

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: 14-0012	Period: From 01/01/2023 To 12/31/2023	Worksheet S Parts I-III Date/Time Prepared: 3/27/2024 9:52 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.		Date: 3/27/2024 Time: 9:52 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN		10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by KATHERINE SHAW BETHEA HOSPITAL (14-0012) for the cost reporting period beginning 01/01/2023 and ending 12/31/2023 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	<div>Austin Frazier, Jr</div>	<div>Y</div>	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	Austin Frazier, Jr		2
3	Signatory Title	CHIEF FINANCIAL OFFICER		3
4	Date	(Dated when report is electronica		4

		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	89,950	-97,567	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
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	TOTAL	0	89,950	-97,567	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: 14-0012		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 3/27/2024 9:52 am	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 403 EAST FIRST STREET			PO Box:				1.00		
2.00	City: DIXON			State: IL		Zip Code: 61021		County: LEE		
		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		KATHERINE SHAW BETHEA HOSPITAL	140012	99914	1	07/01/1966	N	P	N
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA		KATHERINE SHAW BETHEA HHA	147131	99914		07/07/1976	N	P	N
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2023	12/31/2023		20.00
21.00	Type of Control (see instructions)						2			21.00
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim UCPs, including supplemental UCPs, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		N	22.03
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									22.04
23.00	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)									
23.00	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0012

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	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.	306	580	0	0	2,580	86	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.					2		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	N	N
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
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
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
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.					Y	Y	
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.					Y		
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		

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

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			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	4.00	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)	FAMILY MEDICINE	1350	0.00	4.37	0.000000	67.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0012	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 3/27/2024 9:52 am	
		V 1.00	XIX 2.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					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
					1.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N
					1.00
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
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
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00

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		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	2,180,238	0	0
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.	Y	N	123.00
Certified Transplant Center Information				
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N		140.00
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name:	Contractor's Name:	Contractor's Number:	141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:	Zip Code:	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	
						1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00
				Beginning	Ending			
				1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
				1.00	2.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0012		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part II Date/Time Prepared: 3/27/2024 9:52 am	
				Y/N	Date		
				1.00	2.00		
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date	V/I			
		1.00	2.00	3.00			
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type	Date			
		1.00	2.00	3.00			
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	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.	Y					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.	Y					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y					12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N					13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.	N					14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N					15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	02/29/2024	Y	02/29/2024		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0012

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		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KEVIN	WELLEN		41.00
42.00	Enter the employer/company name of the cost report preparer.	CLIFTONLARSONALLEN			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-925-4300	KEVIN.WELLEN@CLACONNECT.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

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		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SIGNING 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: 14-0012

Period:
From 01/01/2023
To 12/31/2023Worksheet S-3
Part I
Date/Time Prepared:
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Component	Worksheet A Line No.	No. of Beds	Bed Days Avai lable	CAH/REH Hours	I/P Days / O/P Vi si ts / Tri ps		
					Title V		
					1.00		2.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	74	27,010	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)		74	27,010	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	6	2,190	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)		80	29,200	0.00	0	14.00
15.00	CAH visits					0	15.00
15.10	REH hours and visits				0.00	0	15.10
16.00	SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		80				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: 14-0012

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Component		I/P Days / O/P Visits / Trips			Full Time Equivalents			
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll		
		6.00	7.00	8.00	9.00	10.00		
	PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	2,723	263	10,762			1.00	
2.00	HMO and other (see instructions)	2,458	3,160				2.00	
3.00	HMO IPF Subprovider	0	0				3.00	
4.00	HMO IRF Subprovider	0	0				4.00	
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00	
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00	
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	2,723	263	10,762			7.00	
8.00	INTENSIVE CARE UNIT	454	11	1,070			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		32	502			13.00	
14.00	Total (see instructions)	3,177	306	12,334	8.37	715.85	14.00	
15.00	CAH visits	0	0	0			15.00	
15.10	REH hours and visits	0	0	0			15.10	
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00	
17.00	SUBPROVIDER - IRF						17.00	
18.00	SUBPROVIDER						18.00	
19.00	SKILLED NURSING FACILITY						19.00	
20.00	NURSING FACILITY						20.00	
21.00	OTHER LONG TERM CARE						21.00	
22.00	HOME HEALTH AGENCY	608	38	4,562	0.00	12.07	22.00	
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00	HOSPICE						24.00	
24.10	HOSPICE (non-distinct part)			0			24.10	
25.00	CMHC - CMHC						25.00	
26.00	RURAL HEALTH CLINIC						26.00	
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25	
27.00	Total (sum of lines 14-26)				8.37	727.92	27.00	
28.00	Observation Bed Days		495	2,518			28.00	
29.00	Ambulance Trips	0					29.00	
30.00	Employee discount days (see instruction)			0			30.00	
31.00	Employee discount days - IRF			0			31.00	
32.00	Labor & delivery days (see instructions)	0	86	157			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: 14-0012

Period:
From 01/01/2023
To 12/31/2023Worksheet S-3
Part I
Date/Time Prepared:
3/27/2024 9:52 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
PART I - STATISTICAL DATA						
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	769	95	2,707	1.00
2.00 HMO and other (see instructions)			489	525		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	769	95	2,707	14.00
15.00 CAH visits						15.00
15.10 REH hours and visits						15.10
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01
34.00 Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0012

Period:
From 01/01/2023
To 12/31/2023Worksheet S-3
Part II
Date/Time Prepared:
3/27/2024 9:52 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 + col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	69,730,121	0	69,730,121	1,514,083.46	46.05
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		87,835	0	87,835	495.00	177.44
4.01	Physicians - Part A - Teaching		0	1,182,323	1,182,323	4,216.00	280.44
5.00	Physician and Non Physician-Part B		24,155,935	0	24,155,935	127,838.59	188.96
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	371,785	404,238	776,023	25,423.58	30.52
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		1,628,234	0	1,628,234	37,620.67	43.28
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		3,613,446	0	3,613,446	30,412.81	118.81
12.00	Contract Labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		16,166,973	0	16,166,973		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		461,295	0	461,295		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		6,070	0	6,070		
22.01	Physician Part A - Teaching		51,695	0	51,695		
23.00	Physician Part B		1,567,523	0	1,567,523		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		311,737	0	311,737		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0012

Period:
From 01/01/2023
To 12/31/2023Worksheet S-3
Part II
Date/Time Prepared:
3/27/2024 9:52 am

		Wkst. A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	393,630	0	393,630	16,737.42	23.52	26.00
27.00	Administrative & General	5.00	6,283,341	51,031	6,334,372	232,324.60	27.27	27.00
28.00	Administrative & General under contract (see inst.)		137,766	0	137,766	583.80	235.98	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	782,111	28,440	810,551	29,778.76	27.22	30.00
31.00	Laundry & Linen Service	8.00	0	191,509	191,509	10,547.26	18.16	31.00
32.00	Housekeeping	9.00	957,544	-504,162	453,382	38,004.54	11.93	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,349,913	-1,024,426	325,487	16,162.00	20.14	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,024,426	1,024,426	50,867.65	20.14	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,251,762	-411,301	840,461	25,799.85	32.58	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	998,070	0	998,070	22,121.47	45.12	40.00
41.00	Medical Records & Medical Records Library	16.00	434,203	-54,732	379,471	16,192.56	23.43	41.00
42.00	Social Service	17.00	0	466,033	466,033	13,370.59	34.86	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0012

Period:
From 01/01/2023
To 12/31/2023Worksheet S-3
Part III
Date/Time Prepared:
3/27/2024 9:52 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	45,340,167	-1,586,561	43,753,606	1,357,189.09	32.24	1.00
2.00	Excluded area salaries (see instructions)	1,628,234	0	1,628,234	37,620.67	43.28	2.00
3.00	Subtotal salaries (line 1 minus line 2)	43,711,933	-1,586,561	42,125,372	1,319,568.42	31.92	3.00
4.00	Subtotal other wages & related costs (see inst.)	3,613,446	0	3,613,446	30,412.81	118.81	4.00
5.00	Subtotal wage-related costs (see inst.)	16,173,043	0	16,173,043	0.00	38.39	5.00
6.00	Total (sum of lines 3 thru 5)	63,498,422	-1,586,561	61,911,861	1,349,981.23	45.86	6.00
7.00	Total overhead cost (see instructions)	12,588,340	-233,182	12,355,158	472,490.50	26.15	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0012

Period:
From 01/01/2023
To 12/31/2023Worksheet S-3
Part IV
Date/Time Prepared:
3/27/2024 9:52 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,043,651	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	10,080,540	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	1,474,750	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	-28,738	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)	317,995	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	255,214	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	4,190,986	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	103,395	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	60,231	22.00
23.00	Tuition Reimbursement	67,270	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	18,565,294	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: 14-0012

Period:
From 01/01/2023
To 12/31/2023Worksheet S-3
Part V
Date/Time Prepared:
3/27/2024 9:52 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	3,676,243	18,565,294	1.00
2.00	Hospital	3,613,446	18,315,796	2.00
3.00	SUBPROVIDER - IPF	0	0	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	62,797	249,498	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 14-0012 Component CCN: 14-7131		Period: From 01/01/2023 To 12/31/2023		Worksheet S-4 Date/Time Prepared: 3/27/2024 9:52 am	
						Home Health Agency I		PPS	
						1.00			
0.00	County					LEE		0.00	
		Title V	Title XVIII	Title XIX	Other	Total			
		1.00	2.00	3.00	4.00	5.00			
HOME HEALTH AGENCY STATISTICAL DATA									
1.00	Home Health Aide Hours	0	575	0	621	1,196	1.00		
2.00	Unduplicated Census Count (see instructions)	0.00	203.00	5.00	74.00	282.00	2.00		
				Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week		Staff	Contract	Total			
		0		1.00	2.00	3.00			
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES									
3.00	Administrator and Assistant Administrator(s)	40.00		1.00	0.00	1.00	3.00		
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00		
5.00	Other Administrative Personnel			1.08	0.00	1.08	5.00		
6.00	Direct Nursing Service			5.42	0.00	5.42	6.00		
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00		
8.00	Physical Therapy Service			2.01	0.00	2.01	8.00		
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00		
10.00	Occupational Therapy Service			0.00	0.00	0.00	10.00		
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00		
12.00	Speech Pathology Service			0.00	0.00	0.00	12.00		
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00		
14.00	Medical Social Service			0.00	0.00	0.00	14.00		
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00		
16.00	Home Health Aide			0.57	0.00	0.57	16.00		
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00		
18.00	CLERK			1.99	0.00	1.99	18.00		
						CBSA Data			
						1.00			
HOME HEALTH AGENCY CBSA CODES									
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.						1	19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).						99914	20.00	
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col.s. 1-4)			
		Without Outliers	With Outliers						
		1.00	2.00	3.00	4.00	5.00			
PPS ACTIVITY DATA									
21.00	Skilled Nursing Visits	654	96	36	7	793	21.00		
22.00	Skilled Nursing Visit Charges	126,876	18,624	6,984	1,358	153,842	22.00		
23.00	Physical Therapy Visits	908	141	20	11	1,080	23.00		
24.00	Physical Therapy Visit Charges	175,570	27,354	3,880	2,134	208,938	24.00		
25.00	Occupational Therapy Visits	121	36	6	0	163	25.00		
26.00	Occupational Therapy Visit Charges	23,474	6,984	1,164	0	31,622	26.00		
27.00	Speech Pathology Visits	20	21	1	1	43	27.00		
28.00	Speech Pathology Visit Charges	3,880	4,074	194	194	8,342	28.00		
29.00	Medical Social Service Visits	0	0	0	0	0	29.00		
30.00	Medical Social Service Visit Charges	0	0	0	0	0	30.00		
31.00	Home Health Aide Visits	84	27	0	2	113	31.00		
32.00	Home Health Aide Visit Charges	5,880	1,890	0	140	7,910	32.00		
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	1,787	321	63	21	2,192	33.00		
34.00	Other Charges	0	0	0	0	0	34.00		
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	335,680	58,926	12,222	3,826	410,654	35.00		
36.00	Total Number of Episodes (standard/non outlier)	212		38	2	252	36.00		
37.00	Total Number of Outlier Episodes		16		0	16	37.00		
38.00	Total Non-Routine Medical Supply Charges	19,444	4,000	1,042	55	24,541	38.00		

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0012	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 3/27/2024 9:52 am
				1.00
PART I - HOSPITAL AND HOSPITAL COMPLEX DATA				
Uncompensated and Indigent Care Cost-to-Charge Ratio				
1.00	Cost to charge ratio (see instructions)		0.244722	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		10,117,340	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		3,389,664	5.00
6.00	Medicaid charges		84,832,592	6.00
7.00	Medicaid cost (line 1 times line 6)		20,760,402	7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)		7,253,398	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		7,253,398	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated care cost (see instructions for each line)				
20.00	Charity care charges and uninsured discounts (see instructions)	1,762,953	274,327	2,037,280
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	431,433	274,327	705,760
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (see instructions)	431,433	274,327	705,760
				1.00
24.00	Does the amount on line 20 col. 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
25.01	Charges for insured patients' liability (see instructions)		0	25.01
26.00	Bad debt amount (see instructions)		5,501,960	26.00
27.00	Medicare reimbursable bad debts (see instructions)		6,017	27.00
27.01	Medicare allowable bad debts (see instructions)		9,258	27.01
28.00	Non-Medicare bad debt amount (see instructions)		5,492,702	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		1,347,426	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		2,053,186	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		9,306,584	31.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0012	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 3/27/2024 9:52 am
				1.00
PART II - HOSPITAL DATA				
Uncompensated and Indigent Care Cost-to-Charge Ratio				
1.00	Cost to charge ratio (see instructions)		0.240661	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid			2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			5.00
6.00	Medicaid charges			6.00
7.00	Medicaid cost (line 1 times line 6)			7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)			8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP			9.00
10.00	Stand-alone CHIP charges			10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)			12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			14.00
15.00	State or local indigent care program cost (line 1 times line 14)			15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)			16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care			17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated care cost (see instructions for each line)				
20.00	Charity care charges and uninsured discounts (see instructions)	1,762,953	274,327	2,037,280
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	424,274	274,327	698,601
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (see instructions)	424,274	274,327	698,601
				1.00
24.00	Does the amount on line 20 col. 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0
25.01	Charges for insured patients' liability (see instructions)			0
26.00	Bad debt amount (see instructions)			5,501,960
27.00	Medicare reimbursable bad debts (see instructions)			6,017
27.01	Medicare allowable bad debts (see instructions)			9,258
28.00	Non-Medicare bad debt amount (see instructions)			5,492,702
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)			1,325,120
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)			2,023,721
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			2,023,721

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0012

Period:
From 01/01/2023
To 12/31/2023

Worksheet A

Date/Time Prepared:
3/27/2024 9:52 am

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		6,794,744	6,794,744	-129,365	6,665,379	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	1,284,137	1,284,137	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	393,630	15,150,128	15,543,758	-27,428	15,516,330	4.00
5.01	00540	NONPATIENT TELEPHONES	359,448	79,470	438,918	-25,773	413,145	5.01
5.02	00590	DATA PROCESSING	1,108,449	3,919,692	5,028,141	11,873	5,040,014	5.02
5.03	00591	PURCHASING RECEIVING AND STORES	376,334	527,817	904,151	29,560	933,711	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,212,171	5,073,239	7,285,410	10,523	7,295,933	5.04
5.05	00592	OTHER ADMIN & GENERAL	2,226,939	10,385,047	12,611,986	-282,936	12,329,050	5.05
7.00	00700	OPERATION OF PLANT	782,111	3,174,223	3,956,334	-460,054	3,496,280	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	359,284	359,284	8.00
9.00	00900	HOUSEKEEPING	957,544	914,082	1,871,626	-695,861	1,175,765	9.00
10.00	01000	DIETARY	1,349,913	1,037,832	2,387,745	-1,813,637	574,108	10.00
11.00	01100	CAFETERIA	0	0	0	1,812,019	1,812,019	11.00
13.00	01300	NURSING ADMINISTRATION	1,251,762	336,069	1,587,831	-442,766	1,145,065	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,404,453	3,404,453	-3,369,663	34,790	14.00
15.00	01500	PHARMACY	998,070	3,401,580	4,399,650	-2,897,709	1,501,941	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	434,203	2,996,554	3,430,757	-58,919	3,371,838	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	92,969	92,969	17.00
17.01	01701	UTILIZATION REVIEW	0	0	0	408,716	408,716	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	371,785	84,296	456,081	435,162	891,243	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	1,529,498	1,529,498	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,108,887	3,202,673	10,311,560	-228,448	10,083,112	30.00
31.00	03100	INTENSIVE CARE UNIT	1,297,593	567,655	1,865,248	5,261	1,870,509	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
43.00	04300	NURSERY	523,003	91,026	614,029	2,394	616,423	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,453,932	2,271,441	4,725,373	-546,621	4,178,752	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,072	5,072	199,663	204,735	52.00
53.00	05300	ANESTHESIOLOGY	6,794	1,890,728	1,897,522	-2,762	1,894,760	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,575,026	1,237,554	2,812,580	1,760	2,814,340	54.00
54.01	05401	ULTRASOUND	298,139	312,569	610,708	2,695	613,403	54.01
57.00	05700	CT SCAN	146,660	264,367	411,027	-1,126	409,901	57.00
58.00	05800	MRI	177,835	76,412	254,247	-892	253,355	58.00
59.00	05900	CARDIAC CATHETERIZATION	545,861	2,245,567	2,791,428	-1,819,356	972,072	59.00
60.00	06000	LABORATORY	2,649,799	3,455,490	6,105,289	-319,728	5,785,561	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,311,277	266,596	1,577,873	20,290	1,598,163	65.00
66.00	06600	PHYSICAL THERAPY	1,460,768	269,519	1,730,287	-20,157	1,710,130	66.00
67.00	06700	OCCUPATIONAL THERAPY	211,221	112,423	323,644	15,356	339,000	67.00
68.00	06800	SPEECH PATHOLOGY	270,140	271,648	541,788	-243,136	298,652	68.00
69.00	06900	ELECTROCARDIOLOGY	103,130	208,281	311,411	-299	311,112	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	308,491	54,691	363,182	1,333	364,515	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	7,343,651	7,343,651	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,821,209	1,821,209	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,848,140	2,848,140	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	304,693	28,452	333,145	-242	332,903	76.00
76.97	07697	CARDIAC REHABILITATION	0	4,460	4,460	16,779	21,239	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	28,186,038	5,990,041	34,176,079	-4,057,056	30,119,023	90.00
91.00	09100	EMERGENCY	6,340,241	946,597	7,286,838	-36,666	7,250,172	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	937,099	296,729	1,233,828	-9,706	1,224,122	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		761,966	761,966	-761,966	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	69,038,986	82,111,183	151,150,169	0	151,150,169	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	691,135	98,544	789,679	0	789,679	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	69,730,121	82,209,727	151,939,848	0	151,939,848	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0012

Period:
From 01/01/2023
To 12/31/2023Worksheet A
Date/Time Prepared:
3/27/2024 9:52 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-526,562	6,138,817	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	1,284,137	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,450,291	13,066,039	4.00
5.01	00540	NONPATIENT TELEPHONES	-7,837	405,308	5.01
5.02	00590	DATA PROCESSING	-10,585	5,029,429	5.02
5.03	00591	PURCHASING RECEIVING AND STORES	0	933,711	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	-6	7,295,927	5.04
5.05	00592	OTHER ADMIN & GENERAL	-4,599,526	7,729,524	5.05
7.00	00700	OPERATION OF PLANT	-401,738	3,094,542	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	359,284	8.00
9.00	00900	HOUSEKEEPING	0	1,175,765	9.00
10.00	01000	DIETARY	-2,243	571,865	10.00
11.00	01100	CAFETERIA	-466,419	1,345,600	11.00
13.00	01300	NURSING ADMINISTRATION	-38,617	1,106,448	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	34,790	14.00
15.00	01500	PHARMACY	218,944	1,720,885	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-8,820	3,363,018	16.00
17.00	01700	SOCIAL SERVICE	0	92,969	17.00
17.01	01701	UTILIZATION REVIEW	0	408,716	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	891,243	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	-34,388	1,495,110	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,171,709	8,911,403	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,870,509	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
43.00	04300	NURSERY	0	616,423	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	4,178,752	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	204,735	52.00
53.00	05300	ANESTHESIOLOGY	-1,870,912	23,848	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-573	2,813,767	54.00
54.01	05401	ULTRASOUND	0	613,403	54.01
57.00	05700	CT SCAN	0	409,901	57.00
58.00	05800	MRI	0	253,355	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	972,072	59.00
60.00	06000	LABORATORY	-594,356	5,191,205	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,598,163	65.00
66.00	06600	PHYSICAL THERAPY	0	1,710,130	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	339,000	67.00
68.00	06800	SPEECH PATHOLOGY	0	298,652	68.00
69.00	06900	ELECTROCARDIOLOGY	0	311,112	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	364,515	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	7,343,651	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,821,209	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,848,140	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	332,903	76.00
76.97	07697	CARDIAC REHABILITATION	0	21,239	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-21,102,790	9,016,233	90.00
91.00	09100	EMERGENCY	-3,354,221	3,895,951	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	1,224,122	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-36,422,649	114,727,520	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	789,679	192.00
194.00	07950	MEALS ON WHEELS	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-36,422,649	115,517,199	200.00

RECLASSIFICATIONS

Provider CCN: 14-0012

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-6

Date/Time Prepared:
3/27/2024 9:52 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CAFETERIA COSTS					
1.00	CAFETERIA _____	11.00	1,024,426	787,593		1.00
	0		1,024,426	787,593		
	B - LABOR & DELIVERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	159,358	28,649		1.00
	0		159,358	28,649		
	C - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	883,759		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
	0		0	883,759		
	E - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	7,305,663		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,821,209		2.00
3.00	OCCUPATIONAL THERAPY	67.00	0	424		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
	0		0	9,127,296		
	F - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,848,140		1.00
	0		0	2,848,140		
	G - PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	271,013		1.00
2.00		0.00	0	0		2.00
	0		0	271,013		
	I - BIO-MED COSTS					
1.00	OTHER ADMIN & GENERAL	5.05	0	2,003		1.00
2.00	PHARMACY	15.00	0	30,193		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	12,609		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	10,346		4.00
5.00	NURSERY	43.00	0	2,755		5.00
6.00	OPERATING ROOM	50.00	0	176,079		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	11,761		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,478		8.00
9.00	LABORATORY	60.00	0	10,177		9.00
10.00	RESPIRATORY THERAPY	65.00	0	38,468		10.00
11.00	PHYSICAL THERAPY	66.00	0	6,238		11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	2,177		12.00
13.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	37,988		13.00
14.00	CARDIAC REHABILITATION	76.97	0	5,110		14.00
15.00	CLINIC	90.00	0	50,140		15.00
16.00	EMERGENCY _____	91.00	0	16,190		16.00
	0		0	413,712		

RECLASSIFICATIONS

Provider CCN: 14-0012

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-6

Date/Time Prepared:
3/27/2024 9:52 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	J - HOUSEKEEPING					
1.00	DATA PROCESSING	5.02	1,315	101		1.00
2.00	PURCAHSING RECEI VING AND STORES	5.03	27,497	2,104		2.00
3.00	CASHI ERI NG/ACCOUNTS RECEI VABLE	5.04	9,789	749		3.00
4.00	OTHER ADM N & GENERAL	5.05	12,430	951		4.00
5.00	OPERATION OF PLANT	7.00	28,440	2,176		5.00
6.00	RADI OLOGY-DI AGNOSTI C	54.00	5,740	439		6.00
7.00	ULTRASOUND	54.01	3,164	242		7.00
8.00	LABORATORY	60.00	2,127	163		8.00
9.00	PHYSI CAL THERAPY	66.00	13,871	1,061		9.00
10.00	OCCUPATIONAL THERAPY	67.00	13,871	1,061		10.00
11.00	SPEECH PATHOLOGY	68.00	1,771	135		11.00
12.00	CARDI AC REHABI LI TATION	76.97	10,840	829		12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	5,073	388		13.00
14.00	CLINIC	90.00	176,725	13,519		14.00
	0		312,653	23,918		
	K - UTI LI ZATION REVIEW					
1.00	UTI LI ZATION REVI EW	17.01	379,671	29,045		1.00
2.00		0.00	0	0		2.00
	0		379,671	29,045		
	O - RESIDENCY COSTS					
1.00	I&R SERVI CES-SALARY & FRINGES A	21.00	404,238	30,924		1.00
2.00	I&R SERVI CES-OTHER PRGM COSTS A	22.00	1,182,323	347,175		2.00
	0		1,586,561	378,099		
	S - PATI ENT ADVOCATE SALARI ES					
1.00	SOCI AL SERVI CE	17.00	86,362	6,607		1.00
	0		86,362	6,607		
	T - MME DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUI P	2.00	0	1,211,378		1.00
	0		0	1,211,378		
	W - LAUNDRY EXPENSES					
1.00	LAUNDRY & LINEN SERVICE	8.00	191,509	167,775		1.00
	TOTALS		191,509	167,775		
	X - OVERHEAD COSTS					
1.00	DATA PROCESSING	5.02	0	8,650		1.00
2.00	OPERATION OF PLANT	7.00	0	23,966		2.00
3.00	DATA PROCESSING	5.02	0	1,807		3.00
4.00	OPERATION OF PLANT	7.00	0	855		4.00
	TOTALS		0	35,278		
500.00	Grand Total: Increases		3,740,540	16,212,262		500.00

RECLASSIFICATIONS

Provider CCN: 14-0012

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-6

Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - CAFETERIA COSTS						
1.00	DIETARY	10.00	1,024,426	787,593	0		1.00
	0		1,024,426	787,593			
	B - LABOR & DELIVERY						
1.00	ADULTS & PEDIATRICS	30.00	159,358	28,649	0		1.00
	0		159,358	28,649			
	C - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	761,966	11		1.00
2.00	OPERATION OF PLANT	7.00	0	86,882	0		2.00
3.00	OPERATING ROOM	50.00	0	768	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	324	0		4.00
5.00	ELECTROCARDIOLOGY	69.00	0	270	0		5.00
6.00	OTHER ADMIN & GENERAL	5.05	0	33,549	0		6.00
	0		0	883,759			
	E - BILLABLE SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	27,428	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	41	0		2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	15	0		3.00
4.00	OTHER ADMIN & GENERAL	5.05	0	5	0		4.00
5.00	HOUSEKEEPING	9.00	0	6	0		5.00
6.00	DIETARY	10.00	0	1,618	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,369,663	0		7.00
8.00	PHARMACY	15.00	0	79,762	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	53,050	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	5,085	0		10.00
11.00	NURSERY	43.00	0	361	0		11.00
12.00	OPERATING ROOM	50.00	0	721,932	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	105	0		13.00
14.00	ANESTHESIOLOGY	53.00	0	2,762	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,897	0		15.00
16.00	ULTRASOUND	54.01	0	711	0		16.00
17.00	CT SCAN	57.00	0	1,126	0		17.00
18.00	MRI	58.00	0	892	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	1,821,209	0		19.00
20.00	LABORATORY	60.00	0	332,195	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	18,178	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	41,327	0		22.00
23.00	SPEECH PATHOLOGY	68.00	0	245,042	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	29	0		24.00
25.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	242	0		25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,128	0		26.00
27.00	CLINIC	90.00	0	2,331,925	0		27.00
28.00	EMERGENCY	91.00	0	52,856	0		28.00
29.00	HOME HEALTH AGENCY	101.00	0	9,706	0		29.00
	0		0	9,127,296			
	F - BILLABLE DRUGS						
1.00	PHARMACY	15.00	0	2,848,140	0		1.00
	0		0	2,848,140			
	G - PROPERTY INSURANCE						
1.00	OTHER ADMIN & GENERAL	5.05	0	264,766	12		1.00
2.00	OPERATION OF PLANT	7.00	0	6,247	0		2.00
	0		0	271,013			
	I - BIO-MED COSTS						
1.00	OPERATION OF PLANT	7.00	0	413,712	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
	0		0	413,712			

RECLASSIFICATIONS

Provider CCN: 14-0012

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-6

Date/Time Prepared:
3/27/2024 9:52 am

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	J - HOUSEKEEPING							
1.00	HOUSEKEEPING	9.00	312,653	23,918	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
5.00		0.00	0	0	0		5.00	
6.00		0.00	0	0	0		6.00	
7.00		0.00	0	0	0		7.00	
8.00		0.00	0	0	0		8.00	
9.00		0.00	0	0	0		9.00	
10.00		0.00	0	0	0		10.00	
11.00		0.00	0	0	0		11.00	
12.00		0.00	0	0	0		12.00	
13.00		0.00	0	0	0		13.00	
14.00		0.00	0	0	0		14.00	
			312,653	23,918				
	K - UTILIZATION REVIEW							
1.00	MEDICAL RECORDS & LIBRARY	16.00	54,732	4,187	0		1.00	
2.00	NURSING ADMINISTRATION	13.00	324,939	24,858	0		2.00	
			379,671	29,045				
	O - RESIDENCY COSTS							
1.00	CLINIC	90.00	1,586,561	378,099	0		1.00	
2.00		0.00	0	0	0		2.00	
			1,586,561	378,099				
	S - PATIENT ADVOCATE SALARIES							
1.00	NURSING ADMINISTRATION	13.00	86,362	6,607	0		1.00	
			86,362	6,607				
	T - MME DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,211,378	9		1.00	
			0	1,211,378				
	W - LAUNDRY EXPENSES							
1.00	HOUSEKEEPING	9.00	191,509	167,775	0		1.00	
	TOTALS		191,509	167,775				
	X - OVERHEAD COSTS							
1.00	OPERATION OF PLANT	7.00	0	8,650	0		1.00	
2.00	NONPATIENT TELEPHONES	5.01	0	25,773	0		2.00	
3.00	CLINIC	90.00	0	855	0		3.00	
4.00		0.00	0	0	0		4.00	
	TOTALS		0	35,278				
500.00	Grand Total: Decreases		3,740,540	16,212,262			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0012

Period:
From 01/01/2023
To 12/31/2023Worksheet A-7
Part I
Date/Time Prepared:
3/27/2024 9:52 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,289,039	0	0	0	0	1.00
2.00	Land Improvements	5,620,755	20,995	0	20,995	0	2.00
3.00	Buildings and Fixtures	50,545,272	0	0	0	0	3.00
4.00	Building Improvements	8,063,115	3,059,727	0	3,059,727	0	4.00
5.00	Fixed Equipment	53,862,802	3,561,868	0	3,561,868	5,671,256	5.00
6.00	Movable Equipment	43,653,351	902,145	0	902,145	18,997	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	164,034,334	7,544,735	0	7,544,735	5,690,253	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	164,034,334	7,544,735	0	7,544,735	5,690,253	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,289,039	0				1.00
2.00	Land Improvements	5,641,750	0				2.00
3.00	Buildings and Fixtures	50,545,272	0				3.00
4.00	Building Improvements	11,122,842	0				4.00
5.00	Fixed Equipment	51,753,414	0				5.00
6.00	Movable Equipment	44,536,499	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	165,888,816	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	165,888,816	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0012

Period:
From 01/01/2023
To 12/31/2023Worksheet A-7
Part II
Date/Time Prepared:
3/27/2024 9:52 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	6,794,744	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)	6,794,744	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of col.s. 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	6,794,744				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	6,794,744				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0012

Period:
From 01/01/2023
To 12/31/2023Worksheet A-7
Part III
Date/Time Prepared:
3/27/2024 9:52 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	121,352,317	0	121,352,317	0.731528	198,254	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	44,536,499	0	44,536,499	0.268472	72,759	2.00
3.00	Total (sum of lines 1-2)	165,888,816	0	165,888,816	1.000000	271,013	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital -Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	198,254	5,583,366	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	72,759	1,211,378	0	2.00
3.00	Total (sum of lines 1-2)	0	0	271,013	6,794,744	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital -Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	357,197	198,254	0	0	6,138,817	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	72,759	0	0	1,284,137	2.00
3.00	Total (sum of lines 1-2)	357,197	271,013	0	0	7,422,954	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0012

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-8

Date/Time Prepared:
3/27/2024 9:52 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-526,562	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			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)	B	-328,039	OPERATION OF PLANT	7.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-7,837	NONPATIENT TELEPHONES	5.01	0	7.00
8.00	Television and radio service (chapter 21)	A	-42,880	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	-26,549,441			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	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-466,419	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-8,820	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		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISCELLANEOUS INCOME	B	-185,752	OTHER ADMIN & GENERAL	5.05	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0012

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-8

Date/Time Prepared:
3/27/2024 9:52 am

Cost Center Description			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
1.00	2.00	3.00	4.00	5.00		
33.01	MI SCCELLANEOUS INCOME	B	-4,355	CLINIC	90.00	0 33.01
33.02	MI SCCELLANEOUS INCOME	B	-34,388	I&R SERVICES-OTHER PRGM	22.00	0 33.02
33.03	MI SCCELLANEOUS INCOME	B	-10,585	COSTS A		
33.04	MI SCCELLANEOUS INCOME	B	-950	DATA PROCESSING	5.02	0 33.03
33.05	MI SCCELLANEOUS INCOME	B	-46,462	EMERGENCY	91.00	0 33.04
33.06	MI SCCELLANEOUS INCOME	B	-67	ADULTS & PEDIATRICS	30.00	0 33.05
33.07	MI SCCELLANEOUS INCOME	B	-38,617	DIETARY	10.00	0 33.06
33.08	MI SCCELLANEOUS INCOME	B	-573	NURSING ADMINISTRATION	13.00	0 33.07
33.09	MI SCCELLANEOUS INCOME	B	-6	RADIOLOGY-DIAGNOSTIC	54.00	0 33.08
				CASHIERING/ACCOUNTS	5.04	0 33.09
				RECEIVABLE		
33.10	MI SCCELLANEOUS INCOME	B	-1,325	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.10
33.11	MI SCCELLANEOUS INCOME	B	-56,307	PHARMACY	15.00	0 33.11
33.12	MI SCCELLANEOUS INCOME	B	-35	LABORATORY	60.00	0 33.12
34.00	RETAIL RX 340B - REVERSE	A	275,571	PHARMACY	15.00	0 34.00
	NEGATIVE					
35.00	DONATIONS & SCHOLARSHIPS	A	-66,568	OTHER ADMIN & GENERAL	5.05	0 35.00
36.00	ADVERTISING	A	-38,522	OTHER ADMIN & GENERAL	5.05	0 36.00
37.00	FINES & PENALTIES - REVERSE	A	145,464	OTHER ADMIN & GENERAL	5.05	0 37.00
	NEGATIVE					
37.01	FINES & PENALTIES	A	-25	DIETARY	10.00	0 37.01
37.02	FINES & PENALTIES	A	-320	PHARMACY	15.00	0 37.02
37.03	COMMUNITY DONATIONS	A	-66,568	OTHER ADMIN & GENERAL	5.05	0 37.03
37.04	COMMUNITY DONATIONS	A	-2,151	DIETARY	10.00	0 37.04
37.05	COMMUNITY DONATIONS	A	-190	CLINIC	90.00	0 37.05
37.06	COMMUNITY DONATIONS	A	-45	OPERATION OF PLANT	7.00	0 37.06
38.00	CRAWFORD APTS	A	-30,774	OPERATION OF PLANT	7.00	0 38.00
41.00	PHYSICIAN RECRUITMENT COSTS	A	-68,747	OTHER ADMIN & GENERAL	5.05	0 41.00
42.00	IPA TAX	A	-5,779,264	OTHER ADMIN & GENERAL	5.05	0 42.00
43.00	AHA & IHA LOBBYING	A	-32,124	OTHER ADMIN & GENERAL	5.05	0 43.00
44.00	PHYSICIAN BENEFITS	A	-2,448,966	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 44.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-36,422,649			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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0012

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-8-2

Date/Time Prepared:
3/27/2024 9:52 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	1,125,247	1,125,247	0	0	0	1.00
2.00	53.00	ANESTHESIOLOGY	1,870,912	1,870,912	0	0	0	2.00
3.00	60.00	LABORATORY	594,321	594,321	0	0	0	3.00
4.00	90.00	CLINIC	21,143,595	21,067,043	76,552	211,500	446	4.00
5.00	91.00	EMERGENCY	3,358,254	3,346,971	11,283	211,500	49	5.00
6.00	5.05	OTHER ADMIN & GENERAL	-1,492,555	-1,492,555	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			26,599,774	26,511,939	87,835		495	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	0	0	0	0	0	1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	2.00
3.00	60.00	LABORATORY	0	0	0	0	0	3.00
4.00	90.00	CLINIC	45,350	2,268	0	0	0	4.00
5.00	91.00	EMERGENCY	4,983	249	0	0	0	5.00
6.00	5.05	OTHER ADMIN & GENERAL	0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			50,333	2,517	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	0	0	1,125,247		1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	1,870,912		2.00
3.00	60.00	LABORATORY	0	0	0	594,321		3.00
4.00	90.00	CLINIC	0	45,350	31,202	21,098,245		4.00
5.00	91.00	EMERGENCY	0	4,983	6,300	3,353,271		5.00
6.00	5.05	OTHER ADMIN & GENERAL	0	0	0	-1,492,555		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	50,333	37,502	26,549,441		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0012

Period:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	6,138,817	6,138,817			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,284,137		1,284,137		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,066,039	61,570	457	13,128,066	4.00
5.01	00540	NONPATIENT TELEPHONES	405,308	29,760	0	96,408	531,476 5.01
5.02	00590	DATA PROCESSING	5,029,429	123,864	257,084	302,127	12,947 5.02
5.03	00591	PURCHASING RECEIVING AND STORES	933,711	165,877	798	109,941	7,121 5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	7,295,927	81,224	1,362	604,915	17,479 5.04
5.05	00592	OTHER ADMIN & GENERAL	7,729,524	136,744	9,947	1,016,005	44,020 5.05
7.00	00700	OPERATION OF PLANT	3,094,542	2,022,724	77,833	220,668	5,179 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	359,284	2,467	0	52,137	0 8.00
9.00	00900	HOUSEKEEPING	1,175,765	54,363	0	123,431	1,295 9.00
10.00	01000	DIETARY	571,865	75,481	6,377	88,612	8,416 10.00
11.00	01100	CAFETERIA	1,345,600	38,765	20,073	278,894	0 11.00
13.00	01300	NURSING ADMINISTRATION	1,106,448	35,824	22,111	228,810	22,657 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	34,790	30,262	0	0	0 14.00
15.00	01500	PHARMACY	1,720,885	35,768	42,602	271,719	5,826 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,363,018	32,980	0	103,309	11,652 16.00
17.00	01700	SOCIAL SERVICE	92,969	0	0	23,512	647 17.00
17.01	01701	UTILIZATION REVIEW	408,716	1,938	0	103,363	3,237 17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	891,243	0	0	211,268	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	1,495,110	0	0	321,880	3,884 22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8,911,403	689,324	74,361	1,828,307	46,609 30.00
31.00	03100	INTENSIVE CARE UNIT	1,870,509	61,862	21,766	353,262	7,768 31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
43.00	04300	NURSERY	616,423	5,799	7,061	142,384	647 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,178,752	378,562	119,231	668,068	35,604 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	204,735	17,368	2,400	43,384	1,295 52.00
53.00	05300	ANESTHESIOLOGY	23,848	1,185	2,477	1,850	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,813,767	98,843	84,091	430,354	18,126 54.00
54.01	05401	ULTRASOUND	613,403	3,959	2,113	82,028	647 54.01
57.00	05700	CT SCAN	409,901	7,904	29,755	39,927	1,942 57.00
58.00	05800	MRI	253,355	6,914	642	48,415	1,295 58.00
59.00	05900	CARDIAC CATHETERIZATION	972,072	70,114	228,381	148,607	2,589 59.00
60.00	06000	LABORATORY	5,191,205	77,586	102,107	721,971	20,068 60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	1,598,163	17,563	11,701	356,987	4,531 65.00
66.00	06600	PHYSICAL THERAPY	1,710,130	124,199	4,824	401,462	11,005 66.00
67.00	06700	OCCUPATIONAL THERAPY	339,000	0	0	61,280	0 67.00
68.00	06800	SPEECH PATHOLOGY	298,652	24,394	6,287	74,026	3,237 68.00
69.00	06900	ELECTROCARDIOLOGY	311,112	3,541	2,957	28,077	1,295 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	364,515	16,211	3,862	85,366	647 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	7,343,651	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,821,209	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,848,140	0	0	0	0 73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	332,903	39,755	182	82,951	647 76.00
76.97	07697	CARDIAC REHABILITATION	21,239	0	0	2,951	1,295 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	9,016,233	1,300,490	102,554	1,994,469	195,501 90.00
91.00	09100	EMERGENCY	3,895,951	195,554	38,741	931,664	21,363 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)					
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	1,224,122	51,087	0	255,120	10,358 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	114,727,520	6,121,825	1,284,137	12,939,909	530,829 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	16,992	0	0	647 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	789,679	0	0	188,157	0 192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0 194.00
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers		0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	115,517,199	6,138,817	1,284,137	13,128,066	531,476 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMIN & GENERAL	
			5.02	5.03	5.04	5A.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						5.01
5.02	00590	DATA PROCESSING	5,725,451					5.02
5.03	00591	PURCHASING RECEIVING AND STORES	100,520	1,317,968				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	167,533	7,345	8,175,785			5.04
5.05	00592	OTHER ADMIN & GENERAL	557,048	1,492	0	9,494,780	9,494,780	5.05
7.00	00700	OPERATION OF PLANT	41,883	437	0	5,463,266	489,257	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	413,888	37,065	8.00
9.00	00900	HOUSEKEEPING	16,753	2,995	0	1,374,602	123,101	9.00
10.00	01000	DIETARY	46,072	1,253	0	798,076	71,471	10.00
11.00	01100	CAFETERIA	0	3,944	0	1,687,276	151,102	11.00
13.00	01300	NURSING ADMINISTRATION	37,695	37	0	1,453,582	130,174	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	90,960	0	156,012	13,971	14.00
15.00	01500	PHARMACY	62,825	42,911	0	2,182,536	195,455	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	50,260	21	0	3,561,240	318,923	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	117,128	10,489	17.00
17.01	01701	UTILIZATION REVIEW	33,507	0	0	550,761	49,323	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	1,102,511	98,734	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	25,130	0	0	1,846,004	165,317	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	892,115	238,738	570,627	13,251,484	1,186,723	30.00
31.00	03100	INTENSIVE CARE UNIT	79,578	72,141	75,214	2,542,100	227,655	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	7,429	20,982	800,725	71,708	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	284,807	419,123	990,035	7,074,182	633,521	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	194	28,400	297,776	26,667	52.00
53.00	05300	ANESTHESIOLOGY	0	3,237	147,078	179,675	16,091	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	117,273	13,902	323,251	3,899,607	349,225	54.00
54.01	05401	ULTRASOUND	4,188	1,281	197,302	904,921	81,039	54.01
57.00	05700	CT SCAN	8,377	22,428	460,151	980,385	87,797	57.00
58.00	05800	MRI	12,565	787	120,038	444,011	39,763	58.00
59.00	05900	CARDIAC CATHETERIZATION	92,143	97,526	456,386	2,067,818	185,181	59.00
60.00	06000	LABORATORY	242,923	51,644	1,035,367	7,442,871	666,539	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	25,130	22,085	164,360	2,200,520	197,065	65.00
66.00	06600	PHYSICAL THERAPY	125,650	11,615	297,784	2,686,669	240,602	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	40,443	440,723	39,469	67.00
68.00	06800	SPEECH PATHOLOGY	46,072	43	28,555	481,266	43,099	68.00
69.00	06900	ELECTROCARDIOLOGY	12,565	731	72,478	432,756	38,755	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	37,695	1,304	61,784	571,384	51,170	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	363,006	7,706,657	690,162	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	129,821	1,951,030	174,723	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	744,036	3,592,176	321,694	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	16,753	2,418	4,162	479,771	42,965	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	25,368	50,853	4,554	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,198,876	31,361	1,114,562	15,954,046	1,428,800	90.00
91.00	09100	EMERGENCY	272,242	159,844	676,055	6,191,414	554,466	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	117,273	8,742	16,094	1,682,796	150,701	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,725,451	1,317,968	8,163,339	114,509,278	9,404,516	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	17,639	1,580	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	12,446	990,282	88,684	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
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)	5,725,451	1,317,968	8,175,785	115,517,199	9,494,780	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00590	DATA PROCESSING						5.02
5.03	00591	PURCHASING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00592	OTHER ADMIN & GENERAL						5.05
7.00	00700	OPERATION OF PLANT	5,952,523					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,176	455,129				8.00
9.00	00900	HOUSEKEEPING	92,008	0	1,589,711			9.00
10.00	01000	DIETARY	127,750	0	8,360	1,005,657		10.00
11.00	01100	CAFETERIA	65,609	0	11,843	0	1,915,830	11.00
13.00	01300	NURSING ADMINISTRATION	60,631	0	6,966	0	40,227	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	51,218	12,431	13,933	0	0	14.00
15.00	01500	PHARMACY	60,537	0	18,809	0	50,284	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	55,818	0	32,045	0	25,142	16.00
17.00	01700	SOCIAL SERVICE	0	0	9,056	0	5,028	17.00
17.01	01701	UTILIZATION REVIEW	3,279	0	697	0	25,142	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	40,227	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	10,057	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,166,663	133,371	362,943	607,247	341,933	30.00
31.00	03100	INTENSIVE CARE UNIT	104,700	20,744	41,101	67,758	65,370	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	9,814	6,665	8,360	0	20,114	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	640,707	63,072	283,529	35,269	175,995	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,395	3,984	19,506	0	5,028	52.00
53.00	05300	ANESTHESIOLOGY	2,005	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	167,290	23,347	55,730	0	95,540	54.00
54.01	05401	ULTRASOUND	6,700	6,453	2,787	0	20,114	54.01
57.00	05700	CT SCAN	13,377	11,294	17,416	0	10,057	57.00
58.00	05800	MRI	11,702	1,825	4,876	0	10,057	58.00
59.00	05900	CARDIAC CATHETERIZATION	118,667	6,465	9,753	0	35,199	59.00
60.00	06000	LABORATORY	131,312	0	48,068	0	135,767	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	29,726	0	69,663	0	35,199	65.00
66.00	06600	PHYSICAL THERAPY	210,203	14,404	59,910	0	70,398	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	19,506	0	10,057	67.00
68.00	06800	SPEECH PATHOLOGY	41,286	0	9,056	0	15,085	68.00
69.00	06900	ELECTROCARDIOLOGY	5,992	0	10,449	0	5,028	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	27,437	0	23,685	0	10,057	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
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	67,284	0	13,933	0	25,142	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	30,171	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,201,045	66,804	215,955	0	346,962	90.00
91.00	09100	EMERGENCY	330,970	84,270	187,394	0	196,109	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	86,464	0	13,933	0	60,341	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,923,765	455,129	1,579,262	710,274	1,915,830	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	28,758	0	10,449	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	295,383	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,952,523	455,129	1,589,711	1,005,657	1,915,830	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			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	00590	DATA PROCESSING						5.02
5.03	00591	PURCHASING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00592	OTHER ADMIN & GENERAL						5.05
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	1,691,580					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	247,565				14.00
15.00	01500	PHARMACY	0	0	2,507,621			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	3,993,168		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	141,701	17.00
17.01	01701	UTILIZATION REVIEW	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	361,446	0	128	980,058	123,868	30.00
31.00	03100	INTENSIVE CARE UNIT	79,112	0	2	154,210	12,138	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	19,011	0	0	43,019	5,695	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	132,946	0	1,217	322,147	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,873	0	0	56,311	0	52.00
53.00	05300	ANESTHESIOLOGY	470	0	0	60,112	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,975	54,969	0	54.00
54.01	05401	ULTRASOUND	0	0	73	20,675	0	54.01
57.00	05700	CT SCAN	0	0	0	167,026	0	57.00
58.00	05800	MRI	0	0	0	16,543	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	75,432	0	42	221,547	0	59.00
60.00	06000	LABORATORY	0	0	50	496,829	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	53,343	0	7,284	137,304	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	52,231	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	29,237	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	9,001	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,172	0	0	48,438	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,405	0	0	283	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	198,165	0	266,199	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	49,400	0	53,038	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,630,850	556,215	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	21,631	0	0	2,547	0	76.00
76.97	07697	CARDIAC REHABILITATION	28,419	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	666,007	0	852,365	2,280	0	90.00
91.00	09100	EMERGENCY	150,908	0	8,993	242,949	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	68,405	0	3,642	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,691,580	247,565	2,507,621	3,993,168	141,701	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,691,580	247,565	2,507,621	3,993,168	141,701	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			UTILIZATION REVIEW	SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A		
			17.01	21.00	22.00	24.00	25.00
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	00590	DATA PROCESSING					5.02
5.03	00591	PURCHASING RECEIVING AND STORES					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00592	OTHER ADMIN & GENERAL					5.05
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
17.01	01701	UTILIZATION REVIEW	629,202				17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	1,241,472			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0		2,021,378		22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	550,017	1,085,232	1,766,986	21,918,099	30.00
31.00	03100	INTENSIVE CARE UNIT	53,898	106,347	173,155	3,648,290	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	25,287	49,893	81,237	1,141,528	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	9,362,585	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	446,540	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	258,353	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,648,683	54.00
54.01	05401	ULTRASOUND	0	0	0	1,042,762	54.01
57.00	05700	CT SCAN	0	0	0	1,287,352	57.00
58.00	05800	MRI	0	0	0	528,777	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,720,104	59.00
60.00	06000	LABORATORY	0	0	0	8,921,436	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,730,104	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,334,417	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	538,992	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	598,793	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	547,590	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	704,421	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	8,861,183	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,228,191	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,100,935	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	653,273	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	113,997	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	21,734,264	90.00
91.00	09100	EMERGENCY	0	0	0	7,947,473	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	2,066,282	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	629,202	1,241,472	2,021,378	114,084,424	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	58,426	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,078,966	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	295,383	194.00
200.00		Cross Foot Adjustments		0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	629,202	1,241,472	2,021,378	115,517,199	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		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	00590	DATA PROCESSING	5.02
5.03	00591	PURCHASING RECEIVING AND STORES	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.04
5.05	00592	OTHER ADMIN & GENERAL	5.05
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
17.01	01701	UTILIZATION REVIEW	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	ULTRASOUND	54.01
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	92.00
OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	MEALS ON WHEELS	194.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0012

Period:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	61,570	457	62,027	4.00
5.01	00540	NONPATIENT TELEPHONES	0	29,760	0	29,760	5.01
5.02	00590	DATA PROCESSING	118,796	123,864	257,084	499,744	5.02
5.03	00591	PURCHASING RECEIVING AND STORES	0	165,877	798	166,675	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	81,224	1,362	82,586	5.04
5.05	00592	OTHER ADMIN & GENERAL	32,076	136,744	9,947	178,767	5.05
7.00	00700	OPERATION OF PLANT	158,699	2,022,724	77,833	2,259,256	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,467	0	2,467	8.00
9.00	00900	HOUSEKEEPING	0	54,363	0	54,363	9.00
10.00	01000	DIETARY	0	75,481	6,377	81,858	10.00
11.00	01100	CAFETERIA	0	38,765	20,073	58,838	11.00
13.00	01300	NURSING ADMINISTRATION	0	35,824	22,111	57,935	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	30,262	0	30,262	14.00
15.00	01500	PHARMACY	140,966	35,768	42,602	219,336	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	32,980	0	32,980	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	UTILIZATION REVIEW	0	1,938	0	1,938	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	689,324	74,361	763,685	30.00
31.00	03100	INTENSIVE CARE UNIT	0	61,862	21,766	83,628	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	2,406	5,799	7,061	15,266	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	222,851	378,562	119,231	720,644	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	17,368	2,400	19,768	52.00
53.00	05300	ANESTHESIOLOGY	0	1,185	2,477	3,662	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	98,843	84,091	182,934	54.00
54.01	05401	ULTRASOUND	77,103	3,959	2,113	83,175	54.01
57.00	05700	CT SCAN	181,986	7,904	29,755	219,645	57.00
58.00	05800	MRI	0	6,914	642	7,556	58.00
59.00	05900	CARDIAC CATHETERIZATION	54,646	70,114	228,381	353,141	59.00
60.00	06000	LABORATORY	0	77,586	102,107	179,693	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,981	17,563	11,701	32,245	65.00
66.00	06600	PHYSICAL THERAPY	0	124,199	4,824	129,023	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	24,394	6,287	30,681	68.00
69.00	06900	ELECTROCARDIOLOGY	18,215	3,541	2,957	24,713	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	16,211	3,862	20,073	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	39,755	182	39,937	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,250	1,300,490	102,554	1,404,294	90.00
91.00	09100	EMERGENCY	0	195,554	38,741	234,295	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)				0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	11,261	51,087	0	62,348	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,023,236	6,121,825	1,284,137	8,429,198	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	16,992	0	16,992	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	194.00
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,023,236	6,138,817	1,284,137	8,446,190	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMIN & GENERAL	
			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	30,215					5.01
5.02	00590	DATA PROCESSING	736	501,907				5.02
5.03	00591	PURCHASING RECEIVING AND STORES	405	8,812	176,411			5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	994	14,686	983	102,106		5.04
5.05	00592	OTHER ADMIN & GENERAL	2,503	48,832	200	0	235,101	5.05
7.00	00700	OPERATION OF PLANT	294	3,672	58	0	12,112	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	918	8.00
9.00	00900	HOUSEKEEPING	74	1,469	401	0	3,047	9.00
10.00	01000	DIETARY	478	4,039	168	0	1,769	10.00
11.00	01100	CAFETERIA	0	0	528	0	3,741	11.00
13.00	01300	NURSING ADMINISTRATION	1,288	3,304	5	0	3,223	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	12,175	0	346	14.00
15.00	01500	PHARMACY	331	5,507	5,744	0	4,839	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	662	4,406	3	0	7,895	16.00
17.00	01700	SOCIAL SERVICE	37	0	0	0	260	17.00
17.01	01701	UTILIZATION REVIEW	184	2,937	0	0	1,221	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	2,444	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	221	2,203	0	0	4,093	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,650	78,205	31,955	7,132	29,379	30.00
31.00	03100	INTENSIVE CARE UNIT	442	6,976	9,656	940	5,636	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	37	0	994	262	1,775	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,024	24,967	56,098	12,374	15,683	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	74	0	26	355	660	52.00
53.00	05300	ANESTHESIOLOGY	0	0	433	1,838	398	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,030	10,280	1,861	4,040	8,645	54.00
54.01	05401	ULTRASOUND	37	367	172	2,466	2,006	54.01
57.00	05700	CT SCAN	110	734	3,002	5,751	2,174	57.00
58.00	05800	MRI	74	1,101	105	1,500	984	58.00
59.00	05900	CARDIAC CATHETERIZATION	147	8,078	13,054	5,704	4,584	59.00
60.00	06000	LABORATORY	1,141	21,295	6,913	12,941	16,501	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	258	2,203	2,956	2,054	4,879	65.00
66.00	06600	PHYSICAL THERAPY	626	11,015	1,555	3,722	5,956	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	505	977	67.00
68.00	06800	SPEECH PATHOLOGY	184	4,039	6	357	1,067	68.00
69.00	06900	ELECTROCARDIOLOGY	74	1,101	98	906	959	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	37	3,304	175	772	1,267	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	4,537	17,086	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,623	4,325	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,299	7,964	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	37	1,469	324	52	1,064	76.00
76.97	07697	CARDIAC REHABILITATION	74	0	0	317	113	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	11,112	192,761	4,198	13,852	35,420	90.00
91.00	09100	EMERGENCY	1,214	23,865	21,395	8,450	13,726	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	589	10,280	1,170	201	3,731	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	30,178	501,907	176,411	101,950	232,867	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	37	0	0	0	39	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	156	2,195	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	30,215	501,907	176,411	102,106	235,101	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00590	DATA PROCESSING						5.02
5.03	00591	PURCHASING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00592	OTHER ADMIN & GENERAL						5.05
7.00	00700	OPERATION OF PLANT	2,276,434					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,597	5,228				8.00
9.00	00900	HOUSEKEEPING	35,187	0	95,124			9.00
10.00	01000	DIETARY	48,856	0	500	138,087		10.00
11.00	01100	CAFETERIA	25,091	0	709	0	90,224	11.00
13.00	01300	NURSING ADMINISTRATION	23,187	0	417	0	1,894	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,587	143	834	0	0	14.00
15.00	01500	PHARMACY	23,151	0	1,125	0	2,368	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21,347	0	1,917	0	1,184	16.00
17.00	01700	SOCIAL SERVICE	0	0	542	0	237	17.00
17.01	01701	UTILIZATION REVIEW	1,254	0	42	0	1,184	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	1,894	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	474	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	446,169	1,532	21,718	83,381	16,103	30.00
31.00	03100	INTENSIVE CARE UNIT	40,041	238	2,459	9,304	3,079	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	3,753	77	500	0	947	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	245,027	725	16,966	4,843	8,288	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,242	46	1,167	0	237	52.00
53.00	05300	ANESTHESIOLOGY	767	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	63,977	268	3,335	0	4,499	54.00
54.01	05401	ULTRASOUND	2,562	74	167	0	947	54.01
57.00	05700	CT SCAN	5,116	130	1,042	0	474	57.00
58.00	05800	MRI	4,475	21	292	0	474	58.00
59.00	05900	CARDIAC CATHETERIZATION	45,382	74	584	0	1,658	59.00
60.00	06000	LABORATORY	50,218	0	2,876	0	6,394	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,368	0	4,168	0	1,658	65.00
66.00	06600	PHYSICAL THERAPY	80,388	165	3,585	0	3,315	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,167	0	474	67.00
68.00	06800	SPEECH PATHOLOGY	15,789	0	542	0	710	68.00
69.00	06900	ELECTROCARDIOLOGY	2,292	0	625	0	237	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,493	0	1,417	0	474	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
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	25,731	0	834	0	1,184	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	1,421	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	841,749	767	12,922	0	16,338	90.00
91.00	09100	EMERGENCY	126,573	968	11,213	0	9,236	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	33,067	0	834	0	2,842	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,265,436	5,228	94,499	97,528	90,224	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	10,998	0	625	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	40,559	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,276,434	5,228	95,124	138,087	90,224	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			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	00590	DATA PROCESSING						5.02
5.03	00591	PURCHASING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00592	OTHER ADMIN & GENERAL						5.05
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	92,334					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	63,347				14.00
15.00	01500	PHARMACY	0	0	263,685			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	70,882		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	1,187	17.00
17.01	01701	UTILIZATION REVIEW	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,729	0	13	17,418	1,037	30.00
31.00	03100	INTENSIVE CARE UNIT	4,318	0	0	2,736	102	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	1,038	0	0	763	48	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,257	0	128	5,716	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	430	0	0	999	0	52.00
53.00	05300	ANESTHESIOLOGY	26	0	0	1,067	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	313	975	0	54.00
54.01	05401	ULTRASOUND	0	0	8	367	0	54.01
57.00	05700	CT SCAN	0	0	0	2,964	0	57.00
58.00	05800	MRI	0	0	0	294	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,117	0	4	3,931	0	59.00
60.00	06000	LABORATORY	0	0	5	8,816	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,912	0	766	2,436	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	927	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	519	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	160	0	68.00
69.00	06900	ELECTROCARDIOLOGY	337	0	0	859	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,114	0	0	5	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	50,706	0	4,723	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,641	0	941	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	171,490	9,870	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,181	0	0	45	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,551	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	36,353	0	89,629	40	0	90.00
91.00	09100	EMERGENCY	8,237	0	946	4,311	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,734	0	383	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	92,334	63,347	263,685	70,882	1,187	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	92,334	63,347	263,685	70,882	1,187	202.00

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Cost Center Description			INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			UTILIZATION REVIEW	SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A		
			17.01	21.00	22.00	24.00	25.00
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	00590	DATA PROCESSING					5.02
5.03	00591	PURCHASING RECEIVING AND STORES					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00592	OTHER ADMIN & GENERAL					5.05
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
17.01	01701	UTILIZATION REVIEW	9,248				17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	5,336			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0		8,511		22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8,084			1,536,826	0 30.00
31.00	03100	INTENSIVE CARE UNIT	792			172,016	0 31.00
40.00	04000	SUBPROVIDER - IPF	0			0	0 40.00
43.00	04300	NURSERY	372			26,505	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0			1,123,896	0 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0			35,209	0 52.00
53.00	05300	ANESTHESIOLOGY	0			8,200	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			284,190	0 54.00
54.01	05401	ULTRASOUND	0			92,735	0 54.01
57.00	05700	CT SCAN	0			241,331	0 57.00
58.00	05800	MRI	0			17,105	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0			441,160	0 59.00
60.00	06000	LABORATORY	0			310,203	0 60.00
64.00	06400	INTRAVENOUS THERAPY	0			0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0			69,589	0 65.00
66.00	06600	PHYSICAL THERAPY	0			242,173	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0			3,931	0 67.00
68.00	06800	SPEECH PATHOLOGY	0			53,885	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0			32,334	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0			39,534	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0			77,052	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0			19,530	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			198,623	0 73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0			72,250	0 76.00
76.97	07697	CARDIAC REHABILITATION	0			3,490	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0			2,668,872	0 90.00
91.00	09100	EMERGENCY	0			468,830	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					0 92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0			120,384	0 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,248	0	0	8,359,853	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0			28,691	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0			3,240	0 192.00
194.00	07950	MEALS ON WHEELS	0			40,559	0 194.00
200.00		Cross Foot Adjustments		5,336	8,511	13,847	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	9,248	5,336	8,511	8,446,190	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		Total	
		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	00590	DATA PROCESSING	5.02
5.03	00591	PURCHASING RECEIVING AND STORES	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.04
5.05	00592	OTHER ADMIN & GENERAL	5.05
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
17.01	01701	UTILIZATION REVIEW	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	ULTRASOUND	54.01
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	92.00
OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	MEALS ON WHEELS	194.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0012

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
3/27/2024 9:52 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONES)	DATA PROCESSING (NUMBER OF MACHINES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	440,398					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,211,378				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,417	431	48,221,634			4.00
5.01	00540	NONPATIENT TELEPHONES	2,135	0	354,124	821		5.01
5.02	00590	DATA PROCESSING	8,886	242,517	1,109,764	20	1,367	5.02
5.03	00591	PURCHASING RECEIVING AND STORES	11,900	753	403,831	11	24	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,827	1,285	2,221,960	27	40	5.04
5.05	00592	OTHER ADMIN & GENERAL	9,810	9,383	3,731,963	68	133	5.05
7.00	00700	OPERATION OF PLANT	145,110	73,423	810,551	8	10	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	177	0	191,509	0	0	8.00
9.00	00900	HOUSEKEEPING	3,900	0	453,382	2	4	9.00
10.00	01000	DIETARY	5,415	6,016	325,487	13	11	10.00
11.00	01100	CAFETERIA	2,781	18,936	1,024,426	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,570	20,858	840,461	35	9	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,171	0	0	0	0	14.00
15.00	01500	PHARMACY	2,566	40,188	998,070	9	15	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,366	0	379,471	18	12	16.00
17.00	01700	SOCIAL SERVICE	0	0	86,362	1	0	17.00
17.01	01701	UTILIZATION REVIEW	139	0	379,671	5	8	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	776,023	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	1,182,323	6	6	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	49,452	70,148	6,715,691	72	213	30.00
31.00	03100	INTENSIVE CARE UNIT	4,438	20,533	1,297,593	12	19	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	416	6,661	523,003	1	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	27,158	112,475	2,453,932	55	68	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,246	2,264	159,358	2	0	52.00
53.00	05300	ANESTHESIOLOGY	85	2,337	6,794	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,091	79,326	1,580,766	28	28	54.00
54.01	05401	ULTRASOUND	284	1,993	301,303	1	1	54.01
57.00	05700	CT SCAN	567	28,069	146,660	3	2	57.00
58.00	05800	MRI	496	606	177,835	2	3	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,030	215,441	545,861	4	22	59.00
60.00	06000	LABORATORY	5,566	96,322	2,651,926	31	58	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,260	11,038	1,311,277	7	6	65.00
66.00	06600	PHYSICAL THERAPY	8,910	4,551	1,474,639	17	30	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	225,092	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,750	5,931	271,911	5	11	68.00
69.00	06900	ELECTROCARDIOLOGY	254	2,789	103,130	2	3	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,163	3,643	313,564	1	9	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
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,852	172	304,693	1	4	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	10,840	2	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	93,297	96,743	7,325,987	302	525	90.00
91.00	09100	EMERGENCY	14,029	36,546	3,422,167	33	65	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,665	0	937,099	16	28	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	439,179	1,211,378	47,530,499	820	1,367	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	1,219	0	0	1	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	691,135	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,138,817	1,284,137	13,128,066	531,476	5,725,451	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.939248	1.060063	0.272244	647.352010	4,188.332846	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			62,027	30,215	501,907	204.00

COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 14-0012	Period: From 01/01/2023 To 12/31/2023	Worksheet B-1 Date/Time Prepared: 3/27/2024 9:52 am
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONES)	DATA PROCESSING (NUMBER OF MACHINES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001286	36.802680	367.159473	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: 14-0012

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
3/27/2024 9:52 am

Cost Center Description			PURCHASING RECEIVING AND STORES (COST OF SUPPLIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5.04	5A.05	5.05	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00590	DATA PROCESSING						5.02
5.03	00591	PURCHASING RECEIVING AND STORES	2,292,530					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	12,777	479,732,313				5.04
5.05	00592	OTHER ADMIN & GENERAL	2,596	0	-9,494,780	106,022,419		5.05
7.00	00700	OPERATION OF PLANT	760	0	0	5,463,266	252,313	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	413,888	177	8.00
9.00	00900	HOUSEKEEPING	5,209	0	0	1,374,602	3,900	9.00
10.00	01000	DIETARY	2,179	0	0	798,076	5,415	10.00
11.00	01100	CAFETERIA	6,860	0	0	1,687,276	2,781	11.00
13.00	01300	NURSING ADMINISTRATION	64	0	0	1,453,582	2,570	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	158,219	0	0	156,012	2,171	14.00
15.00	01500	PHARMACY	74,642	0	0	2,182,536	2,566	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	37	0	0	3,561,240	2,366	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	117,128	0	17.00
17.01	01701	UTILIZATION REVIEW	0	0	0	550,761	139	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	1,102,511	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	1,846,004	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	415,271	33,483,582	0	13,251,484	49,452	30.00
31.00	03100	INTENSIVE CARE UNIT	125,485	4,413,426	0	2,542,100	4,438	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	12,922	1,231,203	0	800,725	416	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	729,039	58,093,854	0	7,074,182	27,158	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	337	1,666,449	0	297,776	1,246	52.00
53.00	05300	ANESTHESIOLOGY	5,631	8,630,306	0	179,675	85	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,182	18,967,914	0	3,899,607	7,091	54.00
54.01	05401	ULTRASOUND	2,229	11,577,395	0	904,921	284	54.01
57.00	05700	CT SCAN	39,013	27,001,026	0	980,385	567	57.00
58.00	05800	MRI	1,369	7,043,677	0	444,011	496	58.00
59.00	05900	CARDIAC CATHETERIZATION	169,640	26,780,081	0	2,067,818	5,030	59.00
60.00	06000	LABORATORY	89,832	60,753,871	0	7,442,871	5,566	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	38,416	9,644,403	0	2,200,520	1,260	65.00
66.00	06600	PHYSICAL THERAPY	20,203	17,473,526	0	2,686,669	8,910	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,373,141	0	440,723	0	67.00
68.00	06800	SPEECH PATHOLOGY	75	1,675,584	0	481,266	1,750	68.00
69.00	06900	ELECTROCARDIOLOGY	1,272	4,252,932	0	432,756	254	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,269	3,625,410	0	571,384	1,163	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	21,300,646	0	7,706,657	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,617,698	0	1,951,030	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	43,658,939	0	3,592,176	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,206	244,246	0	479,771	2,852	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,488,541	0	50,853	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	54,550	65,389,844	0	15,954,046	93,297	90.00
91.00	09100	EMERGENCY	278,039	39,669,923	0	6,191,414	14,029	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	15,207	944,368	0	1,682,796	3,665	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,292,530	479,001,985	-9,494,780	105,014,498	251,094	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	17,639	1,219	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	730,328	0	990,282	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,317,968	8,175,785		9,494,780	5,952,523	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.574897	0.017042		0.089554	23.591820	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	176,411	102,106		235,101	2,276,434	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.076950	0.000213		0.002217	9.022262	205.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 14-0012		Period: From 01/01/2023 To 12/31/2023	Worksheet B-1 Date/Time Prepared: 3/27/2024 9:52 am	
Cost Center Description			PURCHASING RECEIVING AND STORES (COST OF SUPPLIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)
			5.03	5.04	5A.05	5.05	7.00
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: 14-0012

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (HOURS OF SERVICE)	
			8.00	9.00	10.00	11.00	13.00	
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	00590	DATA PROCESSING						5.02
5.03	00591	PURCHASING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00592	OTHER ADMIN & GENERAL						5.05
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	521,665					8.00
9.00	00900	HOUSEKEEPING	0	2,282				9.00
10.00	01000	DIETARY	0	12	60,050			10.00
11.00	01100	CAFETERIA	0	17	0	381		11.00
13.00	01300	NURSING ADMINISTRATION	0	10	0	8	781,406	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,248	20	0	0	0	14.00
15.00	01500	PHARMACY	0	27	0	10	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	46	0	5	0	16.00
17.00	01700	SOCIAL SERVICE	0	13	0	1	0	17.00
17.01	01701	UTILIZATION REVIEW	0	1	0	5	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	8	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	2	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	152,869	521	36,260	68	166,966	30.00
31.00	03100	INTENSIVE CARE UNIT	23,777	59	4,046	13	36,545	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	7,639	12	0	4	8,782	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	72,293	407	2,106	35	61,413	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,566	28	0	1	3,637	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	217	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,760	80	0	19	0	54.00
54.01	05401	ULTRASOUND	7,396	4	0	4	0	54.01
57.00	05700	CT SCAN	12,945	25	0	2	0	57.00
58.00	05800	MRI	2,092	7	0	2	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,410	14	0	7	34,845	59.00
60.00	06000	LABORATORY	0	69	0	27	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	100	0	7	24,641	65.00
66.00	06600	PHYSICAL THERAPY	16,510	86	0	14	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	28	0	2	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	13	0	3	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15	0	1	2,851	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	34	0	2	9,426	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
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	20	0	5	9,992	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	6	13,128	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	76,570	310	0	69	307,654	90.00
91.00	09100	EMERGENCY	96,590	269	0	39	69,710	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	20	0	12	31,599	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	521,665	2,267	42,412	381	781,406	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	15	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	17,638	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	455,129	1,589,711	1,005,657	1,915,830	1,691,580	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.872455	696.630587	16.746994	5,028.425197	2.164790	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	5,228	95,124	138,087	90,224	92,334	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.010022	41.684487	2.299534	236.808399	0.118164	205.00

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3/27/2024 9:52 am

MCRI F32 - 21.3.178.3

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0012

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
3/27/2024 9:52 am

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQ UTILITIES)	PHARMACY (COSTED REQ UTILITIES)	MEDICAL RECORDS & LIBRARY (I/P GROSS CHARGES)	SOCIAL SERVICE (PATIENT DA YS)	UTILIZATION REVIEW (PATIENT DA YS)	
			14.00	15.00	16.00	17.00	17.01	
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	00590	DATA PROCESSING						5.02
5.03	00591	PURCHASING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00592	OTHER ADMIN & GENERAL						5.05
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	9,126,872					14.00
15.00	01500	PHARMACY	0	4,379,347				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	114,281,739			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	12,491		17.00
17.01	01701	UTILIZATION REVIEW	0	0	0	0	12,491	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	223	28,047,534	10,919	10,919	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4	4,413,426	1,070	1,070	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	1,231,203	502	502	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,126	9,219,750	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,611,593	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,720,372	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,195	1,573,192	0	0	54.00
54.01	05401	ULTRASOUND	0	127	591,711	0	0	54.01
57.00	05700	CT SCAN	0	0	4,780,233	0	0	57.00
58.00	05800	MRI	0	0	473,446	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	74	6,340,597	0	0	59.00
60.00	06000	LABORATORY	0	88	14,219,077	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	12,721	3,929,595	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,494,847	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	836,755	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	257,600	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,386,276	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	8,110	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	7,305,663	0	7,618,528	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,821,209	0	1,517,925	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,848,140	15,918,700	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	72,895	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,488,582	65,254	0	0	90.00
91.00	09100	EMERGENCY	0	15,706	6,953,120	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	6,361	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,126,872	4,379,347	114,281,739	12,491	12,491	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	247,565	2,507,621	3,993,168	141,701	629,202	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.027125	0.572602	0.034941	11.344248	50.372428	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	63,347	263,685	70,882	1,187	9,248	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.006941	0.060211	0.000620	0.095028	0.740373	205.00

COST ALLOCATION - STATISTICAL BASIS				Provider CCN: 14-0012		Period: From 01/01/2023 To 12/31/2023		Worksheet B-1 Date/Time Prepared: 3/27/2024 9:52 am	
Cost Center Description				CENTRAL SERVICES & SUPPLY (COSTED REQ UTILITIONS)	PHARMACY (COSTED REQ UTILITIONS)	MEDICAL RECORDS & LIBRARY (I/P GROSS CHARGES)	SOCI AL SERVICE (PATIENT DA YS)	UTI LI ZATI ON REVI EW (PATIENT DA YS)	
				14.00	15.00	16.00	17.00	17.01	
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: 14-0012

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
3/27/2024 9:52 am

Cost Center Description			INTERNS & RESIDENTS			
			SERVICES-SALARY & FRINGES A (PATIENT DAYS)	SERVICES-OTHER PRGM COSTS A (PATIENT DAYS)		
			21.00	22.00		
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	00590	DATA PROCESSING				5.02
5.03	00591	PURCAHSING RECEIVING AND STORES				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.04
5.05	00592	OTHER ADMIN & GENERAL				5.05
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
17.01	01701	UTILIZATION REVIEW				17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	12,491			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A		12,491		22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	10,919	10,919		30.00
31.00	03100	INTENSIVE CARE UNIT	1,070	1,070		31.00
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
43.00	04300	NURSERY	502	502		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	ULTRASOUND	0	0		54.01
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	0		73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,491	12,491		118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
194.00	07950	MEALS ON WHEELS	0	0		194.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,241,472	2,021,378		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	99.389320	161.826755		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	5,336	8,511		204.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-0012	Period: From 01/01/2023 To 12/31/2023	Worksheet B-1 Date/Time Prepared: 3/27/2024 9:52 am
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Cost Center Description			INTERNS & RESIDENTS			
			SERVICES-SALARY & FRINGES A (PATIENT DAYS)	SERVICES-OTHER PRGM COSTS A (PATIENT DAYS)		
			21.00	22.00		
205.00		Unit cost multiplier (Wkst. B, Part II)	0.427188	0.681371		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

Worksheet C
Part I
Date/Time Prepared:

MCRI F32 - 21.3.178.3

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0012

Period:
From 01/01/2023
To 12/31/2023Worksheet C
Part I
Date/Time Prepared:
3/27/2024 9:52 am

			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				9.00
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,689,295		26,689,295			30.00	
31.00	03100	INTENSIVE CARE UNIT	4,413,426		4,413,426			31.00	
40.00	04000	SUBPROVIDER - IPF	0		0			40.00	
43.00	04300	NURSERY	1,231,203		1,231,203			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,219,750	48,874,104	58,093,854	0.161163	0.000000	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,611,593	54,856	1,666,449	0.267959	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	1,720,372	6,909,934	8,630,306	0.029936	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,573,192	17,394,722	18,967,914	0.245081	0.000000	54.00	
54.01	05401	ULTRASOUND	591,711	10,985,684	11,577,395	0.090069	0.000000	54.01	
57.00	05700	CT SCAN	4,780,233	22,220,793	27,001,026	0.047678	0.000000	57.00	
58.00	05800	MRI	473,446	6,570,231	7,043,677	0.075071	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	6,340,597	20,439,484	26,780,081	0.101572	0.000000	59.00	
60.00	06000	LABORATORY	14,219,077	46,534,794	60,753,871	0.146846	0.000000	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	3,929,595	5,714,808	9,644,403	0.283077	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	1,494,847	15,978,679	17,473,526	0.190827	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	836,755	1,536,386	2,373,141	0.227122	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	257,600	1,417,984	1,675,584	0.357364	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,386,276	2,866,656	4,252,932	0.128756	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	8,110	3,617,300	3,625,410	0.194301	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	7,618,528	13,682,118	21,300,646	0.416005	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,517,925	6,099,773	7,617,698	0.292502	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	15,918,700	27,740,239	43,658,939	0.139741	0.000000	73.00	
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	72,895	171,351	244,246	2.674652	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION	0	1,488,541	1,488,541	0.076583	0.000000	76.97	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	65,254	39,168,652	39,233,906	0.553966	0.000000	90.00	
91.00	09100	EMERGENCY	6,953,120	32,716,803	39,669,923	0.200340	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1,358,239	5,436,048	6,794,287	0.532071	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	944,368	944,368			101.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	114,281,739	338,564,308	452,846,047			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	114,281,739	338,564,308	452,846,047			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0012

Period:
From 01/01/2023
To 12/31/2023Worksheet C
Part I
Date/Time Prepared:
3/27/2024 9:52 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.161163			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.267959			52.00
53.00	05300	ANESTHESIOLOGY	0.029936			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.245081			54.00
54.01	05401	ULTRASOUND	0.090069			54.01
57.00	05700	CT SCAN	0.047678			57.00
58.00	05800	MRI	0.075071			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.101572			59.00
60.00	06000	LABORATORY	0.146846			60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.283077			65.00
66.00	06600	PHYSICAL THERAPY	0.190827			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.227122			67.00
68.00	06800	SPEECH PATHOLOGY	0.357364			68.00
69.00	06900	ELECTROCARDIOLOGY	0.128756			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.194301			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.416005			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.292502			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.139741			73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.674652			76.00
76.97	07697	CARDIAC REHABILITATION	0.076583			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.554762			90.00
91.00	09100	EMERGENCY	0.200499			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.532071			92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
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: 14-0012

Period:
From 01/01/2023
To 12/31/2023Worksheet D
Part I
Date/Time Prepared:
3/27/2024 9:52 am

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		1,536,826	0	1,536,826	13,280	115.72	30.00
31.00	INTENSIVE CARE UNIT		172,016		172,016	1,070	160.76	31.00
40.00	SUBPROVIDER - IPF		0	0	0	0	0.00	40.00
43.00	NURSERY		26,505		26,505	502	52.80	43.00
200.00	Total (lines 30 through 199)		1,735,347		1,735,347	14,852		200.00
Cost Center Description			Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
			6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		2,723	315,106				
31.00	INTENSIVE CARE UNIT		454	72,985				
40.00	SUBPROVIDER - IPF		0	0				
43.00	NURSERY		0	0				
200.00	Total (lines 30 through 199)		3,177	388,091				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0012

Period:
From 01/01/2023
To 12/31/2023Worksheet D
Part II
Date/Time Prepared:
3/27/2024 9:52 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,123,896	58,093,854	0.019346	2,258,219	43,688	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,209	1,666,449	0.021128	5,359	113	52.00
53.00	05300	ANESTHESIOLOGY	8,200	8,630,306	0.000950	373,436	355	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	284,190	18,967,914	0.014983	699,586	10,482	54.00
54.01	05401	ULTRASOUND	92,735	11,577,395	0.008010	217,036	1,738	54.01
57.00	05700	CT SCAN	241,331	27,001,026	0.008938	1,868,295	16,699	57.00
58.00	05800	MRI	17,105	7,043,677	0.002428	168,264	409	58.00
59.00	05900	CARDIAC CATHETERIZATION	441,160	26,780,081	0.016473	2,324,881	38,298	59.00
60.00	06000	LABORATORY	310,203	60,753,871	0.005106	4,512,191	23,039	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	69,589	9,644,403	0.007215	1,513,482	10,920	65.00
66.00	06600	PHYSICAL THERAPY	242,173	17,473,526	0.013859	651,495	9,029	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,931	2,373,141	0.001656	369,280	612	67.00
68.00	06800	SPEECH PATHOLOGY	53,885	1,675,584	0.032159	134,814	4,335	68.00
69.00	06900	ELECTROCARDIOLOGY	32,334	4,252,932	0.007603	597,452	4,542	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	39,534	3,625,410	0.010905	1,622	18	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	77,052	21,300,646	0.003617	3,032,569	10,969	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,530	7,617,698	0.002564	599,831	1,538	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	198,623	43,658,939	0.004549	4,993,603	22,716	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	72,250	244,246	0.295808	3,668	1,085	76.00
76.97	07697	CARDIAC REHABILITATION	3,490	1,488,541	0.002345	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,668,872	39,233,906	0.068025	4,924	335	90.00
91.00	09100	EMERGENCY	468,830	39,669,923	0.011818	2,223,804	26,281	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	291,394	6,794,287	0.042888	693,624	29,748	92.00
200.00		Total (lines 50 through 199)	6,795,516	419,567,755		27,247,435	256,949	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0012		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part III Date/Time Prepared: 3/27/2024 9:52 am	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00		
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	13,280	0.00	2,723	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	1,070	0.00	454	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00		
43.00	04300	NURSERY		0	502	0.00	0	43.00		
200.00		Total (lines 30 through 199)		0	14,852		3,177	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	
40.00	04000	SUBPROVIDER - IPF	0						40.00	
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: 14-0012

Period:
From 01/01/2023
To 12/31/2023Worksheet D
Part IV
Date/Time Prepared:
3/27/2024 9:52 am

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	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: 14-0012

Period:
From 01/01/2023
To 12/31/2023Worksheet D
Part IV
Date/Time Prepared:
3/27/2024 9:52 am

			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	58,093,854	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,666,449	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	8,630,306	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	18,967,914	0.000000	54.00
54.01	05401	ULTRASOUND	0	0	0	11,577,395	0.000000	54.01
57.00	05700	CT SCAN	0	0	0	27,001,026	0.000000	57.00
58.00	05800	MRI	0	0	0	7,043,677	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	26,780,081	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	60,753,871	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	9,644,403	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	17,473,526	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,373,141	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,675,584	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	4,252,932	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,625,410	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	21,300,646	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,617,698	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	43,658,939	0.000000	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	244,246	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,488,541	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	39,233,906	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	39,669,923	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	6,794,287	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	419,567,755		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0012

Period:
From 01/01/2023
To 12/31/2023Worksheet D
Part IV
Date/Time Prepared:
3/27/2024 9:52 am

Cost Center Description			Title XVIII		Hospital		PPS	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	2,258,219	0	10,342,268	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	5,359	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	373,436	0	1,118,337	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	699,586	0	3,852,755	0	54.00
54.01	05401	ULTRASOUND	0.000000	217,036	0	1,034,077	0	54.01
57.00	05700	CT SCAN	0.000000	1,868,295	0	4,901,995	0	57.00
58.00	05800	MRI	0.000000	168,264	0	1,311,442	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	2,324,881	0	7,693,115	0	59.00
60.00	06000	LABORATORY	0.000000	4,512,191	0	4,452,672	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,513,482	0	1,886,074	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	651,495	0	44,615	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	369,280	0	12,948	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	134,814	0	14,928	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	597,452	0	963,013	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,622	0	606,891	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000	3,032,569	0	3,421,331	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	599,831	0	1,494,607	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	4,993,603	0	5,931,081	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	3,668	0	38,141	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	304,962	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	4,924	0	3,738,841	0	90.00
91.00	09100	EMERGENCY	0.000000	2,223,804	0	4,388,962	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000	693,624	0	1,171,566	0	92.00
200.00		Total (lines 50 through 199)		27,247,435	0	58,724,621	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0012

Period:
From 01/01/2023
To 12/31/2023Worksheet D
Part V
Date/Time Prepared:
3/27/2024 9:52 am

			Title XVIII		Hospital		PPS		
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.161163	10,342,268	0	75	1,666,791	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.267959	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.029936	1,118,337	0	0	33,479	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.245081	3,852,755	0	0	944,237	54.00	
54.01	05401	ULTRASOUND	0.090069	1,034,077	0	0	93,138	54.01	
57.00	05700	CT SCAN	0.047678	4,901,995	0	0	233,717	57.00	
58.00	05800	MRI	0.075071	1,311,442	0	0	98,451	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.101572	7,693,115	0	0	781,405	59.00	
60.00	06000	LABORATORY	0.146846	4,452,672	0	0	653,857	60.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.283077	1,886,074	0	0	533,904	65.00	
66.00	06600	PHYSICAL THERAPY	0.190827	44,615	0	0	8,514	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.227122	12,948	0	0	2,941	67.00	
68.00	06800	SPEECH PATHOLOGY	0.357364	14,928	0	0	5,335	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.128756	963,013	0	0	123,994	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.194301	606,891	0	0	117,920	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.416005	3,421,331	0	0	1,423,291	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.292502	1,494,607	0	0	437,176	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.139741	5,931,081	1,289	260,361	828,815	73.00	
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.674652	38,141	0	0	102,014	76.00	
76.97	07697	CARDIAC REHABILITATION	0.076583	304,962	0	0	23,355	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.553966	3,738,841	0	2,734	2,071,191	90.00	
91.00	09100	EMERGENCY	0.200340	4,388,962	0	252	879,285	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.532071	1,171,566	0	0	623,356	92.00	
200.00		Subtotal (see instructions)		58,724,621	1,289	263,422	11,686,166	200.00	
201.00		Less PBP Clinic Lab. Services-Program			0	0		201.00	
202.00		Only Charges							
202.00		Net Charges (line 200 - line 201)		58,724,621	1,289	263,422	11,686,166	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0012		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part V Date/Time Prepared: 3/27/2024 9:52 am	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	12					50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
54.01	05401	ULTRASOUND	0	0					54.01
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
64.00	06400	INTRAVENOUS THERAPY	0	0					64.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	180	36,383					73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0					76.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	1,515					90.00
91.00	09100	EMERGENCY	0	50					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0					92.00
200.00		Subtotal (see instructions)	180	37,960					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	180	37,960					202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0012	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 3/27/2024 9:52 am
		Title XVIII	Hospital	PPS
Cost Center Description				
				1.00
	PART I - ALL PROVIDER COMPONENTS			
	INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		13,280	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,280	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)		10,762	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		2,723	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
	SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		19,065,881	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		19,065,881	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)		19,065,881	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)		1,435.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,909,357	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)		3,909,357	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0012

Period:
From 01/01/2023
To 12/31/2023

Worksheet D-1

Date/Time Prepared:
3/27/2024 9:52 am

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	3,368,788	1,070	3,148.40	454	1,429,374
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,292,351
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					10,631,082
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					388,091
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					256,949
52.00	Total Program excludable cost (sum of lines 50 and 51)					645,040
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					9,986,042
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
55.01	Permanent adjustment amount per discharge					0.00
55.02	Adjustment amount per discharge (contractor use only)					0.00
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					2,518
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,435.68
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,615,042

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0012

Period:
From 01/01/2023
To 12/31/2023

Worksheet D-1

Date/Time Prepared:
3/27/2024 9:52 am

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	1,536,826	19,065,881	0.080606	3,615,042	291,394	90.00
91.00 Nursing Program cost	0	19,065,881	0.000000	3,615,042	0	91.00
92.00 Allied health cost	0	19,065,881	0.000000	3,615,042	0	92.00
93.00 All other Medical Education	0	19,065,881	0.000000	3,615,042	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0012	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 3/27/2024 9:52 am	
			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		6,521,074		30.00
31.00	03100	INTENSIVE CARE UNIT		2,074,326		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.161163	2,258,219	363,941	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.267959	5,359	1,436	52.00
53.00	05300	ANESTHESIOLOGY	0.029936	373,436	11,179	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.245081	699,586	171,455	54.00
54.01	05401	ULTRASOUND	0.090069	217,036	19,548	54.01
57.00	05700	CT SCAN	0.047678	1,868,295	89,077	57.00
58.00	05800	MRI	0.075071	168,264	12,632	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.101572	2,324,881	236,143	59.00
60.00	06000	LABORATORY	0.146846	4,512,191	662,597	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.283077	1,513,482	428,432	65.00
66.00	06600	PHYSICAL THERAPY	0.190827	651,495	124,323	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.227122	369,280	83,872	67.00
68.00	06800	SPEECH PATHOLOGY	0.357364	134,814	48,178	68.00
69.00	06900	ELECTROCARDIOLOGY	0.128756	597,452	76,926	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.194301	1,622	315	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.416005	3,032,569	1,261,564	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.292502	599,831	175,452	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.139741	4,993,603	697,811	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.674652	3,668	9,811	76.00
76.97	07697	CARDIAC REHABILITATION	0.076583	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.554762	4,924	2,732	90.00
91.00	09100	EMERGENCY	0.200499	2,223,804	445,870	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.532071	693,624	369,057	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		27,247,435	5,292,351	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)		27,247,435		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0012	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 3/27/2024 9:52 am
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	5,228,991	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	1,580,424	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)	130,994	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	4,489,412	3.00	
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	73.10	4.00	
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)	0.00	5.00	
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)	0.00	5.01	
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	6.00	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)	6.00	9.00	
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	4.37	10.00	
11.00	FTE count for residents in dental and podiatric programs.	4.00	11.00	
12.00	Current year allowable FTE (see instructions)	8.37	12.00	
13.00	Total allowable FTE count for the prior year.	9.02	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.	8.27	14.00	
15.00	Sum of lines 12 through 14 divided by 3.	8.55	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	8.55	18.00	
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.116963	19.00	
20.00	Prior year resident to bed ratio (see instructions)	0.151699	20.00	
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.116963	21.00	
22.00	IME payment adjustment (see instructions)	421,183	22.00	
22.01	IME payment adjustment - Managed Care (see instructions)	277,684	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)	-1.63	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)	421,183	29.00	
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	277,684	29.01	
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	2.51	30.00	
31.00	Percentage of Medicaid patient days (see instructions)	28.44	31.00	
32.00	Sum of lines 30 and 31	30.95	32.00	
33.00	Allowable disproportionate share percentage (see instructions)	12.00	33.00	
34.00	Disproportionate share adjustment (see instructions)	204,283	34.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0012	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 3/27/2024 9:52 am
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
	Uncompensated Care Payment Adjustment			
35.00	Total uncompensated care amount (see instructions)	6,874,403,459	5,938,006,757	35.00
35.01	Factor 3 (see instructions)	0.000128173	0.000098181	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	881,116	582,998	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	659,026	146,546	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	805,572		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
41.00	Total ESRD Medicare discharges (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	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		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	8,371,447		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)		8,649,131	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		562,499	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).		216,512	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		62,625	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
55.01	Cellular therapy acquisition cost (see instructions)		0	55.01
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		9,490,767	59.00
60.00	Primary payer payments		7,111	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		9,483,656	61.00
62.00	Deductibles billed to program beneficiaries		903,428	62.00
63.00	Coinurance billed to program beneficiaries		11,200	63.00
64.00	Allowable bad debts (see instructions)		5,356	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		3,481	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		8,572,509	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)		11,389	70.93
70.94	HRR adjustment amount (see instructions)		-18,554	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0012	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 3/27/2024 9:52 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3	0	0	70.98	
70.99	HAC adjustment amount (see instructions)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		8,565,344	71.00	
71.01	Sequestration adjustment (see instructions)		171,307	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
71.03	Sequestration adjustment-PARHM pass-throughs			71.03	
72.00	Interim payments		8,304,087	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)		89,950	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		0	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0012	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 3/27/2024 9:52 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		38,140	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		11,686,166	2.00
3.00	OPPS or REH payments		10,053,821	3.00
4.00	Outlier payment (see instructions)		81,872	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)		38,140	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		264,711	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)		264,711	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 charge basis 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)		264,711	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		226,571	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)		38,140	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)		10,135,693	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)		2,104,569	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)		8,069,264	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		238,928	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)		8,308,192	30.00
31.00	Primary payer payments		420	31.00
32.00	Subtotal (line 30 minus line 31)		8,307,772	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)		3,902	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		2,536	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		-74	36.00
37.00	Subtotal (see instructions)		8,310,308	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)		8,310,308	40.00
40.01	Sequestration adjustment (see instructions)		166,206	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		8,241,669	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)		-97,567	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)			93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

Health Financial Systems		KATHERINE SHAW BETHEA HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0012	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 3/27/2024 9:52 am	
		Title XVIII	Hospital	PPS	
				1.00	
MEDICARE PART B ANCILLARY COSTS					
200.00	Part B Combined Billed Days				0200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0012

Period:
From 01/01/2023
To 12/31/2023Worksheet E-1
Part I
Date/Time Prepared:
3/27/2024 9:52 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		8,214,166		8,198,761	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	08/24/2023	89,921	08/24/2023	42,908	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)		89,921		42,908	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		8,304,087		8,241,669	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		89,950		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		97,567	6.02	
7.00	Total Medicare program liability (see instructions)		8,394,037		8,144,102	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: 14-0012

Period:
From 01/01/2023
To 12/31/2023Worksheet E-1
Part II
Date/Time Prepared:
3/27/2024 9:52 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0012	Period: From 01/01/2023 To 12/31/2023	Worksheet E-4 Date/Time Prepared: 3/27/2024 9:52 am	
		Title XVIII	Hospital	PPS	
			1.00		
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
1.01	FTE cap adjustment under §131 of the CAA 2021 (see instructions)			0.00	1.01
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			6.00	2.00
2.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)			0.00	2.26
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
3.02	Adjustment (increase or decrease) to the hospital's rural track FTE limitation(s) for rural track programs with a rural track Medicare GME affiliation agreement in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)			0.00	3.02
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
4.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)			0.00	4.21
5.00	FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus lines 2.26 through 2.49, minus lines 3 and 3.01, plus or minus line 3.02, plus or minus line 4, plus lines 4.01 through 4.27)			6.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			4.37	6.00
7.00	Enter the lesser of line 5 or line 6			4.37	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	4.37	0.00	4.37	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6. For cost reporting periods beginning on or after October 1, 2022, or if Worksheet S-2, Part I, line 68, is "Y", see instructions.	4.37	0.00	4.37	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		4.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	4.37	4.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	4.52	4.50		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	2.73	3.25		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	3.87	3.92		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	3.87	3.92		17.00
18.00	Per resident amount	126,189.09	126,189.09		18.00
18.01	Per resident amount under §131 of the CAA 2021	0.00	0.00		18.01
19.00	Approved amount for resident costs	488,352	494,661	983,013	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			983,013	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0012	Period: From 01/01/2023 To 12/31/2023	Worksheet E-4 Date/Time Prepared: 3/27/2024 9:52 am	
		Title XVIII	Hospital	PPS	
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	3,177	2,458		26.00
27.00	Total Inpatient Days (see instructions)	11,989	11,989		27.00
28.00	Ratio of inpatient days to total inpatient days	0.264993	0.205021		28.00
29.00	Program direct GME amount	260,492	201,538	462,030	29.00
29.01	Percent reduction for MA DGME		3.27		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		6,590	6,590	30.00
31.00	Net Program direct GME amount			455,440	31.00
				1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)					
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			10,631,082	37.00
38.00	Organ acquisition and HSCT acquisition costs (see instructions)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			7,111	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			10,623,971	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			11,724,306	42.00
43.00	Primary payer payments (see instructions)			420	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			11,723,886	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			22,347,857	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.475391	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.524609	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			455,440	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			216,512	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			238,928	50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 14-0012	Period: From 01/01/2023 To 12/31/2023	Worksheet E-5 Date/Time Prepared: 3/27/2024 9:52 am
		Title XVIII		PPS
				1.00
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0 1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2			0 2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)			0 3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)			0 4.00
5.00	The rate used to calculate the time value of money (see instructions)			0.00 5.00
6.00	Time value of money for operating expenses (see instructions)			0 6.00
7.00	Time value of money for capital related expenses (see instructions)			0 7.00

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

Provider CCN: 14-0012

Period:
From 01/01/2023
To 12/31/2023

Worksheet G

Date/Time Prepared:
3/27/2024 9:52 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	3,104,058	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	21,917,086	0	0	0	4.00
5.00	Other receivable	960,958	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,680,102	0	0	0	7.00
8.00	Prepaid expenses	1,373,259	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	29,035,463	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,289,039	0	0	0	12.00
13.00	Land improvements	5,641,750	0	0	0	13.00
14.00	Accumulated depreciation	-4,748,118	0	0	0	14.00
15.00	Buildings	61,649,114	0	0	0	15.00
16.00	Accumulated depreciation	-39,129,977	0	0	0	16.00
17.00	Leasehold improvements	19,000	0	0	0	17.00
18.00	Accumulated depreciation	-19,000	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	95,648,420	0	0	0	23.00
24.00	Accumulated depreciation	-77,771,846	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	1,983,092	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	45,561,474	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	28,501,545	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	12,531	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	28,514,076	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	103,111,013	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	13,137,689	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,425,395	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,877,614	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,311,453	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	29,752,151	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	16,707,623	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	21,943,097	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	38,650,720	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	68,402,871	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	34,708,142				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)	34,708,142	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	103,111,013	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0012

Period:
From 01/01/2023
To 12/31/2023

Worksheet G-1

Date/Time Prepared:
3/27/2024 9:52 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		39,151,315		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-5,252,628				2.00
3.00	Total (sum of line 1 and line 2)		33,898,687		0		3.00
4.00	RESTRICTED CONTRIBUTIONS	1,119,303		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)		1,119,303		0		10.00
11.00	Subtotal (line 3 plus line 10)		35,017,990		0		11.00
12.00	FOUNDATION DEFICIT	309,848		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)		309,848		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		34,708,142		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	RESTRICTED CONTRIBUTIONS		0				4.00
5.00			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	FOUNDATION DEFICIT		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: 14-0012

Period:
From 01/01/2023
To 12/31/2023Worksheet G-2
Parts I & II
Date/Time Prepared:
3/27/2024 9:52 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	27,922,375		27,922,375	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	27,922,375		27,922,375	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	4,413,426		4,413,426	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)	4,413,426		4,413,426	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	32,335,801		32,335,801	17.00
18.00	Ancillary services	73,315,417	256,479,778	329,795,195	18.00
19.00	Outpatient services	8,632,398	81,023,233	89,655,631	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		944,368	944,368	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	PROFESSIONAL FEES	0	50,425,458	50,425,458	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	114,283,616	388,872,837	503,156,453	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		151,939,848		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)		151,939,848		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0012

Period:
From 01/01/2023
To 12/31/2023

Worksheet G-3

Date/Time Prepared:
3/27/2024 9:52 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	503,156,453	1.00
2.00	Less contractual allowances and discounts on patients' accounts	359,647,422	2.00
3.00	Net patient revenues (line 1 minus line 2)	143,509,031	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	151,939,848	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-8,430,817	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	169,600	6.00
7.00	Income from investments	939,190	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	528,784	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	328,039	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	623,949	24.00
24.01	CORPORATE HEALTH SERVICE REVENUE	237,600	24.01
24.02	CERNER UNALIASED INCOME	268,860	24.02
24.50	COVID-19 PHE Funding	1,297,385	24.50
25.00	Total other income (sum of lines 6-24)	4,393,407	25.00
26.00	Total (line 5 plus line 25)	-4,037,410	26.00
27.00	GAIN/LOSS ON DISPOSAL OF ASSETS	1,215,218	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1,215,218	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-5,252,628	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0012

Period:

Worksheet H

HHA CCN: 14-7131

From 01/01/2023
To 12/31/2023Date/Time Prepared:
3/27/2024 9:52 am

					Home Health Agency I	PPS
	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)
	1.00	2.00	3.00	4.00	5.00	6.00
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures		0		0	0
2.00	Capital Related - Movable Equipment		0		0	0
3.00	Plant Operation & Maintenance	0	0	0	0	0
4.00	Transportation	0	0	0	0	0
5.00	Administrative and General	366,223	26,880	0	97,292	87,758
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	552,050	40,520	12,374	0	604,944
7.00	Physical Therapy	0	0	16,685	0	16,685
8.00	Occupational Therapy	0	0	2,565	0	2,565
9.00	Speech Pathology	0	0	540	0	540
10.00	Medical Social Services	0	0	27	0	27
11.00	Home Health Aide	18,826	1,382	1,000	0	21,208
12.00	Supplies (see instructions)	0	0	0	9,706	9,706
13.00	Drugs	0	0	0	0	0
14.00	DME	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0
18.00	Clinic	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0
24.00	Total (sum of lines 1-23)	937,099	68,782	33,191	97,292	97,464
	Reclassified	Reclassified	Adjustments	Net Expenses		
	on	Trial Balance		for Allocation		
		(col. 6 + col. 7)		(col. 8 + col. 9)		
	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	0
2.00	Capital Related - Movable Equipment	0	0	0	0	0
3.00	Plant Operation & Maintenance	0	0	0	0	0
4.00	Transportation	0	0	0	0	0
5.00	Administrative and General	0	578,153	0	578,153	0
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	0	604,944	0	604,944	0
7.00	Physical Therapy	0	16,685	0	16,685	0
8.00	Occupational Therapy	0	2,565	0	2,565	0
9.00	Speech Pathology	0	540	0	540	0
10.00	Medical Social Services	0	27	0	27	0
11.00	Home Health Aide	0	21,208	0	21,208	0
12.00	Supplies (see instructions)	-9,706	0	0	0	0
13.00	Drugs	0	0	0	0	0
14.00	DME	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0
18.00	Clinic	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0
24.00	Total (sum of lines 1-23)	-9,706	1,224,122	0	1,224,122	0

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 14-0012

Period:

Worksheet H-1

HHA CCN: 14-7131

From 01/01/2023
To 12/31/2023Part I
Date/Time Prepared:
3/27/2024 9:52 amHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (col s. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	578,153	0	0	0	0	578,153	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	604,944	0	0	0	0	604,944	6.00
7.00	Physical Therapy	16,685	0	0	0	0	16,685	7.00
8.00	Occupational Therapy	2,565	0	0	0	0	2,565	8.00
9.00	Speech Pathology	540	0	0	0	0	540	9.00
10.00	Medical Social Services	27	0	0	0	0	27	10.00
11.00	Home Health Aide	21,208	0	0	0	0	21,208	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,224,122	0	0	0	0	1,224,122	24.00
		Administrative & General	Total (col s. 4A + 5)					
		5.00	6.00					
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	578,153						5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	541,435	1,146,379					6.00
7.00	Physical Therapy	14,933	31,618					7.00
8.00	Occupational Therapy	2,296	4,861					8.00
9.00	Speech Pathology	483	1,023					9.00
10.00	Medical Social Services	24	51					10.00
11.00	Home Health Aide	18,982	40,190					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		1,224,122					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0012

Period:

Worksheet H-1

HHA CCN: 14-7131

From 01/01/2023

Part II

To 12/31/2023

Date/Time Prepared:

3/27/2024 9:52 am

Home Health
Agency I

PPS

		Capital Related Costs			Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)		
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)					
									1.00
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00	
2.00	Capital Related - Movable Equipment		0			0		2.00	
3.00	Plant Operation & Maintenance	0	0	0		0		3.00	
4.00	Transportation (see instructions)	0	0	0	100			4.00	
5.00	Administrative and General	0	0	0	100	-578,153	645,969	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	0	604,944	6.00	
7.00	Physical Therapy	0	0	0	0	0	16,685	7.00	
8.00	Occupational Therapy	0	0	0	0	0	2,565	8.00	
9.00	Speech Pathology	0	0	0	0	0	540	9.00	
10.00	Medical Social Services	0	0	0	0	0	27	10.00	
11.00	Home Health Aide	0	0	0	0	0	21,208	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0		0	0	13.00	
14.00	DME	0	0	0	0	0	0	14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	0	0	0	100	-578,153	645,969	24.00	
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		578,153	25.00	
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.895017	26.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0012

Period:

Worksheet H-2

HHA CCN: 14-7131

From 01/01/2023
To 12/31/2023Part I
Date/Time Prepared:
3/27/2024 9:52 amHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	5.01	5.02	
1.00	Administrative and General	0	51,087	0	99,702	10,358	117,273	1.00
2.00	Skilled Nursing Care	1,146,379	0	0	150,293	0	0	2.00
3.00	Physical Therapy	31,618	0	0	0	0	0	3.00
4.00	Occupational Therapy	4,861	0	0	0	0	0	4.00
5.00	Speech Pathology	1,023	0	0	0	0	0	5.00
6.00	Medical Social Services	51	0	0	0	0	0	6.00
7.00	Home Health Aide	40,190	0	0	5,125	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	1,224,122	51,087	0	255,120	10,358	117,273	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.03	5.04	5A.04	5.05	7.00	8.00	
1.00	Administrative and General	8,742	16,094	303,256	27,158	86,464	0	1.00
2.00	Skilled Nursing Care	0	0	1,296,672	116,121	0	0	2.00
3.00	Physical Therapy	0	0	31,618	2,832	0	0	3.00
4.00	Occupational Therapy	0	0	4,861	435	0	0	4.00
5.00	Speech Pathology	0	0	1,023	92	0	0	5.00
6.00	Medical Social Services	0	0	51	5	0	0	6.00
7.00	Home Health Aide	0	0	45,315	4,058	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	8,742	16,094	1,682,796	150,701	86,464	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000				21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0012

Period:

Worksheet H-2

HHA CCN: 14-7131

From 01/01/2023
To 12/31/2023Part I
Date/Time Prepared:
3/27/2024 9:52 am

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	13,933	0	60,341	68,405	0	3,642	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	13,933	0	60,341	68,405	0	3,642	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	UTILIZATION REVIEW	INTERNS & RESIDENTS SERVICES-SALARIES & FRINGES A	SERVICES-OTHER PRGM COSTS A	Subtotal	
		16.00	17.00	17.01	21.00	22.00	24.00	
1.00	Administrative and General	0	0	0	0	0	563,199	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	1,412,793	2.00
3.00	Physical Therapy	0	0	0	0	0	34,450	3.00
4.00	Occupational Therapy	0	0	0	0	0	5,296	4.00
5.00	Speech Pathology	0	0	0	0	0	1,115	5.00
6.00	Medical Social Services	0	0	0	0	0	56	6.00
7.00	Home Health Aide	0	0	0	0	0	49,373	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	2,066,282	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0012

Period:

Worksheet H-2

HHA CCN: 14-7131

From 01/01/2023
To 12/31/2023Part I
Date/Time Prepared:
3/27/2024 9:52 amHome Health
Agency I

PPS

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs			
		25.00	26.00	27.00	28.00			
1.00	Administrative and General	0	563,199					1.00
2.00	Skilled Nursing Care	0	1,412,793	529,368	1,942,161			2.00
3.00	Physical Therapy	0	34,450	12,908	47,358			3.00
4.00	Occupational Therapy	0	5,296	1,984	7,280			4.00
5.00	Speech Pathology	0	1,115	418	1,533			5.00
6.00	Medical Social Services	0	56	21	77			6.00
7.00	Home Health Aide	0	49,373	18,500	67,873			7.00
8.00	Supplies (see instructions)	0	0	0	0			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
19.50	Telemedicine	0	0	0	0			19.50
20.00	Total (sum of lines 1-19) (2)	0	2,066,282	563,199	2,066,282			20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.374696				21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0012

Period:

Worksheet H-2

HHA CCN: 14-7131

From 01/01/2023
To 12/31/2023Part II
Date/Time Prepared:
3/27/2024 9:52 am

						Home Health Agency I	PPS	
Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONES)	DATA PROCESSING (NUMBER OF MACHINES)	PURCHASING RECEIVING AND STORES (COST OF SUPPLIES)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	5.01	5.02	5.03	
1.00	Administrative and General	3,665	0	366,223	16	28	15,207	1.00
2.00	Skilled Nursing Care	0	0	552,050	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	18,826	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	3,665	0	937,099	16	28	15,207	20.00
21.00	Total cost to be allocated	51,087	0	255,120	10,358	117,273	8,742	21.00
22.00	Unit cost multiplier	13.939154	0.000000	0.272244	647.375000	4,188.321429	0.574867	22.00
Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5.04	5A.05	5.05	7.00	8.00	9.00	
1.00	Administrative and General	944,368	0	303,256	3,665	0	20	1.00
2.00	Skilled Nursing Care	0	0	1,296,672	0	0	0	2.00
3.00	Physical Therapy	0	0	31,618	0	0	0	3.00
4.00	Occupational Therapy	0	0	4,861	0	0	0	4.00
5.00	Speech Pathology	0	0	1,023	0	0	0	5.00
6.00	Medical Social Services	0	0	51	0	0	0	6.00
7.00	Home Health Aide	0	0	45,315	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	944,368		1,682,796	3,665	0	20	20.00
21.00	Total cost to be allocated	16,094		150,701	86,464	0	13,933	21.00
22.00	Unit cost multiplier	0.017042		0.089554	23.591814	0.000000	696.650000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0012

Period:

Worksheet H-2

HHA CCN: 14-7131

From 01/01/2023
To 12/31/2023Part II
Date/Time Prepared:
3/27/2024 9:52 am

						Home Health Agency I	PPS	
Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING	CENTRAL	PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (I/P GROSS CHARGES)	
				ADMINISTRATION (HOURS OF SERVICE)	SERVICES & SUPPLY (COSTED REQUIREMENTS)			
		10.00	11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	12	31,599	0	6,361	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	12	31,599	0	6,361	0	20.00
21.00	Total cost to be allocated	0	60,341	68,405	0	3,642	0	21.00
22.00	Unit cost multiplier	0.000000	5,028.416667	2.164784	0.000000	0.572551	0.000000	22.00
Cost Center Description		SOCIAL SERVICE (PATIENT DAYS)	UTILIZATION REVIEW (PATIENT DAYS)	INTERNS & RESIDENTS				
				SERVICES-SALARY & FRINGES A (PATIENT DAYS)	SERVICES-OTHER PRGM COSTS A (PATIENT DAYS)			
				17.00	17.01			
1.00	Administrative and General	0	0	0	0			1.00
2.00	Skilled Nursing Care	0	0	0	0			2.00
3.00	Physical Therapy	0	0	0	0			3.00
4.00	Occupational Therapy	0	0	0	0			4.00
5.00	Speech Pathology	0	0	0	0			5.00
6.00	Medical Social Services	0	0	0	0			6.00
7.00	Home Health Aide	0	0	0	0			7.00
8.00	Supplies (see instructions)	0	0	0	0			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
19.50	Telemedicine	0	0	0	0			19.50
20.00	Total (sum of lines 1-19)	0	0	0	0			20.00
21.00	Total cost to be allocated	0	0	0	0			21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000			22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0012

Period:

Worksheet H-3

HHA CCN: 14-7131

From 01/01/2023
To 12/31/2023Part I
Date/Time Prepared:
3/27/2024 9:52 am

				Title XVIII		Home Health Agency I	PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,942,161		1,942,161	1,840	1,055.52	1.00
2.00	Physical Therapy	3.00	47,358	75,966	123,324	2,052	60.10	2.00
3.00	Occupational Therapy	4.00	7,280	15,113	22,393	343	65.29	3.00
4.00	Speech Pathology	5.00	1,533	5,408	6,941	78	88.99	4.00
5.00	Medical Social Services	6.00	77		77	6	12.83	5.00
6.00	Home Health Aide	7.00	67,873		67,873	243	279.31	6.00
7.00	Total (sum of lines 1-6)		2,066,282	96,487	2,162,769	4,562		7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits			
					Part B			
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		99914	0	793			8.00
9.00	Physical Therapy		99914	0	1,080			9.00
10.00	Occupational Therapy		99914	0	163			10.00
11.00	Speech Pathology		99914	0	43			11.00
12.00	Medical Social Services		99914	0	0			12.00
13.00	Home Health Aide		99914	0	113			13.00
14.00	Total (sum of lines 8-13)			0	2,192			14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	10,209	10,209	24,541	0.415998	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Cost Center Description		Program Visits			Cost of Services			
		Part B				Part B		
		Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	793		0	837,027		1.00
2.00	Physical Therapy	0	1,080		0	64,908		2.00
3.00	Occupational Therapy	0	163		0	10,642		3.00
4.00	Speech Pathology	0	43		0	3,827		4.00
5.00	Medical Social Services	0	0		0	0		5.00
6.00	Home Health Aide	0	113		0	31,562		6.00
7.00	Total (sum of lines 1-6)	0	2,192		0	947,966		7.00
Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0012

Period:

Worksheet H-3

HHA CCN: 14-7131

From 01/01/2023
To 12/31/2023Part I
Date/Time Prepared:
3/27/2024 9:52 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Program Covered Charges			Cost of Services				
		Part A	Part B		Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
			6.00	7.00		8.00	9.00		10.00
	Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	24,541	0	0	10,209	0	15.00	
16.00	Cost of Drugs		0	0		0	0	16.00	
Cost Center Description		Total Program Cost (sum of col.s. 9-10)							
		12.00							
		PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation									
1.00	Skilled Nursing Care	837,027							1.00
2.00	Physical Therapy	64,908							2.00
3.00	Occupational Therapy	10,642							3.00
4.00	Speech Pathology	3,827							4.00
5.00	Medical Social Services	0							5.00
6.00	Home Health Aide	31,562							6.00
7.00	Total (sum of lines 1-6)	947,966							7.00
Cost Center Description									
		12.00							
Limitation Cost Computation									
8.00	Skilled Nursing Care								8.00
9.00	Physical Therapy								9.00
10.00	Occupational Therapy								10.00
11.00	Speech Pathology								11.00
12.00	Medical Social Services								12.00
13.00	Home Health Aide								13.00
14.00	Total (sum of lines 8-13)								14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0012

Period:

Worksheet H-3

HHA CCN: 14-7131

From 01/01/2023
To 12/31/2023Part II
Date/Time Prepared:
3/27/2024 9:52 amHome Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.190827	398,088	75,966	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.227122	66,542	15,113	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.357364	15,132	5,408	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.416005	24,541	10,209	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.139741	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0012 HHA CCN: 14-7131	Period: From 01/01/2023 To 12/31/2023	Worksheet H-4 Part I-II Date/Time Prepared: 3/27/2024 9:52 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	419,125
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	35,336
13.00	Total PPS Reimbursement - LUPA Episodes		0	11,411
14.00	Total PPS Reimbursement - PEP Episodes		0	2,911
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	8,618
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	477,401
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	477,401
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	477,401
27.00	Allowable bad debts (from your records)			0
27.01	Adjusted reimbursable bad debts (see instructions)			0
28.00	Allowable bad debts for dual eligible (see instructions)			0
29.00	Total costs - current cost reporting period (see instructions)		0	477,401
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	477,401
31.01	Sequestration adjustment (see instructions)		0	9,550
31.02	Demonstration payment adjustment amount after sequestration		0	0
31.75	Sequestration adjustment for non-claims based amounts (see instructions)		0	0
32.00	Interim payments (see instructions)		0	467,851
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 31.75, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIES

Provider CCN: 14-0012

Period:
From 01/01/2023

Worksheet H-5

HHA CCN: 14-7131

To 12/31/2023

Date/Time Prepared:
3/27/2024 9:52 am

				Home Health Agency I		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		467,851	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			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			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. H-4, Part II, column as appropriate, line 32)		0		467,851	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		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			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)		0		467,851	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0012

Period:
From 01/01/2023
To 12/31/2023Worksheet L
Parts I-III
Date/Time Prepared:
3/27/2024 9:52 am

Title XVII		Hospital	PPS
			1.00
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	515,638	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	7,569	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)	32.85	3.00
4.00	Number of interns & residents (see instructions)	8.55	4.00
5.00	Indirect medical education percentage (see instructions)	7.62	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)	39,292	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)	562,499	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