8.00 GGREGATE OF TH	9.00	10.00	11.00	
	BENEFICIARY COST LIMITATION	OI AUUNLUMIE F	NOUNAW COST, A	OUNLUATE UF TE	IL I NOOKAWI LIN	II TATLON COST, OF	•	
	Cost Per Visit Computation							1
1.00	Skilled Nursing Care	0	1, 838			0 277, 170		1.00
2.00	Physical Therapy	0	1			0 120, 597		2.00
3.00	Occupational Therapy	0	512			0 108, 774		3. 00
4.00	Speech Pathology	0	34			0 5, 198		4. 00
5.00	Medical Social Services	0	13			0 0		5. 00
6.00	Home Health Aide	0	370			0 39, 446		6. 00
7.00	Total (sum of lines 1-6)	0	3, 439			0 551, 185		7. 00

	<u>Financial Systems</u> TONMENT OF PATIENT SERVICE COST		MCDONOUGH DISTE	Provi der Co	CN: 14-0089	Peri od:	u of Form CMS- Worksheet H-3	
				HHA CCN:	14-7293	From 07/01/2022 To 06/30/2023	Part I Date/Time Pre	
				Title	XVIII	Home Health Agency I	11/29/2023 2: PPS	49 piii
	Cost Center Description	6.00	7. 00	8. 00	9.00	10.00	11. 00	
	Limitation Cost Computation	0.00	7.00	8.00	9.00	10.00	11.00	
8. 00 8. 01 9. 00 9. 01 10. 00 10. 01 11. 00 11. 01 12. 00	Skilled Nursing Care Skilled Nursing Care Physical Therapy Physical Therapy Occupational Therapy Occupational Therapy Speech Pathology Medical Social Services							8. 00 8. 01 9. 00 9. 01 10. 00 11. 00 11. 01 12. 00
12. 01	Medical Social Services							12. 01
13. 00 13. 01	Home Health Aide Home Health Aide							13. 00 13. 01
	Total (sum of lines 8-13)							14. 00
		Progi	ram Covered Cha	arges	Cost of Services			
	Cost Center Description	Part A	Par Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Part B Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	Supplies and Drugs Cost Computa	6.00	7. 00	8. 00	9. 00	10.00	11. 00	
15.00	Cost of Medical Supplies Cost of Drugs	0	9, 985 0	0		0 14, 881	0	
	Cost Center Description	Total Program Cost (sum of cols. 9-10) 12.00				-		-
	PART I - COMPUTATION OF LESSER BENEFICIARY COST LIMITATION Cost Per Visit Computation	OF AGGREGATE F	PROGRAM COST, A	GGREGATE OF TH	E PROGRAM LI	MITATION COST, OR		
1.00	Skilled Nursing Care	277, 170						1.00
2.00	Physical Therapy	120, 597						2.00
3. 00 4. 00	Occupational Therapy Speech Pathology	108, 774						3. 00 4. 00
5. 00	Medical Social Services	5, 198 0						5.00
6.00	Home Health Aide	39, 446						6. 00
7. 00	Total (sum of lines 1-6)	551, 185						7. 00
	Cost Center Description	12. 00						-
	Limitation Cost Computation	12.00	<u> </u>					
8. 00 8. 01 9. 00 9. 01 10. 00 10. 01 11. 00 11. 01 12. 00	Skilled Nursing Care Skilled Nursing Care Physical Therapy Physical Therapy Occupational Therapy Occupational Therapy Speech Pathology Speech Pathology Medical Social Services							8. 00 8. 01 9. 00 9. 01 10. 01 11. 00 11. 01 12. 00
12. 01 13. 00 13. 01	Medical Social Services Home Health Aide Home Health Aide Total (sum of lines 8-13)							12. 0° 13. 0° 13. 0° 14. 0°

Health Financial Systems MCDONOUGH DISTRICT HOSPITAL In Li							u of Form CMS-2	2552-10
APPOR1	APPORTIONMENT OF PATIENT SERVICE COSTS				CN: 14-0089	Peri od: From 07/01/2022	Worksheet H-3 Part II	
				HHA CCN:	14-7293	To 06/30/2023	Date/Time Prep 11/29/2023 2:4	pared: 49 pm_
						Home Health	PPS	
						Agency I		
	Cost Center Description	From Wkst. C,	Cost to Charge	Total HHA	HHA Shared	Transfer to		
		Part I, col.	Ratio	Charge (from	Ancillary	Part I as		
		9, line		provi der	Costs (col.	1 Indicated		
				records)	x col. 2)			
		0	1.00	2. 00	3.00	4. 00		
	PART II - APPORTIONMENT OF COST	T OF HHA SERVI	CES FURNI SHED B	Y SHARED HOSPI	TAL DEPARTMEN	NTS		
1.00	Physi cal Therapy	66. 00	0. 479275	0		Ocol. 2, line 2	. 00	1.00
2.00	Occupational Therapy	67. 00	0. 434375	0	)	Ocol. 2, line 3	. 00	2.00
3.00	Speech Pathology	68. 00	0. 543784	0	)	0 col. 2, line 4	. 00	3. 00
4.00	Cost of Medical Supplies	71. 00	0. 226360	0	)	0 col. 2, line 1	5. 00	4.00
5.00	Cost of Drugs	73. 00	0. 322363	0	)	0 col. 2, line 1	5. 00	5. 00

	Financial Systems MCDONOUGH DISTRIC ATION OF HHA REIMBURSEMENT SETTLEMENT	Provi der C	:N: 14_0089	In Lieu of Form CMS-2 Period: Worksheet H-4		
LCOL	THO OF THE REINBORSEMENT SETTEEMENT	HHA CCN:	14-7293	From 07/01/2022 To 06/30/2023	2 Part I-II 3 Date/Time Pre	pared
		Title	XVIII	Home Health	11/29/2023 2: PPS	49 pr
				Agency I		ı
			Part A	Not Subject to	rt B Subject to	
				Deductibles &		
			1.00	Coi nsurance 2. 00	Coi nsurance 3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUST	OMARY CHARGE		2. 00	0.00	
00	Reasonable Cost of Part A & Part B Services Reasonable cost of services (see instructions)			0	0	1.
00	Total charges					2.
	Customary Charges					,
00	Amount actually collected from patients liable for payment fo on a charge basis (from your records)	r services		0	0	3.
00	Amount that would have been realized from patients liable for			0	0	4.
	for services on a charge basis had such payment been made in with 42 CFR §413.13(b)	accordance				
0	Ratio of line 3 to line 4 (not to exceed 1.000000)		0. 0000	0. 00000	0. 000000	5
0	Total customary charges (see instructions)			0	0	6
0	Excess of total customary charges over total reasonable cost only if line 6 exceeds line 1)	(complete		0	0	7
0	Excess of reasonable cost over customary charges (complete on	lyifline		0	0	8
00	1 exceeds line 6) Primary payer amounts			0	0	9
<u> </u>	Titiliary payer allocarts			Part A	Part B	7
				Servi ces	Servi ces	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			1. 00	2. 00	
00	Total reasonable cost (see instructions)				0	
00	Total PPS Reimbursement - Full Episodes without Outliers Total PPS Reimbursement - Full Episodes with Outliers				426, 212 128, 475	
00	Total PPS Reimbursement - LUPA Episodes				5, 231	
00	Total PPS Reimbursement - PEP Episodes				2, 804	
00	Total PPS Outlier Reimbursement - Full Episodes with Outliers Total PPS Outlier Reimbursement - PEP Episodes				0 47, 917 0 365	
00	Total Other Payments				0 0	17
00	DME Payments				0	18
00	Oxygen Payments Prosthetic and Orthotic Payments				0 0	19 20
00	Part B deductibles billed to Medicare patients (exclude coins	urance)		,	0	21
00	Subtotal (sum of lines 10 thru 20 minus line 21)				611, 004	
00	Excess reasonable cost (from line 8) Subtotal (line 22 minus line 23)				0 611, 004	23
00	Coinsurance billed to program patients (from your records)				0	25
00	Net cost (line 24 minus line 25)				611, 004	
00 01	Allowable bad debts (from your records) Adjusted reimbursable bad debts (see instructions)				0 0	27 27
00	Allowable bad debts for dual eligible (see instructions)				0	
00	Total costs - current cost reporting period (see instructions	)			611, 004	
00 50	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Pioneer ACO demonstration payment adjustment (see instruction	s)			0 0	30
99	Demonstration payment adjustment amount before sequestration	٥,				30
00	Subtotal (see instructions)				611, 004	
01 02	Sequestration adjustment (see instructions) Demonstration payment adjustment amount after sequestration				12, 220	31
75	Sequestration adjustment for non-claims based amounts (see in	structions)				31
00	Interim payments (see instructions)				598, 784	
00	Tentative settlement (for contractor use only) Balance due provider/program (line 31 minus lines 31.01, 31.0	21 75 22	and 33)		0 0	33.
			, and JJ/	1	ار	. 04

Health Financial Systems MCDONOUGH DISTRICT HOSPITAL ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED Provider In Lieu of Form CMS-2552-10

Peri od: From 07/01/2022 To 06/30/2023 Date/Ti me Prepared: 11/29/2023 2:49 pm PPS Provider CCN: 14-0089 TO PROGRAM BENEFICIARIES HHA CCN: 14-7293

Inpatient Part A					Home Health Agency I	PPS	
1.00   Total Interim payments paid to provider   1.00   2.00   3.00   4.00   598,784   1.00   1.00   1.00   1.00   1.00   1.00   598,784   1.00   2.00   1.00   1.00   1.00   598,784   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   1.00   2.00   1.00			Inpatien	it Part A		rt B	
1.00   Total Interim payments paid to provider   1.00   2.00   3.00   4.00   598,784   1.00   1.00   1.00   1.00   1.00   1.00   598,784   1.00   2.00   1.00   1.00   1.00   598,784   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   1.00   2.00   1.00			mm/dd/vvvv	Amount	mm/dd/vvvv	Amount	
Interim payments payable on Individual bills, either subtracted for services rendered in the cost reporting period. If none, write "NONE" or neter a zero. (1)   Program to Provider							
Submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NoNE" or enter a zero   3.00	1.00	Total interim payments paid to provider			0	598, 784	1. 00
Services rendered in the cost reporting period. If none, write "NONE" or neter a zero.	2.00				0	0	2.00
### Write "NONE" or enter a zero 3.00    Write "NONE" or enter a zero   South							
List separately each retroactive lump sum adjustment amount based on subsequent revision of the interin rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)   Program to Provider							
amount based on subsequent revision of the interin 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 3.02 3.03 3.04 3.05 Provider to Program  Provider to Program  Provider to Program  3.50 3.51 3.52 0 0 0 0 0 3.03 3.53 3.54 0 0 0 0 0 3.55 3.53 3.54 0 0 0 0 0 3.55 3.59 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) To BE COMPLETED BY CONTRACTOR Write "NONE" or enter a zero. (1) Program to Provider  5.00 Frovider to Program  5.00 Clust separately each tentative settlement payment after desk roview. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider  5.00 Frovider to Program  5.00 Determined net settlement amount (balance due) based on the cost report. (1) 5.01 5.02 5.05 5.03 5.04 5.05 5.05 5.05 5.05 5.05 5.07 5.07 5.08 5.09 5.09 5.00 5.00 5.00 5.00 5.00 5.00	2 00						2 00
For the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)	3.00						3.00
Dayment. If none, write "NONE" or enter a zero. (1)   Program to Provider							
Program to Provider							
3.02			<u>'</u>			•	
3.03	3.01				0	0	3. 01
3. 04   0   0   0   3. 04   3. 05   5   5   5   5   5   5   5   5   5							
3.05					-		
Provider to Program							
3.50	3.05	Durani dana da Duranana			0	0	3. 05
3.51   0	2 50	Provider to Program	Ι	I			2 50
3.52   0					-		
3.53   0							
Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.05-3.98)   Contractor Number							
3.50-3.98   Total interim payments (sum of lines 1, 2, and 3.99)	3.54				0	0	3. 54
A.00   Total inferim payments (sum of lines 1, 2, and 3.99)   Ctransfer to Wkst. H-4, Part II, column as appropriate, line 32)   TO BE COMPLETED BY CONTRACTOR	3. 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines			0	0	3. 99
(transfer to Wkst. H-4, Part II, column as appropriate,   line 32)   TO BE COMPLETED BY CONTRACTOR							
Tine 32)	4. 00				0	598, 784	4. 00
TO BE COMPLETED BY CONTRACTOR   S. 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   O							
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		/					
desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)   Program to Provider   0	5. 00						5. 00
Write "NONE" or enter a zero. (1)   Program to Provider	0.00						0.00
S. 01   S. 02   S. 03   S. 04   S. 05   S. 0							
5.02   0		Program to Provider					
5.03   Provider to Program   0					-	1	
Provider to Program					-		
S. 50   S. 50   S. 50   S. 50   S. 50   S. 50   S. 51   S. 52   S. 50   S. 5	5.03	Drovi don to Drogram			U	0	5. 03
5.51	5 50	Provider to Program				0	5 50
Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)							
5.50-5.98   6.00   Determined net settlement amount (balance due) based on the cost report. (1)   6.01   SETTLEMENT TO PROVIDER   0   0   6.01   6.02   SETTLEMENT TO PROGRAM   0   0   6.02   7.00   Total Medicare program liability (see instructions)   0   Settlement amount (balance due) based on the cost report. (1)   0   0   0					-		
6.00 Determined net settlement amount (balance due) based on the cost report. (1) 6.01 SETTLEMENT TO PROVIDER 0 0 6.01 6.02 SETTLEMENT TO PROGRAM 0 0 6.02 7.00 Total Medicare program liability (see instructions) 0 598,784 7.00  Contractor NPR Date (Mo/Day/Yr) 0 1.00 2.00		Subtotal (sum of lines 5.01-5.49 minus sum of lines			0	0	5. 99
the cost report. (1) 6.01 SETTLEMENT TO PROVIDER 6.02 SETTLEMENT TO PROGRAM 7.00 Total Medicare program liability (see instructions)  Contractor NPR Date (Mo/Day/Yr)  0 1.00 2.00		5. 50-5. 98)					
6.01   SETTLEMENT TO PROVIDER   0   6.01   6.02   SETTLEMENT TO PROGRAM   0   6.02   7.00   Total Medicare program liability (see instructions)   0   Contractor   NPR Date   (Mo/Day/Yr)	6.00	· · · · · · · · · · · · · · · · · · ·					6. 00
6.02   SETTLEMENT TO PROGRAM   0   0   6.02   7.00     7.	. 01						. 01
7.00         Total Medicare program liability (see instructions)         0         598,784         7.00           Contractor Number (Mo/Day/Yr)           0         1.00         2.00					-		
Contractor   NPR Date   (Mo/Day/Yr)					-	1 - 1	
Number         (Mo/Day/Yr)           0         1.00         2.00	7.00	Tiotal medicale program frability (see Histructions)			-		7.00
0 1.00 2.00							
8.00 Name of Contractor 8.00				0			
	8. 00	Name of Contractor					8. 00

						11/29/2023 2:	49 pm
					Hospi ce I		
		SALARI ES	OTHER	SUBTOTAL (col.	RECLASSIFI -	SUBTOTAL	
				1 pl us col . 2)			
	T	1.00	2. 00	3. 00	4. 00	5. 00	
	GENERAL SERVICE COST CENTERS			T	T.		
1. 00	CAP REL COSTS-BLDG & FIXT*		C	0	0	0	1. 00
2.00	CAP REL COSTS-MVBLE EQUIP*		C	0	0	0	2. 00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	C	0	0	0	3. 00
4.00	ADMINISTRATIVE & GENERAL*	3, 097	24, 699	27, 796	0	27, 796	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	503	503	0	503	5. 00
6.00	LAUNDRY & LINEN SERVICE*	0	C	0	0	0	6. 00
7.00	HOUSEKEEPI NG*	0	C	0	0	0	7. 00
8.00	DI ETARY*	0	C	ol c	0	0	8. 00
9.00	NURSI NG ADMI NI STRATI ON*	0	C	ol c	0	0	9. 00
10.00	ROUTINE MEDICAL SUPPLIES*	ol	10, 101	10, 101	0	10, 101	10.00
11. 00	MEDI CAL RECORDS*	0	(		0	0	11.00
12. 00	STAFF TRANSPORTATION*		20, 467	20, 467	0	20, 467	12.00
13. 00	VOLUNTEER SERVICE COORDINATION*		20, 10,	20, 10,	0	0	13.00
14. 00	PHARMACY*		15, 232	15, 232	0	15, 232	14. 00
15. 00	PHYSICIAN ADMINISTRATIVE SERVICES*		13, 232	15, 252	0	0	15. 00
16. 00	OTHER GENERAL SERVICE*				0	0	16.00
17. 00	PATIENT/RESIDENTIAL CARE SERVICES	٥		7	0	U	17. 00
17.00	DIRECT PATIENT CARE SERVICE COST CENTERS						17.00
25 00	INPATIENT CARE-CONTRACTED**		(	J 0	0	0	25 00
25. 00			(	ή		_	25. 00
26. 00	PHYSI CI AN SERVI CES**	0	(		0	0	26. 00
27. 00	NURSE PRACTITIONER**	004 404	(	004 404	0	004 404	27. 00
28. 00	REGI STERED NURSE**	291, 496	(	291, 496		291, 496	28. 00
29. 00	LPN/LVN**	4, 633	(	4, 633		4, 633	29. 00
30. 00	PHYSI CAL THERAPY**	9, 772	(	9, 772	0	9, 772	30.00
31. 00	OCCUPATI ONAL THERAPY**	0	(	) 0	0	0	31.00
32. 00	SPEECH/LANGUAGE PATHOLOGY**	0	C		0	0	32. 00
33. 00	MEDICAL SOCIAL SERVICES**	56, 966	C	56, 966	0	56, 966	33. 00
34. 00	SPI RI TUAL COUNSELI NG**	0	C	0	0	0	34. 00
35. 00	DI ETARY COUNSELI NG**	0	C	0	0	0	35. 00
36. 00	COUNSELING - OTHER**	0	C	0	0	0	36. 00
37. 00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	C	0	0	0	37. 00
38. 00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	42, 035	42, 035	0	42, 035	38. 00
39. 00	PATI ENT TRANSPORTATION**	0	C	0	0	0	39. 00
40.00	I MAGI NG SERVI CES**	0	C	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	C	ol c	0	0	41.00
42.00	MEDI CAL SUPPLI ES-NON-ROUTI NE**	o	C	ol c	0	0	42.00
42. 50	DRUGS CHARGED TO PATIENTS**	o	C	ol o	0	0	42. 50
43. 00	OUTPATIENT SERVICES**	o	81, 331	81, 331	0	81, 331	43.00
44. 00	PALLIATIVE RADIATION THERAPY**	0	(		0	0	44. 00
45. 00	PALLIATIVE CHEMOTHERAPY**	l o	Č		0	Ö	45. 00
46. 00	OTHER PATIENT CARE SERVICES (SPECIFY)**				0		46. 00
10.00	NONREI MBURSABLE COST CENTERS	٩_		71			10.00
60. 00	BEREAVEMENT PROGRAM *	O			0	0	60.00
61. 00	VOLUNTEER PROGRAM *				0	Ö	61.00
62. 00	FUNDRAI SI NG*				0	0	62.00
63. 00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*				0	0	63.00
	PALLIATIVE CARE PROGRAM*				0	0	64. 00
	1				0		
	OTHER PHYSICIAN SERVICES*	0	157.040	157.040	0	157.043	65.00
66. 00	1	0	157, 842	157, 842	0	157, 842	66.00
67.00	ADVERTI SI NG*	0	(		0	0	67. 00
68. 00	·	0	(		0	0	68. 00
69. 00	THRI FT STORE*	0	C	g c	0	0	69. 00
70. 00	NURSING FACILITY ROOM & BOARD*	0	C	ol C	0	0	70. 00
	OTHER NONREIMBURSABLE (SPECIFY)*	0	C		0	0	71. 00
	TOTAL	365, 964	352, 210	718, 174	0	718, 174	100. 00
* Tron	sfer the amounts in column 7 to Wkst $0.5$ co	1 1 11	annronri ate				

<sup>\*</sup> 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.

				Hospi ce I	1172772020 2: 17 piii
		ADJUSTMENTS	TOTAL (col. 5		
			± col. 6)		
	I	6. 00	7.00		
4 00	GENERAL SERVI CE COST CENTERS				1.00
1.00	CAP REL COSTS-BLDG & FIXT*	C	1		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	C	1		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	C	1		3.00
4.00	ADMI NI STRATI VE & GENERAL*		27, 796		4. 00
5. 00	PLANT OPERATION & MAINTENANCE*		503		5. 00
6.00	LAUNDRY & LINEN SERVICE*	C	0		6. 00
7.00	HOUSEKEEPI NG*	C	0		7. 00
8.00	DI ETARY*	C	0		8. 00
9.00	NURSING ADMINISTRATION*	C	0		9. 00
10. 00	ROUTINE MEDICAL SUPPLIES*	C	10, 101		10.00
11. 00	MEDI CAL RECORDS*	C	1		11. 00
12. 00	STAFF TRANSPORTATION*	C	20, 467		12. 00
13. 00	VOLUNTEER SERVICE COORDINATION*	C	0		13. 00
14. 00	PHARMACY*	C	15, 232		14. 00
15. 00	PHYSICIAN ADMINISTRATIVE SERVICES*	C	0		15. 00
16. 00	OTHER GENERAL SERVICE*	C	0		16. 00
17. 00	PATI ENT/RESI DENTI AL CARE SERVI CES				17. 00
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25. 00	I NPATIENT CARE-CONTRACTED**	C	0		25. 00
26.00	PHYSI CI AN SERVI CES**	C	0		26. 00
27. 00	NURSE PRACTITIONER**	C	0		27. 00
28.00	REGI STERED NURSE**	C	291, 496		28. 00
29. 00	LPN/LVN**	C	4, 633		29. 00
30.00	PHYSI CAL THERAPY**	C	9, 772		30.00
31.00	OCCUPATIONAL THERAPY**	C	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	C	0		32.00
33.00	MEDICAL SOCIAL SERVICES**	C	56, 966		33.00
34.00	SPIRITUAL COUNSELING**	C	0		34.00
35.00	DI ETARY COUNSELI NG**	C	0		35.00
36.00	COUNSELING - OTHER**	C	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	C	0		37.00
38. 00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	C	42, 035		38.00
39. 00	PATI ENT TRANSPORTATI ON**	C	0		39.00
40.00	I MAGI NG SERVI CES**	C	0		40.00
41.00	LABS & DI AGNOSTI CS**	C	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	C	0		42.00
42.50	DRUGS CHARGED TO PATIENTS**	C	0		42. 50
43.00	OUTPATIENT SERVICES**	C	81, 331		43.00
44.00	PALLIATIVE RADIATION THERAPY**	C	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY**	C	0		45. 00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	C	0		46. 00
	NONREI MBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	C	0		60.00
61.00	VOLUNTEER PROGRAM *	C	0		61.00
62.00	FUNDRAI SI NG*	C	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	C	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	C	o		64. 00
65.00	OTHER PHYSICIAN SERVICES*	C	o  o		65. 00
66.00	RESI DENTI AL CARE*	C	157, 842		66. 00
67.00	ADVERTI SI NG*	C	o o		67. 00
68.00	TELEHEALTH/TELEMONI TORI NG*	C	ol		68. 00
69. 00	THRI FT STORE*	C	ol ol		69. 00
70.00	NURSING FACILITY ROOM & BOARD*	C	ol ol		70. 00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	C	ol ol		71. 00
100.00	TOTAL	C	718, 174		100. 00
	sfor the amounts in column 7 to Wkst 0-5 col				

<sup>\*</sup> 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

Hospi ce CCN: 14-1524

123, 366

0

486, 233

Peri od: Worksheet 0-2 From 07/01/2022 06/30/2023 To Date/Time Prepared:

0

0 46.00

486, 233 100. 00

11/29/2023 2:49 pm Hospi ce I SUBTOTAL (col SALARI ES RECLASSI FI -SUBTOTAL OTHER 1 + col . CATI ONS 2) 1.00 2.00 5. 00 3 00 4.00 DIRECT PATIENT CARE SERVICE COST CENTERS 25.00 INPATIENT CARE-CONTRACTED 25.00 PHYSICIAN SERVICES 0 26.00 0 0 26.00 NURSE PRACTITIONER 27.00 0 0 0 27.00 0 0 28.00 REGISTERED NURSE 291, 496 0 291, 496 291, 496 28.00 29.00 LPN/LVN 4,633 4,633 0 4,633 29.00 30.00 PHYSI CAL THERAPY 9,772 0 9, 772 9,772 30.00 OCCUPATIONAL THERAPY 31.00 0 0 C 0 31.00 32.00 SPEECH/LANGUAGE PATHOLOGY 32.00 33.00 MEDICAL SOCIAL SERVICES 56, 966 0 56, 966 56, 966 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 HOSPICE AIDE & HOMEMAKER SERVICES 0 37.00 37.00 0 0 42, 035 38.00 DURABLE MEDICAL EQUIPMENT/OXYGEN 42,035 42,035 38.00 39.00 PATIENT TRANSPORTATION 0 0 0 0 0 0 0 0 0 39.00 40.00 I MAGING SERVICES 40.00 0 0 41.00 LABS & DIAGNOSTICS 0 0 41.00 MEDICAL SUPPLIES-NON-ROUTINE 0 42.00 C 0 42.00 42.50 DRUGS CHARGED TO PATIENTS 0 42.50 OUTPATIENT SERVICES 81, 331 43.00 81, 331 81, 331 43.00 PALLIATIVE RADIATION THERAPY 44.00 0 0 44.00 45.00 PALLIATIVE CHEMOTHERAPY 0 0 45.00

362, 867

OTHER PATIENT CARE SERVICES (SPECIFY)

		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	PHYSI CI AN SERVI CES	0	0	26. 00
27.00	NURSE PRACTITIONER	0	0	27. 00
28.00	REGI STERED NURSE	0	291, 496	28. 00
29.00	LPN/LVN	0	4, 633	29. 00
30.00	PHYSI CAL THERAPY	0	9, 772	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	56, 966	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DI ETARY COUNSELING	0	0	35. 00
36.00	COUNSELING - OTHER	0	O	36. 00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	o	37. 00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	42, 035	38.00
39.00	PATIENT TRANSPORTATION	0	o	39. 00
40.00	I MAGI NG SERVI CES	0	o	40. 00
41.00	LABS & DIAGNOSTICS	0	o	41. 00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	o	42. 00
42.50	DRUGS CHARGED TO PATIENTS	0	o	42. 50
43.00	OUTPATI ENT SERVI CES	0	81, 331	43. 00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLI ATI VE CHEMOTHERAPY	0	o	45. 00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	o	46. 00
	TOTAL *	0	486, 233	100.00

<sup>\*</sup> Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

46.00

100.00 TOTAL \*

<sup>\*</sup> Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

	Financial Systems MCDONOUGH DISTRI				eu of Form CMS-	
	LLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET	Provi der C	CN: 14-0089	Peri od:	Worksheet 0-5	
EXPENS	ES FOR ALLOCATION	Hospi ce CC	N: 14-1524	From 07/01/2022 To 06/30/2023	Date/Time Pre 11/29/2023 2:	
				Hospi ce I		
	Descriptions		HOSPICE DIREC	T GENERAL	TOTAL EXPENSES	
			EXPENSES (se		(sum of cols.	
			instructions	) EXPENSES FROM	1 + 2)	
				WKST B PART I		
				(see		
			1.00	instructions) 2.00	3. 00	
	GENERAL SERVICE COST CENTERS		1.00	2.00	3.00	
1.00	CAP REL COSTS-BLDG & FIXT			0 4, 250	4, 250	1.00
2.00	CAP REL COSTS-MVBLE EQUIP			0 1, 200	1, 200	2.00
3. 00	EMPLOYEE BENEFITS DEPARTMENT			0 126, 731	126, 731	3. 00
4. 00	ADMINISTRATIVE & GENERAL		27, 79		228, 688	1
5.00	PLANT OPERATION & MAINTENANCE		50		503	1
6.00	LAUNDRY & LINEN SERVICE			0 958	958	6. 00
7.00	HOUSEKEEPI NG			0 7, 758	7, 758	7. 00
8.00	DI ETARY			0 0	0	8. 00
9.00	NURSI NG ADMI NI STRATI ON			0 0	0	9. 00
10.00	ROUTI NE MEDI CAL SUPPLI ES		10, 10	2, 870	12, 971	10.00
11.00	MEDI CAL RECORDS			0 0	0	11. 00
12. 00	STAFF TRANSPORTATION		20, 46	7	20, 467	12. 00
13.00	VOLUNTEER SERVICE COORDINATION			0	0	
14. 00	PHARMACY		15, 23	0 0	15, 232	1
15. 00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	
16. 00	OTHER GENERAL SERVI CE			0	0	
17. 00	PATIENT/RESIDENTIAL CARE SERVICES			0	0	17. 00
FO 00	LEVEL OF CARE		_		0	F0 00
50.00	HOSPICE CONTINUOUS HOME CARE HOSPICE ROUTINE HOME CARE		104 23	0	0	
51. 00 52. 00	HOSPICE ROUTINE HOME CARE		486, 23	0	486, 233 0	1
53. 00	HOSPICE GENERAL INPATIENT CARE			0	0	
33.00	NONREI MBURSABLE COST CENTERS			0	0	33.00
60. 00	BEREAVEMENT PROGRAM			0	0	60.00
61. 00	VOLUNTEER PROGRAM			o	Ō	
62. 00	FUNDRAI SI NG			0	Ō	
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	65. 00
66.00	RESI DENTI AL CARE		157, 84	2	157, 842	66. 00
67. 00	ADVERTI SI NG			0	0	67. 00
68. 00	TELEHEALTH/TELEMONI TORI NG		1	0	0	
69. 00	THRIFT STORE		1	0	0	
70.00	NURSING FACILITY ROOM & BOARD			0	0	
71. 00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	
	NEGATIVE COST CENTER			0	0	
100.00	TOTAL		718, 17	'4 343, 459	1, 061, 633	1100.00

1, 061, 633 100. 00

343, 459

718, 174

100. 00 TOTAL

Health Financial Systems	MCDONOUGH DISTRIC	T HOSPITAL	In Lie	u of Form CMS-2552-10
COST ALLOCATION - HOSPITAL-BASED HOSPICE	E GENERAL SERVICE COSTS	Provider CCN: 14-0089		Worksheet 0-6
			From 07/01/2022	Part I

			Hospi ce CCN		o 06/30/2023	Date/Time Pre 11/29/2023 2:	pared: 49 pm
					Hospi ce I		
	Descriptions	TOTAL EXPENSES CA	AP REL BLDG & FIX	CAP REL MVBLE EQUIP		SUBTOTAL	
		0	1.00	2. 00	3. 00	3A	
	GENERAL SERVICE COST CENTERS	<u> </u>			'		
1.00	CAP REL COSTS-BLDG & FLXT	4, 250	4, 250				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		C			2. 00
3.00	EMPLOYEE BENEFITS DEPARTMENT	126, 731	0	C	126, 731		3. 00
4.00	ADMINISTRATIVE & GENERAL	228, 688	4, 250	C	1, 072	234, 010	4. 00
5.00	PLANT OPERATION & MAINTENANCE	503	0	C	o	503	5. 00
6.00	LAUNDRY & LINEN SERVICE	958	o	C	ol	958	6.00
7.00	HOUSEKEEPI NG	7, 758	О	C	o	7, 758	7. 00
8.00	DI ETARY	0	О	C	o	0	8. 00
9.00	NURSING ADMINISTRATION	O	О	C	ol	0	9. 00
10.00	ROUTINE MEDICAL SUPPLIES	12, 971	O	C	ol	12, 971	10.00
11. 00	MEDI CAL RECORDS	0	o	(	o	0	11. 00
12.00	STAFF TRANSPORTATION	20, 467	O	C	ol	20, 467	12. 00
13.00	VOLUNTEER SERVICE COORDINATION	0	o	(	o	0	13. 00
14.00	PHARMACY	15, 232	o	(	o	15, 232	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	(	o o	0	15. 00
16.00	OTHER GENERAL SERVICE	0	0	C	0	0	16.00
17. 00	PATIENT/RESIDENTIAL CARE SERVICES		0	C		0	17. 00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	486, 233			125, 659	611, 892	51.00
52. 00	HOSPICE INPATIENT RESPITE CARE	0	0	(		0	52. 00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	(	0	0	53. 00
	NONREI MBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	C	0	0	60.00
61. 00	VOLUNTEER PROGRAM	0	0	(	0	0	61.00
62. 00	FUNDRAI SI NG	0	0	(	0	0	62. 00
63. 00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	(	0	0	63. 00
64. 00	PALLIATIVE CARE PROGRAM	0	0	(	0	0	64.00
65. 00	OTHER PHYSICIAN SERVICES	0	0	(		0	65.00
66. 00	RESI DENTI AL CARE	157, 842	0	(		157, 842	66.00
67. 00	ADVERTI SI NG	0	0	(		0	67. 00
68. 00	TELEHEALTH/TELEMONI TORI NG	0	0	(		0	68. 00
69. 00	THRIFT STORE	0	o	(		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0			,	0	70.00
71. 00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	(		0	71.00
99.00	NEGATIVE COST CENTER	1 0/1 /22	4 250	(	124 721	1 0/1 /22	99.00
100.00	IUIAL	1, 061, 633	4, 250	C	126, 731	1, 061, 633	1100.00

Health Financial Systems	MCDONOUGH DISTRIC	T HOSPITAL	In Lieu	u of Form CMS-2552-10
COST ALLOCATION - HOSPITAL-BASED HOSP	ICE GENERAL SERVICE COSTS	Provider CCN: 14-0089	Peri od:	Worksheet 0-6

From 07/01/2022 Part I To 06/30/2023 Date/Time Prepared: Hospi ce CCN: 14-1524 11/29/2023 2:49 pm Hospi ce I ADMI NI STRATI VE PLANT LAUNDRY & HOUSEKEEPI NG DI ETARY Descriptions OPERATION & LINEN SERVICE & GENERAL MAI NTENANCE 4. 00 6.00 7. 00 8. 00 5.00 GENERAL SERVICE COST CENTERS CAP REL COSTS-BLDG & FLXT 1.00 1.00 2.00 CAP REL COSTS-MVBLE EQUIP 2.00 3.00 EMPLOYEE BENEFITS DEPARTMENT 3.00 4.00 ADMINISTRATIVE & GENERAL 234, 010 4.00 5.00 PLANT OPERATION & MAINTENANCE 142 645 5.00 LAUNDRY & LINEN SERVICE 1, 229 271 6.00 C 6.00 7.00 HOUSEKEEPI NG 2, 194 9, 952 7.00 8.00 DI ETARY 0 0 0 8.00 NURSING ADMINISTRATION 0 9.00 0 9.00 ROUTINE MEDICAL SUPPLIES 0 10.00 3,668 10.00 11.00 MEDICAL RECORDS 0 0 0 0 11.00 12.00 STAFF TRANSPORTATION 5, 787 12.00 OI VOLUNTEER SERVICE COORDINATION 13.00 13.00 0 14.00 PHARMACY 4, 307 14.00 15.00 PHYSICIAN ADMINISTRATIVE SERVICES 15.00 OTHER GENERAL SERVICE 0 16.00 0 16.00 PATIENT/RESIDENTIAL CARE SERVICES 17.00 17.00 0 LEVEL OF CARE 50.00 HOSPICE CONTINUOUS HOME CARE 50.00 HOSPICE ROUTINE HOME CARE 51.00 173, 011 51.00 HOSPICE INPATIENT RESPITE CARE 52.00 645 0 9, 952 0 52.00 0 53.00 HOSPICE GENERAL INPATIENT CARE 0 0 53.00 NONREI MBURSABLE COST CENTERS 60.00 BEREAVEMENT PROGRAM 0 n 60.00 0 0 0 0 0 0 0 VOLUNTEER PROGRAM 0 61.00 0 61.00 0 62.00 FUNDRAI SI NG 0 62.00 0 HOSPICE/PALLIATIVE MEDICINE FELLOWS 0 63.00 63.00 PALLIATIVE CARE PROGRAM 0 64.00 64.00 65.00 OTHER PHYSICIAN SERVICES 0 0 65.00 RESIDENTIAL CARE 0 66.00 44,630 1, 229 0 66.00 67 00 ADVERTI SI NG 0 0 67.00 TELEHEALTH/TELEMONI TORI NG 0 0 68.00 68.00 69.00 THRIFT STORE 0 0 69.00 NURSING FACILITY ROOM & BOARD 70.00 70.00 OTHER NONREIMBURSABLE (SPECIFY) 71 00 Ω Ω 71.00 0 0 0

234, 010

C

645

0

1, 229

0

9, 952

0 99.00

0 100.00

99.00 NEGATIVE COST CENTER

100.00 TOTAL

Health Financial Systems	MCDONOUGH DISTR	RICT HOSPITAL	In Lieu of Form CMS-2552-10			
COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERA	AL SERVICE COSTS	Provi der CC		Peri od: From 07/01/2022		
		Hospi ce CCN	: 14-1524	To 06/30/2023	Date/Time Pre 11/29/2023 2:	
				Hospi ce I		
Descriptions	NURSI NG	ROUTI NE	MEDI CAL	STAFF	VOLUNTEER	
	ADMI NI STRATI ON	MEDI CAL	RECORDS	TRANSPORTATION	SERVI CE	

			Hospi ce CCi	N: 14-1524	10 06/30/2023	Date/Time Pre 11/29/2023 2:		
					Hospi ce I			
	Descriptions	NURSI NG	ROUTI NE	MEDI CAL	STAFF	VOLUNTEER		
		ADMI NI STRATI ON	MEDI CAL	RECORDS	TRANSPORTATION	SERVI CE		
			SUPPLI ES			COORDI NATI ON		
		9. 00	10.00	11. 00	12.00	13. 00		
	GENERAL SERVICE COST CENTERS							
1. 00	CAP REL COSTS-BLDG & FLXT						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	HOUSEKEEPI NG						7. 00	
8.00	DI ETARY						8. 00	
9.00	NURSING ADMINISTRATION	0					9. 00	
10.00	ROUTINE MEDICAL SUPPLIES	0	16, 639				10. 00	
11. 00	MEDI CAL RECORDS	0			0		11. 00	
12.00	STAFF TRANSPORTATION	0			26, 254		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						17. 00	
	LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	1	0	0	50. 00	
51.00	HOSPICE ROUTINE HOME CARE	0	16, 639		0 26, 254	0	51. 00	
52.00	HOSPICE INPATIENT RESPITE CARE	0	0		0	0	52.00	
53.00	HOSPICE GENERAL INPATIENT CARE	0	0		0 0	0	53. 00	
	NONREI MBURSABLE COST CENTERS							
60. 00	BEREAVEMENT PROGRAM	0			0		60.00	
61. 00	VOLUNTEER PROGRAM	0			0	0	61. 00	
62. 00	FUNDRAI SI NG	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	RESI DENTI AL CARE	0			0	0	66. 00	
67. 00	ADVERTI SI NG	0			0	0	67. 00	
68. 00	TELEHEALTH/TELEMONI TORI NG	0			0	0	68. 00	
69. 00	THRI FT STORE	0			0	0	69. 00	
70. 00	NURSING FACILITY ROOM & BOARD						70. 00	
71. 00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0		
99. 00	NEGATIVE COST CENTER	0	0		0	0	99. 00	
100.00	TOTAL	0	16, 639	1	0 26, 254	0	100. 00	

Health Financial Systems	MCDONOUGH DISTRI	CT HOSPITAL	In Lie	u of Form CMS-2552-10
COST ALLOCATION - HOSPITAL-BASED HOS	PICE GENERAL SERVICE COSTS	Provider CCN: 14-0089	Peri od:	Worksheet 0-6

14-1524 To 06/30/2023 Date/Time Prepared: Hospi ce CCN: 11/29/2023 2:49 pm Hospi ce I Descriptions PHARMACY PHYSI CI AN OTHER GENERAL PATI ENT/ TOTAL ADMI NI STRATI VE SERVI CE RESI DENTI AL SERVI CES CARE SERVICES 14. 00 16. 00 18. 00 15.00 17.00 GENERAL SERVICE COST CENTERS CAP REL COSTS-BLDG & FLXT 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 LAUNDRY & LINEN SERVICE 6.00 6.00 7.00 HOUSEKEEPI NG 7.00 8.00 DI ETARY 8.00 NURSING ADMINISTRATION 9.00 9.00 ROUTINE MEDICAL SUPPLIES 10.00 10.00 11.00 MEDICAL RECORDS 11.00 12.00 STAFF TRANSPORTATION 12.00 VOLUNTEER SERVICE COORDINATION 13.00 13.00 19, 539 14.00 PHARMACY 14.00 15.00 PHYSICIAN ADMINISTRATIVE SERVICES 15.00 OTHER GENERAL SERVICE 16.00 0 0 16.00 PATIENT/RESIDENTIAL CARE SERVICES 17.00 17.00 LEVEL OF CARE 50.00 HOSPICE CONTINUOUS HOME CARE 50.00 0 HOSPICE ROUTINE HOME CARE 0 847, 335 51.00 19, 539 0 51.00 0 HOSPICE INPATIENT RESPITE CARE 0 52.00 0 0 10, 597 52.00 53.00 HOSPICE GENERAL INPATIENT CARE 0 0 53.00 NONREI MBURSABLE COST CENTERS 60.00 BEREAVEMENT PROGRAM 0 n 60.00 0 0 0 0 0 0 0 0 VOLUNTEER PROGRAM 61.00 0 61.00 62.00 FUNDRAI SI NG 0 62.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS 0 63.00 0 63.00 0 PALLIATIVE CARE PROGRAM 64.00 64.00 0 65.00 OTHER PHYSICIAN SERVICES 0 65.00 RESIDENTIAL CARE 0 203, 701 66.00 0 0 66.00 67 00 ADVERTI SI NG 0 67.00 0 TELEHEALTH/TELEMONI TORI NG 68.00 0 68.00 0 69.00 THRIFT STORE 0 0 69.00 NURSING FACILITY ROOM & BOARD 70.00 0 70.00 OTHER NONREIMBURSABLE (SPECIFY) 71 00 0 0 71.00 0 99.00 NEGATIVE COST CENTER 0 0 0 0 99.00

19, 539

1, 061, 633 100. 00

100.00 TOTAL

Health Financial Systems	MCDONOUGH DISTRICT HOSPITAL			In Lieu of Form CMS-2552-10			
COST ALLOCATION - HOSPITAL-BASED HOSPICE STATISTICAL BASIS	GENERAL SERVICE COSTS	Provider CCN: Hospice CCN:		From 07/01/2022	Worksheet 0-6 Part II Date/Time Prepared: 11/29/2023 2:49 pm		

0171110	THORE BIOLO		Hospi ce CCN	N: 14-1524 T	o 06/30/2023	Date/Time Pre 11/29/2023 2:	
					Hospi ce I		
	Cost Center Descriptions	CAP REL BLDG &	CAP REL MVBLE	EMPLOYEE	RECONCI LI ATI ON	ADMI NI STRATI VE	
		FIX	EQUI P	BENEFITS		& GENERAL	
		(SQUARE FEET)	(DOLLAR VALUE)	DEPARTMENT		(ACCUMULATED	
				(GROSS		COSTS)	
				SALARI ES)			
		1.00	2. 00	3. 00	4A	4. 00	
	GENERAL SERVICE COST CENTERS				1		
1.00	CAP REL COSTS-BLDG & FLXT	1, 050					1.00
2. 00	CAP REL COSTS-MVBLE EQUIP	_	0				2. 00
3. 00	EMPLOYEE BENEFITS DEPARTMENT	0	0	365, 964	1		3. 00
4.00	ADMINISTRATIVE & GENERAL	1, 050	0	3, 097	-234, 010	827, 623	4. 00
5. 00	PLANT OPERATION & MAINTENANCE	0	0	C	0	503	5. 00
6. 00	LAUNDRY & LINEN SERVICE	0	0	C	0	958	6. 00
7. 00	HOUSEKEEPI NG	0	0	C	0	7, 758	7. 00
8.00	DI ETARY	0	0	0	0	0	8. 00
9. 00	NURSI NG ADMI NI STRATI ON	0	0	0	0	0	9. 00
10. 00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	12, 971	
11. 00	MEDI CAL RECORDS	0	0	0	0	0	11. 00
12. 00	STAFF TRANSPORTATION	0	0	0	0	20, 467	12. 00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13. 00
14.00	PHARMACY	0	0	C	0	15, 232	14. 00
15. 00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	C	0	0	15. 00
16. 00	OTHER GENERAL SERVICE	0	0	C	0	0	16. 00
17. 00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0	0	17. 00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE			C	1	0	50. 00
51. 00	HOSPICE ROUTINE HOME CARE			362, 867	0	611, 892	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	C	0	0	53. 00
	NONREI MBURSABLE COST CENTERS						
60. 00	BEREAVEMENT PROGRAM	0	0	C	1	0	60.00
61. 00	VOLUNTEER PROGRAM	0	0	C	0	0	61. 00
62. 00	FUNDRAI SI NG	0	0	0	0	0	62.00
63. 00	HOSPI CE/PALLI ATI VE MEDI CI NE FELLOWS	0	0	0	0	0	63. 00
64. 00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64. 00
65. 00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65. 00
66. 00	RESI DENTI AL CARE	0	0	0	0	157, 842	66. 00
67. 00	ADVERTI SI NG	0	0	0	0	0	67. 00
68. 00	TELEHEALTH/TELEMONI TORI NG	0	0	0	0	0	68. 00
69. 00	THRI FT STORE	0	0	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						99. 00
	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	4, 250	0	126, 731		234, 010	
101.00	UNIT COST MULTIPLIER	4. 047619	0. 000000	0. 346294		0. 282750	101. 00

	Financial Systems	MCDONOUGH DIST		CN 14 0000		eu of Form CMS-:	
	LLOCATION - HOSPITAL-BASED HOSPICE GENERAL S STICAL BASIS	ERVICE COSTS	Provi der C		Peri od: From 07/01/2022	Worksheet 0-6	
SIAIIS	TITCAL BASIS		Hospi ce CC		To 06/30/2023	Date/Time Pre	pared:
					Hospi ce I	11/29/2023 2:	49 pm
	Cost Center Descriptions	PLANT	LAUNDRY &	HOUSEKEEPI NG		NURSI NG	
		OPERATION &	LINEN SERVICE	(SQUARE FEET)		ADMI NI STRATI ON	
		MAI NTENANCE	(IN-FACILITY		DAYS)		
		(SQUARE FEET)	DAYS)			(DIRECT NURS.	
						HRS. )	
	I	5. 00	6. 00	7. 00	8. 00	9. 00	
4 00	GENERAL SERVI CE COST CENTERS		1	ı		I	1
1.00	CAP REL COSTS BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3. 00 4. 00	EMPLOYEE BENEFITS DEPARTMENT						3. 00 4. 00
5. 00	ADMINISTRATIVE & GENERAL PLANT OPERATION & MAINTENANCE	1 050					5. 00
6.00	LAUNDRY & LINEN SERVICE	1, 050	l .				6.00
7. 00	HOUSEKEEPING			1, 05	0		7.00
8.00	DI ETARY			1,03	0		8.00
9. 00	NURSI NG ADMINI STRATI ON					0	
10.00	ROUTINE MEDICAL SUPPLIES				0	0	
11. 00	MEDI CAL RECORDS	0			0	0	
12. 00	STAFF TRANSPORTATION	0			0	l ő	
13. 00	VOLUNTEER SERVICE COORDINATION	0			0	l o	
14. 00	PHARMACY	0			0	0	1
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		17. 00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51. 00
52.00	HOSPICE INPATIENT RESPITE CARE	1, 050	0	1, 05	0	-	
53.00	HOSPICE GENERAL INPATIENT CARE	0	0		0 0	0	53. 00
	NONREI MBURSABLE COST CENTERS					,	
60. 00	BEREAVEMENT PROGRAM	0			0	0	
61.00	VOLUNTEER PROGRAM	0			0	0	
62.00	FUNDRAI SI NG	0			0	0	
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	
64.00	PALLIATIVE CARE PROGRAM	0			0	0	
65.00	OTHER PHYSICIAN SERVICES	0				0	1
66.00	RESI DENTI AL CARE ADVERTI SI NG		454	1		0	
67. 00 68. 00	TELEHEALTH/TELEMONI TORI NG					0	
69.00	THRIFT STORE				0	0	
70.00	NUDSING EACHLITY DOOM & DOADD						70.00

645

0. 614286

1, 229

2. 707048

0

0.000000

9, 952

9. 478095

70.00

71.00

99.00

0 100.00 0. 000000 101. 00

70.00 NURSING FACILITY ROOM & BOARD 71.00 OTHER NONREIMBURSABLE (SPECIFY)

100.00 COST TO BE ALLOCATED (per Wkst. 0-6, Part I)
101.00 UNIT COST MULTIPLIER

99.00 NEGATIVE COST CENTER

Health Financial Systems	MCDONOUGH DIST	RICT HOSPITAL		Inlie	u of Form CMS-2	2552_10
				'eri od:	Worksheet 0-6	
STATISTICAL BASIS				rom 07/01/2022 o 06/30/2023		
				Hospi ce I		
Cost Center Descriptions	ROUTI NE	MEDI CAL	STAFF	VOLUNTEER	PHARMACY	
	MEDI CAL	RECORDS	TRANSPORTATI ON	SERVI CE	(CHARGES)	
	SUPPLIES	(PATIENT DAYS)		COORDINATION		

				•			11/29/2023 2:	49 pm
						Hospi ce I		
	Cost Center Descriptions	ROUTI NE	ME	DI CAL	STAFF	VOLUNTEER	PHARMACY	
	<b>'</b>	MEDI CAL		CORDS	TRANSPORTATI O	N SERVICE	(CHARGES)	
		SUPPLI ES		ENT DAYS)		COORDI NATI ON	(	
		(PATIENT DAYS)	1		(MI LEAGE)	(HOURS OF		
		(ITTITE DITTO)			( LE/10E)	SERVICE)		
		10.00	1	1. 00	12.00	13.00	14.00	
	GENERAL SERVICE COST CENTERS	10.00	<u> </u>	1.00	12.00	13.00	14.00	_
1. 00	CAP REL COSTS-BLDG & FLXT		T		I			1.00
								1
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	DI ETARY							8. 00
9.00	NURSI NG ADMI NI STRATI ON							9. 00
10.00	ROUTINE MEDICAL SUPPLIES	8, 896	5					10.00
11. 00	MEDI CAL RECORDS			0	,			11.00
12. 00	STAFF TRANSPORTATION			_	31, 30	1		12. 00
13. 00	VOLUNTEER SERVICE COORDINATION				01,00	0		13. 00
14. 00	PHARMACY					0	39	1
15. 00	PHYSICIAN ADMINISTRATIVE SERVICES	4				0	0	1
						0		1
16.00	OTHER GENERAL SERVICE					0	0	16.00
17. 00	PATIENT/RESIDENTIAL CARE SERVICES							17. 00
	LEVEL OF CARE	_	.1			_1		4
50. 00	HOSPICE CONTINUOUS HOME CARE	0	1	0	1	0	<b>l</b>	
51. 00	HOSPICE ROUTINE HOME CARE	8, 896	6	0	31, 30	1 0	39	1
52. 00	HOSPICE INPATIENT RESPITE CARE	0	)	0	l .	0	0	
53.00	HOSPICE GENERAL INPATIENT CARE	0	)	0		0 0	0	53. 00
	NONREI MBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM					0 0	0	60.00
61.00	VOLUNTEER PROGRAM					0 0	0	61. 00
62.00	FUNDRAI SI NG		l			o o	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		İ			o o	0	63. 00
64.00	PALLIATIVE CARE PROGRAM					ol o	0	64. 00
65. 00	OTHER PHYSICIAN SERVICES					0	0	65.00
66. 00	RESI DENTI AL CARE					0	0	
67. 00	ADVERTI SI NG	4					Ö	
68. 00	TELEHEALTH/TELEMONI TORI NG					0	Ö	
69.00	THRIFT STORE					0	0	69. 00
						U U	0	1
70.00	NURSING FACILITY ROOM & BOARD						_	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)					0	0	
99. 00	NEGATI VE COST CENTER	4,		_			40.500	99.00
	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	16, 639		0	26, 25			100.00
101.00	UNIT COST MULTIPLIER	1. 870391	Ч	0. 000000	0. 83875	9 0.000000	501.000000	1101.00

Health Financial Systems	MCDONOUGH DISTRICT HOSPITAL				In Lieu of Form CMS-2552-10		
COST ALLOCATION - HOSPITAL-BASED HOSPI STATISTICAL BASIS	CE GENERAL SERVICE COSTS	Provider CCN: Hospice CCN:		From 07/01/2022	Worksheet 0-6 Part II Date/Time Prepared: 11/29/2023 2:49 pm		
				11 1 1			

Cost Center Descriptions				nospi ce coi	N. 14-1324	10 00/30/202	11/29/2023 2	
PHYSICIAN   ADMINISTRATIVE   SERVICES   SE						Hospi ce I		
ADMINISTRATIVE   SERVICE   SERVICE   SERVICE   SERVICE   CARE SERVICES   CAR		Cost Center Descriptions	PHYSI CI AN	OTHER GENERAL	PATI ENT/			
SERVICES (PATIENT DAYS)   BASIS   CARE SERVICES (IN-FACILITY DAYS)								
CRATERT DAYS   BASIS   CIN-FACILITY DAYS			SERVI CES	(SPECLEY	CARE SERVICE	-s		
SENERAL SERVICE COST CENTERS   15.00   16.00   17.00								
15.00   16.00   17.00			( )					
GENERAL SERVICE COST CENTERS			15, 00	16, 00				
1.00		GENERAL SERVICE COST CENTERS	1					
2. 00					I			1 00
3.00   EMPLOYEE BENEFITS DEPARTMENT								
4. 00   ADMINI STRATIVE & GENERAL   5. 00   PLANT OPERATION & MAINTENANCE   6. 00   C. 00   LAUNDRY & LINEN SERVICE   6. 00   C. 00   HOUSEKEEPING   7. 00   HOUSEKEEPING   7. 00   HOUSEKEEPING   7. 00   HOUSEKEEPING   7. 00   R. 00   C. 00   R. 00   C. 00   R. 00   C. 00   R. 00   C. 00   R. 00   C. 00   R. 00   R. 00   C. 00   R. 00   C. 00   R.								
5.00   PLANT OPERATION & MAINTENANCE   6.00   6.00   LAUNDRY & LINEN SERVICE   7.00   6.00   LAUNDRY & LINEN SERVICE   7.00   6.00   7.00								1
6. 00 LAUNDRY & LINEN SERVICE								
7. 00   HOUSEKEEPING   7. 00   8. 00   DI ETARY   8. 00   9. 00   NURSI NG ADMINISTRATION   9. 00   00   ROUTI INE MEDICAL SUPPLIES   10. 00   11. 00   MEDICAL SUPPLIES   11. 00   12. 00   00   00   01. 00   00   01. 00								1
8. 00   DI ETARY								1
9. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 15. 00 16. 00 16. 00 16. 00 16. 00 17. 00 18. 00 19. 01 19. 00 19.								1
10. 00   ROUTINE MEDICAL SUPPLIES   10. 00   11. 00   MEDICAL RECORDS   11. 00   11. 00   MEDICAL RECORDS   12. 00   STAFF TRANSPORTATION   12. 00   13. 00   VOLUNTEER SERVICE COORDINATION   13. 00   14. 00   PHARMACY   14. 00   PHARMACY   15. 00   PHYSICIAN ADMINISTRATIVE SERVICES   0   15. 00   16. 00   OTHER GENERAL SERVICE   0   0   0   16. 00   17. 00   PATIENT/RESIDENTIAL CARE SERVICES   0   17. 00   PATIENT/RESIDENTIAL CARE SERVICES   0   0   0   17. 00   PATIENT/RESIDENTIAL CARE SERVICES   0   0   0   0   17. 00   PATIENT/RESIDENTIAL CARE   0   0   0   0   0   17. 00   PATIENT/RESIDENTIAL CARE   0   0   0   0   17. 00   PATIENT/RESIDENTIAL CARE   0   0   0   0   17. 00   PATIENT/RESIDENTIAL CARE   0   0   0   0   17. 00   PATIENT/RESIDENT/RESIDENTIAL CARE   0   0   0   0   17. 00   PATIENT/RESIDENT/RE								
11. 00 MEDI CAL RECORDS 12. 00 STAFF TRANSPORTATION 12. 00 VOLUNTEER SERVI CE COORDI NATI ON 13. 00 VOLUNTEER SERVI CE COORDI NATI VE MEDI CI NE FELLOWS 15. 00 PHYSI CI AN ADMI NI STRATI VE SERVI CES 0 OTHER GENERAL SERVI CE 0 OTHER GENERAL SERVI CE 0 OTHER GENERAL SERVI CES 0								1
12. 00   13. 00   VOLUNTEER SERVICE COORDINATION   13. 00   14. 00   14. 00   15. 00   15. 00   15. 00   16. 00   17.								•
13. 00   VOLUNTEER SERVI CE COORDINATION   13. 00   14. 00   PHARMACY   14. 00   15. 00   PHYSI CI AN ADMINI STRATI VE SERVI CES   0   16. 00   OTHER GENERAL SERVI CE   0   17. 00   PATI ENT/RESI DENTI AL CARE SERVI CES   0   17. 00   LEVEL OF CARE   0   0   50. 00   HOSPI CE CONTI NUOUS HOME CARE   0   0   51. 00   HOSPI CE ROUTI NE HOME CARE   0   0   0   52. 00   HOSPI CE INPATI ENT RESPITE CARE   0   0   0   53. 00   HOSPI CE GERRAL INPATI ENT CARE   0   0   0   53. 00   HOSPI CE GENERAL INPATI ENT CARE   0   0   0   50. 00   S3. 00   60. 00   BEREAVEMENT PROGRAM   0   61. 00   61. 00   VOLUNTEER PROGRAM   0   62. 00   63. 00   HOSPI CE/PALLI ATI VE MEDI CI NE FELLOWS   0   64. 00   PALLI ATI VE CARE PROGRAM   0   64. 00   65. 00   OTHER PHYSI CI AN SERVI CES   0   66. 00   RESI DENTI AL CARE   0   0   0   67. 00   ADVERTI SI NG   0   0   68. 00   TELEHEALTH/TELEMONI TORI NG   0   69. 00   THIRI FT STORE   0   70. 00   NURSI NG FACILI TY ROOM & BOARD   70. 00								
14.00   PHARMACY   15.00   PHYSI CI AN ADMI NI STRATI VE SERVI CES   0   15.00   15.00   16.00   17.00   16.00   17.00   16.00   17.00   16.00   17.								1
15. 00 PHYSI CI AN ADMI NI STRATI VE SERVI CES 0 16. 00 0 17HER FENERAL SERVI CE 0 0 16. 00 17HER FENERAL SERVI CES 0 0 17. 00 16. 00 17HER FENERAL SERVI CES 0 0 17. 00 16. 00 17. 00 16. 00 17. 00 16. 00 17. 00 1	13. 00	VOLUNTEER SERVICE COORDINATION						13. 00
16. 00 OTHER GENERAL SERVICE 0 0 16. 00 17. 00	14.00	PHARMACY						14. 00
17. 00   PATI ENT/RESI DENTI AL CARE SERVI CES   0   17. 00			0					
LEVEL OF CARE	16.00	OTHER GENERAL SERVICE		0	)			16. 00
50. 00	17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17. 00
51.00		LEVEL OF CARE						
10   10   10   10   10   10   10   10	50.00	HOSPICE CONTINUOUS HOME CARE	0	0	)			50. 00
53.00   HOSPICE GENERAL INPATIENT CARE   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	51.00	HOSPICE ROUTINE HOME CARE	0	0	)			51.00
NONREI MBURSABLE COST CENTERS   0   60.00	52.00	HOSPICE INPATIENT RESPITE CARE	0	0	)	0		52.00
NONREI MBURSABLE COST CENTERS   0   60.00	53.00	HOSPICE GENERAL INPATIENT CARE	0	0	)	0		53. 00
61. 00			<u>'</u>					
61. 00	60.00	BEREAVEMENT PROGRAM		0	)			60.00
62. 00   FUNDRAI SI NG   0   62. 00   63. 00   64. 00   64. 00   64. 00   64. 00   65. 00   66. 00   6	61. 00	VOLUNTEER PROGRAM		l o	)			61. 00
63. 00	62.00			0	,			•
64. 00   PALLI ATI VE CARE PROGRAM   0   64. 00   65. 00   OTHER PHYSI CI AN SERVI CES   0   0   65. 00   66. 00   RESI DENTI AL CARE   0   0   0   66. 00   67. 00   ADVERTI SI NG   0   67. 00   68. 00   TELEHEALTH/TELEMONI TORI NG   0   68. 00   69. 00   THRI FT STORE   0   69. 00   70. 00   NURSI NG FACILITY ROOM & BOARD   70. 00				0	,			•
65. 00 OTHER PHYSI CI AN SERVI CES 0 0 0 0 66. 00 66. 00 RESI DENTI AL CARE 0 0 0 0 67. 00 68. 00 TELEHEALTH/TELEMONI TORI NG 0 68. 00 69. 00 THRI FT STORE 0 0 69. 00 70. 00 NURSI NG FACILITY ROOM & BOARD 50 65. 00				0				
66. 00 RESI DENTI AL CARE 0 0 0 0 0 66. 00 67. 00 ADVERTI SI NG 0 0 67. 00 68. 00 67. 00 68. 00 TELEHEALTH/TELEMONI TORI NG 0 68. 00 69. 00 THRI FT STORE 0 0 0 0 69. 00 70. 00 NURSI NG FACILITY ROOM & BOARD 70. 00				1				•
67. 00   ADVERTI SI NG   0   67. 00   68. 00   68. 00   69. 00   TELEHEALTH/TELEMONI TORI NG   0   68. 00   69. 00   THRI FT STORE   0   69. 00   70. 00   NURSI NG FACILITY ROOM & BOARD   70. 00   70.				١		0		1
68. 00   TELEHEALTH/TELEMONI TORI NG   0   68. 00   69. 00								•
69. 00 THRIFT STORE 0 69. 00 70. 00 NURSING FACILITY ROOM & BOARD 70. 00								•
70.00 NURSING FACILITY ROOM & BOARD 70.00								•
				١	1			•
					J	0		
		, ,		١	Ί	O		
99. 00   NEGATI VE COST CENTER   99. 00					J			1
100.00 COST TO BE ALLOCATED (per Wkst. 0-6, Part I) 0 0 0 100.00				0.000000	1 0 0000	00		1
101. 00 UNIT COST MULTIPLIER   0. 000000  0. 000000  0. 000000    101. 00	101.00	UNIT COST MULTIPLIER	0.00000	J 0. 000000	y 0.0000	OO		[101.00

Heal th	Financial Systems	MCDONOUGH DISTR	ICT HOSPITAL		Inlie	u of Form CMS-	2552-10
	TONMENT OF HOSPITAL-BASED HOSPICE SHARED SER		Provi der CO	CN: 14-0089	Peri od:	Worksheet 0-7	
LEVEL	OF CARE		Hospice CCN	N: 14-1524	From 07/01/2022 To 06/30/2023	Date/Time Pre 11/29/2023 2:	
					Hospi ce I		
				Charges by	LOC (from Provi	der Records)	
	Cost Center Descriptions	From Wkst. C, ( Part I, Col. 9 line	Ratio		HRHC	HI RC	
		0	1. 00	2. 00	3. 00	4. 00	
	ANCILLARY SERVICE COST CENTERS						
1. 00 2. 00 3. 00 4. 00	PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY DRUGS CHARGED TO PATIENTS	66. 00 67. 00 68. 00 73. 00	0. 479275 0. 434375 0. 543784 0. 322363		0 1, 400 0 175 0 175 0 0	0 0 0 0	2. 00 3. 00
5. 00 6. 00	DURABLE MEDICAL EQUIP-RENTED LABORATORY	96. 00 60. 00	0. 322363		0 0	0	5. 00
7. 00 8. 00 9. 00	MEDICAL SUPPLIES CHARGED TO PATIENT OTHER OUTPATIENT SERVICE COST CENTER RADIOLOGY-THERAPEUTIC	71. 00 93. 00 55. 00	0. 226360		0 0	0	8. 00 9. 00
	PSYCHIATRIC/PSYCHOLOGICAL SERVICES DIABETES/WOUND CARE/COUMADIN CNTR PAIN MANAGEMENT Totals (sum of lines 1-11)	76. 00 76. 01 76. 02	0. 547943 0. 701871 0. 000000		0 0 0 0 0 0	0 0 0	10. 01
11.00	Total's (sum of Times 1-11)	Charges by LOC (from Provider Records)			ce Costs by LOC		
	Cost Center Descriptions		col . 2)	col . 3)	xHIRC (col. 1 x col. 4)	col . 5)	
	AMOULLARY CERVICE COST CENTERS	5. 00	6. 00	7. 00	8. 00	9. 00	
1. 00	ANCI LLARY SERVI CE COST CENTERS PHYSI CAL THERAPY	0	0	6	71 0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0		76 0	0	
3.00	SPEECH PATHOLOGY		0		95 0	0	
4. 00 5. 00	DRUGS CHARGED TO PATIENTS DURABLE MEDICAL EQUIP-RENTED	0	0		0 0	0	4. 00 5. 00
6.00	LABORATORY	0	0		0 0	0	
7. 00 8. 00 9. 00	MEDICAL SUPPLIES CHARGED TO PATIENT OTHER OUTPATIENT SERVICE COST CENTER RADIOLOGY-THERAPEUTIC	0	0		0 0	0	7. 00 8. 00 9. 00
10 00	DSVCHLATDLC/DSVCHOLOGLCAL SEDVLCES	ام	0			0	10 00

10.00

0 10.00 0 10.01 0 10.02 0 11.00

0

842

10. 00 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES

10.01 DIABETES/WOUND CARE/COUMADIN CNTR 10.02 PAIN MANAGEMENT 11.00 Totals (sum of lines 1-11)

Health Financial Systems	MCDONOUGH DISTRI	CT HOSPI TAL		In Lie	u of Form CMS-2552-10
CALCULATION OF HOSPITAL-BASED HOSPICE PE	R DIEM COST	Provider CCN:	14-0089	Peri od: From 07/01/2022	Worksheet 0-8
		Hospi ce CCN:	14-1524		Date/Time Prepared:

		nospi ce cci	1. 14-1324 1	0 00/30/2023	11/29/2023 2:	
				Hospi ce I		
			TITLE XVIII	TITLE XIX	TOTAL	
			MEDI CARE	MEDI CAI D		
			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	7, col. 6,			0	1. 00
	line 11)					
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	9 10)	(	0		4. 00
5.00	Program cost (line 3 times line 4)		(	0		5. 00
	HOSPICE ROUTINE HOME CARE		•			
6. 00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7	7, col. 7,			848, 177	6. 00
	line 11)					
7. 00	Total unduplicated days (Wkst. S-9, col. 4, line 11)				8, 896	7. 00
8.00	Total average cost per diem (line 6 divided by line 7)				95. 34	8. 00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, lir	ne 11)	3, 665			9. 00
10. 00	Program cost (line 8 times line 9)		349, 421	33, 369		10. 00
	HOSPICE INPATIENT RESPITE CARE					
11. 00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7	7, col. 8,			10, 597	11. 00
	line 11)				_	
12. 00	Total unduplicated days (Wkst. S-9, col. 4, line 12)				0	
13. 00	Total average cost per diem (line 11 divided by line 12)	>	_	_	0. 00	
14. 00	Unduplicated program days (Wkst. S-9, col. as appropriate, lir	ne 12)	(	0		14. 00
15. 00	Program cost (line 13 times line 14)			0		15. 00
4, 00	HOSPICE GENERAL INPATIENT CARE					
16. 00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7	/, col. 9,			0	16. 00
47.00	line 11)					47.00
17. 00	Total unduplicated days (Wkst. S-9, col. 4, line 13)				0	17100
	Total average cost per diem (line 16 divided by line 17)	4.03	_		0. 00	
19. 00	Unduplicated program days (Wkst. S-9, col. as appropriate, lir	ne 13)	(	0		19. 00
20.00	Program cost (line 18 times line 19)		(	0		20. 00
	TOTAL HOSPICE CARE					
	Total cost (sum of line 1 + line 6 + line 11 + line 16)				858, 774	
	Total unduplicated days (Wkst. S-9, col. 4, line 14)				8, 896	
23. 00	Average cost per diem (line 21 divided by line 22)				96. 53	23. 00

Health Financial Systems MCDONOUGH DISTRICT HOSPITAL In L CALCULATION OF CAPITAL PAYMENT Provider CCN: 14-0089 Period:	ieu of Form CMS-2	2552-10
From 07/01/20: To 06/30/20:	Worksheet L 22 Parts I-III 23 Date/Time Prep	pared:
Title XVIII Hospital	11/29/2023 2: <sup>2</sup> PPS	49 pm
TI LIE AVITT NOSPI LAI	PPS	
	1.00	
PART I - FULLY PROSPECTIVE METHOD CAPITAL FEDERAL AMOUNT		
1.00 Capital DRG other than outlier	231, 916	1.00
1.01   Model 4 BPCI Capital DRG other than outlier	231, 710	1
2.00 Capital DRG outlier payments	8, 797	
2.01 Model 4 BPCI Capital DRG outlier payments	0	1
3.00 Total inpatient days divided by number of days in the cost reporting period (see instructions)	8. 57	
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	0. 00	7. 00
30) (see instructions)	0.00	0.00
8.00 Percentage of Medicaid patient days to total days (see instructions) 9.00 Sum of lines 7 and 8	0. 00 0. 00	
10.00 Allowable disproportionate share percentage (see instructions)	1	10.00
11.00 Disproportionate share adjustment (see instructions)	0.00	1
12.00   Total prospective capital payments (see instructions)	240, 713	
	1. 00	
PART II - PAYMENT UNDER REASONABLE COST	7.00	
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	
4.00 Capital cost payment factor (see instructions)	0	
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	
2.00 Program inpatient capital costs for extraordinary circumstances (see instructions)	0	
3.00 Net program inpatient capital costs (line 1 minus line 2)	0	
4.00 Applicable exception percentage (see instructions)	0.00	
5.00 Capital cost for comparison to payments (line 3 x line 4)	0	
6.00 Percentage adjustment for extraordinary circumstances (see instructions)	0.00	
7.00 Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	
8.00   Capital minimum payment level (line 5 plus line 7) 9.00   Current year capital payments (from Part I, line 12, as applicable)	0	
9.00   Current year capital payments (from Part I, line 12, as applicable) 10.00   Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		
11.00 Carryover of accumulated capital minimum payment level over capital payment (from prior year		
Worksheet L, Part III, line 14)		
12.00 Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	
13.00 Current year exception payment (if line 12 is positive, enter the amount on this line)	0	
14 00 10	0	14. 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)	- I	
	0	15. 00
(if line 12 is negative, enter the amount on this line)	0	16. 00

Hoal th	Financial Systems	MCDONOUGH DISTR	DICT HOSDITAL		In Lie	eu of Form CMS-:	2552 10
	IS OF HOSPITAL-BASED RHC/FOHC COSTS	WCDONOOGII DISIR	Provi der Co	N: 14_0080	Peri od:	Worksheet M-1	
ANALIS	13 OF HOSELTIAL-DASED KHO/LONG COSTS		Trovider co		From 07/01/2022	WOLKSHEET W-1	
			Component (	CCN: 14-8522	To 06/30/2023	Date/Time Pre 11/29/2023 2:	
					RHC I	Cost	
		Compensation	Other Costs		Reclassi fi cati	Reclassi fied	
				+ col. 2)	ons	Trial Balance	
						(col. 3 + col.	
		1.00	0.00	2.00	4.00	4)	
	FACILITY HEALTH CARE CTAFE COCTO	1.00	2. 00	3. 00	4. 00	5. 00	
4 00	FACILITY HEALTH CARE STAFF COSTS	0.40, 0.54		0.40.05	4	040.054	4 00
1.00	Physician	240, 251	0	240, 25		240, 251	1.00
2.00	Physician Assistant	0	0		0 0	0	
3.00	Nurse Practitioner	U	0		0	0	
4.00	Visiting Nurse	0	0		0 0	0	
5. 00 6. 00	Other Nurse	U	0		0 0	0	
7. 00	Clinical Psychologist Clinical Social Worker	0	0		0 0	0	
7. 00 8. 00	Laboratory Techni ci an	0	0		0 0	0	
9. 00	Other Facility Health Care Staff Costs	251, 513	0	251, 51	٥	251, 513	
10.00	Subtotal (sum of lines 1 through 9)	491, 764	0	491, 76		491, 764	1
11. 00	Physician Services Under Agreement	491, 704	0	491,70	0 0	491, 764	
12. 00	Physician Supervision Under Agreement	0	0		0	0	
13. 00	Other Costs Under Agreement	0	0		0	0	13. 00
14. 00	Subtotal (sum of lines 11 through 13)	0	0		0	0	14. 00
15. 00	Medical Supplies		9, 524	9. 52	4	9, 524	
16. 00	Transportation (Health Care Staff)		7, J24 N	7, 32	0 0	0, 324	16. 00
17. 00	Depreciation-Medical Equipment		0		0 0	Ö	1
18. 00	Professional Liability Insurance		11, 154	11, 15	٥	11, 154	
	Other Health Care Costs		11, 101	11, 10	0	0	
20. 00	Allowable GME Costs	Ĭ	Ü			Ŭ	20.00
21. 00	Subtotal (sum of lines 15 through 20)	0	20, 678	20, 67	8 0	20, 678	
22. 00	Total Cost of Health Care Services (sum of	491, 764	20, 678			512, 442	1
22.00	lines 10, 14, and 21)	1717701	20,070	0.2,		0.2,2	22.00
	COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	13, 924	13, 92	4 0	13, 924	23. 00
24.00	Dental	o	0		0 0	0	24. 00
25.00	Optometry	o	0		0 0	0	25. 00
25. 01	Tel eheal th	O	0		0	0	25. 01
25. 02	Chronic Care Management	0	0		0 0	0	25. 02
26.00	All other nonreimbursable costs	0	0		0 0	0	26. 00
27. 00	Nonallowable GME costs						27. 00
28. 00	Total Nonreimbursable Costs (sum of lines 23	0	13, 924	13, 92	4 0	13, 924	28. 00
	through 27)						]
	FACILITY OVERHEAD	,					
29. 00	Facility Costs	0	339				
30. 00	Administrative Costs	0	24, 849			95, 295	
31. 00	Total Facility Overhead (sum of lines 29 and	0	25, 188	25, 18	8 70, 446	95, 634	31. 00
	(30)					I	1

551, 554

70, 446

622, 000

32.00

32.00 Total facility costs (sum of lines 22, 28 and 31)

Health Financial Systems	MCDONOUGH DIST	RICT H	OSPI TAL			In Lie	u of Form CMS-2	2552-10
ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS		Pr	ovider CO	CN: 14-0089	Period From (	d: 07/01/2022	Worksheet M-1	
		Co	omponent (	CCN: 14-8522	To (	06/30/2023	Date/Time Pre 11/29/2023 2:	pared: 49 pm
					ı	RHC I	Cost	
	Adjustments	Net E	Expenses					
		for Al	I ocati on					
		(col.	5 + col.					
			6)					

				RHC I	Cost
		Adjustments	Net Expenses		
		•	for Allocation		
			(col. 5 + col.		
			6)		
		6. 00	7. 00		
	FACILITY HEALTH CARE STAFF COSTS				
1.00	Physi ci an	0	240, 251		1. 00
2.00	Physician Assistant	0	0	•	2. 00
3.00	Nurse Practitioner	0	Ö		3. 00
4.00	Visiting Nurse	0	0	•	4. 00
5.00	Other Nurse	0	0		5.00
6.00	Clinical Psychologist	0	0		6.00
7. 00	Clinical Social Worker	0	0		7. 00
		0	0	1	ı
8.00	Laboratory Techni ci an	0	_		8. 00
9.00	Other Facility Health Care Staff Costs	0	251, 513		9.00
10.00	Subtotal (sum of lines 1 through 9)	0	491, 764	•	10.00
11. 00	Physician Services Under Agreement	0	0		11. 00
12. 00	Physician Supervision Under Agreement	0	0	•	12. 00
13. 00	Other Costs Under Agreement	0	0		13. 00
14.00	Subtotal (sum of lines 11 through 13)	0	0	1	14. 00
15.00	Medical Supplies	0	9, 524		15. 00
16.00	Transportation (Health Care Staff)	0	0		16. 00
17.00	Depreciation-Medical Equipment	0	0		17. 00
18.00	Professional Liability Insurance	0	11, 154		18. 00
19.00	Other Health Care Costs	0	0		19. 00
20.00	Allowable GME Costs				20. 00
21.00	Subtotal (sum of lines 15 through 20)	0	20, 678		21. 00
22.00	Total Cost of Health Care Services (sum of	0	512, 442		22. 00
	lines 10, 14, and 21)				
	COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	13, 924		23. 00
24.00	Dental	0	0		24. 00
25.00	Optometry	0	0		25. 00
25. 01	Tel eheal th	0	0		25. 01
25. 02	Chronic Care Management	0	0		25. 02
26. 00	All other nonreimbursable costs	0	0		26. 00
27. 00	Nonallowable GME costs	_	_		27. 00
28. 00	Total Nonreimbursable Costs (sum of lines 23	0	13, 924		28. 00
20.00	through 27)	O	10, 721		20.00
	FACILITY OVERHEAD				
29. 00	Facility Costs	0	339		29. 00
30.00	Administrative Costs	0	95, 295		30.00
31.00	Total Facility Overhead (sum of lines 29 and	0	95, 295 95, 634		31. 00
31.00	30)	Ü	90, 034		31.00
32. 00	Total facility costs (sum of lines 22, 28	^	622, 000		32.00
32.00	and 31)	U	022,000		32.00
	lana 31)		I	I	1

NALYS	SIS OF HOSPITAL-BASED RHC/FQHC COSTS		Provi der C	CN: 14-0089	Peri od:	Worksheet M-1	
			Component	CCN: 14-8619	From 07/01/2022 To 06/30/2023	Date/Time Pre 11/29/2023 2:	pared: 49 pm
					RHC II	Cost	
		Compensation	Other Costs	Total (col. + col. 2)	1 Recl assi fi cati ons	Reclassified Trial Balance	
						(col. 3 + col. 4)	
	EAGULATIV WEALTH OADE OTAES OCCUP	1. 00	2. 00	3. 00	4. 00	5. 00	
00	FACILITY HEALTH CARE STAFF COSTS	1 004 450	0	1 004 41	-0 0	1 004 450	1
. 00	Physician Assistant	1, 984, 459	0			1, 984, 459 0	
2. 00 3. 00	Physician Assistant Nurse Practitioner	0	0		0 0	0	
. 00	Visiting Nurse	0	0		0 0	0	
. 00	Other Nurse	0	0			0	
. 00	Clinical Psychologist	0	0		0 0	0	
. 00	Clinical Social Worker	0	0			0	
. 00	Laboratory Techni ci an	0	0			0	
. 00	Other Facility Health Care Staff Costs	1, 929, 642	0	1, 929, 64	0	1, 929, 642	
0.00	Subtotal (sum of lines 1 through 9)	3, 914, 101	0	3, 914, 10		3, 914, 101	
1. 00	Physician Services Under Agreement	0, 711, 101	0	0, 711, 10	0	0, 711, 101	
2. 00	Physician Supervision Under Agreement	0	0		0 0	Ö	1
3. 00	Other Costs Under Agreement	0	0		0 0	0	
4. 00	Subtotal (sum of lines 11 through 13)	o	0		0 0	Ö	
5. 00	Medical Supplies	o	120, 006	120, 00	06	120, 006	
6. 00		o	0		0 0	0	
7. 00		o	0		0 0	0	17. (
8. 00		o	70, 107	70, 10	07	70, 107	18. (
9.00	Other Health Care Costs	0	0		0 0	0	19. (
0.00	Allowable GME Costs						20.0
1.00	Subtotal (sum of lines 15 through 20)	0	190, 113	190, 1°	13 0	190, 113	21. (
2. 00	Total Cost of Health Care Services (sum of	3, 914, 101	190, 113	4, 104, 2°	14 0	4, 104, 214	22. 0
	lines 10, 14, and 21)						]
	COSTS OTHER THAN RHC/FQHC SERVICES						
3. 00		0	167, 235			167, 235	
4. 00	Dental	0	0		0 0	0	
5. 00		0	0		0	0	
5. 01		0	0		0	0	
5. 02	3	0	0		0	0	
6.00	All other nonreimbursable costs	U	0		0 0	0	
.7. 00 .8. 00	Nonallowable GME costs	0	1/7 005	1/7 0	35 0	1/7 225	27. (
8.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	U	167, 235	167, 23	35 0	167, 235	28.0
	FACILITY OVERHEAD						
9. 00		ol	4, 071	4, 0	71 0	4, 071	29. (
0.00	Administrative Costs	0	644, 561			1, 312, 113	1
1.00	Total Facility Overhead (sum of lines 29 and	0	648, 632			1, 316, 184	1
00	30)	l	070, 032	]	007, 332	1, 510, 104	"
2. 00	Total facility costs (sum of lines 22, 28	3, 914, 101	1, 005, 980	4, 920, 08	667, 552	5, 587, 633	32. (
55	and 31)	=, , ,	., 555, 760	1 ., ,20, 00	55., 502	1 -, 55., 566	1

Health Financial Systems	MCDONOUGH DIST	RICT HOS	SPI TAL			In Lieu	u of Form CMS-2	2552-10
ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS		Pro	ovider CC	CN: 14-0089	Peri o	od: 07/01/2022	Worksheet M-1	
		Com	nponent (	CCN: 14-8619			Date/Time Pre 11/29/2023 2:	pared: 49 pm
						RHC II	Cost	
	Adjustments	Net Ex	xpenses					
		for All	l ocati on					
		(col . 5	5 + col.					
		6	6)					
	6. 00	7.	. 00					
FACILITY HEALTH CARE STAFF COSTS								

		Adjustments	Net Expenses		
			for Allocation		
			(col. 5 + col.		
			6)		
	FACULLEY HEALTH CARE CTAFE COCTO	6. 00	7. 00		
4 00	FACILITY HEALTH CARE STAFF COSTS		4 004 450		4
1.00	Physician	0	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·	1.00
2.00	Physician Assistant	U	0		2. 00
3.00	Nurse Practitioner	U	0		3. 00 4. 00
4. 00 5. 00	Visiting Nurse	0	0		5. 00
	Other Nurse	0	0		
6.00	Clinical Psychologist	U	0		6. 00
7.00	Clinical Social Worker	U	0		7. 00 8. 00
8. 00 9. 00	Laboratory Technician	0			9.00
	Other Facility Health Care Staff Costs	0	1, 929, 642		10.00
10.00	Subtotal (sum of lines 1 through 9)	0	3, 914, 101		11. 00
11.00	Physician Services Under Agreement	U	0	l .	12.00
12.00	Physician Supervision Under Agreement	U	0		
13.00	Other Costs Under Agreement	U	0	l .	13.00
14.00	Subtotal (sum of lines 11 through 13)	U	120.00/	l .	14.00
15.00	Medical Supplies	U	120, 006	l .	15. 00
16.00	Transportation (Health Care Staff)	0	0	l .	16. 00
17. 00	Depreciation-Medical Equipment	0	0	l .	17. 00
18.00	Professional Liability Insurance	0	70, 107		18. 00
19.00	Other Health Care Costs	Ü	0		19. 00
20. 00	Allowable GME Costs	_			20. 00
21.00	Subtotal (sum of lines 15 through 20)	0	190, 113		21. 00
22. 00	Total Cost of Health Care Services (sum of	0	4, 104, 214		22. 00
	lines 10, 14, and 21)				-
22.00	COSTS OTHER THAN RHC/FQHC SERVICES	0	1/7 005		1 22 00
23. 00	Pharmacy	U	167, 235		23. 00
24. 00	Dental	U	0		24. 00 25. 00
25. 00	Optometry	U	0		
25. 01	Tel eheal th	U	0		25. 01
25. 02	Chronic Care Management	U	0		25. 02
26. 00	All other nonreimbursable costs	Ü	0		26. 00
27. 00	Nonallowable GME costs		4/7 005		27. 00
28. 00	Total Nonreimbursable Costs (sum of lines 23	Ü	167, 235		28. 00
	through 27)				_
20.00	FACILITY OVERHEAD		4 071		1 20 00
29. 00	Facility Costs	0	4, 071		29. 00 30. 00
30.00	Administrative Costs	0	1, 312, 113	l control of the cont	
31. 00	Total Facility Overhead (sum of lines 29 and 30)	0	1, 316, 184		31. 00
32. 00	Total facility costs (sum of lines 22, 28	_	5, 587, 633		32. 00
32.00	and 31)	0	0,001,033		32.00
	anu sij		I		I

Heal th	Financial Systems	MCDONOUGH DISTE	RICT HOSPITAL		In Lie	u of Form CMS-2	2552-10
ALLOCA	TION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC :	SERVI CES	Provi der Co		Peri od:	Worksheet M-2	
			Component (		From 07/01/2022 To 06/30/2023	Date/Time Pre	nared:
			Component	JCN. 14-0322	10 00/30/2023	11/29/2023 2:	
					RHC I	Cost	
		Number of FTE	Total Visits		Minimum Visits		
		Personnel		Standard (1)	(col. 1 x col.		
		1.00	2.00	2.00	3)	4	
	VISITS AND PRODUCTIVITY	1. 00	2.00	3.00	4. 00	5. 00	
	Positions						
1. 00	Physi ci an	0.89	2, 163	4, 20	0 3, 738		1.00
2. 00	Physician Assistant	0.00			· ·		2.00
3. 00	Nurse Practitioner	0.80					3. 00
4. 00	Subtotal (sum of lines 1 through 3)	1, 69			5, 418	5, 418	
5. 00	Visiting Nurse	0.00		1	9, 1.10	0,0	•
6.00	Clinical Psychologist	0.00				0	6.00
7.00	Clinical Social Worker	0.00	0			0	7. 00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7. 01
7.02	Diabetes Self Management Training (FQHC	0.00	0			0	7. 02
	onl y)						
8.00	Total FTEs and Visits (sum of lines 4	1. 69	2, 903			5, 418	8. 00
0.00	through 7)						0.00
9. 00	Physician Services Under Agreements		0			0	9. 00
						1. 00	
	DETERMINATION OF ALLOWABLE COST APPLICABLE T	O HOSDITAL BASE	D DHC/EUHC SED	VICES		1.00	
10. 00	Total costs of health care services (from Wk			VICES		512, 442	10 00
11. 00	Total nonreimbursable costs (from Wkst. M-1,					13, 924	
12. 00	Cost of all services (excluding overhead) (s					526, 366	
13.00	Ratio of hospital -based RHC/FQHC services (I					0. 973547	
14.00						95, 634	14. 00
15.00	5.00 Parent provider overhead allocated to facility (see instructions)					511, 702	15. 00
16.00						607, 336	
17.00	Allowable GME overhead (see instructions)						17. 00
	Enter the amount from line 16					607, 336	
	Overhead applicable to hospital-based RHC/FC					591, 270	
20.00	Total allowable cost of hospital-based RHC/F	·UHC services (s	sum of lines 10	and 19)		1, 103, 712	20.00

Heal th	Financial Systems	MCDONOUGH DISTE	RICT HOSPITAL		In Lie	u of Form CMS-2	2552-10
ALLOCA	TION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC S	SERVI CES	Provi der Co		Peri od:	Worksheet M-2	
			Component (		From 07/01/2022 To 06/30/2023	Date/Time Pre	nared:
			Component	3014: 11 0017		11/29/2023 2:	
					RHC II	Cost	
		Number of FTE	Total Visits		Minimum Visits		
		Personnel		Standard (1)	(col. 1 x col.		
		1.00	2.00	3.00	3) 4. 00	4 5. 00	
	VISITS AND PRODUCTIVITY	1.00	2.00	3.00	4.00	5.00	
	Posi ti ons						1
1.00	Physi ci an	3. 34	6, 416	4, 20	0 14, 028		1.00
2.00	Physician Assistant	0. 21					2. 00
3. 00	Nurse Practitioner	5. 03					3. 00
4. 00	Subtotal (sum of lines 1 through 3)	8. 58			25, 032		
5. 00	Visiting Nurse	0.00				0	
6.00	Clinical Psychologist	0.00				0	6. 00
7.00	Clinical Social Worker	0.00				0	7. 00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7. 01
7.02	Diabetes Self Management Training (FQHC	0.00	0			0	7. 02
	onl y)						
8.00	Total FTEs and Visits (sum of lines 4	8. 58	27, 588			27, 588	8. 00
0.00	through 7)						0.00
9. 00	Physician Services Under Agreements		0			0	9. 00
						1. 00	
	DETERMINATION OF ALLOWABLE COST APPLICABLE T	O HOSPITAL-BASE	D RHC/FOHC SER	VICES		1.00	
10.00	Total costs of health care services (from Wk			11 020		4, 104, 214	10.00
11. 00	Total nonreimbursable costs (from Wkst. M-1,					167, 235	
12.00	Cost of all services (excluding overhead) (s					4, 271, 449	
13.00						0. 960848	
14.00						1, 316, 184	14. 00
15.00	5.00 Parent provider overhead allocated to facility (see instructions)					3, 741, 616	15. 00
16. 00						5, 057, 800	
17. 00	Allowable GME overhead (see instructions)					0	
	Enter the amount from line 16					5, 057, 800	
	Overhead applicable to hospital-based RHC/FC					4, 859, 777	
20. 00	Total allowable cost of hospital-based RHC/F	QHC services (s	sum of lines 10	and 19)		8, 963, 991	20.00

Heal th	Financial Systems MCDONOUGH DISTRIC	T HOSPITAI	In lie	u of Form CMS-2	2552-10
	ATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC	Provi der CCN: 14-0089	Peri od:	Worksheet M-3	
SERVI C	ES		From 07/01/2022		
		Component CCN: 14-8522	To 06/30/2023	Date/Time Prep 11/29/2023 2:4	
		Title XVIII	RHC I	Cost	47 PIII
				1. 00	
	DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FOHC SERVICES	W . M . M	-	1 100 710	
1. 00 2. 00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Cost of injections/infusions and their administration (from W			1, 103, 712 15, 098	1. 00 2. 00
3.00	Total allowable cost excluding injections/infusions (line 1 m			1, 088, 614	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)	11103 11110 2)		5, 418	4. 00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5,	line 9)		0	5. 00
6.00	Total adjusted visits (line 4 plus line 5)			5, 418	6. 00
7. 00	Adjusted cost per visit (line 3 divided by line 6)			200. 93	7. 00
			Cal cul ati on	of Limit (1)	
			Rate Period 1		
			(07/01/2022	(01/01/2023	
			through 12/31/2022)	through 06/30/2023)	
			1. 00	2. 00	
8. 00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20	.6 or your contractor)	160. 71	166. 82	8. 00
9.00	Rate for Program covered visits (see instructions)		160. 71	166. 82	9. 00
	CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from		505		10.00
11. 00 12. 00	Program cost excluding costs for mental health services (line Program covered visits for mental health services (from contr.		81, 159 0	68, 897 0	1
13. 00	Program covered cost from mental health services (line 9 x li	*	0	0	13. 00
14. 00	Limit adjustment for mental health services (see instructions	*	Ö	0	14. 00
15.00	Graduate Medical Education Pass Through Cost (see instruction				15. 00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2	and 3) *	0	150, 056	16. 00
16. 01	Total program charges (see instructions)(from contractor's re	*		163, 094	
16. 02	Total program preventive charges (see instructions) (from prov	•		2, 104	
16. 03 16. 04	Total program preventive costs ((line 16.02/line 16.01) times Total Program non-preventive costs ((line 16 minus lines 16.0			1, 936 100, 405	
10.04	(Titles V and XIX see instructions.)	3 and 10) times .00)		100, 403	10.04
16. 05	Total program cost (see instructions)		0	102, 341	16. 05
17. 00	Primary payer amounts			0	17. 00
18. 00	Less: Beneficiary deductible for RHC only (see instructions)	(from contractor		22, 614	18. 00
19. 00	records) Beneficiary coinsurance for RHC/FQHC services (see instruction	ns) (from contractor		27, 399	19. 00
	records)				
20. 00	Net Medicare cost excluding vaccines (see instructions)			102, 341	
21. 00	Program cost of vaccines and their administration (from Wkst.	M-4, line 16)		6, 320	
22. 00 23. 00	Total reimbursable Program cost (line 20 plus line 21) Allowable bad debts (see instructions)			108, 661 0	
23. 00	Adjusted reimbursable bad debts (see instructions)			0	23. 00
	Allowable bad debts for dual eligible beneficiaries (see inst	ructions)		Ö	24. 00
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	,		0	
25. 50	Pioneer ACO demonstration payment adjustment (see instruction	s)			25. 50
25. 99	, , , , , , , , , , , , , , , , , , , ,				25. 99
26. 00	Net reimbursable amount (see instructions)			108, 661	
26. 01 26. 02	Sequestration adjustment (see instructions)  Demonstration payment adjustment amount after sequestration			2, 1/3	26. 01 26. 02
	D2   Demonstration payment adjustment amount after sequestration D0   Interim payments				27. 00
28. 00	Tentative settlement (for contractor use only)			0	28. 00
29. 00	,	02, 27, and 28)		6, 443	29. 00
30. 00		nce with CMS Pub. 15-II,		0	30. 00
	chapter I, §115.2				

<u>Heal t</u> h	Financial Systems MCDONOUGH DISTRIC	T HOSPITAL	In Lie	u of Form CMS-2	<u> 2552-1</u> 0
	ATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC	Provider CCN: 14-0089	Peri od:	Worksheet M-3	
SERVI C	ES	Component CCN: 14-8619	From 07/01/2022 To 06/30/2023	Date/Time Pre	pared:
		T: 11 20/111	DUO 11	11/29/2023 2: 2	49 pm
		Title XVIII	RHC I I	Cost	
				1. 00	
	DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES				
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (fro			8, 963, 991	1.00
2.00	Cost of injections/infusions and their administration (from W Total allowable cost excluding injections/infusions (line 1 m			21, 673	2.00
3. 00 4. 00	Total Visits (from Wkst. M-2, column 5, line 8)	Thus Time 2)		8, 942, 318 27, 588	3. 00 4. 00
5. 00	Physicians visits under agreement (from Wkst. M-2, column 5,	line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)			27, 588	6.00
7. 00	Adjusted cost per visit (line 3 divided by line 6)			324. 14	7. 00
			Cal cul ati on	of Limit (1)	
			Rate Period 1	Rate Period 2	
			(07/01/2022	(01/01/2023	
			through 12/31/2022)	through 06/30/2023)	
			1. 00	2.00	
8. 00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20	.6 or your contractor)	304. 73	316. 31	8. 00
9.00	Rate for Program covered visits (see instructions)		304. 73	316. 31	9. 00
	CALCULATION OF SETTLEMENT		1		
10. 00 11. 00	Program covered visits excluding mental health services (from	-	1, 922	2, 057	10. 00 11. 00
12.00	Program cost excluding costs for mental health services (line Program covered visits for mental health services (from contr	•	585, 691 0	650, 650 0	12.00
13.00	Program covered cost from mental health services (line 9 x li	•	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions	•	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instruction				15. 00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2	•	0	1, 236, 341	16.00
16. 01 16. 02	Total program charges (see instructions)(from contractor's re Total program preventive charges (see instructions)(from prov	•		938, 484 30, 714	16. 01 16. 02
16. 02	Total program preventive charges (see Instructions) (Tom prov Total program preventive costs ((line 16.02/line 16.01) times			40, 462	16. 02
16. 04	Total Program non-preventive costs ((line 16 minus lines 16.0	-		880, 621	16. 04
	(Titles V and XIX see instructions.)	,			
16. 05	Total program cost (see instructions)		0	921, 083	
17. 00	Primary payer amounts	(from contractor		0 0F 103	17.00
18. 00	Less: Beneficiary deductible for RHC only (see instructions) records)	(from contractor		95, 103	18. 00
19. 00	Beneficiary coinsurance for RHC/FQHC services (see instruction	ns) (from contractor		160, 302	19. 00
20. 00	records) Net Medicare cost excluding vaccines (see instructions)			921, 083	20. 00
21.00	Program cost of vaccines and their administration (from Wkst.	M-4, line 16)		4, 113	
22.00	Total reimbursable Program cost (line 20 plus line 21)	•		925, 196	•
23. 00	Allowable bad debts (see instructions)			0	23. 00
23. 01	Adjusted reimbursable bad debts (see instructions)			0	23. 01
24. 00 25. 00	Allowable bad debts for dual eligible beneficiaries (see inst OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	ructions)		0	24. 00 25. 00
	Pioneer ACO demonstration payment adjustment (see instruction	5)		0	25. 50
25. 99	Demonstration payment adjustment amount before sequestration	<i>-</i> ,			25. 99
26. 00	Net reimbursable amount (see instructions)			925, 196	26. 00
26. 01	Sequestration adjustment (see instructions)			18, 504	
26. 02	Demonstration payment adjustment amount after sequestration			050.270	26. 02
27. 00 28. 00	Interim payments Tentative settlement (for contractor use only)			858, 378 0	27. 00 28. 00
29. 00	Balance due component/program (line 26 minus lines 26.01, 26.	02. 27. and 28)		48, 314	
30.00	Protested amounts (nonallowable cost report items) in accorda			0	30.00
	chapter I, §115.2	·	1		l

Heal th	Financial Systems MCDONOUGH DIST	RICT HOSPITAL		In Lie	u of Form CMS-2	2552-10
СОМРИТ	TATION OF HOSPITAL-BASED RHC/FOHC VACCINE COST	Provider CO	CN: 14-0089 CCN: 14-8522	Peri od: From 07/01/2022 To 06/30/2023	Worksheet M-4 Date/Time Pre	
		Title	XVIII	RHC I	Cost	ч у рііі
		PNEUMOCOCCAL	INFLUENZA	COVI D-19	MONOCLONAL	
		VACCI NES	VACCI NES	VACCINES	ANTI BODY PRODUCTS	
		1. 00	2. 00	2. 01	2. 02	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	491, 764	491, 7		491, 764	1. 00
2.00	Ratio of injection/infusion staff time to total health care staff time	0. 000129	0. 0019	0. 001551	0.000000	2. 00
3. 00	Injection/infusion health care staff cost (line 1 x line 2)	63	9.	763	0	3. 00
4.00	Injections/infusions and related medical supplies costs (from your records)	1, 662	3, 5	13 33	0	4. 00
5.00	Direct cost of injections/infusions (line 3 plus line 4)	1, 725	4, 4	796	0	5. 00
6. 00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	512, 442	512, 4	512, 442	512, 442	6. 00
7.00	Total overhead (from Wkst. M-2, line 19)	591, 270	591, 2	70 591, 270	591, 270	7. 00
8. 00	Ratio of injection/infusion direct cost to total direct cost (line 5 divided by line 6)	0. 003366	0.0087	0. 001553	0. 000000	8. 00
9.00	Overhead cost - injection/infusion (line 7 x line 8)	1, 990	5, 1	918	0	9. 00
10. 00	Total injection/infusion costs and their administration costs (sum of lines 5 and 9)	3, 715	9, 6	1, 714	0	10. 00
11.00	Total number of injections/infusions (from your records)	8	1	19 96	0	11. 00
12.00	Cost per injection/infusion (line 10/line 11)	464. 38	81. :	25 17.85	0.00	12.00
13. 00	Number of injection/infusion administered to Program beneficiaries	2	!	58 38	0	13. 00
13. 01	Number of COVID-19 vaccine injections/infusions administered to MA enrollees			0	0	13. 01
14. 00	Program cost of injections/infusions and their administration costs (line 12 times the sum of lines 13	929	4, 7	13 678	0	14. 00
	and 13.01, as applicable)				COST OF	
					INJECTIONS /	
					INFUSIONS AND	
					ADMI NI STRATI ON	
				1. 00	2.00	
15. 00	Total cost of injections/infusions and their administration 2, 2.01, and 2.02, line 10) (transfer this amount to Wkst.		columns 1,		15, 098	15. 00
16. 00	Total Program cost of injections/infusions and their admini	stration costs			6, 320	16. 00
	columns 1, 2, 2.01, and 2.02, line 14) (transfer this amount to Wkst. M-3, line 21)					

Heal th	Financial Systems MCDONOUGH DIST	RICT HOSPITAL		In Lie	u of Form CMS-2	2552-10
СОМРИТ	TATION OF HOSPITAL-BASED RHC/FQHC VACCINE COST	Provider CO	CN: 14-0089 CCN: 14-8619	Peri od: From 07/01/2022 To 06/30/2023	Worksheet M-4 Date/Time Pre	
		Title	XVIII	RHC II	Cost	+7 piii
		PNEUMOCOCCAL	INFLUENZA	COVI D-19	MONOCLONAL	
		VACCI NES	VACCI NES	VACCINES	ANTI BODY PRODUCTS	
		1. 00	2. 00	2. 01	2. 02	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	3, 914, 101	3, 914, 1	3, 914, 101	3, 914, 101	1. 00
2.00	Ratio of injection/infusion staff time to total health care staff time	0. 000008	0. 0005	0. 000170	0. 000000	2. 00
3. 00	Injection/infusion health care staff cost (line 1 x line 2)	31	2, 1	49 665	0	3. 00
4.00	Injections/infusions and related medical supplies costs (from your records)	623	6, 4	31 23	0	4. 00
5.00	Direct cost of injections/infusions (line 3 plus line 4)	654	8, 5	30 688	0	5. 00
6. 00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	4, 104, 214			4, 104, 214	6. 00
7.00	Total overhead (from Wkst. M-2, line 19)	4, 859, 777	4, 859, 7	77 4, 859, 777	4, 859, 777	7. 00
8. 00	Ratio of injection/infusion direct cost to total direct cost (line 5 divided by line 6)	0. 000159				8. 00
9.00	Overhead cost - injection/infusion (line 7 x line 8)	773	10, 1	52 816	0	9. 00
10. 00	Total injection/infusion costs and their administration costs (sum of lines 5 and 9)	1, 427	18, 7	1, 504	0	10. 00
11.00	Total number of injections/infusions (from your records)	3	2	16 67	0	11. 00
12.00	Cost per injection/infusion (line 10/line 11)	475. 67	86.	77 22. 45	0.00	12.00
13. 00	Number of injection/infusion administered to Program beneficiaries	1	:	19	0	13. 00
13. 01	Number of COVID-19 vaccine injections/infusions administered to MA enrollees			0	0	13. 01
14. 00	Program cost of injections/infusions and their administration costs (line 12 times the sum of lines 13	476	3, 2	10 427	0	14. 00
	and 13.01, as applicable)				0007.05	
					COST OF	
					INFUSIONS AND	
					ADMI NI STRATI ON	
				1. 00	2. 00	
15. 00	Total cost of injections/infusions and their administration		columns 1,		21, 673	15. 00
16. 00	2, 2.01, and 2.02, line 10) (transfer this amount to Wkst. Total Program cost of injections/infusions and their admini	stration costs			4, 113	16. 00
	columns 1, 2, 2.01, and 2.02, line 14) (transfer this amount	nt to Wkst. M-3	, line 21)			

Health Financial Systems	MCDONOUGH DISTRIC	T HOSPITAL	In Lie	u of Form CMS-2552-10
ANALYSIS OF PAYMENTS TO HOSPITAL-BASI SERVICES RENDERED TO PROGRAM BENEFICE	ARLES	Provider CCN: 14-0089 Component CCN: 14-8522	From 07/01/2022	

		Component Con. 14-0322	10 00/30/2023	11/29/2023 2: 4	
			RHC I	Cost	
			Par	t B	
			mm/dd/yyyy	Amount	
			1. 00	2.00	
1. 00	Total interim payments paid to hospital-based RHC/FQHC			100, 045	1. 00
2.00	Interim payments payable on individual bills, either submitte	ed or to be submitted to		0	2. 00
	the contractor for services rendered in the cost reporting pe				
	"NONE" or enter a zero				
3.00	List separately each retroactive lump sum adjustment amount b				3.00
	revision of the interim rate for the cost reporting period. A	Also show date of each			
	payment. If none, write "NONE" or enter a zero. (1)				
	Program to Provider				
3. 01				0	3.0
3.02				0	3. 02
3.03				0	3. 0
3.04				0	3. 0
3.05				0	3. 05
	Provider to Program				
3.50				0	3. 5
3. 51				0	3. 5
3. 52				0	3. 5
3. 53				0	3. 5
3.54				0	3. 5
3. 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98			0	3. 9
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfe	er to Worksheet M-3, line		100, 045	4.0
	27)				
	TO BE COMPLETED BY CONTRACTOR				
5.00	List separately each tentative settlement payment after desk	review. Also show date of	f		5. 0
	each payment. If none, write "NONE" or enter a zero. (1)				
	Program to Provider			_	
5. 01				0	5. 0
5. 02				0	5. 0
5. 03				0	5. 0
	Provider to Program				
5.50				0	5. 5
5. 51 5. 52				0 0	5. 5 5. 5
5. 99	Subtatal (sum of lines F O1 F 40 minus sum of lines F FO F O6	2)			5. 5 5. 9
5. 99 5. 00	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98	,		ا	6. 0
	Determined net settlement amount (balance due) based on the c SETTLEMENT TO PROVIDER	cost report. (1)		( 442	
5. 01	SETTLEMENT TO PROGRAM			6, 443	6.0
6. 02				١	6.0
7. 00	Total Medicare program liability (see instructions)		Contract	106, 488	7. 0
			Contractor	NPR Date	
		0	Number	(Mo/Day/Yr)	
0.00	Mama of Contractor	U	1. 00	2. 00	0.00
8.00	Name of Contractor		1	1	8.00

Health Financial Systems	MCDONOUGH DISTRIC	T HOSPITAL	In Lie	u of Form CMS-2552-10
ANALYSIS OF PAYMENTS TO HOSPITAL-BASE SERVICES RENDERED TO PROGRAM BENEFICE		Provider CCN: 14-0089 Component CCN: 14-8619	From 07/01/2022	
			DUIG I I	0 1

		Component Con. 14-8019	10 00/30/2023	11/29/2023 2: 4	
			RHC II	Cost	
			Part B		
			mm/dd/yyyy	Amount	
			1. 00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC			858, 378	1. 00
2.00	Interim payments payable on individual bills, either submitte	ed or to be submitted to		0	2. 00
	the contractor for services rendered in the cost reporting pe				
	"NONE" or enter a zero				
3.00	List separately each retroactive lump sum adjustment amount &				3.00
	revision of the interim rate for the cost reporting period. A	Also show date of each			
	payment. If none, write "NONE" or enter a zero. (1)				
	Program to Provider				
3.01				0	3. 0
3.02				0	3. 02
3.03				0	3. 03
3.04				0	3.0
3.05				0	3. 05
	Provider to Program				
3.50				0	3. 50
3. 51				0	3. 5
3. 52				0	3. 5
3. 53				0	3. 5
3.54				0	3. 5
3. 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98			0	3. 9
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfe	er to Worksheet M-3, line		858, 378	4.00
	27)				
	TO BE COMPLETED BY CONTRACTOR		-		
5.00	List separately each tentative settlement payment after desk	review. Also show date o	f		5. 0
	each payment. If none, write "NONE" or enter a zero. (1)				
	Program to Provider				
5. 01				0	5. 0
5.02				0	5. 02
5. 03	Describer to Description			0	5. 0
F F0	Provider to Program			0	
5.50					5. 50
5. 51 5. 52				0 0	5. 5
5. 92 5. 99	Subtatal (sum of lines E O1 E 40 minus sum of lines E E0 E O	9)			5. 5. 5. 9
5. 99 6. 00	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98			ا	6. 0
	Determined net settlement amount (balance due) based on the distribution of the distri	cost report. (1)		40 214	6. 0
6. 01				48, 314	
6. 02	SETTLEMENT TO PROGRAM			006 603	6. 0
7. 00	Total Medicare program liability (see instructions)		Contract	906, 692	7. 0
			Contractor	NPR Date	
		0	Number 1.00	(Mo/Day/Yr) 2.00	
8. 00	Name of Contractor	U	1.00	2.00	8. 00
5. UU	Name of Contractor		I	ı l	ø. U