This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050
EXPIRES 09-30-2025

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0145	Period: From 07/01/2022 To 06/30/2023	Worksheet S Parts I-III Date/Time Prepared: 1/24/2024 12:29 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically prepared cost report — Date: 1/24/2024 Time: 12:29 pm
2. [ ] Manually prepared cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.

Contractor use only

5. [1] Cost Report Status
   (1) As Submitted
   (2) Settled without Audit
   (3) Settled with Audit
   (4) Reopened
   (5) Amended
6. Date Received:
7. Contractor No.
8. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR Of PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. JOSEPHS HOSPITAL (14-0145) for the cost reporting period beginning 07/01/2022 and ending 06/30/2023 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR		CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1		2		
1				I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name				2
3	Signatory Title				3
4	Date				4

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	-31,976	-862	0	0	1.00
2.00	SUBPROVIDER - IPF	0	0	0		0	2.00
3.00	SUBPROVIDER - IRF	0	0	0		0	3.00
5.00	SWING BED - SNF	0	0	0		0	5.00
6.00	SWING BED - NF	0				0	6.00
10.00	RURAL HEALTH CLINIC I	0		31,620		0	10.00
200.00	TOTAL	0	-31,976	30,758	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: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet S-2 Part I | Date/Time Prepared: 1/24/2024 12:29 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 9515 HOLY CROSS LANE	PO Box:			1.00
2.00	City: BREESE	State: IL	Zip Code: 62230	County: CLINTON	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	ST. JOSEPHS HOSPITAL	140145	41180	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF	ST. JOSEPHS HOSPITAL	14U145	41180		05/18/2019	N	P	N	7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC	ST. JOSEPHS HOSPITAL RHC	148503	41180		01/01/2009	N	O	N	15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2022	06/30/2023	20.00
21.00	Type of Control (see instructions)	1		21.00

		1.00	2.00	3.00	
	Inpatient PPS Information				
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N		22.00
22.01	Did this hospital receive interim UCPs, including supplemental UCPs, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y		22.01
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or “N” for no.	N	N	N	22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	1	N		23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet S-2 Part I | Date/Time Prepared: 1/24/2024 12:29 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	151	87	0	0	658	72	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)			37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00

		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	Y	Y	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.	N			56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.	N			57.00

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		V	XVIII	XIX	
		1.00	2.00	3.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00

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

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

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

		1.00	
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet S-2 Part I | Date/Time Prepared: 1/24/2024 12:29 pm

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

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0145	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 1/24/2024 12:29 pm

		1.00	
	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)		
68.00	For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?	N	68.00

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N	87.00

		Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
		1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.		0	88.00

		Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge	
		1.00	2.00	3.00	
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.	0.00		0	89.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00

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		V	XIX	
		1.00	2.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06
	Rural Providers			
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00

		1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration)for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N	110.00

		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00

		1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			112.00
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet S-2 Part I | Date/Time Prepared: 1/24/2024 12:29 pm

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	130,165	240,000	820,026	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	Y	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.06	122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.			123.00
	Certified Transplant Center Information			
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H005	140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name: HOSPITAL SISTERS HEALTH SYSTEMS	Contractor's Name: NGS	Contractor's Number: 00131	141.00
142.00	Street: 4936 LAVERNA ROAD	PO Box:		142.00
143.00	City: SPRINGFIELD	State: IL	Zip Code: 62707	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

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					1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00
		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
					1.00	
	Multicampus					
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

			1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act			
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.		Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)		0.00	169.00
		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet S-2 Part II | Date/Time Prepared: 1/24/2024 12:29 pm

		Y/N	Date	
		1.00	2.00	
	PART II - HOSPITAL AND HOSPITAL HEATHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE			
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15.00

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/01/2023	Y	11/01/2023	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet S-2 Part II Date/Time Prepared: 1/24/2024 12:29 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00

		1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33.00
	Provider-Based Physicians		
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PATTY	RACHELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	FORVIS		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-231-5544	PATTY.RACHELL@FORVIS.COM	43.00

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		3.00		
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGING DIRECTOR		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet S-3 Part I | Date/Time Prepared: 1/24/2024 12:29 pm

	Component	Worksheet A Line No.	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
	PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	46	16,790	0.00	0	1.00
2.00	HMO and other (see instructions)						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		46	16,790	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	0	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		46	16,790	0.00	0	14.00
15.00	CAH visits					0	15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RHC (CONSOLIDATED)	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		46				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet S-3 Part I | Date/Time Prepared: 1/24/2024 12:29 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
	PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	1,491	63	3,650			1.00
2.00	HMO and other (see instructions)	737	745				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	424	0	782			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	44			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	1,915	63	4,476			7.00
8.00	INTENSIVE CARE UNIT	0	0	0			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		88	997			13.00
14.00	Total (see instructions)	1,915	151	5,473	0.00	195.05	14.00
15.00	CAH visits	0	0	0			15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			78			24.10
25.00	CMHC - CMHC						25.00
26.00	RHC (CONSOLIDATED)	13,426	3,826	51,517	0.00	17.17	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	212.22	27.00
28.00	Observation Bed Days		3	455			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			163			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	72	188			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0			34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet S-3 Part I | Date/Time Prepared: 1/24/2024 12:29 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
	PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	442	25	1,421	1.00
2.00	HMO and other (see instructions)			210	290		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	442	25	1,421	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RHC (CONSOLIDATED)	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet S-3 Part II | Date/Time Prepared: 1/24/2024 12:29 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	14,460,337	0	14,460,337	408,470.01	35.40	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		71,950	0	71,950	1,155.00	62.29	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		58,612	0	58,612	1,607.75	36.46	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		265,939	0	265,939	10,350.09	25.69	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		17,093	0	17,093	110.28	155.00	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		122,807	0	122,807	878.98	139.72	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		3,217,644	0	3,217,644	78,717.74	40.88	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		4,552,179	0	4,552,179			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		106,274	0	106,274			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		17,192	0	17,192			23.00
24.00	Wage-related costs (RHC/FQHC)		18,691	0	18,691			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		1,257,718	0	1,257,718			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet S-3 Part II | Date/Time Prepared: 1/24/2024 12:29 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	559,248	-754	558,494	17,777.50	31.42	27.00
28.00	Administrative & General under contract (see inst.)		301,729	0	301,729	2,686.12	112.33	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	485,504	0	485,504	16,771.18	28.95	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	492,567	0	492,567	28,620.85	17.21	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	266,493	-218,894	47,599	2,721.81	17.49	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	218,894	218,894	12,532.33	17.47	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	983,306	0	983,306	18,576.78	52.93	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	470,498	0	470,498	8,975.15	52.42	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	-754	754	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet S-3 Part III Date/Time Prepared: 1/24/2024 12:29 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		14,631,504	0	14,631,504	408,393.38	35.83	1.00
2.00	Excluded area salaries (see instructions)		265,939	0	265,939	10,350.09	25.69	2.00
3.00	Subtotal salaries (line 1 minus line 2)		14,365,565	0	14,365,565	398,043.29	36.09	3.00
4.00	Subtotal other wages & related costs (see inst.)		3,357,544	0	3,357,544	79,707.00	42.12	4.00
5.00	Subtotal wage-related costs (see inst.)		5,809,897	0	5,809,897	0.00	40.44	5.00
6.00	Total (sum of lines 3 thru 5)		23,533,006	0	23,533,006	477,750.29	49.26	6.00
7.00	Total overhead cost (see instructions)		3,558,591	0	3,558,591	108,661.72	32.75	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet S-3 Part IV Date/Time Prepared: 1/24/2024 12:29 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	249,616	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)	771,513	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)	2,569,611	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	18,849	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	287,894	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	867,985	17.00
18.00	Medicare Taxes - Employers Portion Only	209,675	18.00
19.00	Unemployment Insurance	-293,347	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	12,540	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	4,694,336	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet S-3 Part V | Date/Time Prepared: 1/24/2024 12:29 pm

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	17,093	4,694,336	1.00
2.00	Hospital	17,093	4,694,336	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I			17.00
18.00	Other	0	0	18.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA | Provider CCN: 14-0145 | Component CCN: 14-8503 | Period: From 07/01/2022 To 06/30/2023 | Worksheet S-8 | Date/Time Prepared: 1/24/2024 12:29 pm

RHC I | Cost

				1.00		
	Clinic Address and Identification					
1.00	Street			VARIOUS		1.00
		City		State	ZIP Code	
		1.00		2.00	3.00	
2.00	City, State, ZIP Code, County	VARIOUS		IL	62230	2.00
					1.00	
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban				0	3.00
			Grant Award		Date	
			1.00		2.00	
	Source of Federal Funds					
4.00	Community Health Center (Section 330(d), PHS Act)					4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)					5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)					6.00
7.00	Appalachian Regional Commission					7.00
8.00	Look-Alikes					8.00
9.00	OTHER (SPECIFY)					9.00
				1.00	2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)			N	0	10.00

		Sunday		Monday		Tuesday	
		from	to	from	to	from	
		1.00	2.00	3.00	4.00	5.00	
	Facility hours of operations (1)						
11.00	CLINIC			07:00	18:00	07:00	11.00

				1.00	2.00	
12.00	Have you received an approval for an exception to the productivity standard?			N		12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.			Y	3	13.00
			Provider name		CCN	
			1.00		2.00	
14.00	RHC/FQHC name, CCN		ST. JOSEPHS HOSPITAL		148503	14.00
14.01			CLINTON CNTY RURAL HEALTH NEW BADEN		148553	14.01
14.02			CLINTON CNTY RURAL HLTH-CARLYLE RIV		148570	14.02

		Y/N	V	XVIII	XIX	Total Visits	
		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

			County			
			4.00			
2.00	City, State, ZIP Code, County	VARIOUS				2.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA

Provider CCN: 14-0145
Component CCN: 14-8503

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

Worksheet S-8
Date/Time Prepared:
1/24/2024 12:29 pm

RHC I | Cost

		Tuesday	Wednesday		Thursday		
		to	from	to	from	to	
		6.00	7.00	8.00	9.00	10.00	
	Facility hours of operations (1)						
11.00	CLINIC	17:00	07:00	17:00	07:00	17:00	11.00

		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
	Facility hours of operations (1)						
11.00	CLINIC	07:00	17:00	07:00	14:00		11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0145	Period: From 07/01/2022 To 06/30/2023	Worksheet S-10 Date/Time Prepared: 1/24/2024 12:29 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.243490	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	2,304,215	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	18,140,999	6.00
7.00	Medicaid cost (line 1 times line 6)	4,417,152	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	2,112,937	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	0	9.00
10.00	Stand-alone CHIP charges	0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	2,112,937	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
	Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	1,464,540	335,793	1,800,333	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	356,601	335,793	692,394	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	356,601	335,793	692,394	23.00

		1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	2,124,794	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	87,897	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	135,227	27.01
28.00	Non-Medicare bad debt expense (see instructions)	1,989,567	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	531,770	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	1,224,164	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	3,337,101	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A | Date/Time Prepared: 1/24/2024 12:29 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		1,314,150	1,314,150	775,688	2,089,838	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	1,145,661	1,145,661	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	4,667,417	4,667,417	-1,492	4,665,925	4.00
5.01	00540	NONPATIENT TELEPHONES	0	66,682	66,682	21,857	88,539	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	100,989	142,569	243,558	-74	243,484	5.03
5.04	00570	ADMITTING	0	5,081	5,081	-1,823	3,258	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	ADMIN & GENERAL	458,259	13,804,951	14,263,210	220,853	14,484,063	5.06
7.00	00700	OPERATION OF PLANT	485,504	1,604,659	2,090,163	132,686	2,222,849	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	146,477	146,477	0	146,477	8.00
9.00	00900	HOUSEKEEPING	492,567	360,474	853,041	0	853,041	9.00
10.00	01000	DIETARY	266,493	352,630	619,123	-509,464	109,659	10.00
11.00	01100	CAFETERIA	0	0	0	505,488	505,488	11.00
13.00	01300	NURSING ADMINISTRATION	983,306	59,689	1,042,995	-40	1,042,955	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	470,498	724,292	1,194,790	-635,017	559,773	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	377	377	-339	38	16.00
17.00	01700	SOCIAL SERVICE	-754	645	-109	109	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	709,483	709,483	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,465,002	352,538	3,817,540	-1,702,432	2,115,108	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	-4,382	-4,382	223,354	218,972	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,576,455	2,873,751	4,450,206	-2,262,918	2,187,288	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	543	51,378	51,921	1,199,816	1,251,737	52.00
53.00	05300	ANESTHESIOLOGY	0	743,825	743,825	-744,069	-244	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,048,334	586,181	1,634,515	-247,350	1,387,165	54.00
57.00	05700	CT SCAN	0	40,924	40,924	-42,100	-1,176	57.00
58.00	05800	MRI	85,507	69,293	154,800	-7,699	147,101	58.00
60.00	06000	LABORATORY	1,119,503	1,674,954	2,794,457	-68,943	2,725,514	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	127,505	127,505	0	127,505	63.00
65.00	06500	RESPIRATORY THERAPY	498,438	121,311	619,749	-119,701	500,048	65.00
66.00	06600	PHYSICAL THERAPY	1,450,063	235,313	1,685,376	-176,409	1,508,967	66.00
69.00	06900	ELECTROCARDIOLOGY	12,046	20,105	32,151	-641	31,510	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	73	73	-73	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	92,486	123,941	216,427	2,146,911	2,363,338	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	563,998	563,998	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	690,662	690,662	73.00
76.97	07697	CARDIAC REHABILITATION	166,912	14,674	181,586	-9,557	172,029	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	130,562	8,840,469	8,971,031	-978,373	7,992,658	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	203,530	28,016	231,546	-378	231,168	90.02
91.00	09100	EMERGENCY	1,088,155	1,225,452	2,313,607	-130,820	2,182,787	91.00
91.01	09101	PRIORITY CARE CARLYLE	0	38,646	38,646	-4,141	34,505	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		OTHER REIMBURSABLE COST CENTERS						
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		325,918	325,918	-325,918	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,194,398	40,739,978	54,934,376	366,795	55,301,171	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	234,078	1,843,591	2,077,669	-409,266	1,668,403	192.00
194.00	07950	LIFELINE	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	VACANT SPACE	0	36,819	36,819	43,531	80,350	194.02
194.03	07953	TRANSPORTATION	31,861	17,661	49,522	-1,060	48,462	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	14,460,337	42,638,049	57,098,386	0	57,098,386	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A | Date/Time Prepared: 1/24/2024 12:29 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	-171,857	1,917,981		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-4,615	1,141,046		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,819,727	1,846,198		4.00
5.01	00540	NONPATIENT TELEPHONES	0	88,539		5.01
5.02	00550	DATA PROCESSING	0	0		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-1,368	242,116		5.03
5.04	00570	ADMITTING	212,947	216,205		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0		5.05
5.06	00590	ADMIN & GENERAL	-5,487,547	8,996,516		5.06
7.00	00700	OPERATION OF PLANT	-32,470	2,190,379		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-9,261	137,216		8.00
9.00	00900	HOUSEKEEPING	0	853,041		9.00
10.00	01000	DIETARY	0	109,659		10.00
11.00	01100	CAFETERIA	-25,285	480,203		11.00
13.00	01300	NURSING ADMINISTRATION	-28	1,042,927		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0		14.00
15.00	01500	PHARMACY	-1,583	558,190		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	581,745	581,783		16.00
17.00	01700	SOCIAL SERVICE	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-709,483	0		19.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-6,851	2,108,257		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
43.00	04300	NURSERY	0	218,972		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-182,556	2,004,732		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,251,737		52.00
53.00	05300	ANESTHESIOLOGY	0	-244		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-3,945	1,383,220		54.00
57.00	05700	CT SCAN	0	-1,176		57.00
58.00	05800	MRI	0	147,101		58.00
60.00	06000	LABORATORY	-9,210	2,716,304		60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	127,505		63.00
65.00	06500	RESPIRATORY THERAPY	0	500,048		65.00
66.00	06600	PHYSICAL THERAPY	-1,702	1,507,265		66.00
69.00	06900	ELECTROCARDIOLOGY	-10,747	20,763		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	2,363,338		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	563,998		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	690,662		73.00
76.97	07697	CARDIAC REHABILITATION	-1,175	170,854		76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0		77.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	-27,425	7,965,233		88.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	CLINIC	0	0		90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	-7,103	224,065		90.02
91.00	09100	EMERGENCY	-1,030,016	1,152,771		91.00
91.01	09101	PRIORITY CARE CARLYLE	0	34,505		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				92.00
		OTHER REIMBURSABLE COST CENTERS				
102.00	10200	OPIOID TREATMENT PROGRAM	0	0		102.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-9,749,262	45,551,909		118.00
		NONREIMBURSABLE COST CENTERS				
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	1,668,403		192.00
194.00	07950	LIFELINE	0	0		194.00
194.01	07951	DEVELOPMENT	0	0		194.01
194.02	07952	VACANT SPACE	0	80,350		194.02
194.03	07953	TRANSPORTATION	0	48,462		194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-9,749,262	47,349,124		200.00

RECLASSIFICATIONS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A-6 | Date/Time Prepared: 1/24/2024 12:29 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - NONPHYSICAN ANESTHETISTS				
1.00	NONPHYSICIAN ANESTHETISTS	19.00	0	709,483	1.00
	0		0	709,483	
	B - TO RECLASS CAFETERIA COST				
1.00	CAFETERIA	11.00	218,894	286,594	1.00
	0		218,894	286,594	
	D - RECLASS SOCIAL SERVICE SALARY				
1.00	SOCIAL SERVICE	17.00	754	0	1.00
	0		754	0	
	E - PHARMACY RECLASS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	690,662	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
	0		0	690,662	
	F - PLANT OP RECLASS				
1.00	OPERATION OF PLANT	7.00	0	203,284	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
	0		0	203,284	
	G - TELEPHONE RECLASS				
1.00	NONPATIENT TELEPHONES	5.01	0	21,857	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
	0		0	21,857	
	I - SUPPLY & IMPLANTS RECLASS				
1.00	PHARMACY	15.00	0	27,097	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	2,172,813	2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	563,998	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
	0		0	2,763,908	
	J - DEPRECIATION RECLASS				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	448,924	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,145,661	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00

RECLASSIFICATIONS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A-6 | Date/Time Prepared: 1/24/2024 12:29 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
	0		0	1,594,585		
	K - TO RECLASS INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	326,764		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	TOTALS		0	326,764		
	L - SALARY CORRECTION RECLASS					
1.00	NURSERY	43.00	255,648	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,246,302	0		2.00
	0		1,501,950	0		
	P - OVERHEAD PHYSICIAN EXPENSES					
1.00	ADULTS & PEDIATRICS	30.00	0	7,485		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	7,485		
	R - RHC ADMTTTING PERSONNEL					
1.00	ADMIN & GENERAL	5.06	0	500,455		1.00
	0		0	500,455		
	S - ADVERTISING & SPONSORSHIP RECLASS					
1.00	ADMIN & GENERAL	5.06	0	132		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	132		
	T - CCRHC-GTOWN CLOSING RECLASS					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,000		1.00
2.00	PHYSICAL THERAPY	66.00	0	11,507		2.00
3.00	VACANT SPACE	194.02	0	65,091		3.00
	TOTALS		0	81,598		
500.00	Grand Total: Increases		1,721,598	7,186,807		500.00

RECLASSIFICATIONS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A-6 | Date/Time Prepared: 1/24/2024 12:29 pm

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	A - NONPHYSICAN ANESTHETISTS					
1.00	ANESTHESIOLOGY	53.00	0	709,483	0	1.00
	0		0	709,483		
	B - TO RECLASS CAFETERIA COST					
1.00	DIETARY	10.00	218,894	286,594	0	1.00
	0		218,894	286,594		
	D - RECLASS SOCIAL SERVICE SALARY					
1.00	ADMIN & GENERAL	5.06	754	0	0	1.00
	0		754	0		
	E - PHARMACY RECLASS					
1.00	PHARMACY	15.00	0	656,412	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	1,611	0	2.00
3.00	OPERATING ROOM	50.00	0	21,087	0	3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,677	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,558	0	5.00
6.00	LABORATORY	60.00	0	173	0	6.00
7.00	RESPIRATORY THERAPY	65.00	0	394	0	7.00
8.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	3,082	0	8.00
9.00	OUTPATIENT PSYCHIATRIC	90.02	0	76	0	9.00
10.00	EMERGENCY	91.00	0	1,592	0	10.00
	0		0	690,662		
	F - PLANT OP RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	0	566	0	1.00
2.00	OPERATING ROOM	50.00	0	168	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	168	0	3.00
4.00	PHYSICAL THERAPY	66.00	0	28	0	4.00
5.00	RURAL HEALTH CLINIC	88.00	0	10,743	0	5.00
6.00	EMERGENCY	91.00	0	232	0	6.00
7.00	PHYSICIANS PRIVATE OFFICES	192.00	0	175,091	0	7.00
8.00	VACANT SPACE	194.02	0	16,288	0	8.00
	0		0	203,284		
	G - TELEPHONE RECLASS					
1.00	ADMIN & GENERAL	5.06	0	1,953	0	1.00
2.00	OPERATION OF PLANT	7.00	0	1,577	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	35	0	3.00
4.00	LABORATORY	60.00	0	111	0	4.00
5.00	PHYSICAL THERAPY	66.00	0	258	0	5.00
6.00	RURAL HEALTH CLINIC	88.00	0	3,294	0	6.00
7.00	PHYSICIANS PRIVATE OFFICES	192.00	0	13,569	0	7.00
8.00	TRANSPORTATION	194.03	0	1,060	0	8.00
	0		0	21,857		
	I - SUPPLY & IMPLANTS RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	0	142,014	0	1.00
2.00	NURSERY	43.00	0	31,861	0	2.00
3.00	OPERATING ROOM	50.00	0	2,046,385	0	3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	36,933	0	4.00
5.00	ANESTHESIOLOGY	53.00	0	15,078	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	68,686	0	6.00
7.00	CT SCAN	57.00	0	9,333	0	7.00
8.00	MRI	58.00	0	7,670	0	8.00
9.00	RESPIRATORY THERAPY	65.00	0	113,674	0	9.00
10.00	PHYSICAL THERAPY	66.00	0	179,999	0	10.00
11.00	ELECTROCARDIOLOGY	69.00	0	641	0	11.00
12.00	ELECTROENCEPHALOGRAPHY	70.00	0	73	0	12.00
13.00	CARDIAC REHABILITATION	76.97	0	2,218	0	13.00
14.00	OUTPATIENT PSYCHIATRIC	90.02	0	302	0	14.00
15.00	EMERGENCY	91.00	0	105,761	0	15.00
16.00	PRIORITY CARE CARLYLE	91.01	0	3,280	0	16.00
	0		0	2,763,908		
	J - DEPRECIATION RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,492	9	1.00
2.00	ADMITTING	5.04	0	1,823	9	2.00
3.00	ADMIN & GENERAL	5.06	0	274,477	0	3.00
4.00	OPERATION OF PLANT	7.00	0	68,912	0	4.00
5.00	DIETARY	10.00	0	3,976	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	40	0	6.00
7.00	PHARMACY	15.00	0	767	0	7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	339	0	8.00
9.00	SOCIAL SERVICE	17.00	0	645	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	63,776	0	10.00
11.00	NURSERY	43.00	0	433	0	11.00
12.00	OPERATING ROOM	50.00	0	195,255	0	12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	7,876	0	13.00

RECLASSIFICATIONS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A-6 | Date/Time Prepared: 1/24/2024 12:29 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
14.00	ANESTHESIOLOGY	53.00	0	19,508	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	178,903	0		15.00
16.00	CT SCAN	57.00	0	32,767	0		16.00
17.00	MRI	58.00	0	29	0		17.00
18.00	LABORATORY	60.00	0	68,659	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	5,633	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	7,631	0		20.00
21.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	22,820	0		21.00
22.00	CARDIAC REHABILITATION	76.97	0	7,339	0		22.00
23.00	RURAL HEALTH CLINIC	88.00	0	381,748	0		23.00
24.00	EMERGENCY	91.00	0	23,235	0		24.00
25.00	PRIORITY CARE CARLYLE	91.01	0	624	0		25.00
26.00	PHYSICIANS PRIVATE OFFICES	192.00	0	220,606	0		26.00
27.00	VACANT SPACE	194.02	0	5,272	0		27.00
	0		0	1,594,585			
	K - TO RECLASS INTEREST EXPENSE						
1.00	PURCHASING RECEIVING AND STORES	5.03	0	74	11		1.00
2.00	RURAL HEALTH CLINIC	88.00	0	535	0		2.00
3.00	PRIORITY CARE CARLYLE	91.01	0	237	0		3.00
4.00	INTEREST EXPENSE	113.00	0	325,918	0		4.00
	TOTALS		0	326,764			
	L - SALARY CORRECTION RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	1,501,950	0	0		1.00
2.00		0.00	0	0	0		2.00
	0		1,501,950	0			
	P - OVERHEAD PHYSICIAN EXPENSES						
1.00	ADMIN & GENERAL	5.06	0	2,550	0		1.00
2.00	PHARMACY	15.00	0	4,935	0		2.00
	TOTALS		0	7,485			
	R - RHC ADMTTTING PERSONNEL						
1.00	RURAL HEALTH CLINIC	88.00	0	500,455	0		1.00
	0		0	500,455			
	S - ADVERTISING & SPONSORSHIP RECLASS						
1.00	OPERATION OF PLANT	7.00	0	109	0		1.00
2.00	OPERATING ROOM	50.00	0	23	0		2.00
	TOTALS		0	132			
	T - CCRHC-GTOWN CLOSING RECLASS						
1.00	RURAL HEALTH CLINIC	88.00	0	81,598	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	81,598			
500.00	Grand Total: Decreases		1,721,598	7,186,807			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A-7 Part I | Date/Time Prepared: 1/24/2024 12:29 pm

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,704,211	0	0	0	0	1.00
2.00	Land Improvements	5,059,795	23,568	0	23,568	0	2.00
3.00	Buildings and Fixtures	52,978,116	1,011,976	0	1,011,976	0	3.00
4.00	Building Improvements	1,146,389	0	0	0	95,997	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	29,160,081	2,333,051	0	2,333,051	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	90,048,592	3,368,595	0	3,368,595	95,997	8.00
9.00	Reconciling Items	1,403,287	0	0	0	106,546	9.00
10.00	Total (line 8 minus line 9)	88,645,305	3,368,595	0	3,368,595	-10,549	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	1,704,211	0	1.00
2.00	Land Improvements	5,083,363	0	2.00
3.00	Buildings and Fixtures	53,990,092	0	3.00
4.00	Building Improvements	1,050,392	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	31,493,132	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	93,321,190	0	8.00
9.00	Reconciling Items	1,296,741	0	9.00
10.00	Total (line 8 minus line 9)	92,024,449	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A-7 Part II | Date/Time Prepared: 1/24/2024 12:29 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	1,314,150	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,314,150	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL			
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
		14.00	15.00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2				
1.00	CAP REL COSTS-BLDG & FIXT	0	1,314,150		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00
3.00	Total (sum of lines 1-2)	0	1,314,150		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A-7 Part III | Date/Time Prepared: 1/24/2024 12:29 pm

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	61,828,058	0	61,828,058	0.662530	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	31,493,132	0	31,493,132	0.337470	0	2.00
3.00	Total (sum of lines 1-2)	93,321,190	0	93,321,190	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,917,981	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,141,046	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,059,027	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	1,917,981	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,141,046	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	3,059,027	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A-8 | Date/Time Prepared: 1/24/2024 12:29 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-326,764	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-3,734	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,248,895			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-382,829			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-25,285	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	B	0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	0	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist	A	-709,483	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A-8 | Date/Time Prepared: 1/24/2024 12:29 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	DEFINED PENSION ADJUSTMENT	A	-508,391	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01	MISCELLANEOUS INCOME	B	-1,368	PURCHASING RECEIVING AND STORES	5.03	0	33.01
33.02	MISCELLANEOUS INCOME	B	44,395	ADMIN & GENERAL	5.06	0	33.02
33.03	MISCELLANEOUS INCOME	B	-1,247	OPERATION OF PLANT	7.00	0	33.03
33.04	MISCELLANEOUS INCOME	B	-515	PHYSICAL THERAPY	66.00	0	33.04
33.05	MISCELLANEOUS INCOME	B	-880	RURAL HEALTH CLINIC	88.00	0	33.05
33.06	MISCELLANEOUS INCOME	B	-2,645	RADIOLOGY-DIAGNOSTIC	54.00	0	33.06
33.07	MISCELLANEOUS INCOME	B	-1,250	ADULTS & PEDIATRICS	30.00	0	33.07
33.08	LOBBYING EXPENSES	A	-26,891	ADMIN & GENERAL	5.06	0	33.08
33.09	MARKETING & COMMUNITY BENEFIT SALARY	A	-3,856	ADMIN & GENERAL	5.06	0	33.09
33.10	MARKETING & COMMUNITY BENEFIT BENEFI	A	-544	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.10
33.11	MARKETING & COMMUNITY BENEFIT OTHER	A	-147,537	ADMIN & GENERAL	5.06	0	33.11
33.12	MEDICAID PROVIDER TAX	A	-2,320,401	ADMIN & GENERAL	5.06	0	33.12
33.13	ALCOHOL EXPENSE	A	-811	ADMIN & GENERAL	5.06	0	33.13
35.00	EMPLOYEE SELF-INSURANCE	A	-2,120,826	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35.00
35.01	PROPERTY TAX OFFSET	A	-2,860	ADMIN & GENERAL	5.06	0	35.01
36.00	NON-ALLOWABLE EXPENSE	A	-755	ADMIN & GENERAL	5.06	0	36.00
37.00	BUILDING RELIFING	A	154,907	CAP REL COSTS-BLDG & FIXT	1.00	9	37.00
38.00	EQUIPMENT RELIFING	A	-4,615	CAP REL COSTS-MVBLE EQUIP	2.00	9	38.00
39.00	RENTAL INCOME	B	-27,489	OPERATION OF PLANT	7.00	0	39.00
39.01	HSHS MED GROUP	A	-1,986,642	ADMIN & GENERAL	5.06	0	39.01
39.02	NONREIMBURSABLE EXPENSE	A	-470	ADMIN & GENERAL	5.06	0	39.02
39.03	NONREIMBURSABLE EXPENSE	A	-28	NURSING ADMINISTRATION	13.00	0	39.03
39.04	PHYSICIAN RECRUITMENT EXPENSE	A	-65,008	ADMIN & GENERAL	5.06	0	39.04
39.05	MED GROUP RHC ADVERTISING	A	-26,545	RURAL HEALTH CLINIC	88.00	0	39.05
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,749,262				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A-8-1 | Date/Time Prepared: 1/24/2024 12:29 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS - HEALTH &	3,154,816	3,155,821	1.00
2.00	5.06	ADMIN & GENERAL	INFORMATION SYSTEMS -- ISC M	2,529,637	1,900,548	2.00
3.00	5.06	ADMIN & GENERAL	CASHIER/AR SBO	813,670	0	3.00
4.00	5.04	ADMITTING	ADMITTING SBO	212,947	0	4.00
4.01	5.06	ADMIN & GENERAL	ADMIN-SBO	0	2,804,940	4.01
4.02	16.00	MEDICAL RECORDS & LIBRARY	MED REC-SBO	581,745	0	4.02
4.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS - HUMAN RE	85,190	274,151	4.03
4.04	5.06	ADMIN & GENERAL	ADMIN CONTRACTED SVCS	1,456,264	1,874,568	4.04
4.05	5.06	ADMIN & GENERAL	ADMIN PURCHASED SVCS	0	117,735	4.05
4.06	5.06	ADMIN & GENERAL	IL - A&G	533,526	684,047	4.06
4.07	15.00	PHARMACY	IL - SHARED PHARMACIST	63,515	65,098	4.07
4.08	8.00	LAUNDRY & LINEN SERVICE	LAUNDRY	137,216	146,477	4.08
4.09	5.06	ADMIN & GENERAL	IL - LIBRARY	14,488	16,271	4.09
4.10	5.06	ADMIN & GENERAL	RHC - MED GROUP MANAGEMENT F	1,073,813	0	4.10
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			10,656,827	11,039,656	5.00

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

				Related Organization(s) and/or Home Office		
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 14-0145	Period: From 07/01/2022 To 06/30/2023	Worksheet A-8-1 Date/Time Prepared: 1/24/2024 12:29 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	-1,005	0		1.00
2.00	629,089	0		2.00
3.00	813,670	0		3.00
4.00	212,947	0		4.00
4.01	-2,804,940	0		4.01
4.02	581,745	0		4.02
4.03	-188,961	0		4.03
4.04	-418,304	0		4.04
4.05	-117,735	0		4.05
4.06	-150,521	0		4.06
4.07	-1,583	0		4.07
4.08	-9,261	0		4.08
4.09	-1,783	0		4.09
4.10	1,073,813	0		4.10
5.00	-382,829			5.00

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

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

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

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

6.00	CORPORATE OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A-8-2 | Date/Time Prepared: 1/24/2024 12:29 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	22,989	2,250	20,739	211,500	171	1.00
2.00	50.00	OPERATING ROOM	182,556	182,556	0	246,400	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	1,300	1,300	0	239,400	0	3.00
4.00	60.00	LABORATORY	70,030	0	70,030	260,300	486	4.00
5.00	66.00	PHYSICAL THERAPY	8,000	0	8,000	211,500	67	5.00
6.00	69.00	ELECTROCARDIOLOGY	10,747	10,747	0	211,500	0	6.00
7.00	76.97	CARDIAC REHABILITATION	1,988	0	1,988	211,500	8	7.00
8.00	90.02	OUTPATIENT PSYCHIATRIC	22,050	0	22,050	211,500	147	8.00
9.00	91.00	EMERGENCY	1,030,016	1,030,016	0	211,500	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,349,676	1,226,869	122,807		879	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	17,388	869	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	3.00
4.00	60.00	LABORATORY	60,820	3,041	0	0	0	4.00
5.00	66.00	PHYSICAL THERAPY	6,813	341	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	6.00
7.00	76.97	CARDIAC REHABILITATION	813	41	0	0	0	7.00
8.00	90.02	OUTPATIENT PSYCHIATRIC	14,947	747	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			100,781	5,039	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	17,388	3,351	5,601		1.00
2.00	50.00	OPERATING ROOM	0	0	0	182,556		2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,300		3.00
4.00	60.00	LABORATORY	0	60,820	9,210	9,210		4.00
5.00	66.00	PHYSICAL THERAPY	0	6,813	1,187	1,187		5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	10,747		6.00
7.00	76.97	CARDIAC REHABILITATION	0	813	1,175	1,175		7.00
8.00	90.02	OUTPATIENT PSYCHIATRIC	0	14,947	7,103	7,103		8.00
9.00	91.00	EMERGENCY	0	0	0	1,030,016		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	100,781	22,026	1,248,895		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B Part I Date/Time Prepared: 1/24/2024 12:29 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			0	1.00	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,917,981	1,917,981				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,141,046		1,141,046			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,846,198	3,927	1,596	1,851,721		4.00
5.01	00540	NONPATIENT TELEPHONES	88,539	0	0	0	88,539	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	242,116	28,492	0	12,932	640	5.03
5.04	00570	ADMITTING	216,205	31,459	1,950	0	640	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	ADMIN & GENERAL	8,996,516	489,734	238,112	58,586	14,586	5.06
7.00	00700	OPERATION OF PLANT	2,190,379	134,028	70,347	62,171	2,943	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	137,216	32,131	0	0	128	8.00
9.00	00900	HOUSEKEEPING	853,041	15,854	0	63,076	896	9.00
10.00	01000	DIETARY	109,659	27,012	4,254	6,095	1,024	10.00
11.00	01100	CAFETERIA	480,203	17,181	0	28,030	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,042,927	5,391	309	125,917	640	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	558,190	8,559	1,159	60,250	640	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	581,783	10,526	363	0	3,838	16.00
17.00	01700	SOCIAL SERVICE	0	1,784	690	0	768	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,108,257	126,349	43,017	251,381	16,249	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	218,972	7,727	463	32,737	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,004,732	156,280	238,314	201,873	6,269	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,251,737	25,772	6,779	159,665	0	52.00
53.00	05300	ANESTHESIOLOGY	-244	1,552	33,067	0	128	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,383,220	31,843	218,119	134,244	2,815	54.00
57.00	05700	CT SCAN	-1,176	3,671	0	0	0	57.00
58.00	05800	MRI	147,101	5,807	31	10,950	0	58.00
60.00	06000	LABORATORY	2,716,304	17,645	55,278	143,358	2,431	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	127,505	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	500,048	8,679	6,535	63,827	1,407	65.00
66.00	06600	PHYSICAL THERAPY	1,507,265	76,356	8,830	185,688	3,199	66.00
69.00	06900	ELECTROCARDIOLOGY	20,763	0	0	1,543	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	2,363,338	6,783	24,415	11,843	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	563,998	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	690,662	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	170,854	16,126	7,759	21,374	512	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	7,965,233	194,091	111,264	16,719	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	224,065	12,262	0	26,063	1,535	90.02
91.00	09100	EMERGENCY	1,152,771	43,801	39,757	139,344	2,303	91.00
91.01	09101	PRIORITY CARE CARLYLE	34,505	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		OTHER REIMBURSABLE COST CENTERS						
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	45,551,909	1,540,822	1,112,408	1,817,666	63,591	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	1,668,403	266,472	28,638	29,975	24,948	192.00
194.00	07950	LIFELINE	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	VACANT SPACE	80,350	110,687	0	0	0	194.02
194.03	07953	TRANSPORTATION	48,462	0	0	4,080	0	194.03
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)	47,349,124	1,917,981	1,141,046	1,851,721	88,539	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B Part I | Date/Time Prepared: 1/24/2024 12:29 pm

		Cost Center Description	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	0					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	284,180				5.03
5.04	00570	ADMITTING	0	161	250,415			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0		5.05
5.06	00590	ADMIN & GENERAL	0	3,649	0	0	9,801,183	5.06
7.00	00700	OPERATION OF PLANT	0	5,375	0	0	2,465,243	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	169,475	8.00
9.00	00900	HOUSEKEEPING	0	1,065	0	0	933,932	9.00
10.00	01000	DIETARY	0	0	0	0	148,044	10.00
11.00	01100	CAFETERIA	0	0	0	0	525,414	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	1,175,184	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	628,798	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2	0	0	596,512	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	3,242	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	4,415	7,044	0	2,556,712	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	236	1,385	0	261,520	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	8,169	30,777	0	2,646,414	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	241	6,752	0	1,450,946	52.00
53.00	05300	ANESTHESIOLOGY	0	136	7,613	0	42,252	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,409	25,796	0	1,799,446	54.00
57.00	05700	CT SCAN	0	2,243	32,689	0	37,427	57.00
58.00	05800	MRI	0	207	9,570	0	173,666	58.00
60.00	06000	LABORATORY	0	32,211	46,944	0	3,014,171	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	6,285	1,134	0	134,924	63.00
65.00	06500	RESPIRATORY THERAPY	0	165	3,067	0	583,728	65.00
66.00	06600	PHYSICAL THERAPY	0	543	13,213	0	1,795,094	66.00
69.00	06900	ELECTROCARDIOLOGY	0	430	3,449	0	26,185	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	111,247	5,347	0	2,522,973	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	27,801	3,832	0	595,631	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	34,044	12,249	0	736,955	73.00
76.97	07697	CARDIAC REHABILITATION	0	154	337	0	217,116	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	40,120	17,819	0	8,345,246	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	0	38	907	0	264,870	90.02
91.00	09100	EMERGENCY	0	698	20,449	0	1,399,123	91.00
91.01	09101	PRIORITY CARE CARLYLE	0	3	42	0	34,550	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	283,047	250,415	0	45,085,976	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	1,128	0	0	2,019,564	192.00
194.00	07950	LIFELINE	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	VACANT SPACE	0	0	0	0	191,037	194.02
194.03	07953	TRANSPORTATION	0	5	0	0	52,547	194.03
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	284,180	250,415	0	47,349,124	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B Part I | Date/Time Prepared: 1/24/2024 12:29 pm

		Cost Center Description	ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMIN & GENERAL	9,801,183					5.06
7.00	00700	OPERATION OF PLANT	643,505	3,108,748				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	44,238	81,187	294,900			8.00
9.00	00900	HOUSEKEEPING	243,785	40,058	0	1,217,775		9.00
10.00	01000	DIETARY	38,644	68,252	0	16,476	271,416	10.00
11.00	01100	CAFETERIA	137,149	43,413	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	306,759	13,622	0	8,238	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	164,136	21,626	0	30,205	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	155,708	26,597	0	5,492	0	16.00
17.00	01700	SOCIAL SERVICE	846	4,507	0	5,492	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	667,381	319,250	129,169	214,184	240,239	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	68,265	19,524	0	16,476	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	690,796	394,879	61,447	197,709	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	378,742	65,119	0	10,984	0	52.00
53.00	05300	ANESTHESIOLOGY	11,029	3,921	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	469,711	80,459	36,324	60,411	0	54.00
57.00	05700	CT SCAN	9,770	9,277	0	10,984	0	57.00
58.00	05800	MRI	45,332	14,673	0	5,492	0	58.00
60.00	06000	LABORATORY	786,792	44,585	112	19,222	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	35,219	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	152,371	21,929	0	10,984	0	65.00
66.00	06600	PHYSICAL THERAPY	468,575	192,933	5,190	19,222	0	66.00
69.00	06900	ELECTROCARDIOLOGY	6,835	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	658,574	17,139	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	155,478	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	192,368	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	56,674	40,745	0	10,984	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	2,178,377	490,416	847	141,362	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	69,139	30,983	0	0	0	90.02
91.00	09100	EMERGENCY	365,214	110,674	49,599	109,838	10,492	91.00
91.01	09101	PRIORITY CARE CARLYLE	9,019	0	0	5,492	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		OTHER REIMBURSABLE COST CENTERS						
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,210,431	2,155,768	282,688	899,247	250,731	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	527,169	673,303	12,212	318,528	20,685	192.00
194.00	07950	LIFELINE	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	VACANT SPACE	49,867	279,677	0	0	0	194.02
194.03	07953	TRANSPORTATION	13,716	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	9,801,183	3,108,748	294,900	1,217,775	271,416	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B Part I | Date/Time Prepared: 1/24/2024 12:29 pm

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	705,976					11.00
13.00	01300	NURSING ADMINISTRATION	36,322	1,540,125				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0			14.00
15.00	01500	PHARMACY	17,530	84,413	0	946,708		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	784,309	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	106,361	511,664	0	23	706,864	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	11,755	56,573	0	341	44,777	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	72,196	347,182	0	371	5,069	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	57,513	276,556	0	0	7,885	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	52,754	0	0	0	282	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	4,149	0	0	0	0	58.00
60.00	06000	LABORATORY	75,125	0	0	0	282	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	26,926	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	85,578	0	0	0	1,126	66.00
69.00	06900	ELECTROCARDIOLOGY	651	3,179	0	0	282	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	8,908	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	455,179	0	73.00
76.97	07697	CARDIAC REHABILITATION	7,972	38,402	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	66,014	0	0	490,794	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	9,802	0	0	0	0	90.02
91.00	09100	EMERGENCY	46,205	222,156	0	0	17,742	91.00
91.01	09101	PRIORITY CARE CARLYLE	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		OTHER REIMBURSABLE COST CENTERS						
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	685,761	1,540,125	0	946,708	784,309	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	16,514	0	0	0	0	192.00
194.00	07950	LIFELINE	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	VACANT SPACE	0	0	0	0	0	194.02
194.03	07953	TRANSPORTATION	3,701	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	705,976	1,540,125	0	946,708	784,309	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B Part I | Date/Time Prepared: 1/24/2024 12:29 pm

		Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	14,087					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	14,087	0	5,465,934	0	5,465,934	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	479,231	0	479,231	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	4,416,063	0	4,416,063	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,247,745	0	2,247,745	52.00
53.00	05300	ANESTHESIOLOGY	0	0	57,202	0	57,202	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,499,387	0	2,499,387	54.00
57.00	05700	CT SCAN	0	0	67,458	0	67,458	57.00
58.00	05800	MRI	0	0	243,312	0	243,312	58.00
60.00	06000	LABORATORY	0	0	3,940,289	0	3,940,289	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	170,143	0	170,143	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	795,938	0	795,938	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,567,718	0	2,567,718	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	37,132	0	37,132	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	3,207,594	0	3,207,594	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	751,109	0	751,109	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,384,502	0	1,384,502	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	371,893	0	371,893	76.97
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	11,713,056	0	11,713,056	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	374,794	0	374,794	90.02
91.00	09100	EMERGENCY	0	0	2,331,043	0	2,331,043	91.00
91.01	09101	PRIORITY CARE CARLYLE	0	0	49,061	0	49,061	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,087	0	43,170,604	0	43,170,604	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	3,587,975	0	3,587,975	192.00
194.00	07950	LIFELINE	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	VACANT SPACE	0	0	520,581	0	520,581	194.02
194.03	07953	TRANSPORTATION	0	0	69,964	0	69,964	194.03
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	14,087	0	47,349,124	0	47,349,124	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B Part II Date/Time Prepared: 1/24/2024 12:29 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	3,927	1,596	5,523	5,523	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	93,457	28,492	0	121,949	39	5.03
5.04	00570	ADMITTING	0	31,459	1,950	33,409	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	ADMIN & GENERAL	636,917	489,734	238,112	1,364,763	175	5.06
7.00	00700	OPERATION OF PLANT	0	134,028	70,347	204,375	185	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,164	32,131	0	40,295	0	8.00
9.00	00900	HOUSEKEEPING	0	15,854	0	15,854	188	9.00
10.00	01000	DIETARY	0	27,012	4,254	31,266	18	10.00
11.00	01100	CAFETERIA	0	17,181	0	17,181	84	11.00
13.00	01300	NURSING ADMINISTRATION	0	5,391	309	5,700	376	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	8,559	1,159	9,718	180	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10,526	363	10,889	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,784	690	2,474	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,380	126,349	43,017	170,746	748	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	7,727	463	8,190	98	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	159,604	156,280	238,314	554,198	602	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	25,772	6,779	32,551	476	52.00
53.00	05300	ANESTHESIOLOGY	0	1,552	33,067	34,619	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,650	31,843	218,119	257,612	400	54.00
57.00	05700	CT SCAN	0	3,671	0	3,671	0	57.00
58.00	05800	MRI	0	5,807	31	5,838	33	58.00
60.00	06000	LABORATORY	2,974	17,645	55,278	75,897	428	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	8,679	6,535	15,214	190	65.00
66.00	06600	PHYSICAL THERAPY	11,582	76,356	8,830	96,768	554	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	5	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	6,783	24,415	31,198	35	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
76.97	07697	CARDIAC REHABILITATION	0	16,126	7,759	23,885	64	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	17,727	194,091	111,264	323,082	50	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	0	12,262	0	12,262	78	90.02
91.00	09100	EMERGENCY	0	43,801	39,757	83,558	416	91.00
91.01	09101	PRIORITY CARE CARLYLE	34,436	0	0	34,436	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	973,891	1,540,822	1,112,408	3,627,121	5,422	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	266,472	28,638	295,110	89	192.00
194.00	07950	LIFELINE	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	VACANT SPACE	61,385	110,687	0	172,072	0	194.02
194.03	07953	TRANSPORTATION	0	0	0	0	12	194.03
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)	1,035,276	1,917,981	1,141,046	4,094,303	5,523	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B Part II | Date/Time Prepared: 1/24/2024 12:29 pm

		Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	0					5.01
5.02	00550	DATA PROCESSING	0	0				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	121,988			5.03
5.04	00570	ADMITTING	0	0	69	33,478		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	ADMIN & GENERAL	0	0	1,566	0	0	5.06
7.00	00700	OPERATION OF PLANT	0	0	2,307	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	457	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	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	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	1,895	943	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	101	185	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	3,506	4,120	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	104	904	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	58	1,019	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,463	3,453	0	54.00
57.00	05700	CT SCAN	0	0	963	4,375	0	57.00
58.00	05800	MRI	0	0	89	1,281	0	58.00
60.00	06000	LABORATORY	0	0	13,827	6,242	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	2,698	152	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	71	410	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	233	1,769	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	184	462	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	47,757	716	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	11,934	513	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	14,614	1,640	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	66	45	0	76.97
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	17,222	2,385	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	16	121	0	90.02
91.00	09100	EMERGENCY	0	0	300	2,737	0	91.00
91.01	09101	PRIORITY CARE CARLYLE	0	0	1	6	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		OTHER REIMBURSABLE COST CENTERS						
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	121,502	33,478	0	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	484	0	0	192.00
194.00	07950	LIFELINE	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	VACANT SPACE	0	0	0	0	0	194.02
194.03	07953	TRANSPORTATION	0	0	2	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	121,988	33,478	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B Part II | Date/Time Prepared: 1/24/2024 12:29 pm

		Cost Center Description	ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMIN & GENERAL	1,366,504					5.06
7.00	00700	OPERATION OF PLANT	89,720	296,587				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,168	7,746	54,209			8.00
9.00	00900	HOUSEKEEPING	33,990	3,822	0	54,311		9.00
10.00	01000	DIETARY	5,388	6,512	0	735	43,919	10.00
11.00	01100	CAFETERIA	19,122	4,142	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	42,770	1,300	0	367	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	22,884	2,063	0	1,347	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21,709	2,538	0	245	0	16.00
17.00	01700	SOCIAL SERVICE	118	430	0	245	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	93,049	30,458	23,744	9,552	38,874	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	9,518	1,863	0	735	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	96,314	37,673	11,295	8,818	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,806	6,213	0	490	0	52.00
53.00	05300	ANESTHESIOLOGY	1,538	374	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	65,489	7,676	6,677	2,694	0	54.00
57.00	05700	CT SCAN	1,362	885	0	490	0	57.00
58.00	05800	MRI	6,320	1,400	0	245	0	58.00
60.00	06000	LABORATORY	109,698	4,254	21	857	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	4,910	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	21,244	2,092	0	490	0	65.00
66.00	06600	PHYSICAL THERAPY	65,331	18,407	954	857	0	66.00
69.00	06900	ELECTROCARDIOLOGY	953	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	91,821	1,635	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,677	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,821	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	7,902	3,887	0	490	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	303,700	46,788	156	6,305	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	9,640	2,956	0	0	0	90.02
91.00	09100	EMERGENCY	50,920	10,559	9,117	4,899	1,698	91.00
91.01	09101	PRIORITY CARE CARLYLE	1,257	0	0	245	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		OTHER REIMBURSABLE COST CENTERS						
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,284,139	205,673	51,964	40,106	40,572	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	73,500	64,232	2,245	14,205	3,347	192.00
194.00	07950	LIFELINE	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	VACANT SPACE	6,953	26,682	0	0	0	194.02
194.03	07953	TRANSPORTATION	1,912	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,366,504	296,587	54,209	54,311	43,919	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B Part II | Date/Time Prepared: 1/24/2024 12:29 pm

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	40,529					11.00
13.00	01300	NURSING ADMINISTRATION	2,085	52,598				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0			14.00
15.00	01500	PHARMACY	1,006	2,883	0	40,081		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	35,382	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,105	17,473	0	1	31,887	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	675	1,932	0	14	2,020	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,145	11,857	0	16	229	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,302	9,445	0	0	356	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,029	0	0	0	13	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	238	0	0	0	0	58.00
60.00	06000	LABORATORY	4,313	0	0	0	13	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,546	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,913	0	0	0	51	66.00
69.00	06900	ELECTROCARDIOLOGY	37	109	0	0	13	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	511	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	19,271	0	73.00
76.97	07697	CARDIAC REHABILITATION	458	1,312	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	3,790	0	0	20,779	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	563	0	0	0	0	90.02
91.00	09100	EMERGENCY	2,653	7,587	0	0	800	91.00
91.01	09101	PRIORITY CARE CARLYLE	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		OTHER REIMBURSABLE COST CENTERS						
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	39,369	52,598	0	40,081	35,382	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	948	0	0	0	0	192.00
194.00	07950	LIFELINE	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	VACANT SPACE	0	0	0	0	0	194.02
194.03	07953	TRANSPORTATION	212	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	40,529	52,598	0	40,081	35,382	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B Part II | Date/Time Prepared: 1/24/2024 12:29 pm

		Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	3,267					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,267		428,742	0	428,742	30.00
31.00	03100	INTENSIVE CARE UNIT	0		0	0	0	31.00
43.00	04300	NURSERY	0		25,331	0	25,331	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0		732,773	0	732,773	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		106,647	0	106,647	52.00
53.00	05300	ANESTHESIOLOGY	0		37,608	0	37,608	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		348,506	0	348,506	54.00
57.00	05700	CT SCAN	0		11,746	0	11,746	57.00
58.00	05800	MRI	0		15,444	0	15,444	58.00
60.00	06000	LABORATORY	0		215,550	0	215,550	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0		7,760	0	7,760	63.00
65.00	06500	RESPIRATORY THERAPY	0		41,257	0	41,257	65.00
66.00	06600	PHYSICAL THERAPY	0		189,837	0	189,837	66.00
69.00	06900	ELECTROCARDIOLOGY	0		1,763	0	1,763	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0		173,673	0	173,673	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		34,124	0	34,124	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		62,346	0	62,346	73.00
76.97	07697	CARDIAC REHABILITATION	0		38,109	0	38,109	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		724,257	0	724,257	88.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	CLINIC	0		0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	0		25,636	0	25,636	90.02
91.00	09100	EMERGENCY	0		175,244	0	175,244	91.00
91.01	09101	PRIORITY CARE CARLYLE	0		35,945	0	35,945	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
102.00	10200	OPIOID TREATMENT PROGRAM	0		0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,267	0	3,432,298	0	3,432,298	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	0		454,160	0	454,160	192.00
194.00	07950	LIFELINE	0		0	0	0	194.00
194.01	07951	DEVELOPMENT	0		0	0	0	194.01
194.02	07952	VACANT SPACE	0		205,707	0	205,707	194.02
194.03	07953	TRANSPORTATION	0		2,138	0	2,138	194.03
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,267	0	4,094,303	0	4,094,303	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B-1 | Date/Time Prepared: 1/24/2024 12:29 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (TIME SPENT)	
			1.00	2.00	4.00	5.01	5.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	239,784					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,066,491				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	491	1,492	14,460,337			4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	692		5.01
5.02	00550	DATA PROCESSING	0	0	0	0	100	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	3,562	0	100,989	5	0	5.03
5.04	00570	ADMITTING	3,933	1,823	0	5	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	ADMIN & GENERAL	61,226	222,554	457,505	114	100	5.06
7.00	00700	OPERATION OF PLANT	16,756	65,751	485,504	23	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,017	0	0	1	0	8.00
9.00	00900	HOUSEKEEPING	1,982	0	492,567	7	0	9.00
10.00	01000	DIETARY	3,377	3,976	47,599	8	0	10.00
11.00	01100	CAFETERIA	2,148	0	218,894	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	674	289	983,306	5	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	1,070	1,083	470,498	5	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,316	339	0	30	0	16.00
17.00	01700	SOCIAL SERVICE	223	645	0	6	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,796	40,206	1,963,052	127	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	966	433	255,648	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,538	222,743	1,576,455	49	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,222	6,336	1,246,845	0	0	52.00
53.00	05300	ANESTHESIOLOGY	194	30,906	0	1	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,981	203,867	1,048,334	22	0	54.00
57.00	05700	CT SCAN	459	0	0	0	0	57.00
58.00	05800	MRI	726	29	85,507	0	0	58.00
60.00	06000	LABORATORY	2,206	51,666	1,119,503	19	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,085	6,108	498,438	11	0	65.00
66.00	06600	PHYSICAL THERAPY	9,546	8,253	1,450,063	25	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	12,046	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	848	22,820	92,486	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
76.97	07697	CARDIAC REHABILITATION	2,016	7,252	166,912	4	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	24,265	103,994	130,562	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	1,533	0	203,530	12	0	90.02
91.00	09100	EMERGENCY	5,476	37,159	1,088,155	18	0	91.00
91.01	09101	PRIORITY CARE CARLYLE	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		OTHER REIMBURSABLE COST CENTERS						
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	192,632	1,039,724	14,194,398	497	100	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	33,314	26,767	234,078	195	0	192.00
194.00	07950	LIFELINE	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	VACANT SPACE	13,838	0	0	0	0	194.02
194.03	07953	TRANSPORTATION	0	0	31,861	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,917,981	1,141,046	1,851,721	88,539	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.998786	1.069907	0.128055	127.946532	0.000000	203.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B-1 | Date/Time Prepared: 1/24/2024 12:29 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (TIME SPENT)	
		1.00	2.00	4.00	5.01	5.02	
204.00	Cost to be allocated (per Wkst. B, Part II)			5,523	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000382	0.000000	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B-1 | Date/Time Prepared: 1/24/2024 12:29 pm

		Cost Center Description	PURCHASING RECEIVING AND STORES (SUPPLY EXP)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMIN & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,765,268					5.03
5.04	00570	ADMITTING	3,258	177,299,602				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	177,299,602			5.05
5.06	00590	ADMIN & GENERAL	74,027	0	0	-9,801,183	37,547,941	5.06
7.00	00700	OPERATION OF PLANT	109,041	0	0	0	2,465,243	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	169,475	8.00
9.00	00900	HOUSEKEEPING	21,600	0	0	0	933,932	9.00
10.00	01000	DIETARY	0	0	0	0	148,044	10.00
11.00	01100	CAFETERIA	0	0	0	0	525,414	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	1,175,184	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	628,798	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	38	0	0	0	596,512	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	3,242	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	89,575	4,988,808	4,988,808	0	2,556,712	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	4,778	980,899	980,899	0	261,520	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	165,721	21,796,738	21,796,738	0	2,646,414	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,892	4,781,961	4,781,961	0	1,450,946	52.00
53.00	05300	ANESTHESIOLOGY	2,756	5,391,366	5,391,366	0	42,252	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	69,153	18,269,155	18,269,155	0	1,799,446	54.00
57.00	05700	CT SCAN	45,511	23,150,701	23,150,701	0	37,427	57.00
58.00	05800	MRI	4,197	6,777,902	6,777,902	0	173,666	58.00
60.00	06000	LABORATORY	653,480	33,198,323	33,198,323	0	3,014,171	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	127,505	803,146	803,146	0	134,924	63.00
65.00	06500	RESPIRATORY THERAPY	3,349	2,171,923	2,171,923	0	583,728	65.00
66.00	06600	PHYSICAL THERAPY	11,023	9,357,713	9,357,713	0	1,795,094	66.00
69.00	06900	ELECTROCARDIOLOGY	8,717	2,442,945	2,442,945	0	26,185	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	2,256,947	3,786,952	3,786,952	0	2,522,973	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	563,998	2,714,130	2,714,130	0	595,631	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	690,662	8,674,782	8,674,782	0	736,955	73.00
76.97	07697	CARDIAC REHABILITATION	3,129	238,666	238,666	0	217,116	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	813,923	12,619,420	12,619,420	0	8,345,246	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	771	642,083	642,083	0	264,870	90.02
91.00	09100	EMERGENCY	14,164	14,482,037	14,482,037	0	1,399,123	91.00
91.01	09101	PRIORITY CARE CARLYLE	69	29,952	29,952	0	34,550	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		OTHER REIMBURSABLE COST CENTERS						
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,742,284	177,299,602	177,299,602	-9,801,183	35,284,793	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	22,879	0	0	0	2,019,564	192.00
194.00	07950	LIFELINE	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	VACANT SPACE	0	0	0	0	191,037	194.02
194.03	07953	TRANSPORTATION	105	0	0	0	52,547	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	284,180	250,415	0		9,801,183	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.049292	0.001412	0.000000		0.261031	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	121,988	33,478	0		1,366,504	204.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B-1 | Date/Time Prepared: 1/24/2024 12:29 pm

		Cost Center Description	PURCHASING RECEIVING AND STORES (SUPPLY EXP)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMIN & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
205.00		Unit cost multiplier (Wkst. B, Part II)	0.021159	0.000189	0.000000		0.036394	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B-1 | Date/Time Prepared: 1/24/2024 12:29 pm

		Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	
			7.00	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT	153,816					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,017	200,863				8.00
9.00	00900	HOUSEKEEPING	1,982	0	11,087			9.00
10.00	01000	DIETARY	3,377	0	150	17,202		10.00
11.00	01100	CAFETERIA	2,148	0	0	0	17,357	11.00
13.00	01300	NURSING ADMINISTRATION	674	0	75	0	893	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	1,070	0	275	0	431	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,316	0	50	0	0	16.00
17.00	01700	SOCIAL SERVICE	223	0	50	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,796	87,980	1,950	15,226	2,615	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	966	0	150	0	289	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,538	41,853	1,800	0	1,775	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,222	0	100	0	1,414	52.00
53.00	05300	ANESTHESIOLOGY	194	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,981	24,741	550	0	1,297	54.00
57.00	05700	CT SCAN	459	0	100	0	0	57.00
58.00	05800	MRI	726	0	50	0	102	58.00
60.00	06000	LABORATORY	2,206	76	175	0	1,847	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,085	0	100	0	662	65.00
66.00	06600	PHYSICAL THERAPY	9,546	3,535	175	0	2,104	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	16	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	848	0	0	0	219	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
76.97	07697	CARDIAC REHABILITATION	2,016	0	100	0	196	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	24,265	577	1,287	0	1,623	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	1,533	0	0	0	241	90.02
91.00	09100	EMERGENCY	5,476	33,783	1,000	665	1,136	91.00
91.01	09101	PRIORITY CARE CARLYLE	0	0	50	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		OTHER REIMBURSABLE COST CENTERS						
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	106,664	192,545	8,187	15,891	16,860	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	33,314	8,318	2,900	1,311	406	192.00
194.00	07950	LIFELINE	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	VACANT SPACE	13,838	0	0	0	0	194.02
194.03	07953	TRANSPORTATION	0	0	0	0	91	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,108,748	294,900	1,217,775	271,416	705,976	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	20.210823	1.468165	109.838099	15.778165	40.673849	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	296,587	54,209	54,311	43,919	40,529	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.928193	0.269880	4.898620	2.553133	2.335023	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B-1 | Date/Time Prepared: 1/24/2024 12:29 pm

		Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	
			7.00	8.00	9.00	10.00	11.00	
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B-1 | Date/Time Prepared: 1/24/2024 12:29 pm

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	163,749					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0				14.00
15.00	01500	PHARMACY	8,975	0	1,318,121			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,785		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	100	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	54,401	0	32	2,510	100	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	6,015	0	475	159	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	36,913	0	516	18	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,404	0	0	28	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	1	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4	0	66.00
69.00	06900	ELECTROCARDIOLOGY	338	0	0	1	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	633,756	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	4,083	0	0	0	0	76.97
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	683,342	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	23,620	0	0	63	0	91.00
91.01	09101	PRIORITY CARE CARLYLE	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		OTHER REIMBURSABLE COST CENTERS						
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	163,749	0	1,318,121	2,785	100	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	LIFELINE	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	VACANT SPACE	0	0	0	0	0	194.02
194.03	07953	TRANSPORTATION	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,540,125	0	946,708	784,309	14,087	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.405401	0.000000	0.718225	281.619031	140.870000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	52,598	0	40,081	35,382	3,267	204.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B-1 | Date/Time Prepared: 1/24/2024 12:29 pm

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	0.321211	0.000000	0.030408	12.704488	32.670000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B-1 | Date/Time Prepared: 1/24/2024 12:29 pm

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
			19.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING RECEIVING AND STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	ADMIN & GENERAL			5.06
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0		19.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0		31.00
43.00	04300	NURSERY	0		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0		50.00
51.00	05100	RECOVERY ROOM	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		52.00
53.00	05300	ANESTHESIOLOGY	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		54.00
57.00	05700	CT SCAN	0		57.00
58.00	05800	MRI	0		58.00
60.00	06000	LABORATORY	0		60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0		63.00
65.00	06500	RESPIRATORY THERAPY	0		65.00
66.00	06600	PHYSICAL THERAPY	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		73.00
76.97	07697	CARDIAC REHABILITATION	0		76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0		77.00
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0		88.00
90.00	09000	CLINIC	0		90.00
90.01	09001	CLINIC	0		90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	0		90.02
91.00	09100	EMERGENCY	0		91.00
91.01	09101	PRIORITY CARE CARLYLE	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT			92.00
		OTHER REIMBURSABLE COST CENTERS			
102.00	10200	OPIOID TREATMENT PROGRAM	0		102.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0		118.00
		NONREIMBURSABLE COST CENTERS			
192.00	19200	PHYSICIANS PRIVATE OFFICES	0		192.00
194.00	07950	LIFELINE	0		194.00
194.01	07951	DEVELOPMENT	0		194.01
194.02	07952	VACANT SPACE	0		194.02
194.03	07953	TRANSPORTATION	0		194.03
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000		205.00

COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 14-0145	Period: From 07/01/2022 To 06/30/2023	Worksheet B-1 Date/Time Prepared: 1/24/2024 12:29 pm

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
			19.00		
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet C Part I Date/Time Prepared: 1/24/2024 12:29 pm

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,465,934		5,465,934	3,351	5,469,285	30.00
31.00	03100	INTENSIVE CARE UNIT	0		0	0	0	31.00
43.00	04300	NURSERY	479,231		479,231	0	479,231	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,416,063		4,416,063	0	4,416,063	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,247,745		2,247,745	0	2,247,745	52.00
53.00	05300	ANESTHESIOLOGY	57,202		57,202	0	57,202	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,499,387		2,499,387	0	2,499,387	54.00
57.00	05700	CT SCAN	67,458		67,458	0	67,458	57.00
58.00	05800	MRI	243,312		243,312	0	243,312	58.00
60.00	06000	LABORATORY	3,940,289		3,940,289	9,210	3,949,499	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	170,143		170,143	0	170,143	63.00
65.00	06500	RESPIRATORY THERAPY	795,938	0	795,938	0	795,938	65.00
66.00	06600	PHYSICAL THERAPY	2,567,718	0	2,567,718	1,187	2,568,905	66.00
69.00	06900	ELECTROCARDIOLOGY	37,132		37,132	0	37,132	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	3,207,594		3,207,594	0	3,207,594	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	751,109		751,109	0	751,109	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,384,502		1,384,502	0	1,384,502	73.00
76.97	07697	CARDIAC REHABILITATION	371,893		371,893	1,175	373,068	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	11,713,056		11,713,056	0	11,713,056	88.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	CLINIC	0		0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	374,794		374,794	7,103	381,897	90.02
91.00	09100	EMERGENCY	2,331,043		2,331,043	0	2,331,043	91.00
91.01	09101	PRIORITY CARE CARLYLE	49,061		49,061	0	49,061	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	605,236		605,236		605,236	92.00
		OTHER REIMBURSABLE COST CENTERS						
102.00	10200	OPIOID TREATMENT PROGRAM	0		0		0	102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	43,775,840	0	43,775,840	22,026	43,797,866	200.00
201.00		Less Observation Beds	605,236		605,236		605,236	201.00
202.00		Total (see instructions)	43,170,604	0	43,170,604	22,026	43,192,630	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet C Part I Date/Time Prepared: 1/24/2024 12:29 pm

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,252,988		4,252,988			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
43.00	04300	NURSERY	980,899		980,899			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,009,528	18,787,210	21,796,738	0.202602	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,760,527	1,021,434	4,781,961	0.470047	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,105,641	3,285,725	5,391,366	0.010610	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,235,290	17,033,865	18,269,155	0.136809	0.000000	54.00
57.00	05700	CT SCAN	3,107,909	20,042,792	23,150,701	0.002914	0.000000	57.00
58.00	05800	MRI	376,749	6,401,153	6,777,902	0.035898	0.000000	58.00
60.00	06000	LABORATORY	5,862,737	27,335,586	33,198,323	0.118689	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	402,150	400,996	803,146	0.211846	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	950,550	1,221,373	2,171,923	0.366467	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,093,628	8,264,085	9,357,713	0.274396	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	367,786	2,075,159	2,442,945	0.015200	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,127,995	2,658,957	3,786,952	0.847012	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	620,990	2,093,140	2,714,130	0.276740	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,844,887	5,829,895	8,674,782	0.159601	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	328	238,338	238,666	1.558215	0.000000	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	0.000000	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	12,619,420	12,619,420			88.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	CLINIC	0	0	0	0.000000	0.000000	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	0	642,083	642,083	0.583716	0.000000	90.02
91.00	09100	EMERGENCY	2,088,398	12,393,639	14,482,037	0.160961	0.000000	91.00
91.01	09101	PRIORITY CARE CARLYLE	0	29,952	29,952	1.637987	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	223,673	512,147	735,820	0.822533	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	34,412,653	142,886,949	177,299,602			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	34,412,653	142,886,949	177,299,602			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet C Part I Date/Time Prepared: 1/24/2024 12:29 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.202602	50.00
51.00	05100	RECOVERY ROOM	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.470047	52.00
53.00	05300	ANESTHESIOLOGY	0.010610	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.136809	54.00
57.00	05700	CT SCAN	0.002914	57.00
58.00	05800	MRI	0.035898	58.00
60.00	06000	LABORATORY	0.118967	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.211846	63.00
65.00	06500	RESPIRATORY THERAPY	0.366467	65.00
66.00	06600	PHYSICAL THERAPY	0.274523	66.00
69.00	06900	ELECTROCARDIOLOGY	0.015200	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.847012	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.276740	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.159601	73.00
76.97	07697	CARDIAC REHABILITATION	1.563138	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	77.00
		OUTPATIENT SERVICE COST CENTERS		
88.00	08800	RURAL HEALTH CLINIC		88.00
90.00	09000	CLINIC	0.000000	90.00
90.01	09001	CLINIC	0.000000	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	0.594778	90.02
91.00	09100	EMERGENCY	0.160961	91.00
91.01	09101	PRIORITY CARE CARLYLE	1.637987	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.822533	92.00
		OTHER REIMBURSABLE COST CENTERS		
102.00	10200	OPIOID TREATMENT PROGRAM		102.00
		SPECIAL PURPOSE COST CENTERS		
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet C Part I Date/Time Prepared: 1/24/2024 12:29 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,465,934		5,465,934	3,351	5,469,285	30.00
31.00	03100	INTENSIVE CARE UNIT	0		0	0	0	31.00
43.00	04300	NURSERY	479,231		479,231	0	479,231	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,416,063		4,416,063	0	4,416,063	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,247,745		2,247,745	0	2,247,745	52.00
53.00	05300	ANESTHESIOLOGY	57,202		57,202	0	57,202	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,499,387		2,499,387	0	2,499,387	54.00
57.00	05700	CT SCAN	67,458		67,458	0	67,458	57.00
58.00	05800	MRI	243,312		243,312	0	243,312	58.00
60.00	06000	LABORATORY	3,940,289		3,940,289	9,210	3,949,499	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	170,143		170,143	0	170,143	63.00
65.00	06500	RESPIRATORY THERAPY	795,938	0	795,938	0	795,938	65.00
66.00	06600	PHYSICAL THERAPY	2,567,718	0	2,567,718	1,187	2,568,905	66.00
69.00	06900	ELECTROCARDIOLOGY	37,132		37,132	0	37,132	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	3,207,594		3,207,594	0	3,207,594	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	751,109		751,109	0	751,109	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,384,502		1,384,502	0	1,384,502	73.00
76.97	07697	CARDIAC REHABILITATION	371,893		371,893	1,175	373,068	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	11,713,056		11,713,056	0	11,713,056	88.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	CLINIC	0		0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	374,794		374,794	7,103	381,897	90.02
91.00	09100	EMERGENCY	2,331,043		2,331,043	0	2,331,043	91.00
91.01	09101	PRIORITY CARE CARLYLE	49,061		49,061	0	49,061	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	605,236		605,236		605,236	92.00
		OTHER REIMBURSABLE COST CENTERS						
102.00	10200	OPIOID TREATMENT PROGRAM	0		0		0	102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	43,775,840	0	43,775,840	22,026	43,797,866	200.00
201.00		Less Observation Beds	605,236		605,236		605,236	201.00
202.00		Total (see instructions)	43,170,604	0	43,170,604	22,026	43,192,630	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet C Part I Date/Time Prepared: 1/24/2024 12:29 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,252,988		4,252,988			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
43.00	04300	NURSERY	980,899		980,899			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,009,528	18,787,210	21,796,738	0.202602	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,760,527	1,021,434	4,781,961	0.470047	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,105,641	3,285,725	5,391,366	0.010610	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,235,290	17,033,865	18,269,155	0.136809	0.000000	54.00
57.00	05700	CT SCAN	3,107,909	20,042,792	23,150,701	0.002914	0.000000	57.00
58.00	05800	MRI	376,749	6,401,153	6,777,902	0.035898	0.000000	58.00
60.00	06000	LABORATORY	5,862,737	27,335,586	33,198,323	0.118689	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	402,150	400,996	803,146	0.211846	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	950,550	1,221,373	2,171,923	0.366467	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,093,628	8,264,085	9,357,713	0.274396	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	367,786	2,075,159	2,442,945	0.015200	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,127,995	2,658,957	3,786,952	0.847012	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	620,990	2,093,140	2,714,130	0.276740	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,844,887	5,829,895	8,674,782	0.159601	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	328	238,338	238,666	1.558215	0.000000	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	0.000000	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	12,619,420	12,619,420	0.928177	0.000000	88.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	CLINIC	0	0	0	0.000000	0.000000	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	0	642,083	642,083	0.583716	0.000000	90.02
91.00	09100	EMERGENCY	2,088,398	12,393,639	14,482,037	0.160961	0.000000	91.00
91.01	09101	PRIORITY CARE CARLYLE	0	29,952	29,952	1.637987	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	223,673	512,147	735,820	0.822533	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	34,412,653	142,886,949	177,299,602			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	34,412,653	142,886,949	177,299,602			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet C Part I Date/Time Prepared: 1/24/2024 12:29 pm

Title XIX | Hospital | 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
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
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 & TRA	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	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
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000		77.00
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	CLINIC	0.000000		90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
91.01	09101	PRIORITY CARE CARLYLE	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000		92.00
		OTHER REIMBURSABLE COST CENTERS			
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part I Date/Time Prepared: 1/24/2024 12:29 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	428,742	695	428,047	4,105	104.27	30.00
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00
43.00	NURSERY	25,331		25,331	997	25.41	43.00
200.00	Total (lines 30 through 199)	454,073		453,378	5,102		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,491	155,467				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	1,491	155,467				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part II Date/Time Prepared: 1/24/2024 12:29 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	732,773	21,796,738	0.033618	996,326	33,494	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	106,647	4,781,961	0.022302	0	0	52.00
53.00	05300	ANESTHESIOLOGY	37,608	5,391,366	0.006976	189,828	1,324	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	348,506	18,269,155	0.019076	643,994	12,285	54.00
57.00	05700	CT SCAN	11,746	23,150,701	0.000507	1,556,471	789	57.00
58.00	05800	MRI	15,444	6,777,902	0.002279	165,030	376	58.00
60.00	06000	LABORATORY	215,550	33,198,323	0.006493	2,426,073	15,752	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	7,760	803,146	0.009662	47,509	459	63.00
65.00	06500	RESPIRATORY THERAPY	41,257	2,171,923	0.018996	427,208	8,115	65.00
66.00	06600	PHYSICAL THERAPY	189,837	9,357,713	0.020287	367,314	7,452	66.00
69.00	06900	ELECTROCARDIOLOGY	1,763	2,442,945	0.000722	196,973	142	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	173,673	3,786,952	0.045861	475,590	21,811	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,124	2,714,130	0.012573	431,425	5,424	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	62,346	8,674,782	0.007187	1,038,661	7,465	73.00
76.97	07697	CARDIAC REHABILITATION	38,109	238,666	0.159675	163	26	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	724,257	12,619,420	0.057392	0	0	88.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	CLINIC	0	0	0.000000	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	25,636	642,083	0.039926	0	0	90.02
91.00	09100	EMERGENCY	175,244	14,482,037	0.012101	1,048,077	12,683	91.00
91.01	09101	PRIORITY CARE CARLYLE	35,945	29,952	1.200087	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	47,445	735,820	0.064479	106,496	6,867	92.00
200.00		Total (lines 50 through 199)	3,025,670	172,065,715		10,117,138	134,464	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part III Date/Time Prepared: 1/24/2024 12:29 pm

Title XVIII | Hospital | PPS

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

		Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	4,105	0.00	1,491	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0.00	0	31.00
43.00	04300	NURSERY		0	997	0.00	0	43.00
200.00		Total (lines 30 through 199)		0	5,102		1,491	200.00

		Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
			9.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
43.00	04300	NURSERY	0	43.00
200.00		Total (lines 30 through 199)	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part IV Date/Time Prepared: 1/24/2024 12:29 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	PRIORITY CARE CARLYLE	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0		0		0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part IV Date/Time Prepared: 1/24/2024 12:29 pm

Title XVIII | Hospital | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	21,796,738	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,781,961	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	5,391,366	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	18,269,155	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	23,150,701	0.000000	57.00
58.00	05800	MRI	0	0	0	6,777,902	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	33,198,323	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	803,146	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,171,923	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	9,357,713	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,442,945	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	3,786,952	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,714,130	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	8,674,782	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	238,666	0.000000	76.97
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	12,619,420	0.000000	88.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	CLINIC	0	0	0	0	0.000000	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	642,083	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	14,482,037	0.000000	91.00
91.01	09101	PRIORITY CARE CARLYLE	0	0	0	29,952	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	735,820	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	172,065,715		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part IV Date/Time Prepared: 1/24/2024 12:29 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	996,326	0	3,882,759	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	189,828	0	655,945	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	643,994	0	4,477,577	0	54.00
57.00	05700	CT SCAN	0.000000	1,556,471	0	6,945,339	0	57.00
58.00	05800	MRI	0.000000	165,030	0	1,774,635	0	58.00
60.00	06000	LABORATORY	0.000000	2,426,073	0	2,763,063	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.000000	47,509	0	43,330	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	427,208	0	376,991	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	367,314	0	91,520	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	196,973	0	641,967	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000	475,590	0	482,888	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	431,425	0	526,043	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,038,661	0	1,518,696	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	163	0	84,507	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	0.000000	0	0	407,642	0	90.02
91.00	09100	EMERGENCY	0.000000	1,048,077	0	2,878,287	0	91.00
91.01	09101	PRIORITY CARE CARLYLE	0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000	106,496	0	244,213	0	92.00
200.00		Total (lines 50 through 199)		10,117,138	0	27,795,402	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part V Date/Time Prepared: 1/24/2024 12:29 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.202602	3,882,759	0	0	786,655	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.470047	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.010610	655,945	0	0	6,960	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.136809	4,477,577	0	0	612,573	54.00
57.00	05700	CT SCAN	0.002914	6,945,339	0	0	20,239	57.00
58.00	05800	MRI	0.035898	1,774,635	0	0	63,706	58.00
60.00	06000	LABORATORY	0.118689	2,763,063	18,482	0	327,945	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.211846	43,330	0	0	9,179	63.00
65.00	06500	RESPIRATORY THERAPY	0.366467	376,991	0	0	138,155	65.00
66.00	06600	PHYSICAL THERAPY	0.274396	91,520	0	0	25,113	66.00
69.00	06900	ELECTROCARDIOLOGY	0.015200	641,967	0	0	9,758	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.847012	482,888	0	0	409,012	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.276740	526,043	0	0	145,577	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.159601	1,518,696	0	4,353	242,385	73.00
76.97	07697	CARDIAC REHABILITATION	1.558215	84,507	0	0	131,680	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC						88.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	0.583716	407,642	0	0	237,947	90.02
91.00	09100	EMERGENCY	0.160961	2,878,287	0	59	463,292	91.00
91.01	09101	PRIORITY CARE CARLYLE	1.637987	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.822533	244,213	0	0	200,873	92.00
200.00		Subtotal (see instructions)		27,795,402	18,482	4,412	3,831,049	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		27,795,402	18,482	4,412	3,831,049	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part V Date/Time Prepared: 1/24/2024 12:29 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	2,194	0		60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	695		73.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0		77.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC				88.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	CLINIC	0	0		90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0		90.02
91.00	09100	EMERGENCY	0	9		91.00
91.01	09101	PRIORITY CARE CARLYLE	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0		92.00
200.00		Subtotal (see instructions)	2,194	704		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	2,194	704		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D-1 | Date/Time Prepared: 1/24/2024 12:29 pm

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,931	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,105	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	3,650	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	391	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	391	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	22	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	22	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)	1,491	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	236	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	188	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	201.56	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	201.56	20.00
21.00	Total general inpatient routine service cost (see instructions)	5,469,285	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	4,434	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	4,434	25.00
26.00	Total swing-bed cost (see instructions)	8,868	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	5,460,417	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	5,460,417	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,330.19	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,983,313	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,983,313	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D-1 | Date/Time Prepared: 1/24/2024 12:29 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,806,057	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)	0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)	3,789,370	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	155,467	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	134,464	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	289,931	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	3,499,439	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
55.01	Permanent adjustment amount per discharge	0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)	0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)	0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)	0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	455	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,330.19	88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0145	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 1/24/2024 12:29 pm
	Title XVIII	Hospital	PPS

	Cost Center Description		
		1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)	605,236	89.00

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	428,742	5,469,285	0.078391	605,236	47,445	90.00
91.00	Nursing Program cost	0	5,469,285	0.000000	605,236	0	91.00
92.00	Allied health cost	0	5,469,285	0.000000	605,236	0	92.00
93.00	All other Medical Education	0	5,469,285	0.000000	605,236	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D-3 | Date/Time Prepared: 1/24/2024 12:29 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		1,479,947		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.202602	996,326	201,858	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.470047	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.010610	189,828	2,014	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.136809	643,994	88,104	54.00
57.00	05700	CT SCAN	0.002914	1,556,471	4,536	57.00
58.00	05800	MRI	0.035898	165,030	5,924	58.00
60.00	06000	LABORATORY	0.118967	2,426,073	288,623	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.211846	47,509	10,065	63.00
65.00	06500	RESPIRATORY THERAPY	0.366467	427,208	156,558	65.00
66.00	06600	PHYSICAL THERAPY	0.274523	367,314	100,836	66.00
69.00	06900	ELECTROCARDIOLOGY	0.015200	196,973	2,994	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.847012	475,590	402,830	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.276740	431,425	119,393	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.159601	1,038,661	165,771	73.00
76.97	07697	CARDIAC REHABILITATION	1.563138	163	255	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	CLINIC	0.000000	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	0.594778	0	0	90.02
91.00	09100	EMERGENCY	0.160961	1,048,077	168,700	91.00
91.01	09101	PRIORITY CARE CARLYLE	1.637987	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.822533	106,496	87,596	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		10,117,138	1,806,057	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		10,117,138		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D-3

Component CCN: 14-U145 | Date/Time Prepared: 1/24/2024 12:29 pm

Title XVIII | Swing Beds - SNF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.202602	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.470047	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.010610	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.136809	10,317	1,411	54.00
57.00	05700	CT SCAN	0.002914	28,924	84	57.00
58.00	05800	MRI	0.035898	0	0	58.00
60.00	06000	LABORATORY	0.118967	132,035	15,708	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.211846	2,811	595	63.00
65.00	06500	RESPIRATORY THERAPY	0.366467	41,942	15,370	65.00
66.00	06600	PHYSICAL THERAPY	0.274523	244,949	67,244	66.00
69.00	06900	ELECTROCARDIOLOGY	0.015200	2,035	31	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.847012	19,027	16,116	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.276740	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.159601	111,133	17,737	73.00
76.97	07697	CARDIAC REHABILITATION	1.563138	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	CLINIC	0.000000	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	0.594778	0	0	90.02
91.00	09100	EMERGENCY	0.160961	2,014	324	91.00
91.01	09101	PRIORITY CARE CARLYLE	1.637987	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.822533	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		595,187	134,620	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		595,187		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0145	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 1/24/2024 12:29 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	736,878	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	2,846,334	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)	0	1.04
2.00	Outlier payments for discharges. (see instructions)		2.00
2.01	Outlier reconciliation amount	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)	0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	0	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)	42.28	4.00
	Indirect Medical Education Adjustment		
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00	5.00
5.01	FTE cap adjustment for 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 new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)	0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)	0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)	0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)	0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00
12.00	Current year allowable FTE (see instructions)	0.00	12.00
13.00	Total allowable FTE count for the prior year.	0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)	0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000	21.00
22.00	IME payment adjustment (see instructions)	0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	0	22.01
	Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	28.01
29.00	Total IME payment (sum of lines 22 and 28)	0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	1.17	30.00
31.00	Percentage of Medicaid patient days (see instructions)	19.37	31.00
32.00	Sum of lines 30 and 31	20.54	32.00
33.00	Allowable disproportionate share percentage (see instructions)	6.16	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0145	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 1/24/2024 12:29 pm
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			1.00	
34.00	Disproportionate share adjustment (see instructions)		55,182	34.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Payment Adjustment			
35.00	Total uncompensated care amount (see instructions)	7,192,008,710	6,874,403,459	35.00
35.01	Factor 3 (see instructions)	0.000041065	0.000044936	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	295,337	308,906	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	74,441	231,045	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	305,486		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges (see instructions)	0		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	3,943,880		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0		48.00
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		3,943,880	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		268,656	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		6,310	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
55.01	Cellular therapy acquisition cost (see instructions)		0	55.01
56.00	Cost of physicians' services in a teaching hospital (see intructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		4,218,846	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		4,218,846	61.00
62.00	Deductibles billed to program beneficiaries		537,152	62.00
63.00	Coinsurance billed to program beneficiaries		5,200	63.00
64.00	Allowable bad debts (see instructions)		62,594	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		40,686	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		57,885	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		3,717,180	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)		0	70.50
70.75	N95 respirator payment adjustment amount (see instructions)		0	70.75
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		0	70.93
70.94	HRR adjustment amount (see instructions)		-9,128	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet E Part A | Date/Time Prepared: 1/24/2024 12:29 pm

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		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	2022	171,766	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	2023	663,135	70.97
70.98	Low Volume Payment-3	0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		4,542,953	71.00
71.01	Sequestration adjustment (see instructions)		90,859	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			71.03
72.00	Interim payments		4,484,070	72.00
72.01	Interim payments-PARHM			72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-31,976	74.00
74.01	Balance due provider/program-PARHM (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		283,930	75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0	0	100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
	Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment			
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
	Cost Reimbursement			
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)			
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
	Adjustment to Medicare Part A Inpatient Reimbursement			
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
	Comparision of PPS versus Cost Reimbursement			
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet E Part A Exhibit 4 | Date/Time Prepared: 1/24/2024 12:29 pm

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		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	736,878	0	736,878		736,878	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,846,334	0		2,846,334	2,846,334	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0	0		0	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0616	0.0616	0.0616	0.0616		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	55,182	0	11,348	43,834	55,182	11.00
11.01	Uncompensated care payments	36.00	305,486	0	74,441	231,045	305,486	11.01
	Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	3,943,880	0	822,667	3,121,213	3,943,880	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	3,943,880	0	822,667	3,121,213	3,943,880	15.00

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet E Part A Exhibit 4 | Date/Time Prepared: 1/24/2024 12:29 pm

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		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	268,656	0	56,474	212,182	268,656	16.00
17.00	Special add-on payments for new technologies	54.00	6,310	0	0	6,310	6,310	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	879,141	3,339,705	4,218,846	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	268,656	0	56,474	212,182	268,656	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	0	0	0	0	0	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	268,656	0	56,474	212,182	268,656	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.195379	0.198561		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			171,766		171,766	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				663,135	663,135	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 1/24/2024 12:29 pm

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		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	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	736,878	736,878		736,878	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,846,334		2,846,334	2,846,334	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0		0	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0616	0.0616	0.0616		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	55,182	11,348	43,834	55,182	11.00
11.01	Uncompensated care payments	36.00	305,486	74,441	231,045	305,486	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	3,943,880	822,667	3,121,213	3,943,880	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	3,943,880	822,667	3,121,213	3,943,880	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	268,656	56,474	212,182	268,656	16.00
17.00	Special add-on payments for new technologies	54.00	6,310	0	6,310	6,310	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			879,141	3,339,705	4,218,846	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 1/24/2024 12:29 pm

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		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	268,656	56,474	212,182	268,656	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	0	0	0	0	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	268,656	56,474	212,182	268,656	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	171,766	171,766		171,766	28.00
29.00	Low volume adjustment on or after October 1	70.97	663,135		663,135	663,135	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	0	0	0	0	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-9,128	0	-9,128	-9,128	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0145	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 1/24/2024 12:29 pm
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		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	2,898	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	3,831,049	2.00
3.00	OPPS or REH payments	3,725,831	3.00
4.00	Outlier payment (see instructions)	0	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	2,898	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	22,894	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	22,894	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	22,894	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	19,996	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (see instructions)	2,898	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	3,725,831	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)	729,842	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	2,998,887	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
28.50	REH facility payment amount		28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)	2,998,887	30.00
31.00	Primary payer payments	165	31.00
32.00	Subtotal (line 30 minus line 31)	2,998,722	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	72,633	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	47,211	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	63,157	36.00
37.00	Subtotal (see instructions)	3,045,933	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.75	N95 respirator payment adjustment amount (see instructions)	0	39.75
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	3,045,933	40.00
40.01	Sequestration adjustment (see instructions)	60,919	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03
41.00	Interim payments	2,985,876	41.00
41.01	Interim payments-PARHM		41.01
42.00	Tentative settlement (for contractors use only)	0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01
43.00	Balance due provider/program (see instructions)	-862	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0145	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 1/24/2024 12:29 pm
	Title XVIII	Hospital	PPS

		1.00	
	MEDICARE PART B ANCILLARY COSTS		
200.00	Part B Combined Billed Days	0	200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 14-0145	Period: From 07/01/2022 To 06/30/2023	Worksheet E-1 Part I Date/Time Prepared: 1/24/2024 12:29 pm
	Title XVIII	Hospital	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		4,476,075		3,018,497	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	02/22/2023	7,995		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0	02/22/2023	32,621	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		7,995		-32,621	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,484,070		2,985,876	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		31,976		862	6.02
7.00	Total Medicare program liability (see instructions)		4,452,094		2,985,014	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0145 | Component CCN: 14-U145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet E-1 Part I | Date/Time Prepared: 1/24/2024 12:29 pm

Title XVIII | Swing Beds - SNF | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		278,785		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		278,785		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		278,785		0	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 14-0145	Period: From 07/01/2022 To 06/30/2023	Worksheet E-1 Part II Date/Time Prepared: 1/24/2024 12:29 pm
	Title XVIII	Hospital	PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS	Provider CCN: 14-0145 Component CCN: 14-U145	Period: From 07/01/2022 To 06/30/2023	Worksheet E-2 Date/Time Prepared: 1/24/2024 12:29 pm
	Title XVIII	Swing Beds - SNF	PPS

		Part A	Part B	
		1.00	2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient routine services - swing bed-SNF (see instructions)	290,938	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH and swing-bed pass-through, see instructions)	0	0	3.00
3.01	Nursing and allied health payment-PARHM (see instructions)			3.01
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	424	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	290,938	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	290,938	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	290,938	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	6,463	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (see instructions)	284,475	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)			16.50
16.55	Rural community hospital demonstration project (§410A Demonstration) payment adjustment (see instructions)	0		16.55
16.99	Demonstration payment adjustment amount before sequestration	0	0	16.99
17.00	Allowable bad debts (see instructions)	0	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)	0	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (see instructions)	284,475	0	19.00
19.01	Sequestration adjustment (see instructions)	5,690	0	19.01
19.02	Demonstration payment adjustment amount after sequestration)	0	0	19.02
19.03	Sequestration adjustment-PARHM pass-throughs			19.03
19.25	Sequestration for non-claims based amounts (see instructions)	0	0	19.25
20.00	Interim payments	278,785	0	20.00
20.01	Interim payments-PARHM			20.01
21.00	Tentative settlement (for contractor use only)	0	0	21.00
21.01	Tentative settlement-PARHM (for contractor use only)			21.01
22.00	Balance due provider/program (line 19 minus lines 19.01, 19.02, 19.25, 20, and 21)	0	0	22.00
22.01	Balance due provider/program-PARHM (see instructions)			22.01
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	23.00
	Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment			
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
	Cost Reimbursement			
201.00	Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))			201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))			202.00
203.00	Total (sum of lines 201 and 202)			203.00
204.00	Medicare swing-bed SNF discharges (see instructions)			204.00
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)			
205.00	Medicare swing-bed SNF target amount			205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)			206.00
	Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement			
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)			208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
	Comparision of PPS versus Cost Reimbursement			
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)			215.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT	Provider CCN: 14-0145	Period: From 07/01/2022 To 06/30/2023	Worksheet E-5 Date/Time Prepared: 1/24/2024 12:29 pm
	Title XVIII		PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR		
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)	0	1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2	0	2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)	0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)	0	4.00
5.00	The rate used to calculate the time value of money (see instructions)	0.00	5.00
6.00	Time value of money for operating expenses (see instructions)	0	6.00
7.00	Time value of money for capital related expenses (see instructions)	0	7.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet G | Date/Time Prepared: 1/24/2024 12:29 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	787,168	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	15,027,402	0	0	0	4.00
5.00	Other receivable	229,305	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-7,063,021	0	0	0	6.00
7.00	Inventory	749,773	0	0	0	7.00
8.00	Prepaid expenses	346,125	0	0	0	8.00
9.00	Other current assets	3,854,849	0	0	0	9.00
10.00	Due from other funds	15,929	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	13,947,530	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	1,704,211	0	0	0	12.00
13.00	Land improvements	5,083,363	0	0	0	13.00
14.00	Accumulated depreciation	-3,803,610	0	0	0	14.00
15.00	Buildings	32,464,258	0	0	0	15.00
16.00	Accumulated depreciation	-17,109,914	0	0	0	16.00
17.00	Leasehold improvements	267,301	0	0	0	17.00
18.00	Accumulated depreciation	-267,301	0	0	0	18.00
19.00	Fixed equipment	21,001,635	0	0	0	19.00
20.00	Accumulated depreciation	-14,021,038	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	31,503,681	0	0	0	23.00
24.00	Accumulated depreciation	-24,367,850	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	32,454,736	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	167,757,892	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	2,328,538	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	170,086,430	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	216,488,696	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	1,588,764	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,487,949	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,214,668	0	0	0	40.00
41.00	Deferred income	67,895	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	331,059	0	0	0	43.00
44.00	Other current liabilities	803,600	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	8,493,935	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	12,117,715	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	-510,538	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	11,607,177	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	20,101,112	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	196,387,584				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	196,387,584	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	216,488,696	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet G-1 | Date/Time Prepared: 1/24/2024 12:29 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		179,062,611		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		20,208,457				2.00
3.00	Total (sum of line 1 and line 2)		199,271,068		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		199,271,068		0		11.00
12.00	NET TRANSFERS	2,883,484		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		2,883,484		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		196,387,584		0		19.00

		Endowment Fund	Plant Fund		
		6.00	7.00	8.00	
1.00	Fund balances at beginning of period	0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)				2.00
3.00	Total (sum of line 1 and line 2)	0		0	3.00
4.00	Additions (credit adjustments) (specify)		0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00	NET TRANSFERS		0		12.00
13.00			0		13.00
14.00			0		14.00
15.00			0		15.00
16.00			0		16.00
17.00			0		17.00
18.00	Total deductions (sum of lines 12-17)	0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 14-0145 | Period: From 07/01/2022 To 06/30/2023 | Worksheet G-2 Parts I & II Date/Time Prepared: 1/24/2024 12:29 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	4,995,301		4,995,301	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	376,898		376,898	5.00
6.00	Swing bed - NF	21,207		21,207	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)	5,393,406		5,393,406	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	0		0	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	5,393,406		5,393,406	17.00
18.00	Ancillary services	27,469,924	119,725,769	147,195,693	18.00
19.00	Outpatient services	2,318,400	13,759,643	16,078,043	19.00
20.00	RURAL HEALTH CLINIC	0	12,619,420	12,619,420	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PRO FEES	50,673	248,168	298,841	27.00
27.01	VACANT SPACE	0	342	342	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	35,232,403	146,353,342	181,585,745	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		57,098,386		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		57,098,386		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 14-0145	Period: From 07/01/2022 To 06/30/2023	Worksheet G-3 Date/Time Prepared: 1/24/2024 12:29 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	181,585,745	1.00
2.00	Less contractual allowances and discounts on patients' accounts	113,809,278	2.00
3.00	Net patient revenues (line 1 minus line 2)	67,776,467	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	57,098,386	4.00
5.00	Net income from service to patients (line 3 minus line 4)	10,678,081	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	6,367,310	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	25,285	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	1,368	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	500,140	22.00
23.00	Governmental appropriations	3,897	23.00
24.00	MISC INCOME	345,752	24.00
24.50	COVID-19 PHE Funding	22,230	24.50
25.00	Total other income (sum of lines 6-24)	7,265,982	25.00
26.00	Total (line 5 plus line 25)	17,944,063	26.00
27.00	PENSION	-2,264,420	27.00
27.01	ROUNDING	26	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	-2,264,394	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	20,208,457	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 14-0145	Period: From 07/01/2022 To 06/30/2023	Worksheet L Parts I-III Date/Time Prepared: 1/24/2024 12:29 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	268,656	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	0	2.00
2.01	Model 4 BPCI Capital DRG outlier payments	0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	10.96	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	0.00	8.00
9.00	Sum of lines 7 and 8	0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00
11.00	Disproportionate share adjustment (see instructions)	0	11.00
12.00	Total prospective capital payments (see instructions)	268,656	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS | Provider CCN: 14-0145 | Component CCN: 14-8503 | Period: From 07/01/2022 To 06/30/2023 | Worksheet M-1 | Date/Time Prepared: 1/24/2024 12:29 pm

RHC I | Cost

		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	0	2,662,055	2,662,055	-45,880	2,616,175	1.00
2.00	Physician Assistant	0	349,490	349,490	-2,030	347,460	2.00
3.00	Nurse Practitioner	71,950	1,752,786	1,824,736	-5,490	1,819,246	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	17,922	1,730,008	1,747,930	0	1,747,930	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	0	0	0	0	9.00
10.00	Subtotal (sum of lines 1 through 9)	89,872	6,494,339	6,584,211	-53,400	6,530,811	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	116,716	116,716	0	116,716	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	692,111	692,111	0	692,111	19.00
20.00	Allowable GME Costs						20.00
21.00	Subtotal (sum of lines 15 through 20)	0	808,827	808,827	0	808,827	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	89,872	7,303,166	7,393,038	-53,400	7,339,638	22.00
	COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	53,400	53,400	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 through 27)	0	0	0	53,400	53,400	28.00
	FACILITY OVERHEAD						
29.00	Facility Costs	0	496,395	496,395	-473,677	22,718	29.00
30.00	Administrative Costs	40,690	1,040,908	1,081,598	-504,696	576,902	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	40,690	1,537,303	1,577,993	-978,373	599,620	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	130,562	8,840,469	8,971,031	-978,373	7,992,658	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS | Provider CCN: 14-0145 | Component CCN: 14-8503 | Period: From 07/01/2022 To 06/30/2023 | Worksheet M-1 | Date/Time Prepared: 1/24/2024 12:29 pm

RHC I | Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)		
		6.00	7.00		
	FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	2,616,175		1.00
2.00	Physician Assistant	0	347,460		2.00
3.00	Nurse Practitioner	0	1,819,246		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	1,747,930		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	0		7.00
8.00	Laboratory Technician	0	0		8.00
9.00	Other Facility Health Care Staff Costs	0	0		9.00
10.00	Subtotal (sum of lines 1 through 9)	0	6,530,811		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		14.00
15.00	Medical Supplies	0	116,716		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	0		18.00
19.00	Other Health Care Costs	0	692,111		19.00
20.00	Allowable GME Costs				20.00
21.00	Subtotal (sum of lines 15 through 20)	0	808,827		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	7,339,638		22.00
	COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	0		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
25.01	Telehealth	0	53,400		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 through 27)	0	53,400		28.00
	FACILITY OVERHEAD				
29.00	Facility Costs	0	22,718		29.00
30.00	Administrative Costs	-27,425	549,477		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-27,425	572,195		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-27,425	7,965,233		32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 14-0145
Component CCN: 14-8503

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

Worksheet M-2
Date/Time Prepared: 1/24/2024 12:29 pm

		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	RHC I Cost: Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
	VISITS AND PRODUCTIVITY						
	Positions						
1.00	Physician	6.31	19,491	4,200	26,502		1.00
2.00	Physician Assistant	1.45	5,765	2,100	3,045		2.00
3.00	Nurse Practitioner	9.41	26,261	2,100	19,761		3.00
4.00	Subtotal (sum of lines 1 through 3)	17.17	51,517		49,308	51,517	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			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 only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	17.17	51,517			51,517	8.00
9.00	Physician Services Under Agreements		0			0	9.00
						1.00	
	DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					7,339,638	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					53,400	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					7,393,038	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					0.992777	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					572,195	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					3,747,823	15.00
16.00	Total overhead (sum of lines 14 and 15)					4,320,018	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					4,320,018	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					4,288,815	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					11,628,453	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES	Provider CCN: 14-0145 Component CCN: 14-8503	Period: From 07/01/2022 To 06/30/2023	Worksheet M-3 Date/Time Prepared: 1/24/2024 12:29 pm
	Title XVIII	RHC I	Cost

			1.00	
	DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES			
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)		11,628,453	1.00
2.00	Cost of injections/infusions and their administration (from Wkst. M-4, line 15)		711,626	2.00
3.00	Total allowable cost excluding injections/infusions (line 1 minus line 2)		10,916,827	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		51,517	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)		51,517	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		211.91	7.00

		Calculation of Limit (1)		
		Rate Period 1 (07/01/2022 through 12/31/2022)	Rate Period 2 (01/01/2023 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)	230.66	239.43	8.00
9.00	Rate for Program covered visits (see instructions)	211.91	211.91	9.00
	CALCULATION OF SETTLEMENT			
10.00	Program covered visits excluding mental health services (from contractor records)	6,831	6,595	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	1,447,557	1,397,546	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	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 instructions)			15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	2,845,103	16.00
16.01	Total program charges (see instructions)(from contractor's records)		2,439,498	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		21,297	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		24,838	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		2,053,144	16.04
16.05	Total program cost (see instructions)	0	2,077,982	16.05
17.00	Primary payer amounts		130	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		253,835	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		426,850	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		2,077,852	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		118,174	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		2,196,026	22.00
23.00	Allowable bad debts (see instructions)		0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)		0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	25.50
25.99	Demonstration payment adjustment amount before sequestration		0	25.99
26.00	Net reimbursable amount (see instructions)		2,196,026	26.00
26.01	Sequestration adjustment (see instructions)		43,921	26.01
26.02	Demonstration payment adjustment amount after sequestration		0	26.02
27.00	Interim payments		2,120,485	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)		31,620	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2		0	30.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC VACCINE COST

Provider CCN: 14-0145 | Component CCN: 14-8503 | Period: From 07/01/2022 To 06/30/2023 | Worksheet M-4 | Date/Time Prepared: 1/24/2024 12:29 pm

Title XVIII | RHC I | Cost

		PNEUMOCOCCAL VACCINES	INFLUENZA VACCINES	COVID-19 VACCINES	MONOCLONAL ANTIBODY PRODUCTS	
		1.00	2.00	2.01	2.02	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	6,530,811	6,530,811	6,530,811	6,530,811	1.00
2.00	Ratio of injection/infusion staff time to total health care staff time	0.006137	0.010173	0.000915	0.000000	2.00
3.00	Injection/infusion health care staff cost (line 1 x line 2)	40,080	66,438	5,976	0	3.00
4.00	Injections/infusions and related medical supplies costs (from your records)	278,136	58,533	0	0	4.00
5.00	Direct cost of injections/infusions (line 3 plus line 4)	318,216	124,971	5,976	0	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	7,339,638	7,339,638	7,339,638	7,339,638	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	4,288,815	4,288,815	4,288,815	4,288,815	7.00
8.00	Ratio of injection/infusion direct cost to total direct cost (line 5 divided by line 6)	0.043356	0.017027	0.000814	0.000000	8.00
9.00	Overhead cost - injection/infusion (line 7 x line 8)	185,946	73,026	3,491	0	9.00
10.00	Total injection/infusion costs and their administration costs (sum of lines 5 and 9)	504,162	197,997	9,467	0	10.00
11.00	Total number of injections/infusions (from your records)	1,315	2,180	196	0	11.00
12.00	Cost per injection/infusion (line 10/line 11)	383.39	90.82	48.30	0.00	12.00
13.00	Number of injection/infusion administered to Program beneficiaries	187	482	56	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 and 13.01, as applicable)	71,694	43,775	2,705	0	14.00

			COST OF INJECTIONS / INFUSIONS AND ADMINISTRATION	
		1.00	2.00	
15.00	Total cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 10) (transfer this amount to Wkst. M-3, line 2)		711,626	15.00
16.00	Total Program cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 14) (transfer this amount to Wkst. M-3, line 21)		118,174	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 14-0145 Component CCN: 14-8503	Period: From 07/01/2022 To 06/30/2023	Worksheet M-5 Date/Time Prepared: 1/24/2024 12:29 pm
		RHC I	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		2,024,855	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
	Program to Provider			
3.01		02/22/2023	88,046	3.01
3.02		02/22/2023	7,584	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
	Provider to Program			
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	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)		95,630	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		2,120,485	4.00
	TO BE COMPLETED BY CONTRACTOR			
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
	Program to Provider			
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
	Provider to Program			
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		31,620	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		2,152,105	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00