Health Financ	ial Systems GIBSON AREA HOSPITAL	AND HEALTH SVCS	In Lie	u of Form CMS-2552-1
	s required by law (42 USC 1395g; 42 CFR 413.20(b)). Fa since the beginning of the cost reporting period bein			FORM APPROVED OMB NO. 0938-0050 EXPIRES 09-30-2025
HOSPITAL AND AND SETTLEMEN	HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION T SUMMARY	Provider CCN: 14-1317	Period: From 10/01/2022 To 09/30/2023	
PART I - COST	REPORT STATUS			
Provider use only	 [X] Electronically prepared cost report 2. [] Manually prepared cost report 3. [0] If this is an amended report enter the number 4. [F] Medicare Utilization. Enter "F" for full, "L 			# Capital Company
Contractor use only	5.[1]Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Settled with Audit (5) Settled with Audit (6) Date Received: (7) Contractor No. (8) [N] Initial Report for	0610111. or this Provider CCN 12.		or Code: 4 plumn 1 is 4: Enter mes reopened = 0-9.

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

(4) Reopened (5) Amended

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDE 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 GIBSON AREA HOSPITAL AND HEALTH SVCS (14-1317) for the cost reporting period beginning 10/01/2022 and ending 09/30/2023 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT			
<u> </u>		SIGNATURE STATEMENT			
matter Etal	√	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 Matthin File			2		
3 Signatory Title (FO			3		
4 Date 2/28/2001			4		

Encryption Information
ECR: Date: 2/27/2024 Time: 1:32 pm
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			Title XVIII				
		Title V	Part A	Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	-38771111112
	PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	-414,347	-461,693	0	0	1.00
2.00	SUBPROVIDER - IPF	0	0	0	1	0	2.00
3.00	SUBPROVIDER - IRF	0	0	0	1	0	3.00
5.00	SWING BED - SNF	0	29,272	0	1	0	5.00
6.00	SWING BED - NF	0			4	0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
10.00	RURAL HEALTH CLINIC I	0		222,225	1	0	10.00
200.00	TOTAL	0	-385,075	-239,468	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.

In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 14-1317 Peri od: Worksheet S-2 From 10/01/2022 To 09/30/2023 Part I Date/Time Prepared: 2/26/2024 10:06 am 3.00 4.00 Hospital and Hospital Health Care Complex Address: Street: 1120 N. MELVIN 1.00 PO Box: 1.00 2.00 City: GIBSON CITY State: IL Zi p Code: 60936-County: FORD 2.00 Component Name CCN CBSA Provi der Date Payment System (P, T, 0, or N) Certi fi ed Number Number Type 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 GIBSON AREA HOSPITAL AND 141317 99914 01/03/2002 Ν 0 0 3.00 HEALTH SVCS Subprovi der - IPF 4.00 4 00 5.00 Subprovider - IRF 5.00 Subprovi der - (Other) 6.00 6.00 Swing Beds - SNF GIBSON COMMUNITY SWING 99914 N 147317 12/31/2002 0 7 00 7.00 Ν BFDS 8.00 Swing Beds - NF 8.00 9.00 Hospi tal -Based SNF GIBSON HOSPITAL ANNEX 145979 99914 05/19/1999 Р Р 9.00 Hospi tal -Based NF 10 00 10 00 11.00 Hospi tal -Based OLTC 11.00 12.00 Hospital -Based HHA 12.00 Separately Certified ASC 13.00 13.00 14.00 Hospi tal -Based Hospi ce 14 00 15.00 Hospital -Based Health Clinic - RHC THE PAXTON CLINIC 143408 99914 01/01/1996 Ν 0 0 15.00 16.00 Hospital-Based Health Clinic - FQHC 16.00 17.00 Hospital-Based (CMHC) I 17.00 18.00 Renal Dialysis 18 00 19.00 Other 19.00 From: To: 1.00 2.00 20.00 Cost Reporting Period (mm/dd/yyyy) 10/01/2022 09/30/2023 20 00 21.00 Type of Control (see instructions) 21.00 1.00 2.00 3.00 Inpatient PPS Information 22.00 Does this facility qualify and is it currently receiving payments for Ν Ν 22.00 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. Did this hospital receive interim UCPs, including supplemental UCPs, for Ν Ν 22.01 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) 22.02 Is this a newly merged hospital that requires a final UCP to be determined N N 22 02 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. 22.03 Did this hospital receive a geographic reclassification from urban to Ν 22.03 Ν Ν rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for 22.04 Did this hospital receive a geographic reclassification from urban to 22.04 rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no. 23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 23.00 2 N 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.

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2.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural. 2.10.00 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. 3.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period. 8.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates. 9.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is one instructions of the periods in excess of one and enter subsequent dates. 9.00 If tine 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. 9.00 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. 9.00 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. 9.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR \$412.101(b)(2)(1), (1), or (111)? Enter in column 1 in for discharges on or accordance with 42 CFR \$412.101(b)(2)(1), (1), or (111)? Enter in column 2 "" for yes or "N" for no. 9.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR \$412.301(b) (2) or (111). The first incolumn 2 "" for yes or "N" for no. 9.00 Does this facility electing full federal capital payment for disproportionate share in accordance N	<u>II a</u>		Stbatt						
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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. 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	00.00	"	.						
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. 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				the					
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. 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				d	as involve	hospital wa	or if this	n 1 is "Y",	instructions. For column 2, if the response to column
otherwise, enter "N" for no in column 2. 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									
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				;	Y" Tor yes	on? Enter "Y	ent reducti	ct GME paym	
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	57.00		N	is	is ves	6 column 1	if line 5	r 27 2020	
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	07.00		.,						
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									
Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after				no					
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				r					
yes in column 1, do not complete column 2, and complete Worksheet E-4.						. 5. 305, 011			
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined N	58. 00		N	ed	s as defin	ns' services	or physicia	oursement f) If line 56 is yes, did this facility elect cost reim
in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.								Wkst. D-5	in CMS Pub. 15-1, chapter 21, §2148? If yes, complete

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 14-1317 Peri od: Worksheet S-2 From 10/01/2022 To 09/30/2023 Part I Date/Time Prepared: 2/26/2024 10: 06 am 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 Ν 59.00 NAHE 413.85 Worksheet A Pass-Through Y/N Line # Qual i fi cati on Criterion Code 1.00 2.00 3.00 60.00 Are you claiming nursing and allied health education (NAHE) costs for any 60.00 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. 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 Ν 0.00 0.00 61.00 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions) 61.01 Enter the average number of unweighted primary care 61.01 FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions) 61.02 Enter the current year total unweighted primary care 61.02 FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions) 61 03 Enter the base line FTE count for primary care and/or 61 03 general surgery residents, which is used for determining compliance with the 75% test. (see instructions) 61.04 Enter the number of unweighted primary care/or surgery 61.04 allopathic and/or osteopathic FTEs in the current cost reporting period (see instructions). 61.05 Enter the difference between the baseline primary 61.05 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) 61.06 Enter the amount of ACA §5503 award that is being used 61.06 for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions) Program Code Unweighted IME Unweighted Program Name FTE Count Direct GME FTE Count 2.00 1.00 3.00 4.00 61.10 Of the FTEs in line 61.05, specify each new program 0 00 0.00 61.10 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. 61. 20 Of the FTEs in line 61.05, specify each expanded 0.00 0.00 61.20 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 1.00 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 0.00 62.00 62.00 your hospital received HRSA PCRE funding (see instructions) Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital 62.01 0.00 62.01 during in this cost reporting period of HRSA THC program. (see instructions) Teaching Hospitals that Claim Residents in Nonprovider Settings Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 63.00 for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)

instructions)

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

0.00

0.00

97.00

97.00 If line 96 is "Y", enter the reduction percentage in the applicable column.

Health Financial Systems GIBSON AREA HOSPITAL	L AND HEALTH S	VCS	In Lie	u of Form CMS.	-2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provi der CC		eriod: rom 10/01/2022	Worksheet S- Part I	2
			0 09/30/2023	Date/Time Pr	epared:
				2/26/2024 10	:06 am
			1. 00	2.00	-
98.00 Does title V or XIX follow Medicare (title XVIII) for the ir stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" 1			N	Y	98. 00
1 for title V, and in column 2 for title XIX. 98.01 Does title V or XIX follow Medicare (title XVIII) for the rePt. I? Enter "Y" for yes or "N" for no in column 1 for title XIX.				Y	98. 01
98.02 Does title V or XIX follow Medicare (title XVIII) for the cacosts on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "NV, and in column 2 for title XIX.				Y	98. 02
98.03 Does title V or XIX follow Medicare (title XVIII) for a crit reimbursed 101% of inpatient services cost? Enter "Y" for ye 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 services cost? Enter "Y" for yes or "N" for no in column 1 for title XIX.			nt N	N	98. 04
98.05 Does title V or XIX follow Medicare (title XVIII) and add ba Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in a column 2 for title XIX.			N	Υ	98. 05
98.06 Does title V or XIX follow Medicare (title XVIII) when cost through IV? Enter "Y" for yes or "N" for no in column 1 for title XIX.		·		Y	98. 06
Rural Providers					
105.00 Does this hospital qualify as a CAH? 106.00 If this facility qualifies as a CAH, has it elected the all-	-inclusive meth	nod of payment	Y		105. 00 106. 00
for outpatient services? (see instructions) 107.00 Column 1: If line 105 is Y, is this facility eligible for co			Y	N	107. 00
training programs? Enter "Y" for yes or "N" for no in column Column 2: If column 1 is Y and line 70 or line 75 is Y, do medical education program in the CAH's excluded IPF and/or yes or "N" for no in column 2. (see instructions)	you train I&Rs	s in an approve	ed		
108.00 is this a rural hospital qualifying for an exception to the	CRNA fee sched	dul e? See 42 (FR N		108. 00
Section §412.113(c). Enter "Y" for yes or "N" for no.	Physi cal	Occupati onal	Speech	Respi ratory	
	1. 00	2.00	3.00	4.00	
109.00 If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N -	N	N	N	109.00
				1.00	_
110.00 Did this hospital participate in the Rural Community Hospital Demonstration) for the current cost reporting period? Enter '	'Y" for yes or	"N" for no. It	f yes, complete	N	110.00
Worksheet E, Part A, lines 200 through 218, and Worksheet E-	-2, TTHES 200	through 215, as	з арргі сарге.		
			1. 00	2.00	
111.00 f this facility qualifies as a CAH, did it participate in the Integration Project (FCHIP) demonstration for this cost repower yes or "N" for no in column 1. If the response to column 1 is prong of the FCHIP demo in which this CAH is participating if apply: "A" for Ambulance services; "B" for additional beds; services.	orting period? s Y, enter the n column 2. Er	Enter "Y" for e integration nter all that	n N		111. 00
		1.00	2.00	2.00	
112.00 Did this hospital participate in the Pennsylvania Rural Heal	th Model	1. 00 N	2. 00	3.00	112. 00
(PARHM) demonstration for any portion of the current cost reperiod? Enter "Y" for yes or "N" for no in column 1. If content in column 2, the date the hospital began participating demonstration. In column 3, enter the date the hospital cean participation in the demonstration, if applicable.	eporting olumn 1 is "Y", g in the	N			
Miscellaneous Cost Reporting Information 115.00 Is this an all-inclusive rate provider? Enter "Y" for yes or column 1. If column 1 is yes, enter the method used (A, B, column 2. If column 2 is "E", enter in column 3 either "93" short term hospital or "98" percent for long term care (inclusive psychiatric, rehabilitation and long term hospitals provider	or E only) in percent for udes	n N			0 115. 00
the definition in CMS Pub. 15-1, chapter 22, §2208.1. 116.00 Is this facility classified as a referral center? Enter "Y" for no.	for yes or "N'	· N			116. 00
117.00 s this facility legally-required to carry malpractice insur "Y" for yes or "N" for no.	rance? Enter	Y			117. 00
118.00 Is the mal practice insurance a claims-made or occurrence pol	icv2 Enter 1	1	,		118. 00
if the policy is claim-made. Enter 2 if the policy is occurr			1		110.00

	Premi ums	Losses	Insurance	
10 Ollist amounts of malaractics are minutes and haid laceas.	1. 00 936, 068	2.00	3.00	0 118. 01
18.01 List amounts of malpractice premiums and paid losses:	930,000	0		0116.01
		1. 00	2.00	
18.02 Are malpractice premiums and paid losses reported in a cost center other Administrative and General? If yes, submit supporting schedule listing camounts contained therein.	than the cost centers and	N		118. 02
19.00 DO NOT USE THIS LINE 20.00 Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless pro	ovision in ACA	N	N	119. 00 120. 00
§3121 and applicable amendments? (see instructions) Enter in column 1, "\ for no. Is this a rural hospital with < 100 beds that qualifies for the (Harmless provision in ACA §3121 and applicable amendments? (see instructi column 2, "Y" for yes or "N" for no.	Y" for yes or "N Outpatient Hold			120.00
21.00 Did this facility incur and report costs for high cost implantable device patients? Enter "Y" for yes or "N" for no.	es charged to	Υ		121. 00
22.00 Does the cost report contain healthcare related taxes as defined in §1903 Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", ente		Y he	5. 02	122. 00
Worksheet A line number where these taxes are included. 23.00 Did the facility and/or its subproviders (if applicable) purchase profess e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or		Υ	Y	123. 00
management/consulting services, from an unrelated organization? In column yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than		or		
professional services expenses, for services purchased from unrelated org located in a CBSA outside of the main hospital CBSA? In column 2, enter " for no.	ganizations "Y" for yes or "	N"		
Certified Transplant Center Information 25.00 Does this facility operate a Medicare-certified transplant center? Enter	"Y" for yes and	N		125. 00
"N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below. 26.00 If this is a Medicare-certified kidney transplant program, enter the cert	tification date	i n		126. 00
column 1 and termination date, if applicable, in column 2. 27.00 If this is a Medicare-certified heart transplant program, enter the certi	ification date i	n		127. 00
column 1 and termination date, if applicable, in column 2. 28.00 If this is a Medicare-certified liver transplant program, enter the certicolumn 1 and termination date, if applicable, in column 2.	ification date i	n		128. 00
29.00 If this is a Medicare-certified lung transplant program, enter the certif	fication date in			129. 00
column 1 and termination date, if applicable, in column 2. 10.00 If this is a Medicare-certified pancreas transplant program, enter the cein column 1 and termination date, if applicable, in column 2.	ertification dat	е		130.00
1.00 If this is a Medicare-certified intestinal transplant program, enter the date in column 1 and termination date, if applicable, in column 2.	certi fi cati on			131. 00
(2.00 f this is a Medicare-certified islet transplant program, enter the certicolumn 1 and termination date, if applicable, in column 2. (3.00 Removed and reserved	ification date i	n		132.00
14.00 If this is a hospital-based organ procurement organization (OPO), enter to column 1 and termination date, if applicable, in column 2. All Providers	the OPO number i	n		134. 00
40.00 Are there any related organization or home office costs as defined in CMS chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home claimed, enter in column 2 the home office chain number. (see instruction	e office costs a			140. 00
1.00 2.00 If this facility is part of a chain organization, enter on lines 141 thro	ough 143 the nam	3.00	of the	
home office and enter the home office contractor name and contractor number	ber.		0	
11.00 Name: Contractor's Name: P0 Box:	Contractor	's Number:		141. 00
43. 00 Ci ty: State:	Zi p Code:			143. 00
14.00 Are provider based physicians' costs included in Worksheet A?			1. 00 Y	144. 00
The sound provided based physicians costs file adea in worksheet A!			1	177.00
0016	t- 6 ! !!	1. 00	2.00	145.00
45.00 If costs for renal services are claimed on Wkst. A, line 74, are the cost services only? Enter "Y" for yes or "N" for no in column 1. If column 1 idialysis facility include Medicare utilization for this cost reporting perfor yes or "N" for no in column 2.	is no, does the	п		145. 00
46.00Has the cost allocation methodology changed from the previously filed cos "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §2 enter the approval date (mm/dd/yyyy) in column 2.		N		146. 00

Health Financial Systems	GIBSON AREA HOSE	PITAL ANI	D HEALTH SV	/CS		In Lie	eu of Form CMS	S-2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	(IDENTIFICATION DATA	F				riod: om 10/01/2022 09/30/2023		repared:
							1.00	_
147.00 Was there a change in the statisti							N	147. 00
148.00 Was there a change in the order of	allocation? Enter "Y"	for yes	s or "N" fo	r no.			N	148. 00
149.00 Was there a change to the simplifi	ea cost finaing method	1? Enter	Part A	s or "N" Part		Title V	N Title XIX	149. 00
			1.00	2.00		3.00	4.00	
Does this facility contain a provi or charges? Enter "Y" for yes or "						on of the low		
155. 00 Hospi tal		porrorre	Y	Y]	N	N	155. 00
156.00 Subprovi der - IPF			N	N		N	N	156. 00
157.00 Subprovider - IRF			N	N		N	N	157. 00
158. 00 SUBPROVI DER								158. 00
159. 00 SNF			N	N		N	N	159. 00
160.00 HOME HEALTH AGENCY 161.00 CMHC			N	N N		N N	N N	160. 00 161. 00
181. 00 CWITC				IN		IN	IN IN	101.00
							1.00	
Multicampus								
165.00 Is this hospital part of a Multica "Y" for yes or "N" for no.	mpus hospital that has	one or	more campu	ıses in di				165. 00
	Name		ounty	State	Zip C		FTE/Campus	
1// 00 6 1 7 1/5 1 7 7 6 7 7 7 8	0	1	1. 00	2. 00	3. 0	0 4.00	5. 00	20 1 (/ 0/
166.00 If line 165 is yes, for each campus enter the name in column 0,							0.	00 166. 00
county in column 1, state in								
column 2, zip code in column 3,								
CBSA in column 4, FTE/Campus in								
column 5 (see instructions)								
							1.00	_
Health Information Technology (HIT) incentive in the Ame	eri can Re	ecovery and	l Reinvest	ment A	Act	1. 00	
167.00 Is this provider a meaningful user							Υ	167. 00
168.00 If this provider is a CAH (line 10			user (line	167 is "	Y"), e	nter the		168. 00
reasonable cost incurred for the H	•	,						
168.01 If this provider is a CAH and is n						hardshi p		168. 01
exception under §413.70(a)(6)(ii)?) ontor the	0	00169. 00
transition factor. (see instruction	,	anu 15 i	IOL a CAII (11116 103	15 N), enter the	0.	00 109. 00
transition ractors (see motivation						Begi nni ng	Endi ng	
						1. 00	2.00	
170.00 Enter in columns 1 and 2 the EHR b	eginning date and endi	ng date	for the re	porting p	eri od			170. 00
						1. 00	2.00	
171.00 f line 167 is "Y", does this prov	ider have any days for	individ	duals enrol	led in se	ction	1. 00 N	2.00	0171.00
1876 Medicare cost plans reported and "N" for no in column 1. If col days in column 2. (see instruction	on Wkst. S-3, Pt. I, I umn 1 is yes, enter th	ine 2, 0	col. 6? Ent	er "Y" fo	r yes			0171.00

11. 00	Are GME cost directly assigned to cost centers other than I	& R in an App	roved Teaching	N		11. 00
	Program on Worksheet A? If yes, see instructions.					
					Y/N	
					1.00	
	Bad Debts					
12.00		•			Υ	12. 00
13.00	J	olicy change d	luring this cos [.]	t reporting	N	13. 00
	period? If yes, submit copy.					
14.00		nce amounts wa	ived? If yes, s	see instruction	ns. N	14. 00
	Bed Complement					
15.00	Did total beds available change from the prior cost reporti				N	15. 00
			t A	-	rt B	
		Y/N	Date	Y/N	Date	
		1. 00	2.00	3. 00	4. 00	
	PS&R Data					
16.00				N		16. 00
	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)					
17. 00		Υ	11/27/2023	Y	11/27/2023	17. 00
	totals and the provider's records for allocation? If either					
	column 1 or 3 is yes, enter the paid-through date in column	S				
40.00	2 and 4. (see instructions)					40.00
18. 00		N		N		18. 00
	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.					
19. 00	1 ' ' '	N		N		19.00
19.00	Report data for corrections of other PS&R Report	IN		IN		19.00
	information? If yes, see instructions.					
	Throt matron: 11 yes, see thisti detrons.		I		1	1

Heal th	Financial Systems GIBSON AREA HOSPITA	A AND HEALTH S	SVCS	In lie	u of Form CMS-:	2552-10
	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		CN: 14-1317	Peri od:	Worksheet S-2	
				From 10/01/2022	Part II	narad.
				To 09/30/2023	Date/Time Pre 2/26/2024 10:	
		Descr	i pti on	Y/N	Y/N	
			0	1. 00	3. 00	
20. 00	If line 16 or 17 is yes, were adjustments made to PS&R			N	N	20. 00
	Report data for Other? Describe the other adjustments:	Y/N	Date	Y/N	Date	
		1.00	2.00	3. 00	4. 00	
21. 00	Was the cost report prepared only using the provider's	N		N		21. 00
	records? If yes, see instructions.					
				-	1 00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCE	DT CHILDDENS H	HOSDI TAI S)		1. 00	
	Capital Related Cost	I I CHI EDILENO I	10311 TALS)			1
22. 00	Have assets been relifed for Medicare purposes? If yes, see	instructions			N	22. 00
23.00	Have changes occurred in the Medicare depreciation expense	due to apprais	sals made duri	ng the cost	N	23. 00
	reporting period? If yes, see instructions.					
24. 00	Were new leases and/or amendments to existing leases entere	ed into during	this cost rep	orting period?	f Y	24. 00
25. 00	yes, see instructions Have there been new capitalized leases entered into during	the cost renor	rting period?	If was see	Υ	25. 00
25.00	instructions.	the cost repor	tring perrous	11 yes, see		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during th	ne cost reporti	ng period? If	yes, see	N	26. 00
	instructions.					
27. 00	Has the provider's capitalization policy changed during the	e cost reportir	ng period? If	yes, submit copy	. N	27. 00
28. 00	Interest Expense Were new Loans, mortgage agreements or Letters of credit er	stored into du	sing the cost	roporting poriod	? Y	28. 00
20.00	If yes, see instructions.	iterea into aai	Ting the cost	reporting period	: I	20.00
29. 00	Did the provider have a funded depreciation account and/or	bond funds (De	ebt Service Re	serve Fund)	N	29. 00
	treated as a funded depreciation account? If yes, see instr	ructions		,		
30.00	Has existing debt been replaced prior to its scheduled matu	,	,	l l		30. 00
31. 00	Has debt been recalled before scheduled maturity without is	ssuance of new	debt? If yes,	see instruction	s. N	31. 00
32. 00	Purchased Services Have changes or new agreements occurred in patient care ser	rvi cas furni sha	ed through con	tractual	Υ	32.00
32.00	arrangements with suppliers of services? If yes, see instru		ed till odgir con	ti ac tuai		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 app		ng to competit	ive bidding? If	Υ	33. 00
	no, see instructions.	·				
	Provi der-Based Physi ci ans					
34. 00	Were services furnished at the provider facility under an a yes, see instructions.	arrangement wit	th provider-ba	sed physicians?	If Y	34. 00
35 00	lyes, see instructions. If line 34 is yes, were there new agreements or amended exi	sting agreemen	nts with the n	rovi der-hased	Υ	35. 00
00.00	physicians during the cost reporting period? If yes, see in		res with the p	Tovi dei based		00.00
				Y/N	Date	
				1. 00	2. 00	
26 00	Home Office Costs			N		36. 00
36. 00 37. 00	Were home office costs claimed on the cost report? If line 36 is yes, has a home office cost statement been pr	repared by the	home office?	N If N		36.00
37.00	yes, see instructions.	cparea by the	Hollic Office:	'		37.00
38.00	If line 36 is yes , was the fiscal year end of the home off			the N		38. 00
	provider? If yes, enter in column 2 the fiscal year end of					
39. 00	If line 36 is yes, did the provider render services to other	er chain compor	nents? If yes,	N		39. 00
40 00	see instructions. If line 36 is yes, did the provider render services to the	home office?	If ves see	N		40. 00
10.00	instructions.	nome office.	11 yes, see			10.00
				`		
		1.	00	2. 0	00	
41.00	Cost Report Preparer Contact Information	MATTHEW		EDTEL		41 00
41.00	Enter the first name, last name and the title/position held	MATTHEW		ERTEL		41. 00
	by the cost report preparer in columns 1, 2, and 3, respectively.					
42. 00	Enter the employer/company name of the cost report preparer	GIBSON AREA HO	SPITAL AND			42. 00
		HEALTH SERV				
43.00		217-784-2601		MATTHEW_ERTEL@G	I BSONHOSPI TAL.	43. 00
	report preparer in columns 1 and 2, respectively.	I		ORG	l	I

Health Financial Systems	GIBSON AREA HOSPITAL	AND HEALTH SVCS	In Lie	u of Form CMS-2	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT	QUESTI ONNAI RE	Provider CCN: 14-1317	Peri od:	Worksheet S-2	
			From 10/01/2022 To 09/30/2023		narod:
			10 04/30/2023	2/26/2024 10:	06 am
		3. 00			
Cost Report Preparer Contact Information					
41.00 Enter the first name, last name and the		F0			41.00
by the cost report preparer in columns 1	, 2, and 3,				
respecti vel y.					
42.00 Enter the employer/company name of the c	ost report preparer.				42.00
43.00 Enter the telephone number and email add	ress of the cost				43.00
report preparer in columns 1 and 2, resp	ecti vel y.				

Heal th	Financial Systems GIBSON AREA HOSPITAL A	AND HEALTH SVCS		Non-CMS HFS W	orksheet
HFS Su	upplemental Information	Provider CCN: 14-1317	Peri od: From 10/01/2022 To 09/30/2023		epared:
			Title V	Title XIX	1
			1. 00	2. 00	
	TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interrstepdown adjustments on W/S B, Part I, column 25? Enter Y/N in Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)		N nd	Y	1.00
2. 00	Do Title V or XIX follow Medicare (Title XVIII) for the report Part I (e.g. net of Physician's component)? Enter Y/N in colum column 2 for Title XIX. (see S-2, Part I, line 98.01)			Y	2. 00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calcul Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for T for Title XIX. (see S-2, Part I, line 98.02)			Y	3. 00
3. 01	Do Title V or XIX use W/S D-1 for reimbursement?		N	N	3. 01
3. 02	Does Title XIX transfer managed care (HMO) days from Worksheet	t S-3. Part L. column 7.		Ϋ́	3. 02
0.02	of lines 2, 3, and 4 to Worksheet E-4, column 2, line 26?				0.02
			Inpati ent	Outpati ent	
			1. 00	2.00	
	CRITICAL ACCESS HOSPITALS				
4. 00	Does Title V follow Medicare (Title XVIII) for Critical Access reimbursed 101% of cost? Enter Y or N in column 1 for inpatier for outpatient. (see S-2, Part I, lines 98.03 and 98.04)		N 2	N	4. 00
5. 00	Does Title XIX follow Medicare (Title XVIII) for Critical Accereimbursed 101% of cost? Enter Y or N in column 1 for inpatier for outpatient. (see S-2, Part I, lines 98.03 and 98.04)			N	5. 00
			Title V	Title XIX	
			1. 00	2.00	
	RCE DI SALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallo column 4? Enter Y/N in column 1 for Title V and Y/N in column Part I, line 98.05) PASS THROUGH COST		-2. N	Y	6. 00
7 00		-+	N	Υ	7.00
7. 00	Do Title V or XIX follow Medicare when cost reimbursed (paymer worksheets D, parts I through IV? Enter Y/N in column 1 for Title XIX. (see S-2, Part I, line 98.06)			Y	7.00
	RHC		. 1	T	
8. 00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Ente V and Y/N in column 2 for Title XIX.	er Y/N in column 1 for Ti	tle N	N	8. 00
9. 00	For fiscal year beginning on/after 10/01/2014, use M-series for	or Title V and/or Title V	KLX? N	l N	9, 00
9.00	Enter Y/N in column 1 for Title V and Y/N in column 2 for Titl		NIA: IN	IN IN	9.00
	TELECO TAR THE COLUMN TO THE COLUMN 2 TO THE	- AI A.	St:	ate	
				00	
	STATE MEDICALD FORMS				
10. 00	Select the state when using state Medicaid forms.				10.00

 Heal th Financial
 Systems
 GIBSON AREA HOSPITAL AND HEALTH SVCS

 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA
 Provider CCN: 1

Provider CCN: 14-1317

In Lieu of Form CMS-2552-10

| Period: | Worksheet S-3 |
| From 10/01/2022 | Part |
| To 09/30/2023 | Date/Time Prepared: | 2/26/2024 | 10:06 am

				'	0 077 007 2020	2/26/2024 10:	06 am
						I/P Days / O/P	
						Visits / Trips	
	Component	Worksheet A	No. of Beds	Bed Days	CAH/REH Hours	Title V	
		Li ne No.		Avai I abl e			
		1. 00	2.00	3. 00	4. 00	5. 00	
	PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	30. 00	23	8, 395	56, 468. 00	0	1. 00
	8 exclude Swing Bed, Observation Bed and						
	Hospice days) (see instructions for col. 2 for						
	the portion of LDP room available beds)						
2.00	HMO and other (see instructions)						2. 00
3.00	HMO IPF Subprovider						3. 00
4.00	HMO IRF Subprovider						4. 00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5. 00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6. 00
7.00	Total Adults and Peds. (exclude observation		23	8, 395	56, 468. 00	0	7. 00
	beds) (see instructions)						
8.00	INTENSIVE CARE UNIT	31. 00	2	730	1, 272. 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)		25	9, 125	57, 740. 00	0	14.00
15. 00	CAH visits					0	15. 00
15. 10	REH hours and visits						15. 10
16. 00	SUBPROVI DER - I PF						16. 00
17. 00	SUBPROVI DER - I RF						17. 00
18. 00	SUBPROVI DER						18. 00
19. 00	SKILLED NURSING FACILITY	44. 00	5	1, 825	5	0	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE	46. 00	37	13, 505	5		21. 00
22. 00	HOME HEALTH AGENCY						22. 00
23.00	AMBULATORY SURGICAL CENTER (D. P.)						23. 00
24.00	HOSPI CE						24. 00
24. 10	HOSPICE (non-distinct part)	30. 00					24. 10
25.00	CMHC - CMHC						25. 00
26.00	RHC (CONSOLI DATED)	88. 00				0	26. 00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	89. 00				0	26. 25
27.00	Total (sum of lines 14-26)		67				27.00
28.00	Observation Bed Days					0	28. 00
29. 00	Ambul ance Tri ps						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	(32.00
32. 01	Total ancillary labor & delivery room						32. 01
	outpatient days (see instructions)						
33.00	LTCH non-covered days						33.00
33. 01	LTCH site neutral days and discharges						33. 01
34.00	Temporary Expansion COVID-19 PHE Acute Care	30. 00	o	()	0	34.00

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 Systems
 GIBSON AREA F

 HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX
 STATISTICAL DATA

Provider CCN: 14-1317

		1 /D D	/ O /D) // 1 1	/ エ:	F 11 F' F	2/26/2024 10:	J6 am
		17P Days	/ O/P Visits	/ Irips	Full Time E	equi vai ents	
	Component	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7. 00	8. 00	9. 00	10.00	
	PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	1, 157	15	2, 201			1. 00
2.00	HMO and other (see instructions)	234	330				2. 00
3.00	HMO IPF Subprovider	0	0				3. 00
4. 00	HMO IRF Subprovider	o	0				4. 00
5. 00	Hospital Adults & Peds. Swing Bed SNF	102	0	113			5. 00
6.00	Hospital Adults & Peds. Swing Bed NF	.02	0	0			6. 00
7. 00	Total Adults and Peds. (exclude observation	1, 259	15	2, 314			7. 00
	beds) (see instructions)	, -		, -			
8.00	INTENSIVE CARE UNIT	33	0	53			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		147	355			13.00
14.00	Total (see instructions)	1, 292	162	2, 722	0. 89	631. 48	14.00
15.00	CAH visits	15, 944	635	67, 727			15. 00
15. 10	REH hours and visits						15. 10
16.00	SUBPROVI DER - I PF						16.00
17. 00	SUBPROVI DER - I RF						17.00
18.00	SUBPROVI DER						18.00
19. 00	SKILLED NURSING FACILITY	401	19	854	0.00	2. 31	19.00
20.00	NURSING FACILITY						20.00
21. 00	OTHER LONG TERM CARE			9, 197	0.00	24. 93	21. 00
22. 00	HOME HEALTH AGENCY						22. 00
23.00	AMBULATORY SURGICAL CENTER (D. P.)						23. 00
24.00	HOSPI CE						24. 00
24. 10	HOSPICE (non-distinct part)			0			24. 10
25.00	CMHC - CMHC						25. 00
26.00	RHC (CONSOLI DATED)	11, 555	651	58, 899		124. 78	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)				1. 63	783. 50	27. 00
28. 00	Observation Bed Days		18	1, 431			28. 00
29. 00	Ambul ance Tri ps	493					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	2	129			32.00
32. 01	Total ancillary labor & delivery room			0			32. 01
	outpatient days (see instructions)						
33. 00	LTCH non-covered days	0					33. 00
33. 01	LTCH site neutral days and discharges	0					33. 01
34. 00	Temporary Expansion COVID-19 PHE Acute Care	o	O	0			34. 00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-1317

Peri od: Worksheet S-3 From 10/01/2022 Part I To 09/30/2023 Date/Time Prepared:

2/26/2024 10:06 am Full Time Di scharges Equi val ents Title XVIII Total All Component Nonpai d Title V Title XIX Workers Pati ents 14.00 15.00 12.00 13.00 11.00 PART I - STATISTICAL DATA Hospital Adults & Peds. (columns 5, 6, 7 and 1.00 337 8 769 1.00 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds) 2.00 HMO and other (see instructions) 60 143 2.00 3.00 HMO IPF Subprovider 3.00 4.00 HMO IRF Subprovider ol 4.00 Hospital Adults & Peds. Swing Bed SNF 5.00 5.00 6.00 Hospital Adults & Peds. Swing Bed NF 6.00 Total Adults and Peds. (exclude observation 7.00 7.00 beds) (see instructions) INTENSIVE CARE UNIT 8.00 8.00 9.00 CORONARY CARE UNIT 9.00 10.00 10.00 BURN INTENSIVE CARE UNIT 11.00 SURGICAL INTENSIVE CARE UNIT 11.00 OTHER SPECIAL CARE (SPECIFY) 12.00 12.00 13.00 NURSERY 13.00 Total (see instructions) 769 14.00 14.00 0.00 337 8 CAH visits 15.00 15.00 15. 10 REH hours and visits 15. 10 16.00 SUBPROVIDER - IPF 16.00 SUBPROVIDER - IRF 17.00 17.00 18 00 SUBPROVI DER 18 00 SKILLED NURSING FACILITY 19.00 0.00 19.00 20.00 NURSING FACILITY 20.00 OTHER LONG TERM CARE 21.00 0.00 22 21.00 HOME HEALTH AGENCY 22.00 22 00 23.00 AMBULATORY SURGICAL CENTER (D. P.) 23.00 24. 00 HOSPI CE 24.00 24. 10 HOSPICE (non-distinct part) 24. 10 СМНС - СМНС 25.00 25 00 26.00 RHC (CONSOLIDATED) 0.00 26.00 26. 25 FEDERALLY QUALIFIED HEALTH CENTER 0.00 26.25 Total (sum of lines 14-26) 0.00 27.00 27.00 28 00 Observation Bed Days 28 00 29. 00 Ambul ance Trips 29.00 30.00 Employee discount days (see instruction) 30.00 Employee discount days - IRF 31.00 31.00 32.00 Labor & delivery days (see instructions) 32.00 Total ancillary labor & delivery room 32.01 32.01 outpatient days (see instructions) 33.00 LTCH non-covered days 33.00 0 33.01 LTCH site neutral days and discharges 0 33.01 34.00 Temporary Expansion COVID-19 PHE Acute Care 34.00

		ON AREA HOSPITAL	AND HEALTH S	VCS	In Lie	eu of Form CMS		52-10
HOSPI T	AL-BASED RHC/FQHC STATISTICAL DATA			CN: 14-1317 CCN: 14-3408	Peri od: From 10/01/2022 To 09/30/2023	Date/Time Pi	repa	
					RHC I	2/26/2024 10 Cost		o am
					KIIC I	COST		
					1.	00		
	Clinic Address and Identification							
1.00	Street		0.		225 MARKET STR		4	1. 00
		_		00	State 2.00	ZIP Code 3.00	+	
2.00	City, State, ZIP Code, County	P	AXTON	00		60957		2. 00
2.00	orty, state, zir sode, sodity	، ا	7077011		12	00707		2.00
						1.00		
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Ente	er "R" for rural	or "U" for ι				0	3.00
					t Award	Date		
	Course of Fodoral Funda			1	1.00	2. 00	-	
4. 00	Source of Federal Funds Community Health Center (Section 330(d), PHS	Act)		I		I		4. 00
5. 00	Mi grant Heal th Center (Section 329(d), PHS Ac							5. 00
6. 00	Health Services for the Homeless (Section 340							6. 00
7.00	Appal achi an Regional Commission	,						7.00
8.00	Look-Alikes							8. 00
9. 00	OTHER (SPECIFY)						_	9. 00
					1.00	2.00	+	
10.00	Does this facility operate as other than a ho	nenital hasad PH	C or FOHC2 Fr	ter "V" for v	1.00 ves N	2. 00	0	10. 00
10.00	or "N" for no in column 1. If yes, indicate r						٦	10. 00
	in subscripts of line 11 the type of other or		•	•				
		Sunda			onday	Tuesday		
		from	to	from	to	from		
		1.00	2. 00	3. 00	4. 00	5. 00	_	
11 00	Facility hours of operations (1)	00.00	2.00	07. 20	17.00	07. 20		11 00
11.00	CLINIC	08: 00 1:	2: 00	07: 30	17: 00	07: 30	+	11. 00
					1. 00	2. 00		
12. 00	Have you received an approval for an exception	on to the produc	tivity standa	nrd?	N	2.00	\top	12. 00
	Is this a consolidated cost report as defined	•	•		Υ	1	11	13. 00
	30.8? Enter "Y" for yes or "N" for no in colu							
	of providers included in this report. List the	ne names of all	provi ders and			001	_	
					der name 1.00	2. 00	+	
14. 00	RHC/FQHC name, CCN			THE PAXTON CL		143408		14. 00
14. 01	Miles I dile Hallie, Coli			THE ONARGA CL		143440	- 1	14. 01
14. 02				1	Y MEDICINE & OB		- 1	14. 02
14. 03				HOOPESTON CLI	NI C	148515		14. 03
14. 04				FARMER CITY C	CLINIC	148517		14. 04
14. 05				•	MEDICAL CLINIC	148546	- 1	14. 05
14.06				GIBSON CITY C		148559	- 1	14.06
14. 07				PARK	I CARE OF CISSNA	148593		14. 07
14. 08					CARE OF MAHOME	148600		14. 08
14. 09				GIBSON COMMUN		148609		14. 09
				ASSOC				
14. 10				GIBSON AREA F	PRIMARY CARE	148516		14. 10
		Y/N	V	XVIII	XIX	Total Visits	5	
45.05		1. 00	2. 00	3. 00	4. 00	5. 00		45.00
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4	ı						15. 00
	the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider.							
	(see instructions)							

Health Financial Systems	GIBSON AREA HOSPITA	AL AND HEALTH S	SVCS	In Lie	u of Form CMS-	2552-10
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provi der (CCN: 14-1317	Peri od:	Worksheet S-8	3
		Component	CCN: 14-3408	From 10/01/2022 To 09/30/2023	Date/Time Pro 2/26/2024 10:	epared: 06 am
				RHC I	Cost	
		Co	unty			
		4	. 00			
2.00 City, State, ZIP Code, County		FORD			2. 00	
	Tuesday	Wedr	nesday	Thur	sday	
	to	from	to	from	to	
	6. 00	7. 00	8.00	9. 00	10.00	
Facility hours of operations (1)						
11. 00 CLINIC	17: 00	07: 30	17: 00	07: 30	17: 00	11. 00
	Fri	i day	Sa	turday		
	from	to	from	to		
	11. 00	12.00	13. 00	14. 00		
Facility hours of operations (1)						
11. 00 CLINIC	07: 30	17: 00	08: 00	19: 00		11. 00

				6.5	
	Financial Systems GIBSON AREA HOSPITAL AL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-1317	Period: From 10/01/2022	u of Form CMS-2 Worksheet S-1 Parts I & II Date/Time Pre 2/26/2024 10:	0 pared:
				1. 00	
	PART I - HOSPITAL AND HOSPITAL COMPLEX DATA			1.00	
	Uncompensated and Indigent Care Cost-to-Charge Ratio				1
1.00	Cost to charge ratio (see instructions)			0. 312504	1.00
1.00	Medicaid (see instructions for each line)			0.012001	1.00
2.00	Net revenue from Medicaid			2, 492, 524	2.00
3. 00	Did you receive DSH or supplemental payments from Medicaid?			Υ	3. 00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemen	tal payments from Medic	ai d?	N	4.00
5.00					5. 00
6.00	00 Medicald charges				6.00
7.00					
8.00	8.00 Difference between net revenue and costs for Medicaid program (see instructions)				
	Children's Health Insurance Program (CHIP) (see instructions for	or each line)			
9.00	Net revenue from stand-alone CHIP			6, 988	
	Stand-alone CHIP charges			28, 727	
	Stand-alone CHIP cost (line 1 times line 10)			8, 977	
12. 00	Difference between net revenue and costs for stand-alone CHIP			1, 989	12. 00
	Other state or local government indigent care program (see ins				
	Net revenue from state or local indigent care program (Not inc			0	
	Charges for patients covered under state or local indigent car		lin lines 6 or 10	*	1
	State or local indigent care program cost (line 1 times line 1			0	1
16. 00	Difference between net revenue and costs for state or local in			0	16. 00
	Grants, donations and total unreimbursed cost for Medicaid, CH instructions for each line)	IP and state/local indi	gent care program	is (see	
17 00	Private grants, donations, or endowment income restricted to f	unding charity care		0	17. 00
	Government grants, appropriations or transfers for support of			0	
19. 00	Total unreimbursed cost for Medicaid , CHIP and state and Loca		s (sum of lines 8	_	
	12 and 16)		(111103 0	.,,,,	

instructions) 22.00 Payments received from patients for amounts previously written off as charity care 23.00 Cost of charity care (see instructions) 392, 178		12 and 16)				
Uncompensated care cost (see instructions for each line) 20.00 Charity care charges and uninsured discounts (see instructions) 21.00 Cost of patients approved for charity care and uninsured discounts (see 392, 178 1, 180, 959 1, 573, 137 21.00 instructions) 22.00 Payments received from patients for amounts previously written off as charity care 23.00 Cost of charity care (see instructions) 392, 178 1, 180, 959 1, 573, 137 21.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			Uni nsured	Insured	Total (col. 1	
Uncompensated care cost (see instructions for each line) 20.00 Charity care charges and uninsured discounts (see instructions) 21.00 Cost of patients approved for charity care and uninsured discounts (see 392, 178 1, 180, 959 1, 573, 137 21.00 instructions) 22.00 Payments received from patients for amounts previously written off as charity care 23.00 Cost of charity care (see instructions) 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? 25.00 If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit 25.01 Charges for insured patients' liability (see instructions) 0 25.01			pati ents	pati ents	+ col . 2)	
20.00 Charity care charges and uninsured discounts (see instructions) 21.00 Cost of patients approved for charity care and uninsured discounts (see instructions) 22.00 Payments received from patients for amounts previously written off as charity care 23.00 Cost of charity care (see instructions) 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? 25.00 If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit 26.00 Charity care charges and uninsured discounts (see instructions) 1, 254, 952 392, 178 1, 180, 959 1, 573, 137 21.00 22.00 23.00 Cost of charity care (see instructions) 1.00 24.00 Does the amount on line 20 col. 2, include charges for patient days beyond a length of stay limit N 24.00 limit Charges for insured patients' liability (see instructions) 0 25.00			1.00	2. 00	3. 00	
21.00 Cost of patients approved for charity care and uninsured discounts (see instructions) 22.00 Payments received from patients for amounts previously written off as charity care 23.00 Cost of charity care (see instructions) 24.00 Does the amount on line 20 col. 2, include charges for patient days beyond a length of stay limit in posed on patients covered by Medicaid or other indigent care program? 25.00 If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit to charges for patient days beyond the indigent care program's length of stay limit to covered by Medicaid or other indigent care program's length of stay limit to covered by Medicaid or other indigent care program's length of stay limit to covered by Medicaid or other indigent care program's length of stay limit to covered by Medicaid or other indigent care program's length of stay limit to covered by Medicaid or other indigent care program's length of stay limit to covered by Medicaid or other indigent care program's length of stay limit to covered by Medicaid or other indigent care program's length of stay limit to covered by Medicaid or other indigent care program's length of stay limit to covered by Medicaid or other indigent care program's length of stay limit to covered by Medicaid or other indigent care program's length of stay limit to covered by Medicaid or other indigent care program's length of stay limit to covered by Medicaid or other indigent care program's length of stay limit to covered by Medicaid or other indigent care program's length of stay limit to covered by Medicaid or other indigent care program's length of stay limit to covered by Medicaid or other indigent care program's length of stay limit to covered by Medicaid or other indigent care program's length of stay limit to covered by Medicaid or other indigent care program's length of stay limit to covered by Medicaid or other indigent care program's length of stay limit to covered by Medicaid or other indigent care progra		Uncompensated care cost (see instructions for each line)				
instructions) 22.00 Payments received from patients for amounts previously written off as charity care 23.00 Cost of charity care (see instructions) 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? 25.00 If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit 25.01 Charges for insured patients' liability (see instructions) 0 0 0 0 22.00 1.00 24.00 25.00	20.00	Charity care charges and uninsured discounts (see instructions)	1, 254, 952	1, 180, 959	2, 435, 911	20.00
22.00 Payments received from patients for amounts previously written off as charity care 23.00 Cost of charity care (see instructions) 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? 25.00 If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit 25.01 Charges for insured patients' liability (see instructions) 0 0 0 0 22.00 1.00 24.00 25.00	21.00	Cost of patients approved for charity care and uninsured discounts (see	392, 178	1, 180, 959	1, 573, 137	21.00
charity care 23.00 Cost of charity care (see instructions) 392, 178 1, 180, 959 1, 573, 137 23.00 24.00 Does the amount on line 20 col. 2, include charges for patient days beyond a length of stay limit N 24.00 imposed on patients covered by Medicaid or other indigent care program? 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 Charges for insured patients' liability (see instructions) 0 25.01		instructions)				
23.00 Cost of charity care (see instructions) 392, 178	22. 00	Payments received from patients for amounts previously written off as	0	0	0	22.00
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? 25.00 If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit 25.01 Charges for insured patients' liability (see instructions) 0 25.01		charity care				
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? 25.00 If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit 25.01 Charges for insured patients' liability (see instructions) 0 25.01	23. 00	Cost of charity care (see instructions)	392, 178	1, 180, 959	1, 573, 137	23.00
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? 25.00 If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit 25.01 Charges for insured patients' liability (see instructions) 0 25.01						
imposed on patients covered by Medicaid or other indigent care program? 25.00 If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay 1 imit 25.01 Charges for insured patients' liability (see instructions) 0 25.01					1. 00	
25.00 If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay 0 25.00 limit 25.01 Charges for insured patients' liability (see instructions) 0 25.01	24. 00	↓.00 Does the amount on line 20 col. 2, include charges for patient days beyond a length of stay limit				
limit 25.01 Charges for insured patients' liability (see instructions) 0 25.01		imposed on patients covered by Medicaid or other indigent care program?				
25.01 Charges for insured patients' liability (see instructions) 0 25.01	25. 00	If line 24 is yes, enter the charges for patient days beyond the indigent	care program's	s length of sta	y 0	25.00
		limit				
	25. 01	Charges for insured patients' liability (see instructions)			0	25. 01
26.00 Bad debt amount (see instructions) 3,445,998 26.00	26. 00	Bad debt amount (see instructions)		3, 445, 998	26.00	
27.00 Medicare reimbursable bad debts (see instructions) 747,646 27.00	27. 00	Medicare reimbursable bad debts (see instructions)	747, 646	27.00		
27. 01 Medicare allowable bad debts (see instructions) 1, 150, 224 27. 01	27. 01	Medicare allowable bad debts (see instructions)			1, 150, 224	27. 01
28.00 Non-Medicare bad debt amount (see instructions) 2,295,774 28.00	28. 00	Non-Medicare bad debt amount (see instructions)			2, 295, 774	28.00
29.00 Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions) 1,120,017 29.00	29. 00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see	instructions)		1, 120, 017	29.00
30.00 Cost of uncompensated care (line 23, col. 3, plus line 29) 2,693,154 30.00	30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)			2, 693, 154	30.00
31.00 Total unreimbursed and uncompensated care cost (line 19 plus line 30) 16,362,751 31.00	31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			16, 362, 751	31.00

HUSPII	AL UNCOMPENSATED AND INDIGENT CARE DATA	rovi der CC	N: 14-1317	From 10/01/2022 To 09/30/2023		repared:
					1.00	
	PART II - HOSPITAL DATA					
	Uncompensated and Indigent Care Cost-to-Charge Ratio					
1.00	Cost to charge ratio (see instructions)					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 supplementa	1 2		aid?		4. 00
5. 00 6. 00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid charges	om wedicard	1			5. 00 6. 00
7. 00	Medicaid cost (line 1 times line 6)					7. 00
8.00	Difference between net revenue and costs for Medicaid program (s	see instru	rtions)			8.00
0.00	Children's Health Insurance Program (CHIP) (see instructions for					0.00
9.00	Net revenue from stand-al one CHIP	04011 11110				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 (s	see instru	ctions)			12. 00
	Other state or local government indigent care program (see instr					
13.00	Net revenue from state or local indigent care program (Not inclu					13. 00
14. 00	Charges for patients covered under state or local indigent care))	14. 00 15. 00			
15. 00						
16. 00						
	Grants, donations and total unreimbursed cost for Medicaid, CHIF	and state	e/Local Indi	gent care program	ns (see	
17. 00	instructions for each line) Private grants, donations, or endowment income restricted to fur	ndi na chari	ty caro			17. 00
18. 00						
19. 00						
. ,	12 and 16)	a. go	sar o program	o (ou or 111100 c	['	19. 00
			Uni nsured	Insured	Total (col.	1
			pati ents	pati ents	+ col . 2)	
			1. 00	2. 00	3. 00	
00.00	Uncompensated care cost (see instructions for each line)					
20.00	Charity care charges and uninsured discounts (see instructions)	*** (***				20.00
21. 00	Cost of patients approved for charity care and uninsured discour instructions)	its (see				21. 00
22. 00	Payments received from patients for amounts previously written of	off as				22. 00
22.00	charity care	11 43				22.00
23. 00	Cost of charity care (see instructions)					23. 00
				•		
					1. 00	
24. 00	Does the amount on line 20 col. 2, include charges for patient of	days beyond	d a Length o	f stay limit		24. 00
	imposed on patients covered by Medicaid or other indigent care p					
25. 00	If line 24 is yes, enter the charges for patient days beyond the	e indigent	care progra	m's length of sta	у	25. 00
	limit					1
25. 01						25. 01 26. 00
26. 00						
	7.00 Medicare reimbursable bad debts (see instructions)					
27. 01 28. 00	Medicare allowable bad debts (see instructions)					27. 01 28. 00
28.00	Non-Medicare bad debt amount (see instructions) Cost of non-Medicare and non-reimbursable Medicare bad debt amou	ints (soci	netrueti ene	\		28.00
30. 00	Cost of uncompensated care (line 23, col. 3, plus line 29)	anto (See I	iisti ucti UNS	,		30.00
	Total unreimbursed and uncompensated care cost (line 19 plus lir	ne 30)				31. 00
51.50	1.0ta. a.m.o.m.o. ood and andompondated date cost (11116-17 prus 111	.5 55)		ļ.	I	1 01.00

	Financial Systems GIBSC SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF	N AREA HOSPITAL F EXPENSES	Provider Co		In Lie Period:	u of Form CMS- Worksheet A	2552-10
					From 10/01/2022 To 09/30/2023	Date/Time Pre 2/26/2024 10:	
	Cost Center Description	Sal ari es	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2. 00	3. 00	4. 00	5. 00	
1. 00 1. 01 1. 02	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT 00101 OB UNIT - BLDG & FIXT 00102 B&F - ONARGA RHC		4, 977, 181 0 0		-3, 198, 655 294, 633 8, 407	1, 778, 526 294, 633 8, 407	1. 01
1. 04 1. 05 1. 07	00104 B&F - FARMER CITY RURAL HEALTH CLIN 00105 B&F - HOOPESTON RURAL HEALTH CLINIC 00107 B&F - FORREST RURAL HEALTH CLINIC		0 0 0	(12, 975 177, 962 15, 724	12, 975 177, 962 15, 724	1. 05 1. 07
1. 09 1. 10 1. 11 1. 12	O0109 B&F - PAXTON RURAL HEALTH CLINIC O0110 B&F - MAHOMET SPECIALTY CLINIC O0111 B&F - POTOMAC RURAL HEALTH CLINIC O0112 B&F - PAXTON WELLNESS CENTER		0 0	(145, 889 47, 718 0 0 413	145, 889 47, 718 0 413	1. 10
1. 14 1. 15 1. 16	00114 B&F - PAXTON AMBULANCE STATION 00115 B&F - AMBULANCE STAFF RESIDENCE 00116 B&F - AMBULANCE BUILDING		0	(6, 900 6, 836 23, 843	6, 900 6, 836 23, 843	1. 14 1. 15 1. 16
1. 17 1. 18 1. 19 1. 20	00117		0 0	(31, 237 6, 685 9, 790 9, 448	31, 237 6, 685 9, 790 9, 448	1. 18 1. 19
1. 21 1. 22 1. 25 1. 26	00121 B&F - #4 DOCTOR' S PARK 00122 B&F - #8 DOCTOR' S PARK 00125 B&F - HARMS HOUSE/IT 00126 B&F - 9TH ST. EDUCATION HOUSE		0 0 0 0	(1, 350 16, 984 0 14, 832 13, 612	1, 350 16, 984 14, 832 13, 612	1. 22 1. 25 1. 26
1. 27 1. 28 2. 00 3. 00	O0127 B&F - FALCON POINT RESIDENCE O0128 B&F - 2012 NEW STORAGE SHED O0200 CAP REL COSTS-MVBLE EQUIP O0300 OTHER CAP REL COSTS		0 0 0 118, 014	118, 014		8, 486 12, 878 3, 584, 332 118, 014	1. 28 2. 00 3. 00
4. 00 5. 01 5. 02 7. 00	00400 EMPLOYEE BENEFITS DEPARTMENT 00580 CASHIERING/ACCOUNTS RECEIVABLE 00591 ALL OTHER ADMIN & GENERAL 00700 OPERATION OF PLANT	490, 935 2, 261, 251 6, 318, 498 735, 261	23, 381, 315 2, 511, 608 10, 122, 699 1, 661, 663	4, 772, 859 16, 441, 19 2, 396, 924	9 -573, 888 7 636, 928 4 -370, 629	22, 423, 262 4, 198, 971 17, 078, 125 2, 026, 295	5. 01 5. 02 7. 00
7. 01 8. 00 9. 00 10. 00	OO701 OPERATION OF PLANT-OUTSIDE PROPERTY OO800 LAUNDRY & LINEN SERVICE OO900 HOUSEKEEPING O1000 DIETARY	47, 122 372, 574 780, 799 661, 268	103, 273 87, 865 124, 576 572, 101	460, 439	9 0 5 0 9 -574, 740	521, 024 460, 439 905, 375 658, 629	8. 00 9. 00 10. 00
11. 00 13. 00 14. 00 15. 00	01100 CAFETERI A 01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY	0 212, 091 0 778, 957	0 4, 166 509, 688 2, 565, 162	509, 688	0	501, 981 216, 257 509, 688 3, 344, 119	13. 00 14. 00
16. 00 21. 00 22. 00	01600 MEDICAL RECORDS & LIBRARY 02100 I &R SERVICES-SALARY & FRINGES APPRVD 02200 I &R SERVICES-OTHER PRGM. COSTS APPRVD INPATIENT ROUTINE SERVICE COST CENTERS	377, 891 0 0	178, 872 0 148, 804	(0	556, 763 0 148, 804	21. 00
31. 00 43. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 04300 NURSERY	5, 063, 655 107, 171 0	461, 638 8, 418 0	115, 589	681 641, 192	116, 270 641, 192	31. 00 43. 00
44. 00 46. 00	04400 SKILLED NURSING FACILITY 04600 OTHER LONG TERM CARE ANCILLARY SERVICE COST CENTERS	1, 892, 034	471, 906	2, 363, 940	200, 856 20 -171, 152	200, 856 2, 192, 788	•
50. 00 51. 00 52. 00	05000 OPERATING ROOM 05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	3, 519, 678 520, 635 0	2, 421, 299 59, 762 0	580, 39		5, 968, 111 580, 397 232, 996	51.00
53. 00 54. 00 56. 00	05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 05600 RADI OI SOTOPE	3, 577, 605 2, 040, 553 0	312, 454 2, 087, 504 110, 515	4, 128, 05	-97, 971	4, 071, 478 4, 030, 086 208, 486	53. 00 54. 00
60. 00 63. 00 64. 00	06000 LABORATORY 06300 BLOOD STORING, PROCESSING & TRANS. 06400 I NTRAVENOUS THERAPY 06500 RESPIRATORY THERAPY	1, 396, 473 0 0	1, 886, 212 113, 660 0	113, 660	0 0	3, 282, 685 113, 660 0	63. 00 64. 00
65. 00 66. 00 67. 00 68. 00	06500 RESPIRATORY THERAPY 06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	647, 746 1, 531, 329 381, 453 145, 330	127, 035 156, 543 9, 998 11, 336	1, 687, 872 391, 45	10, 781 1 0	720, 849 1, 698, 653 391, 451 156, 666	66. 00 67. 00
69. 00 71. 00 72. 00	06900 ELECTROCARDIOLOGY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS	0 0 0	1, 334 2, 206, 966 5, 755, 559	1, 334 2, 206, 966 5, 755, 559	53, 932 6 0 9 0	55, 266 2, 206, 966 5, 755, 559	69. 00 71. 00 72. 00
73. 00 73. 01 73. 02 73. 03	07300 DRUGS CHARGED TO PATIENTS 07301 CARDI AC REHAB 07302 WOUND CARE 07303 SLEEP LAB	0 154, 376 517, 588 157, 132	3, 105, 864 12, 710 102, 771 56, 969	167, 086 620, 359	5 9 25, 776	3, 105, 864 167, 086 646, 135 214, 101	73. 01 73. 02 73. 03
	03950 DI ETARY EDUCATION OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC	11, 987, 880	2, 488, 877	14, 476, 75	7 1, 441, 756	72, 759 15, 918, 513	73. 04 88. 00
90.00	09000 CLI NI C	192, 574	17, 659	210, 23	3 490	210, 723	J 90.00

Health Financial Systems GIBSC	N AREA HOSPITAL	AND HEALTH S	VCS	In Lie	u of Form CMS-	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provi der CC		eri od:	Worksheet A	
			Т	rom 10/01/2022 o 09/30/2023	Date/Time Pre 2/26/2024 10:	
Cost Center Description	Sal ari es	0ther		Reclassi fi cati	Reclassi fied	
			+ col. 2)	ons (See A-6)	Trial Balance	
					(col. 3 +-	
	1.00	2.00	2.00	4.00	col . 4)	
90. 01 09001 GERI PSYCH CLI NI C	1. 00 175, 350	2. 00 140, 786	3. 00 316, 136	4. 00 6, 896	5. 00 323, 032	90. 01
90. 02 09002 0RTHO AND CARDI O CLI NI C	· ·					
90. 03 09003 GENERAL SURGERY CLINIC	7, 425, 280 1, 753, 429	4, 551, 485 282, 300	11, 976, 765 2, 035, 729		12, 345, 430 2, 133, 051	
90. 04 09004 GAPC AND #3 CLI NI C	1, 755, 429	202, 300	2,035,729	97, 322	2, 133, 031	90.03
90. 05 09005 ENT AND UROLOGY CLINIC	1, 752, 653	1, 002, 682	2, 755, 335	-	2, 831, 284	
91. 00 09100 EMERGENCY	1, 619, 266	2, 657, 279	4, 276, 545		4, 278, 309	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	1,017,200	2,001,217	4, 270, 545	1, 704	4, 270, 307	92.00
93. 00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	o	0	1
OTHER REIMBURSABLE COST CENTERS	<u> </u>			<u> </u>		70.00
95. 00 09500 AMBULANCE SERVI CES	2, 557, 529	251, 528	2, 809, 057	108, 565	2, 917, 622	95. 00
SPECIAL PURPOSE COST CENTERS		==://===	_, _, _,	,		
113. 00 11300 I NTEREST EXPENSE		2, 044, 544	2, 044, 544	-2, 044, 544	0	113. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	62, 153, 366	79, 984, 580	142, 137, 946		142, 374, 168	118. 00
NONREI MBURSABLE COST CENTERS				· · · · ·		
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190. 00
192.01 19201 GAH - MSO	0	0	0	0	0	192. 01
192.02 19202 GAH FOUNDATION	72, 630	258, 458	331, 088	0	331, 088	192. 02
194.00 07950 FALCON POINT RENTAL	0	0	0	0		194. 00
194. 01 07951 PHYSI CLAN OFFI CE	0	0	0	0		194. 01
194.02 07952 PLASTIC SURG & DR. CHUNG	181, 710	18, 296	200, 006	556	200, 562	
194. 03 07953 WELLNESS CENTER	161, 720	13, 487	175, 207	0	175, 207	
194. 04 07954 PSYCH CLINIC	1, 845, 701	311, 771	2, 157, 472	18, 115	2, 175, 587	
194.05 07955 MAHOMET SPECIALTY CLINIC	0	0	0	0		194. 05
194. 06 07956 LASER CLINIC	0	0	0	0		194. 06
194. 07 07957 PAIN CLINIC	164, 276	30, 851	195, 127	3, 900	199, 027	
194.08 07958 LINE NOT UTILIZED	0	0	0	0		194. 08
194. 09 07959 GAH CARDI OLOGY	0	0	0	0		194. 09
194. 10 07960 WI C	156, 553	7, 860	164, 413		164, 413	
194. 11 07961 OPC SPECIALTY CLINIC	60, 429	15, 753	76, 182	2, 503	78, 685	
194. 12 07962 FAMILY HEALTHCARE OF POTOMAC	0	0	0	0		194. 12
194. 13 07963 PODI ATRY	0	0	0	0		194. 13 194. 14
194. 14 07964 9TH STREET CLINIC 194. 15 07965 ORTHO CLINIC	0	0	0	0		194. 14
194. 15 07965 ORTHO CLINIC 194. 16 07966 FHGC	640, 395	149, 220	789, 615	8, 138	797, 753	
194. 17 07960 FIGC 194. 17 07967 ELITE PERFORMANCE	1, 735, 149	303, 560	2, 038, 709		1, 755, 163	
194. 17 07967 ELLITE PERFORMANCE	875, 593	200, 112	2, 036, 709 1, 075, 705		1, 755, 165	
194. 19 07969 GAPC	0/5, 575	200, 112	1, 075, 705	10, 881		194. 19
194. 20 07970 FHCF	97, 026	21, 028	118, 054	6, 881	124, 935	
194. 21 07971 FAMI LY H. C. FAI RBURY	738, 624	201, 412	940, 036		951, 410	
194. 22 07972 GIBSON HEALTH OF WATSEKA	730,024	201, 412	740, 030	11, 3, 4		194. 22
194. 23 07973 WEEKEND CLINIC AT GAH	0	0	0	Ö		194. 23
194. 24 07974 #3 CLINIC (DR. DELOST)	0	0	0	o		194. 24
194. 25 07975 GIBSON HEALTH OF MAHOMET	0	0	0	o		194. 25
194. 26 07976 DENTAL CLINIC	406, 215	697, 237	1, 103, 452	o o	1, 103, 452	
194. 27 07977 RETAIL PHARMACY	564, 200	1, 985, 910	2, 550, 110		2, 535, 086	
194. 28 07978 CP THERAPY	217, 823	75, 470	293, 293		293, 293	
194. 29 07979 SCHOOL NURSE	499, 067	10, 261	509, 328		509, 328	
200.00 TOTAL (SUM OF LINES 118 through 199)	70, 570, 477	84, 285, 266			154, 855, 743	
				. '		•

Peri od: From 10/01/2022 To 09/30/2023 Date/Ti me Prepared: 2/26/2024 10: 06 am

				2/26/2024 10:0	<u>06 am</u>
	Cost Center Description	Adjustments	Net Expenses		
			For Allocation		
	1	6. 00	7. 00		
	GENERAL SERVICE COST CENTERS	ı			
1.00	00100 CAP REL COSTS-BLDG & FIXT	-40, 550		,	1. 00
1.01	00101 OB UNIT - BLDG & FIXT	-4, 437	290, 196	,	1. 01
1.02	00102 B&F - ONARGA RHC	0		,	1. 02
1.04	00104 B&F - FARMER CITY RURAL HEALTH CLIN	0	12, 975	1	1.04
1.05	00105 B&F - HOOPESTON RURAL HEALTH CLINIC	0	177, 962	,	1.05
1.07	00107 B&F - FORREST RURAL HEALTH CLINIC	0	15, 724	,	1. 07
1.09	00109 B&F - PAXTON RURAL HEALTH CLINIC	0	145, 889		1.09
1. 10	00110 B&F - MAHOMET SPECIALTY CLINIC	0	47, 718	1	1. 10
1. 11	00111 B&F - POTOMAC RURAL HEALTH CLINIC	0	0 413		1. 11 1. 12
1. 12	00112 B&F - PAXTON WELLNESS CENTER 00114 B&F - PAXTON AMBULANCE STATION	0			
1.14		0	6, 900	1	1.14
1. 15 1. 16	00115 B&F - AMBULANCE STAFF RESIDENCE 00116 B&F - AMBULANCE BUILDING	0	6, 836 23, 843	1	1. 15 1. 16
1. 17	00117 B&F - # 10 DOCTOR' S PARK	0	31, 237	1	1. 10
1. 17	00117 B&F - COSMETOLOGY OFFICE		6, 685		1. 17
1. 19	00119 B&F - ANESTHESIA HOUSE	0	9, 790		1. 10
1. 19	00120 B&F - #7 DOCTOR'S PARK	0	9, 740		1. 19
1. 21	00121 B&F - #4 DOCTOR'S PARK	0	1, 350	·	1. 21
1. 22	00122 B&F - #8 DOCTOR'S PARK	0	16, 984	·	1. 22
1. 25	00125 B&F - HARMS HOUSE/IT	0	14, 832	·	1. 25
1. 26	00126 B&F - 9TH ST. EDUCATION HOUSE	0	13, 612	·	1. 26
1. 27	00127 B&F - FALCON POINT RESIDENCE	0	8, 486	·	1. 27
1. 28	00128 B&F - 2012 NEW STORAGE SHED	0	12, 878	·	1. 28
2.00	00200 CAP REL COSTS-MVBLE EQUIP	-23, 712		·	2. 00
3.00	00300 OTHER CAP REL COSTS	-118, 014		·	3. 00
4. 00	00400 EMPLOYEE BENEFITS DEPARTMENT	-1, 457, 101	20, 966, 161		4. 00
5. 01	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	0	4, 198, 971	·	5. 01
5. 02	00591 ALL OTHER ADMIN & GENERAL	-3, 357, 267	13, 720, 858	,	5. 02
7. 00	00700 OPERATION OF PLANT	0		,	7. 00
7. 01	00701 OPERATION OF PLANT-OUTSIDE PROPERTY	0	521, 024	1	7. 01
8.00	00800 LAUNDRY & LINEN SERVICE	0	460, 439	,	8. 00
9. 00	00900 HOUSEKEEPI NG	0	905, 375	,	9. 00
10.00	01000 DI ETARY	0	658, 629		10. 00
11. 00	01100 CAFETERI A	-40, 785		1	11. 00
13. 00	01300 NURSI NG ADMI NI STRATI ON	0	216, 257		13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY	0	509, 688	1	14. 00
15. 00	01500 PHARMACY	-2, 096, 847	1, 247, 272	1	15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY	-2, 902		1	16. 00
21. 00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0		1	21. 00
22. 00	02200 I &R SERVICES-OTHER PRGM. COSTS APPRVD	0			22. 00
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDI ATRI CS	-455, 017	4, 233, 621		30. 00
31.00	03100 INTENSIVE CARE UNIT	-8, 268			31. 00
43.00	04300 NURSERY	0	641, 192		43.00
44.00	04400 SKILLED NURSING FACILITY	0	200, 856		44.00
46.00	04600 OTHER LONG TERM CARE	-16, 250	2, 176, 538		46. 00
	ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-973, 009	4, 995, 102		50.00
51.00	05100 RECOVERY ROOM	0	580, 397		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	232, 996		52.00
53.00	05300 ANESTHESI OLOGY	-3, 667, 455	404, 023		53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	-863, 836	3, 166, 250		54.00
56.00	05600 RADI OI SOTOPE	0	208, 486		56.00
60.00	06000 LABORATORY	0	3, 282, 685		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	113, 660		63. 00
64.00	06400 I NTRAVENOUS THERAPY	0	0		64.00
65.00	06500 RESPI RATORY THERAPY	0	720, 849		65.00
66. 00	06600 PHYSI CAL THERAPY	0	1, 698, 653		66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	0	391, 451		67.00
68. 00	06800 SPEECH PATHOLOGY	0	156, 666		68. 00
69. 00	06900 ELECTROCARDI OLOGY	0	55, 266		69. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2, 206, 966	·	71. 00
72. 00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	5, 755, 559		72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	3, 105, 864	1	73. 00
73. 01	07301 CARDI AC REHAB	0	167, 086		73. 01
73. 02	07302 WOUND CARE	-312, 505	333, 630		73. 02
73. 03	07303 SLEEP LAB	0	214, 101	·	73. 03
73. 04	03950 DI ETARY EDUCATI ON	0	72, 759		73. 04
	OUTPATIENT SERVICE COST CENTERS				
88. 00	08800 RURAL HEALTH CLINIC	-215, 016		·	88. 00
90.00	09000 CLI NI C	0	210, 723		90.00
90. 01	09001 GERI PSYCH CLINIC	-28, 650		1	90. 01
90. 02	09002 ORTHO AND CARDIO CLINIC	-9, 159, 240	3, 186, 190		90. 02

Heal th FinancialSystemsGIBSON AREA HOSPITALAND HEALTH SVCSRECLASSIFICATIONAND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSESProvider CCN: 1 In Lieu of Form CMS-2552-10 Peri od: Worksheet A From 10/01/2022 To 09/30/2023 Date/Time Prepared: Provider CCN: 14-1317

			te/Time Prepared:
Cost Center Description	Adjustments	Net Expenses	 26/2024 10:06 am
cost center bescription	(See A-8)	For Allocation	
	6. 00	7.00	
90. 03 09003 GENERAL SURGERY CLINIC	-1, 525, 460		90. 03
90. 03 09003 GENERAL SURGERY CLINIC 90. 04 09004 GAPC AND #3 CLINIC	-1, 525, 460		90.03
	-		
90. 05 09005 ENT AND UROLOGY CLINIC	-1, 818, 042		90. 05
91. 00 09100 EMERGENCY	-1, 573, 406	2, 704, 903	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART			92.00
93. 00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	93. 00
OTHER REIMBURSABLE COST CENTERS	000 475	0 (04 447	05.00
95. 00 09500 AMBULANCE SERVI CES	-233, 475	2, 684, 147	95. 00
SPECIAL PURPOSE COST CENTERS			110.00
113. 00 11300 I NTEREST EXPENSE	0 0	1	113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	-27, 991, 244	114, 382, 924	118. 00
NONREI MBURSABLE COST CENTERS	1		
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		190. 00
192. 01 19201 GAH - MSO	0		192. 01
192. 02 19202 GAH FOUNDATION	0		192. 02
194.00 07950 FALCON POINT RENTAL	0		194. 00
194. 01 07951 PHYSI CLAN OFFI CE	0	0	194. 01
194.02 07952 PLASTIC SURG & DR. CHUNG	0	200, 562	194. 02
194.03 07953 WELLNESS CENTER	0	175, 207	194. 03
194. 04 07954 PSYCH CLINIC	0	2, 175, 587	194. 04
194.05 07955 MAHOMET SPECIALTY CLINIC	0	0	194. 05
194. 06 07956 LASER CLINIC	0	0	194. 06
194. 07 07957 PAIN CLINIC	0	199, 027	194. 07
194.08 07958 LINE NOT UTILIZED	0	0	194. 08
194. 09 07959 GAH CARDI OLOGY	0	0	194. 09
194. 10 07960 WI C	0	164, 413	194. 10
194. 11 07961 OPC SPECIALTY CLINIC	0	78, 685	194. 11
194.12 07962 FAMILY HEALTHCARE OF POTOMAC	0	0	194. 12
194. 13 07963 PODI ATRY	0	0	194. 13
194. 14 07964 9TH STREET CLINIC	0	0	194. 14
194. 15 07965 ORTHO CLI NI C	0	0	194. 15
194. 16 07966 FHGC	0	797, 753	194. 16
194. 17 07967 ELI TE PERFORMANCE	0	1, 755, 163	194. 17
194. 18 07968 GAFM	0	1, 086, 586	194. 18
194. 19 07969 GAPC	0	0	194. 19
194. 20 07970 FHCF	0	124, 935	194. 20
194. 21 07971 FAMILY H. C. FAIRBURY	0	951, 410	194. 21
194. 22 07972 GIBSON HEALTH OF WATSEKA	0	o	194, 22
194. 23 07973 WEEKEND CLINIC AT GAH	0	0	194. 23
194. 24 07974 #3 CLINIC (DR. DELOST)	1	ا	194. 24
194. 25 07975 GI BSON HEALTH OF MAHOMET		0	194. 25
194. 26 07976 DENTAL CLINIC		1, 103, 452	194. 26
194. 27 07977 RETAIL PHARMACY		.,,	194. 27
194. 28 07978 CP THERAPY			194. 28
194. 29 07979 SCHOOL NURSE			194. 29
200.00 TOTAL (SUM OF LINES 118 through 199)	-27, 991, 244		200. 00
200.00 101/12 (00m of 21/120 110 till odgit 1//)	2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	120,001,477	1200.00

Heal th	Financial Systems	GIBSON AREA HOSPITAL AND HEALTH S	SVCS	In Lieu of Form C	MS-2552-10
COST C	ENTERS USED IN COST REPORT	Provi der C	CCN: 14-1317	Peri od: From 10/01/2022 To 09/30/2023 Date/Ti me 2/26/2024	Prepared:
	Cost Center Description	,	CMS Code	Standard Label For Non-Standard Codes	10.00 am
			1.00	2.00	
1 00	GENERAL SERVICE COST CENTERS		00100		1 00
1. 00 1. 01	CAP REL COSTS-BLDG & FIXT OB UNIT - BLDG & FIXT		00100 00101		1.00
1. 02	B&F - ONARGA RHC		00101		1. 02
1.04	B&F - FARMER CITY RURAL HEALTH CLIN		00104		1. 04
1.05	B&F - HOOPESTON RURAL HEALTH CLINIC		00105		1.05
1. 07 1. 09	B&F - FORREST RURAL HEALTH CLINIC B&F - PAXTON RURAL HEALTH CLINIC		00107 00109		1. 07 1. 09
1. 10	B&F - MAHOMET SPECIALTY CLINIC		00110		1. 10
1. 11	B&F - POTOMAC RURAL HEALTH CLINIC		00111		1. 11
1. 12	B&F - PAXTON WELLNESS CENTER		00112		1. 12
1. 14 1. 15	B&F - PAXTON AMBULANCE STATION B&F - AMBULANCE STAFF RESIDENCE		00114 00115		1. 14 1. 15
1. 15	B&F - AMBULANCE BUILDING		00115		1. 15
1. 17	B&F - # 10 DOCTOR'S PARK		00117		1. 17
1. 18	B&F - COSMETOLOGY OFFICE		00118		1. 18
1. 19	B&F - ANESTHESI A HOUSE		00119		1. 19
1. 20 1. 21	B&F - #7 DOCTOR'S PARK B&F - #4 DOCTOR'S PARK		00120 00121		1. 20 1. 21
1. 22	B&F - #8 DOCTOR'S PARK		00121		1. 22
1. 25	B&F - HARMS HOUSE/IT		00125		1. 25
1. 26	B&F - 9TH ST. EDUCATION HOUSE		00126		1. 26
1. 27	B&F - FALCON POINT RESIDENCE		00127		1. 27
1. 28 2. 00	B&F - 2012 NEW STORAGE SHED CAP REL COSTS-MVBLE EQUIP		00128 00200		1. 28 2. 00
3.00	OTHER CAP REL COSTS		00300		3. 00
4.00	EMPLOYEE BENEFITS DEPARTMENT		00400		4.00
5. 01	CASHI ERI NG/ACCOUNTS RECEI VABLE		00580	CASHI ERI NG/ACCOUNTS RECEI VABLE	5. 01
5. 02	ALL OTHER ADMIN & GENERAL OPERATION OF PLANT		00591		5. 02
7. 00 7. 01	OPERATION OF PLANT OPERATION OF PLANT-OUTSIDE PROPERTY		00700 00701		7. 00 7. 01
8. 00	LAUNDRY & LINEN SERVICE		00800		8.00
9.00	HOUSEKEEPI NG		00900		9. 00
10.00	DI ETARY		01000		10.00
11. 00 13. 00	CAFETERIA NURSI NG ADMI NI STRATI ON		01100 01300		11. 00
14. 00	CENTRAL SERVICES & SUPPLY		01400		14. 00
15. 00	PHARMACY		01500		15. 00
16. 00	MEDICAL RECORDS & LIBRARY		01600		16.00
21. 00 22. 00	I&R SERVICES-SALARY & FRINGES APPRVD I&R SERVICES-OTHER PRGM. COSTS APPRVD		02100 02200		21. 00
	INPATIENT ROUTINE SERVICE COST CENTERS				
30. 00 31. 00	ADULTS & PEDIATRICS INTENSIVE CARE UNIT		03000 03100		30. 00 31. 00
43. 00	NURSERY		04300		43.00
44.00	SKILLED NURSING FACILITY		04400		44. 00
46. 00	OTHER LONG TERM CARE ANCILLARY SERVICE COST CENTERS		04600		46. 00
50.00	OPERATI NG ROOM		05000		50.00
51.00	RECOVERY ROOM		05100		51.00
52. 00 53. 00	DELIVERY ROOM & LABOR ROOM ANESTHESI OLOGY		05200 05300		52. 00 53. 00
54. 00	RADI OLOGY-DI AGNOSTI C		05400		54.00
56. 00	RADI OI SOTOPE		05600		56. 00
60.00	LABORATORY		06000		60.00
63.00	BLOOD STORING, PROCESSING & TRANS.		06300		63.00
64. 00 65. 00	I NTRAVENOUS THERAPY RESPI RATORY THERAPY		06400 06500		64. 00 65. 00
66. 00	PHYSI CAL THERAPY		06600		66. 00
67. 00	OCCUPATI ONAL THERAPY		06700		67. 00
68. 00	SPEECH PATHOLOGY		06800		68. 00
69. 00 71. 00	ELECTROCARDI OLOGY MEDI CAL SUPPLI ES CHARGED TO PATI ENT		06900 07100		69. 00 71. 00
72. 00	IMPL. DEV. CHARGED TO PATIENTS		07200		72.00
73.00	DRUGS CHARGED TO PATIENTS		07300		73. 00
73. 01	CARDI AC REHAB		07301		73. 01
73. 02 73. 03	WOUND CARE SLEEP LAB		07302 07303		73. 02 73. 03
73. 03	DI ETARY EDUCATION		03950		73. 03
	OUTPATIENT SERVICE COST CENTERS			<u> </u>	
88. 00	RURAL HEALTH CLINIC		08800		88. 00

Health Financial Systems
COST CENTERS USED IN COST REPORT GIBSON AREA HOSPITAL AND HEALTH SVCS In Lieu of Form CMS-2552-10 Provider CCN: 14-1317 Worksheet Non-CMS Wo

			10 09/30/2023 Date/Time F 2/26/2024 1	
	Cost Center Description	CMS Code	Standard Label For	0.00 am
	555t 55.1to.	00	Non-Standard Codes	
		1.00	2.00	
90.00	CLINIC	09000		90.00
90. 01	GERI PSYCH CLINIC	09001		90. 01
90. 02	ORTHO AND CARDIO CLINIC	09002		90. 02
90. 03	GENERAL SURGERY CLINIC	09003		90. 03
90. 04	GAPC AND #3 CLINIC	09004		90. 04
90. 05	ENT AND UROLOGY CLINIC	09005		90. 05
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	09200		92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	04950		93.00
	OTHER REIMBURSABLE COST CENTERS	, , , , , ,		
95.00	AMBULANCE SERVICES	09500		95. 00
	SPECIAL PURPOSE COST CENTERS			
113.00	INTEREST EXPENSE	11300		113. 00
	SUBTOTALS (SUM OF LINES 1 through 117)			118. 00
	NONREI MBURSABLE COST CENTERS	'		
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190. 00
	GAH - MSO	19201		192. 01
	GAH FOUNDATION	19202		192. 02
	FALCON POINT RENTAL	07950		194. 00
	PHYSI CI AN OFFI CE	07951		194. 01
	PLASTIC SURG & DR. CHUNG	07952		194. 02
	WELLNESS CENTER	07953		194. 02
	PSYCH CLINIC	07954		194. 03
				194. 04
	MAHOMET SPECIALTY CLINIC	07955		11
	LASER CLINIC	07956		194. 06 194. 07
	PAIN CLINIC	07957		11
	LINE NOT UTILIZED	07958		194. 08
	GAH CARDI OLOGY	07959		194. 09
194. 10		07960		194. 10
	OPC SPECIALTY CLINIC	07961		194. 11
	FAMILY HEALTHCARE OF POTOMAC	07962		194. 12
	PODI ATRY	07963		194. 13
	9TH STREET CLINIC	07964		194. 14
	ORTHO CLINIC	07965		194. 15
194. 16		07966		194. 16
	ELITE PERFORMANCE	07967		194. 17
194. 18		07968		194. 18
194. 19		07969		194. 19
194. 20	FHCF	07970		194. 20
194. 21	FAMILY H. C. FAIRBURY	07971		194. 21
194. 22	GIBSON HEALTH OF WATSEKA	07972		194. 22
194. 23	WEEKEND CLINIC AT GAH	07973		194. 23
194. 24	#3 CLINIC (DR. DELOST)	07974		194. 24
194. 25	GIBSON HEALTH OF MAHOMET	07975		194. 25
194. 26	DENTAL CLINIC	07976		194. 26
194. 27	RETAIL PHARMACY	07977		194. 27
194. 28	CP THERAPY	07978		194. 28
194. 29	SCHOOL NURSE	07979		194. 29
	TOTAL (SUM OF LINES 118 through 199)			200. 00
	•	·	•	

Health Financial Systems RECLASSIFICATIONS

Provider CCN: 14-1317

| Period: | Worksheet A-6 | From 10/01/2022 | To 09/30/2023 | Date/Time Prepared: 2/26/2024 10:06 am

					2/26/2024 10:0	<u>06 am</u>
		Increases				
	Cost Center	Li ne #	Sal ary	0ther		
	2. 00	3. 00	4. 00	5. 00		
	A - INTEREST RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	361, 626		1. 00
2.00	OB UNIT - BLDG & FIXT	1. 01	0	91, 577		2. 00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	489, 438		3.00
4.00	RURAL HEALTH CLINIC	88.00	0	107, 380		4. 00
5.00	AMBULANCE SERVICES	95. 00	0	5, 151		5. 00
6. 00	ALL OTHER ADMIN & GENERAL TOTALS		0	989, 372		6. 00
	B - CAFETERIA		υ	2, 044, 544		
1.00	CAFETERIA	11. 00	269, 136	232, 845		1. 00
1.00	TOTALS		269, 136	232, 845		1.00
	C - OBSTETRICS		207, 130	232, 043		
1.00	NURSERY	43.00	558, 718	82, 474		1. 00
2. 00	DELIVERY ROOM & LABOR ROOM	52.00	203, 027	29, 969		2. 00
2.00	TOTALS		761, 745	112, 443		2.00
	D - SNF DIRECT CARE COST		701, 710	112, 110		
1.00	SKILLED NURSING FACILITY	44.00	160, 760	40, 096		1. 00
	TOTALS	— — ····+	160, 760	40, 096		
	E - BOND AMORT COST		,	,		
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	918		1. 00
	TOTALS					
	F - MME, OB, & OFFSITE BLDG D	DEPR	-1	-		
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3, 058, 801		1. 00
2.00	OB_UNITBLDG_&_FIXT	1.01	0	203, 056		2. 00
	TOTALS			3, 261, 857		
	G - CAPITAL INSURANCE EXP					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	362, 375		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2. 00	0	35, 175		2.00
	TOTALS		0	397, 550		
	H - NUCLEAR MED & EKG TECH SA	LARY				
1.00	RADI OI SOTOPE	56.00	97, 971	0		1. 00
2.00	ELECTROCARDI OLOGY	69.00	<u>53, 9</u> 32	0		2.00
	TOTALS		151, 903	0		
	I - AMBULANCE BILLING COST					
1.00	AMBULANCE SERVICES	95.00	•	103, 414		1. 00
	TOTALS		0	103, 414		
4 00	J - RHC PHYSICIAN RECRUITMENT		ما	FO 400		4 00
1. 00	RURAL HEALTH CLINIC	8800	•	<u>50, 488</u>		1. 00
	TOTALS K - DIETARY EDUCATION		0	50, 488		
1 00		72.04	ما	72.750		1 00
1. 00	DI ETARY EDUCATION	73.04		7 <u>2, 7</u> 59 72, 759		1. 00
	L - PRACTITIONERS BENEFITS		υĮ	12, 139		
1.00	ADULTS & PEDIATRICS	30.00	0	37, 533		1. 00
2. 00	INTENSIVE CARE UNIT	31.00	o	681		2. 00
3. 00	OPERATING ROOM	50.00	o	27, 134		3. 00
4. 00	ANESTHESI OLOGY	53.00	ő	181, 419		4. 00
5. 00	PHYSI CAL THERAPY	66.00	o	10, 781		5. 00
6. 00	WOUND CARE	73. 02	o	25, 776		6. 00
7. 00	RURAL HEALTH CLINIC	88.00	o	1, 142, 180		7. 00
8. 00	ORTHO AND CARDIO CLINIC	90.02	o	227, 812		8. 00
9. 00	GENERAL SURGERY CLINIC	90. 03	ő	59, 795		9. 00
10. 00	ENT AND UROLOGY CLINIC	90. 05	o	53, 504		10. 00
11. 00	EMERGENCY	91.00	ó	1, 764		11. 00
	TOTALS	— — — †		1, 768, 379		
	M - OFFSITE UTILITIES					
1.00	OPERATION OF PLANT-OUTSIDE	7. 01	0	370, 629		1. 00
	PROPERTY					
	TOTALS			370, 629		
	N - FITNESS CENTER EXPENSE FO					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	292, 613	<u> 26, 7</u> 78		1. 00
	TOTALS		292, 613	26, 778		
	O - OFFSITE BLDG DEPR			-		
1.00	B&F - FARMER CITY RURAL	1. 04	0	12, 975		1. 00
0.00	HEALTH CLIN		_	4== 0:-		0.05
2. 00	B&F - HOOPESTON RURAL HEALTH	1. 05	0	177, 962		2. 00
2 00	CLINIC	1 07		45 704		2 00
3.00	B&F - FORREST RURAL HEALTH	1. 07	0	15, 724		3. 00
4. 00	B&F - PAXTON RURAL HEALTH	1. 09	0	145, 889		4. 00
4.00	CLINIC	1.09	۷	143, 009		4.00
5. 00	B&F - MAHOMET SPECIALTY	1. 10	o	47, 718		5. 00
5. 50	CLINIC	1. 10	٦	17, 710		5. 00
6.00	B&F - PAXTON WELLNESS CENTER	1. 12	О	413		6. 00
	•		-1	-1	<u>'</u>	

Provider CON: 14-1317 Prof 10:01/2022 Fro 10:07/30/2023 Discriming Propriated Const. Const. Center	Heal th	Financial Systems	GI BS	ON AREA HOSPITAL	AND HEALTH S	VCS	In Lieu	u of Form CMS	-2552-10
Cost Center	RECLAS	SIFICATIONS			Provi der CC	CN: 14-1317		Worksheet A-	6
1,726/2024 10.06 am								Doto/Time Do	anarad.
							10 09/30/2023		
			Increases				.	2, 20, 202 1 10	1
7. 00 SAF - PAXTON AMBULANCE 1.14 0 6.900 7. 00		Cost Center	Li ne #	Sal ary	0ther				
STATION STATION		2. 00	3. 00	4. 00	5. 00				
Bod Residence STAFF 1.15 0 6.836 8.00	7. 00		1. 14	0	6, 900				7. 00
RESIDENCE	0.00		1 15		4 024				0.00
9.00 BAF - AMBILANCE BUILDING 10.00 BAF - # J 10 DOTOR'S PARK 1.17 0 0 31,237 11.00 11.00 BAF - COSMETOLOGY OFFICE 1.18 0 6.685 11.00 11.00 BAF - COSMETOLOGY OFFICE 1.18 0 6.685 11.00 13.00 13.00 BAF - # DOCTOR'S PARK 1.20 0 9,448 13.00 15.00 BAF - # DOCTOR'S PARK 1.21 0 0 1,350 BAF - # DOCTOR'S PARK 1.21 0 0 1,350 BAF - # DOCTOR'S PARK 1.22 0 10,984 15.00 15.00 BAF - # DOCTOR'S PARK 1.22 0 10,984 15.00 17.00 BAF - # DOCTOR'S PARK 1.25 0 11,800 BAF - # DOCTOR'S PARK 1.25 0 14,802 17.00 BAF - F DOCTOR'S PARK 1.25 0 14,802 17.00 BAF - F HANNS HOUSE/IT 1.25 0 14,832 16,000 17.00 BAF - F HANNS HOUSE/IT 1.25 0 14,832 16,000 17.00 BAF - F HANNS HOUSE/IT 1.25 0 14,832 16,000 17.00 BAF - F HANNS HOUSE/IT 1.25 0 12,878 19.00 BAF - STALCOY POINT RESIDENCE 1.27 0 8,486 18.00 19.00 BAF - COLOR POINT RESIDENCE 1.27 0 8,486 18.00 BAF - 2012 NEW STORAGE SHED 1.28 0 12,878 19.00 BAF - 2012 NEW STORAGE SHED 1.28 0 12,878 19.00 BAF - 2012 NEW STORAGE SHED 1.28 0 12,878 19.00 BAF - COLOR POINT RESIDENCE 1.27 0 8,486 18.00 BAF - 2012 NEW STORAGE SHED 1.28 0 12,878 19.00 BAF - 2012 NEW STORAGE SHED 1.28 0 12,878 19.00 BAF - 2012 NEW STORAGE SHED 1.28 0 12,878 19.00 BAF - 2012 NEW STORAGE SHED 1.28 0 12,878 19.00 BAF - 2012 NEW STORAGE SHED 1.28 0 12,878 19.00 BAF - 2012 NEW STORAGE SHED 1.28 0 12,878 19.00 BAF - 2012 NEW STORAGE SHED 1.28 0 12,878 19.00 BAF - 2012 NEW STORAGE SHED 1.28 0 12,878 19.00 BAF - 2012 NEW STORAGE SHED 1.28 0 12,878 19.00 BAF - 2012 NEW STORAGE SHED 1.28 0 12,878 19.00 BAF - 2012 NEW STORAGE SHED 1.28 0 12,878 19.00 BAF - 2012 NEW STORAGE SHED 1.28 0 10.00 BAF - 2012 NEW STORAGE SHED 1.28 0 10.00 BAF - 2012 NEW STORAGE SHED 1.28 0 10.00 BAF - 2012 NEW STORAGE SHED 1.28 0 10.00 BAF - 2012 NEW STORAGE SHED 1.00 BAF -	8.00		1. 15	٥	6, 836				8.00
10.00 BAF - # 10 DOCTOR'S PARK 1.77 0 31,237 10.00 10.00 BAF - COSMETOLOGY OFFICE 1.18 0 0 6.685 11.00 12.00 BAF - ANESTHESIA HOUSE 1.19 0 9,790 12.00 12.00 14.00 BAF - # 10 DOCTOR'S PARK 1.20 0 9,448 13.3 00 14.00 BAF - # 10 DOCTOR'S PARK 1.21 0 1.350 14.00 15.00 14.00 14.00 14.00 15.00 15.00 14.00 14.00 15.00	9. 00	I	1. 16	0	23, 843				9, 00
11.00 BAF - COSMETOLOGY OFFICE 1.18 0 6.885 11.00			1						1
12. 00 88F - AP DETOR'OS PARK 1. 20 0 9, 790 12. 00 13. 00 88F - 47 DETOR'OS PARK 1. 21 0 1. 350 14. 00 15. 00 88F - 47 DETOR'OS PARK 1. 21 0 1. 350 14. 00 15. 00 88F - 47 DETOR'OS PARK 1. 22 0 16. 984 15. 00 17. 00 88F - HARMS HOUSE/IT 1. 25 0 14. 832 16. 00 17. 00 88F - HARMS HOUSE/IT 1. 25 0 14. 832 16. 00 17. 00 88F - FALCON POINT RESIDENCE 1. 27 0 8. 466 18. 00		I	1						1
14. 00 B&F - #A DOCTOR'S PARK 1. 21 0 1. 350 14. 00 16. 00 B&F - #B DOCTOR'S PARK 1. 22 0 16. 994 15. 00 16. 00 B&F - #B DOCTOR'S PARK 1. 25 0 14. 832 16. 00 17. 00 B&F - PATH ST. EDUCATION HOUSE 1. 26 0 13. 612 17. 00 18. 00 B&F - FALCON POINT RESIDENCE 1. 27 0 8. 486 18. 00 19. 00 B&F - FALCON POINT RESIDENCE 1. 27 0 8. 486 18. 00 19. 00 B&F - FALCON POINT RESIDENCE 1. 28 0 12. 878 19. 00 21. 00 B&F - PATH NO. 6 EVERAL 5. 02 0 41. 632 22. 00 21. 00 B&F - ONARGA RHC 1. 02 0 8. 407 21. 00 22. 00 23. 00 ELITE PERFORMANCE 194. 17 0 35. 845 23. 00 24. 00 25. 00 ELITE PERFORMANCE 194. 17 0 35. 845 23. 00 24. 00 25. 00 RETAIL PHARMACY 194. 27 0 1. 738 25. 00 26. 00 10. 00 0 0 0 0 0 0 0 0	12. 00	I	1	O					4
14. 00 B&F - #A DOCTOR'S PARK 1. 21 0 1. 350 14. 00 16. 00 B&F - #B DOCTOR'S PARK 1. 22 0 16. 994 15. 00 16. 00 B&F - HARMS HOUSE/IT 1. 25 0 14. 832 16. 00 13. 612 17. 00 17. 00 B&F - PAIR ST. EDUCATION HOUSE 1. 26 0 13. 612 17. 00 18. 00 B&F - PAIR ST. EDUCATION HOUSE 1. 26 0 12. 878 19. 00 12. 878 19. 00 12. 878 19. 00 12. 878 19. 00 1	13.00	B&F - #7 DOCTOR'S PARK	1. 20	o	9, 448				13.00
16. 00 88F - 14RMS HOUSE/IT				o					14.00
17. 00 BAF - 9TH ST. EDUCATION HOUSE 1, 26 0 13, 612 18. 00 19. 00 BAF - FALCON POINT RESIDENCE 1, 27 0 8, 486 18. 00 19. 00 BAF - 2012 NEW STORAGE SHED 1, 28 0 12, 878 19. 00 20. 00 ALL OTHER ADMIN N & GENERAL 5, 02 0 41, 632 20. 00 22. 00 RURAL HEALTH CLINIC 88, 00 0 2, 892 22. 00 24. 00 24. 00 24. 00 24. 00 24. 00 24. 00 24. 00 24. 00 24. 00 24. 00 24. 00 24. 00 24. 00 24. 00 24. 00 24. 00 24. 00 24. 00 24. 00 25. 00 24. 00 24. 00 25. 00	15.00	B&F - #8 DOCTOR'S PARK	1. 22	O	16, 984				15. 00
18. 00 B&F - FALCON POINT RESIDENCE 1. 27 0 8. 486 18. 00 12. 878 19. 00 20. 00 88F - 2012 NEW STORAGE SHED 1. 28 0 12. 878 20. 00 20.	16.00	B&F - HARMS HOUSE/IT	1. 25	O	14, 832				16. 00
19. 00 BBF - 2012 NEW STORAGE SHED 1. 28 0 12. 878 20. 00	17.00	B&F - 9TH ST. EDUCATION HOUSE	1. 26	O	13, 612				17. 00
20. 00 ALL OTHER ADMIN & GENERAL 5. 02 0 41, 632 20. 00 21. 00 28F - ONARGA RHC 1. 02 0 8. 407 22. 00 22. 00 23. 00 ELITE PERFORMANCE 194. 17 0 35, 845 23. 00 24. 00 FHCF 194. 27 0 5. 805 22. 00 25. 00 RETAIL PHARMACY 194. 27 0 1, 738 25. 00 26. 00 10 10 10 10 10 10 10	18.00	B&F - FALCON POINT RESIDENCE	1. 27	0	8, 486				18. 00
21.00 B&F - ONARGA RHC	19.00	B&F - 2012 NEW STORAGE SHED	1. 28	0	12, 878				19. 00
22.00 RURAL HEALTH CLINIC 194.17 0 2,892 22.00 23.00 ELITE PERFORMANCE 194.17 0 35,845 23.00 24.00 FHCF 194.20 0 5,805 24.00 25.00 RETAIL PHARMACY 194.27 0 1,738 25.00 TOTALS	20.00	ALL OTHER ADMIN & GENERAL	5. 02	0	41, 632				20.00
23.00 ELITE PERFORMANCE 194.17 0 35,845 22.00 24.00 FHCF 194.27 0 5,805 22.00 25.00 ETATAL PHARMACY 194.27 0 0 5,805 22.00 26.00		B&F - ONARGA RHC	1. 02	0					21. 00
24. 00 FICF 194. 20 0 5. 805 24. 00 25. 00 26. 00 70 17.78 25. 00 26. 00 70 17.78 26. 00 70 17. 00 17.	22.00	RURAL HEALTH CLINIC	88. 00	0	2, 892				22. 00
25.00 RETAIL PHARMACY			194. 17						
26.00 TOTALS			l I						1
TOTALS		RETAIL PHARMACY	l I	l l	1, 738				1
1.00	26. 00				0				26. 00
1.00 ALL OTHER ADMIN & GENERAL 5.02 0 16,762 10 10 10 10 10 10 10 1				0	659, 881				
TOTALS				ما	44 740				
T - RHC/ SNF BILLING/COLLECTIONS 1.00	1.00								1.00
1. 00 OTHER LONG TERM CARE			ONC	U	16, 762				
2. 00 RURAL HEALTH CLINIC 88. 00 50, 717 125, 299 3. 00 CLINIC 90. 00 141 349 4. 00 GERI PSYCH CLINIC 90. 01 1, 987 4, 909 4. 00 6. 00 ORTHO AND CARDIO CLINIC 90. 02 40, 585 100, 268 5. 00 6. 00 GENERAL SURGERY CLINIC 90. 03 10, 813 26, 714 6. 00 7. 00 ENT AND UROLOGY CLINIC 90. 05 6, 467 15, 978 7. 00 8. 00 PLASTIC SURG & DR. CHUNG 194. 02 160 396 9. 00 PSYCH CLINIC 194. 04 5, 220 12, 895 10. 00 PAIN CLINIC 194. 07 1, 124 2, 776 10. 00 PAIN CLINIC 194. 11 721 1, 782 11. 00 PAIN CLINIC 194. 16 2, 345 5, 793 12. 00 13. 00 GAFM 14. 00 FHCF 194. 18 3, 135 7, 746 13. 00 14. 00 FHCF 194. 20 194. 21 3, 277 8, 097 TOTALS 1. 00 T	1 00			0 550	21 145				1 00
3.00 CLINIC 90.00 141 349 349 4.00 4.00 GERI PSYCH CLINIC 90.01 1,987 4,909 4.00 5.00 ORTHO AND CARDIO CLINIC 90.02 40,585 100,268 5.00 6.00 GENERAL SURGERY CLINIC 90.03 10,813 26,714 6.00 FINT AND UROLOGY CLINIC 90.05 6,467 15,978 7.00 8.00 PLASTIC SURG & DR. CHUNG 194.02 160 396 8.00 9.00 PSYCH CLINIC 194.04 5,220 12,895 9.00 10.00 PAIN CLINIC 194.07 1,124 2,776 10.00 11.00 OPC SPECIALTY CLINIC 194.11 721 1,782 11.00 12.00 FHGC 194.16 2,345 5,793 11.00 13.00 GAFM 194.18 3,135 7,746 13.00 14.00 FHCF 194.20 310 766 14.00 15.00 FMCF FMILY H. C. FAIRBURY 194.21 3,277 8,097 170TALS 130,00 M - PHYSICIAN ADMINISTRATION EXPENSE 1.00 ALL OTHER ADMIN & GENERAL 5.02 37,200 0 TOTALS 37,200 0			1						4
4.00 GERI PSYCH CLINIC 90.01 1,987 4,909 5.00 ORTHO AND CARDIO CLINIC 90.02 40,585 100,268 6.00 GENERAL SURGERY CLINIC 90.03 10,813 26,714 6.00 7.00 ENT AND UROLOGY CLINIC 90.05 6,467 15,978 8.00 PLASTIC SURG & DR. CHUNG 194.02 160 396 9.00 PSYCH CLINIC 194.04 5,220 12,895 10.00 PAIN CLINIC 194.07 1,124 2,776 11.00 OPC SPECIALTY CLINIC 194.11 721 1,782 12.00 FHGC 194.16 2,345 5,793 13.00 GAFM 194.18 3,135 7,746 11.00 FHCF 194.18 3,135 7,746 15.00 FAMILY H. C. FAIRBURY 194.21 3,277 8,097 10.00 FAMILY H. C. FAIRBURY 194.21 3,277 8,097 10.00 FAMILY H. C. FAIRBURY 194.21 3,277 8,097 10.00 ALL OTHER ADMIN & GENERAL 5.02 37,200 0 10.00 TOTALS 37,200 0									4
5.00 ORTHO AND CARDIO CLINIC 90.02 40,585 100,268 6.00 GENERAL SURGERY CLINIC 90.03 10,813 26,714 7.00 ENT AND UROLOGY CLINIC 90.05 6,467 15,978 8.00 PLASTIC SURG & DR. CHUNG 194.02 160 396 9.00 PSYCH CLINIC 194.04 5,220 12,895 10.00 PAIN CLINIC 194.07 1,124 2,776 11.00 OPC SPECIALTY CLINIC 194.11 721 1,782 12.00 FHGC 194.16 2,345 5,793 13.00 GAFM 194.18 3,135 7,746 14.00 FHCF 194.20 310 766 15.00 FAMILY H. C. FAIRBURY 194.21 3,277 8,097 10.00 FAMILY H. C. FAIRBURY 194.21 334,913 W - PHYSICIAN ADMINISTRATION EXPENSE		I	1	· · · · · · · · · · · · · · · · · · ·					1
6.00 GENERAL SURGERY CLINIC 90.03 10,813 26,714 7.00 ENT AND UROLOGY CLINIC 90.05 6,467 15,978 8.00 PLASTIC SURG & DR. CHUNG 194.02 160 396 9.00 PSYCH CLINIC 194.04 5,220 12,895 10.00 PAIN CLINIC 194.07 1,124 2,776 11.00 OPC SPECIALTY CLINIC 194.11 721 1,782 12.00 FHGC 194.16 2,345 5,793 13.00 GAFM 194.18 3,135 7,746 14.00 FHCF 194.19 194.20 310 766 15.00 FAMILY H. C. FAIRBURY 194.21 3,277 8,097 TOTALS 1.00 W - PHYSICIAN ADMINISTRATION EXPENSE 1.00 ALL OTHER ADMIN & GENERAL 5.02 37,200 0 TOTALS 37,200 0			l .						4
7. 00 ENT AND UROLOGY CLINIC 90.05 6, 467 15, 978 7. 00 8. 00 PLASTIC SURG & DR. CHUNG 194.02 160 396 8. 00 9. 00 PSYCH CLINIC 194.04 5, 220 12, 895 9. 00 10. 00 PAIN CLINIC 194.07 1, 124 2, 776 10. 00 11. 00 OPC SPECIALTY CLINIC 194.11 721 1, 782 11. 00 12. 00 FHGC 194.16 2, 345 5, 793 12. 00 13. 00 GAFM 194.18 3, 135 7, 746 13. 00 14. 00 FHCF 194.20 310 766 14. 00 15. 00 FMM LY H. C. FAIRBURY 194.21 3, 277 8, 097 107ALS 1.00 W - PHYSICIAN ADMINISTRATION EXPENSE 1.00 TOTALS 37, 200 0 ALL OTHER ADMIN & GENERAL 5. 02 37, 200 0 TOTALS 37, 200 0									
8.00 PLASTIC SURG & DR. CHUNG 194.02 160 396 9.00 PSYCH CLINIC 194.04 5, 220 12, 895 9.00 10.00 PAIN CLINIC 194.07 1, 124 2, 776 10.00 11.00 OPC SPECIALTY CLINIC 194.11 721 1, 782 11.00 12.00 FHGC 194.16 2, 345 5, 793 12.00 GAFM 194.18 3, 135 7, 746 13.00 FHCF 194.19 310 766 14.00 194.20 310 766 14.00 FHCF 194.10 194.21 3, 277 8, 097 TOTALS 135, 561 334, 913 W - PHYSICIAN ADMINISTRATION EXPENSE 1.00 ALL OTHER ADMIN & GENERAL 5.02 37, 200 0 TOTALS 37, 200 0		1	l .						4
9.00 PSYCH CLINIC 194.04 5, 220 12, 895 9.00 10.00 PAIN CLINIC 194.07 1, 124 2, 776 10.00 11.00 OPC SPECIALTY CLINIC 194.11 721 1, 782 11.00 12.00 FHGC 194.16 2, 345 5, 793 12.00 13.00 GAFM 194.18 3, 135 7, 746 13.00 14.00 FHCF 194.20 310 766 14.00 15.00 FAMILY H. C. FAIRBURY 194.21 3, 277 8, 097 TOTALS 8, 097 TOTALS 135, 561 334, 913 W - PHYSICIAN ADMINISTRATION EXPENSE 1.00 ALL OTHER ADMIN & GENERAL 5.02 37, 200 0 10000000000000000000000000000000		1	1						4
10. 00 PAIN CLINIC 194. 07 1, 124 2, 776 10. 00 11. 00 OPC SPECIALTY CLINIC 194. 11 721 1, 782 11. 00 12. 00 FHGC 194. 16 2, 345 5, 793 12. 00 13. 00 GAFM 194. 18 3, 135 7, 746 13. 00 14. 00 FHCF 194. 20 310 766 14. 00 15. 00 FAMI LY H. C. FAI RBURY 194. 21 3, 277 8, 097 TOTALS 135, 561 334, 913 W - PHYSI CI AN ADMI NI STRATI ON EXPENSE 1. 00 ALL OTHER ADMI N & GENERAL 5. 02 37, 200 0 0 TOTALS 37, 200 0 0				i i					4
11. 00 OPC SPECIALTY CLINIC 194. 11 721 1, 782 12. 00 FHGC 194. 16 2, 345 5, 793 12. 00 13. 00 GAFM 194. 18 3, 135 7, 746 13. 00 14. 00 FHCF 194. 20 310 766 14. 00 15. 00 FAMI LY H. C. FAI RBURY 194. 21 3, 277 8, 097 TOTALS 135, 561 334, 913 W - PHYSI CI AN ADMI NI STRATI ON EXPENSE 1. 00 ALL OTHER ADMI N & GENERAL 5. 02 37, 200 0 TOTALS 37, 200 0		1							
12. 00		1	l I						
13. 00 GAFM 194. 18 3, 135 7, 746 14. 00 FHCF 194. 20 310 766 15. 00 FAMI LY H. C. FAI RBURY 194. 21 3, 277 8, 097 TOTALS 135, 561 334, 913 W - PHYSI CI AN ADMI NI STRATI ON EXPENSE 1. 00 ALL OTHER ADMI N & GENERAL 5. 02 37, 200 0 TOTALS 37, 200 0	12. 00	I	1	•					12.00
14. 00 15. 00 FAMI LY H. C. FAI RBURY 194. 21 3, 277 8, 097 TOTALS 135, 561 334, 913 W - PHYSI CI AN ADMI NI STRATI ON EXPENSE 1. 00 ALL OTHER ADMI N & GENERAL TOTALS 37, 200 0 1. 00 14. 00 15. 00 15. 00 15. 00 16. 00 17. 00 18. 00 194. 20 194. 20 195. 00 196. 00 197. 00 198.		1							
TOTALS 135, 561 334, 913 W - PHYSI CI AN ADMI NI STRATI ON EXPENSE 1. 00 ALL OTHER ADMI N & GENERAL 5. 02 37, 200 0 TOTALS 37, 200 0	14.00	FHCF	194. 20						14.00
W - PHYSICIAN ADMINISTRATION EXPENSE 1.00 ALL OTHER ADMIN & GENERAL 5.02 37, 200 0 TOTALS 37, 200 0	15.00	FAMILY H.C. FAIRBURY	194. 21	3, 277	8, 097				15. 00
W - PHYSICIAN ADMINISTRATION EXPENSE 1.00 ALL OTHER ADMIN & GENERAL 5.02 37, 200 0 TOTALS 37, 200 0					334, 913]
TOTALS 37, 200 0		W - PHYSICIAN ADMINISTRATION	EXPENSE						
	1.00		5. 02						1. 00
500.00 Grand Total: Increases 1,808,918 9,494,256 500.00									
	500.00	Grand Total: Increases		1, 808, 918	9, 494, 256				500.00

Health Financial Systems RECLASSIFICATIONS | Period: | Worksheet A-6 | From 10/01/2022 | To 09/30/2023 | Date/Time Prepared: 2/26/2024 10:06 am Provider CCN: 14-1317

						024 10: 06 am
		Decreases			1	
	Cost Center	Li ne #	Salary		kst. A-7 Ref.	
	6.00 A - INTEREST RECLASS	7. 00	8. 00	9. 00	10. 00	
1.00	INTEREST EXPENSE	113.00	0	2, 044, 544	11	1.00
2.00		0.00	o	0	11	2. 00
3.00		0.00	o	0	11	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	6. 00
	TOTALS B - CAFETERIA		0	2, 044, 544		
1. 00	DI ETARY	10.00	269, 136	232, 845	0	1. 00
1.00	TOTALS — — — —		269, 136	232, 845	•	1.00
	C - OBSTETRI CS		207, 100	202, 010		
1.00	ADULTS & PEDIATRICS	30.00	761, 745	112, 443	0	1. 00
2.00		0.00	0	0	0	2. 00
	TOTALS		761, 745	112, 443		
	D - SNF DIRECT CARE COST					
1. 00	OTHER LONG TERM CARE	46.00	160, 760	40, 096	0	1. 00
	TOTALS E - BOND AMORT COST		160, 760	40, 096		
1. 00	CAP REL COSTS-BLDG & FIXT	1. 00	ol	918	14	1. 00
1.00	TOTALS		- — — 	918	'-	1.00
	F - MME, OB, & OFFSITE BLDG D	EPR	<u> </u>	, 10		
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3, 058, 801	9	1. 00
2.00	CAP REL COSTS-BLDG & FIXT	1.00		203, 056	9	2. 00
	TOTALS		0	3, 261, 857		
	G - CAPITAL INSURANCE EXP					
1.00	ALL OTHER ADMIN & GENERAL	5. 02	0	397, 550	12	1. 00
2. 00		0.00	0	0 397, 550	12	2. 00
	H - NUCLEAR MED & EKG TECH SA	ΙΛDV	U _I	397, 550		
1.00	RADI OLOGY-DI AGNOSTI C	54.00	97, 971	0	0	1.00
2. 00	RESPI RATORY THERAPY	65. 00	53, 932	Ö	o	2. 00
	TOTALS		151, 903	0		
	I - AMBULANCE BILLING COST					
1.00	CASHI ERI NG/ACCOUNTS	5. 01	0	103, 414	0	1. 00
	RECEIVABLE	+			_ — — 🕂	
	TOTALS J - RHC PHYSICIAN RECRUITMENT		<u> </u>	103, 414		
1.00	ALL OTHER ADMIN & GENERAL	5. 02	0	50, 488	0	1.00
1.00	TOTALS		ŏ	50, 488	- — — š	1.00
	K - DIETARY EDUCATION	•			<u>'</u>	
1.00	DI ETARY	10.00	0	72, 759	0	1. 00
	TOTALS		0	72, 759		
	L - PRACTITIONERS BENEFITS		al	4 7/0 070		
1. 00 2. 00	EMPLOYEE BENEFITS DEPARTMENT	4. 00 0. 00	0	1, 768, 379	0	1. 00 2. 00
3.00		0.00	0	0	O O	3. 00
4. 00		0.00	0	0	0	4. 00
5. 00		0.00	o	0	o	5. 00
6.00		0.00	o	0	O	6. 00
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				9	٥Į	
8.00		0.00	O	0	O	8. 00
9.00		0.00	0	-	0	9. 00
9. 00 10. 00		0. 00 0. 00	0 0	0	0 0 0	9. 00 10. 00
9.00	TOTALS	0.00	0 0 0 0	0 0 0	0	9. 00
9. 00 10. 00	TOTALS M. OFFSITE UTILITIES	0. 00 0. 00	0 0 0 0 0	0	0 0 0	9. 00 10. 00
9. 00 10. 00 11. 00	M - OFFSITE UTILITIES	0.00 0.00 0.00	-,	0 0 0 0 1, 768, 379	0 0 0	9. 00 10. 00 11. 00
9. 00 10. 00		0. 00 0. 00	0 0 0 0 0	0 0 0	0 0 0	9. 00 10. 00
9. 00 10. 00 11. 00	M - OFFSITE UTILITIES OPERATION OF PLANT	0. 00 0. 00 0. 00 7. 00	0	0 0 0 0 1, 768, 379	0 0 0	9. 00 10. 00 11. 00
9. 00 10. 00 11. 00	M - OFFSITE UTILITIES OPERATION OF PLANT TOTALS N - FITNESS CENTER EXPENSE FOR	0. 00 0. 00 0. 00 7. 00	0	0 0 0 0 1,768,379 370,629 370,629	0 0 0	9. 00 10. 00 11. 00
9. 00 10. 00 11. 00	M - OFFSITE UTILITIES OPERATION OF PLANT TOTALS N - FITNESS CENTER EXPENSE FOR ELITE PERFORMANCE TOTALS	0. 00 0. 00 0. 00 7. 00 R EMPLOYEES	0 0	0 0 0 0 1, 768, 379 370, 629 370, 629	0 0 0	9. 00 10. 00 11. 00
9. 00 10. 00 11. 00 1. 00	M - OFFSITE UTILITIES OPERATION OF PLANT TOTALS N - FITNESS CENTER EXPENSE FOR ELITE PERFORMANCE TOTALS O - OFFSITE BLDG DEPR	0. 00 0. 00 0. 00 7. 00 R EMPLOYEES	0 0 292, 613 292, 613	0 0 0 0 1,768,379 370,629 370,629 26,778 26,778		9. 00 10. 00 11. 00 1. 00
9. 00 10. 00 11. 00 1. 00 1. 00	M - OFFSITE UTILITIES OPERATION OF PLANT TOTALS N - FITNESS CENTER EXPENSE FOR ELITE PERFORMANCE TOTALS	0. 00 0. 00 0. 00 7. 00 R EMPLOYEES 194. 17	0	0 0 0 1,768,379 370,629 370,629 26,778 26,778	0 0 0 0 0	9. 00 10. 00 11. 00 1. 00 1. 00
9. 00 10. 00 11. 00 1. 00 1. 00 1. 00 2. 00	M - OFFSITE UTILITIES OPERATION OF PLANT TOTALS N - FITNESS CENTER EXPENSE FOR ELITE PERFORMANCE TOTALS O - OFFSITE BLDG DEPR	7.00 R EMPLOYEES 194.17	0 0 292, 613 0 0	0 0 0 0 1,768,379 370,629 370,629 26,778 26,778 659,881 0	0 0 0 0 0 0	9. 00 10. 00 11. 00 1. 00 1. 00 1. 00 2. 00
9. 00 10. 00 11. 00 1. 00 1. 00 1. 00 2. 00 3. 00	M - OFFSITE UTILITIES OPERATION OF PLANT TOTALS N - FITNESS CENTER EXPENSE FOR ELITE PERFORMANCE TOTALS O - OFFSITE BLDG DEPR	0. 00 0. 00 0. 00 7. 00 R EMPLOYEES 194. 17 1. 00 0. 00 0. 00	0 0 292, 613 292, 613	0 0 0 0 1,768,379 370,629 370,629 26,778 26,778 659,881 0	0 0 0 0 0	9. 00 10. 00 11. 00 1. 00 1. 00 2. 00 3. 00
9. 00 10. 00 11. 00 1. 00 1. 00 1. 00 2. 00 3. 00 4. 00	M - OFFSITE UTILITIES OPERATION OF PLANT TOTALS N - FITNESS CENTER EXPENSE FOR ELITE PERFORMANCE TOTALS O - OFFSITE BLDG DEPR	0. 00 0. 00 0. 00 -7. 00 R EMPLOYEES 194. 17 -1. 00 0. 00 0. 00 0. 00	0 0 292, 613 0 0	0 0 0 0 1,768,379 370,629 370,629 26,778 26,778 659,881 0	0 0 0 0 0 0	9. 00 10. 00 11. 00 1. 00 1. 00 2. 00 3. 00 4. 00
9. 00 10. 00 11. 00 1. 00 1. 00 1. 00 2. 00 3. 00	M - OFFSITE UTILITIES OPERATION OF PLANT TOTALS N - FITNESS CENTER EXPENSE FOR ELITE PERFORMANCE TOTALS O - OFFSITE BLDG DEPR	0. 00 0. 00 0. 00 7. 00 R EMPLOYEES 194. 17 1. 00 0. 00 0. 00	0 0 292, 613 0 0	0 0 0 0 1,768,379 370,629 370,629 26,778 26,778 659,881 0 0	0 0 0 0 0 0	9. 00 10. 00 11. 00 1. 00 1. 00 2. 00 3. 00
9. 00 10. 00 11. 00 1. 00 1. 00 1. 00 2. 00 3. 00 4. 00 5. 00	M - OFFSITE UTILITIES OPERATION OF PLANT TOTALS N - FITNESS CENTER EXPENSE FOR ELITE PERFORMANCE TOTALS O - OFFSITE BLDG DEPR	0. 00 0. 00 0. 00 7. 00 R EMPLOYEES 194. 17 1. 00 0. 00 0. 00 0. 00 0. 00	0 0 292, 613 0 0	0 0 0 0 1,768,379 370,629 370,629 26,778 26,778 659,881 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9.00 10.00 11.00 1.00 1.00 2.00 3.00 4.00 5.00
9. 00 10. 00 11. 00 1. 00 1. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00	M - OFFSITE UTILITIES OPERATION OF PLANT TOTALS N - FITNESS CENTER EXPENSE FOR ELITE PERFORMANCE TOTALS O - OFFSITE BLDG DEPR	0.00 0.00 0.00 0.00 7.00 R EMPLOYEES 194.17 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0	0 0 292, 613 0 0	0 0 0 0 1,768,379 370,629 370,629 26,778 26,778 659,881 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9.00 10.00 11.00 1.00 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00
9. 00 10. 00 11. 00 1. 00 1. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00	M - OFFSITE UTILITIES OPERATION OF PLANT TOTALS N - FITNESS CENTER EXPENSE FOR ELITE PERFORMANCE TOTALS O - OFFSITE BLDG DEPR	0. 00 0. 00 0. 00 0. 00 0. 00 R EMPLOYEES 194. 17 1. 00 0. 00	0 0 292, 613 292, 613 0 0 0 0 0 0 0	0 0 0 0 1,768,379 370,629 370,629 26,778 26,778 659,881 0 0 0 0 0	9 9 9 9 9 9	9.00 10.00 11.00 1.00 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00
9. 00 10. 00 11. 00 1. 00 1. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00	M - OFFSITE UTILITIES OPERATION OF PLANT TOTALS N - FITNESS CENTER EXPENSE FOR ELITE PERFORMANCE TOTALS O - OFFSITE BLDG DEPR	0.00 0.00 0.00 0.00 7.00 R EMPLOYEES 194.17 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0	292, 613 292, 613 0 0 0 0 0 0 0	0 0 0 0 1,768,379 370,629 370,629 26,778 26,778 659,881 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9.00 10.00 11.00 1.00 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00

Health Financial Systems RECLASSIFICATIONS Provider CCN: 14-1317

Peri od: Worksheet A-6 From 10/01/2022 To 09/30/2023 Date/Time Prepared:

						2/26/2024 10	
		Decreases					
	Cost Center	Li ne #	Sal ary		Wkst. A-7 Ref.		
	6. 00	7. 00	8. 00	9. 00	10. 00		
12.00		0.00	0	0	9		12. 00
13.00		0.00	0	0	9		13. 00
14.00		0.00	0	0	9		14. 00
15. 00		0.00	0	0	9		15. 00
16. 00		0.00	0	0	9		16. 00
17. 00		0.00	0	0	9		17. 00
18. 00		0.00	0	0	9		18. 00
19.00		0.00	0	0	9		19. 00
20.00		0.00	0	0	9		20. 00
21.00		0.00	0	0	9		21. 00
22. 00		0.00	0	0	9		22. 00
23.00		0.00	0	0	9		23. 00
24.00		0.00	0	0	9		24. 00
25.00		0.00	0	0	9		25. 00
26.00		0.00	0	0	9		26. 00
	TOTALS			659, 881			
	P - 340B PURCHASED SERVICES						
1.00	RETAIL PHARMACY	194. 27	0	16, 762	0		1. 00
	TOTALS			16, 762			
	T - RHC/ SNF BILLING/COLLECTI	ONS					
1.00	CASHI ERI NG/ACCOUNTS	5. 01	135, 561	334, 913	0		1. 00
	RECEI VABLE						
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	O	0	0		14. 00
15.00		0.00	O	0	0		15. 00
	TOTALS — — — — —		135, 561	334, 913			
	W - PHYSICIAN ADMINISTRATION	EXPENSE			'		
1.00	RURAL HEALTH CLINIC	88.00	37, 200	0	0		1. 00
	TOTALS — — — — —	<u> </u>	37, 200				
500.00	Grand Total: Decreases		1, 808, 918	9, 494, 256			500.00
	•	'			'		1

Health Financial Systems RECLASSIFICATIONS

Provider CCN: 14-1317

	1							2/26/2024 10:	06 am
	0+ 0+		eases	0+1	C+ C+	Decre		0+1	
	Cost Center 2.00	Li ne #	Sal ary 4.00	0ther 5.00	Cost Center 6.00	Li ne #	Sal ary 8. 00	0ther 9.00	
	A - INTEREST RECLASS	3.00	4.00	5.00	0.00	7.00	8.00	7.00	
1.00	CAP REL COSTS-BLDG &	1. 00	0	361, 626	INTEREST EXPENSE	113.00	0	2, 044, 544	1. 00
	FLXT								
2.00	OB UNIT - BLDG & FIXT	1. 01	l e	91, 577 489, 438		0.00	0	0	2.00
3.00	CAP REL COSTS-MVBLE	2. 00	0	489, 438		0.00	٥	U	3. 00
4. 00	RURAL HEALTH CLINIC	88. 00	0	107, 380		0.00	0	0	4. 00
5.00	AMBULANCE SERVICES	95. 00	0	5, 151		0.00	0	0	5. 00
6.00	ALL OTHER ADMIN &	5. 02	0	989, 372		0.00	0	0	6. 00
	GENERAL	<u> </u>	$$ $\bar{0}$	2, 044, 544	TOTALS — — —	-			
	B - CAFETERIA			2, 044, 344	ITOTALS		<u> </u>	2, 044, 344	
1.00	CAFETERI A	11.00	269, 136	232, 845	DI ETARY	10.00	269, 136	232, 845	1. 00
	TOTALS		269, 136	232, 845	TOTALS		269, 136	232, 845	
1 00	C - OBSTETRI CS	42.00	FEO 710	02.474	ADULTO A DEDLATRICO	1 20 00	7/1 745	112 442	1 00
1. 00 2. 00	NURSERY DELIVERY ROOM & LABOR	43. 00 52. 00	•	82, 474 29, 969	ADULTS & PEDIATRICS	30.00	761, 745 0	112, 443	1. 00 2. 00
2.00	ROOM	32.00	203, 027	27, 707		0.00		O	2.00
	TOTALS		761, 745	112, 443	TOTALS		761, 745	112, 443	
4 00	D - SNF DI RECT CARE CO		1/0 7/0	40.007	OTHER LONG TERM CARE	1 44 00	4/0.7/0	40.007	4 00
1. 00	SKILLED NURSING FACILITY	44. 00	160, 760	40, 096	OTHER LONG TERM CARE	46. 00	160, 760	40, 096	1. 00
	TOTALS		160, 760	40, 096	TOTALS — — —		160, 760	40, 096	
	E - BOND AMORT COST		·						
1.00	CAP REL COSTS-MVBLE	2. 00	0	918	CAP REL COSTS-BLDG &	1.00	0	918	1. 00
	TOTALS		<u> </u>		TOTALS	-			
	F - MME, OB, & OFFSITE	BLDG [DEPR	710	ITOTALS		O _I	710	
1.00	CAP REL COSTS-MVBLE	2. 00		3, 058, 801	CAP REL COSTS-BLDG &	1.00	0	3, 058, 801	1. 00
	EQUI P				FLXT				
2. 00	OB UNIT - BLDG & FIXT	1. 01	0	203, 056	CAP REL COSTS-BLDG & FLXT	1.00	0	203, 056	2. 00
	TOTALS — — —		— — _ō	3, 261, 857		-		3, 261, 857	
	G - CAPITAL INSURANCE	EXP	_	5, 25 1, 55 1			-	2, 23., 23.	
1.00	CAP REL COSTS-BLDG &	1. 00	0	362, 375	ALL OTHER ADMIN &	5. 02	0	397, 550	1. 00
2. 00	FIXT CAP REL COSTS-MVBLE	2. 00	0	35, 175	GENERAL	0.00	0	0	2. 00
2.00	EQUI P	2.00				0.00		Ö	2.00
	TOTALS			397, 550	TOTALS			397, 550	
4 00	H - NUCLEAR MED & EKG				DADLOLOGY DI AGNOCTI O	T = 4 00	07.074		4 00
1. 00 2. 00	RADI OI SOTOPE ELECTROCARDI OLOGY	56. 00 69. 00	•		RADI OLOGY-DI AGNOSTI C RESPI RATORY THERAPY	54. 00 65. 00	97, 971 53, 932	0	1. 00 2. 00
2.00	TOTALS	07.00	151, 903		TOTALS	05.00	151, 903	— — <u> </u>	2.00
	I - AMBULANCE BILLING	COST	,						
1.00	AMBULANCE SERVICES	95. 00	0		CASHI ERI NG/ACCOUNTS	5. 01	0	103, 414	1. 00
	TOTALS — — —	<u> </u>	<u> </u>		RECEI VABLE	-			
	J - RHC PHYSICIAN RECR	UI TMENT		103, 414	ITOTALS	<u> </u>	<u> </u>	103, 414	
1.00	RURAL HEALTH CLINIC			50, 488	ALL OTHER ADMIN &	5. 02	0	50, 488	1. 00
					GENERAL				
	TOTALS K - DIETARY EDUCATION		0	50, 488	TOTALS		0	50, 488	
1.00	DI ETARY EDUCATION	73. 04	0	72, 759	DI ETARY	10.00	0	72, 759	1. 00
	TOTALS		$\frac{}{}$ $\frac{}{}$ $\frac{}{}$		TOTALS			72, 759	
	L - PRACTITIONERS BENE			07.500	ENDLOYEE DENEELTO		اه	1 7/0 070	4 00
1. 00	ADULTS & PEDIATRICS	30. 00	0	37, 533	EMPLOYEE BENEFITS	4. 00	0	1, 768, 379	1. 00
2.00	INTENSIVE CARE UNIT	31.00	0	681	DEPARTMENT	0.00	0	0	2. 00
3.00	OPERATING ROOM	50.00		27, 134		0.00	0	0	3. 00
4.00	ANESTHESI OLOGY	53. 00	ŀ	181, 419		0.00	0	0	4. 00
5.00	PHYSICAL THERAPY WOUND CARE	66. 00 73. 02	ŀ	10, 781 25, 776		0.00	0	0	5. 00 6. 00
6. 00 7. 00	RURAL HEALTH CLINIC	88. 00		1, 142, 180		0.00	0	0	7. 00
8. 00	ORTHO AND CARDIO	90. 02	ŀ	227, 812		0.00	ő	0	8. 00
	CLINIC								
9.00	GENERAL SURGERY CLINIC		ł	59, 795		0.00	0	0	9.00
10. 00 11. 00	ENT AND UROLOGY CLINIC EMERGENCY	90. 05 91. 00	ł	53, 504 1, 764		0.00	0	0	10. 00 11. 00
11.00	TOTALS	71.00	<u> </u>			3.00		1, 768, 379	11.00
	M - OFFSITE UTILITIES						-1		
1.00	OPERATION OF	7. 01	0	370, 629	OPERATION OF PLANT	7. 00	0	370, 629	1. 00
	PLANT-OUTSIDE PROPERTY	<u> </u>	<u> </u>	370, 629	TOTALS — — —	\vdash	— — o		
	1		,	,,	1	' '	٩١	, /	

Provider CCN: 14-1317

		Incre	2000			Decrea	2000	2/26/2024 10:	06 am
	Cost Center	Increa	Sal ary	Other	Cost Center	Li ne #	Sal ary	Other	
	2.00	3. 00	4. 00	5. 00	6. 00	7. 00	8. 00	9. 00	
	N - FITNESS CENTER EXP			0, 770	ELLE BEBERBURDE	1404 47	000 (40	0, 770	4 00
1. 00	EMPLOYEE BENEFITS DEPARTMENT	4. 00	292, 613	26, 778	ELITE PERFORMANCE	194. 17	292, 613	26, 778	1. 00
	TOTALS	- $+$	292, 613	2 <u>6,</u> 778	TOTALS — — —		292, 613		
	O - OFFSITE BLDG DEPR								
1. 00	B&F - FARMER CITY RURAL HEALTH CLIN	1. 04	0	12, 975	CAP REL COSTS-BLDG & FLXT	1.00	0	659, 881	1. 00
2. 00	B&F - HOOPESTON RURAL	1. 05	0	177, 962		0.00	o	0	2. 00
	HEALTH CLINIC								
3. 00	B&F - FORREST RURAL HEALTH CLINIC	1. 07	0	15, 724		0.00	0	0	3. 00
4. 00	B&F - PAXTON RURAL	1. 09	o	145, 889		0.00	o	0	4. 00
	HEALTH CLINIC			,					
5. 00	B&F - MAHOMET	1. 10	0	47, 718		0.00	0	0	5. 00
6. 00	SPECIALTY CLINIC B&F - PAXTON WELLNESS	1. 12	0	413		0.00	0	0	6. 00
0.00	CENTER					0.00		J	0.00
7. 00	B&F - PAXTON AMBULANCE	1. 14	0	6, 900		0.00	0	0	7. 00
8. 00	STATION B&F - AMBULANCE STAFF	1. 15	0	6, 836		0.00	0	0	8. 00
0.00	RESI DENCE			0,000		0.00			0.00
9.00	B&F - AMBULANCE	1. 16	0	23, 843		0.00	0	0	9. 00
10. 00	BUI LDI NG B&F - # 10 DOCTOR' S	1. 17	0	31, 237		0.00	0	0	10. 00
10.00	PARK " 10 BOOTOK S	/	Ĭ	01, 20,		0.00		Ŭ	10.00
11. 00	B&F - COSMETOLOGY	1. 18	0	6, 685		0.00	0	0	11. 00
12. 00	OFFICE B&F - ANESTHESIA HOUSE	1. 19	0	9, 790		0.00	0	0	12. 00
13. 00	B&F - #7 DOCTOR' S PARK	l l	Ö	9, 448		0.00	ő	0	13. 00
14.00	B&F - #4 DOCTOR'S PARK	1. 21	0	1, 350		0.00	0	0	14. 00
15. 00	B&F - #8 DOCTOR'S PARK	l l	0	16, 984		0.00	0	0	15. 00
16. 00 17. 00	B&F - HARMS HOUSE/IT B&F - 9TH ST.	1. 25 1. 26	0	14, 832 13, 612		0.00	0	0	16. 00 17. 00
17.00	EDUCATION HOUSE	1. 20	o o	13, 012		0.00		O	17.00
18. 00	B&F - FALCON POINT	1. 27	0	8, 486		0.00	О	0	18. 00
10.00	RESI DENCE	1 20		12.070		0.00			10.00
19. 00	B&F - 2012 NEW STORAGE SHED	1. 28	٥	12, 878		0.00	ol .	0	19. 00
20.00	ALL OTHER ADMIN &	5. 02	0	41, 632		0.00	О	0	20. 00
21 00	GENERAL	1 00		0 407		0.00			21 00
21. 00 22. 00	B&F - ONARGA RHC RURAL HEALTH CLINIC	1. 02 88. 00	0	8, 407 2, 892		0.00	O O	0	21. 00 22. 00
23. 00	ELITE PERFORMANCE	194. 17	o	35, 845		0.00	o	0	23. 00
24.00	FHCF	194. 20	0	5, 805		0.00	0	0	24. 00
25. 00	RETAIL PHARMACY	<u>194</u> . <u>27</u>	0	1, 738		0.00	•	0	25. 00
	TOTALS P - 340B PURCHASED SER	VLCES	<u> </u>	659, 881	IUTALS		0	659, 881	
1.00	ALL OTHER ADMIN &	5. 02	0	16, 762	RETAIL PHARMACY	194. 27	0	16, 762	1. 00
	GENERAL	\vdash		— — <u>, — , </u>		\perp			
	TOTALS T - RHC/ SNF BILLING/C		ONS	16, 762	TOTALS		0	16, 762	
1.00	OTHER LONG TERM CARE	46. 00	8, 559	21, 145	CASHI ERI NG/ACCOUNTS	5. 01	135, 561	334, 913	1. 00
			·		RECEI VABLE				
2. 00 3. 00	RURAL HEALTH CLINIC	88. 00 90. 00	50, 717 141	125, 299 349		0.00	0	0	2. 00 3. 00
4. 00	GERI PSYCH CLINIC	90.00	1, 987	4, 909		0.00	0	0	4. 00
5. 00	ORTHO AND CARDIO	90. 02	40, 585	100, 268		0.00	Ö	0	5. 00
<i>(</i> 00	CLINIC	00.00	10.010	0/ 75:					/ 00
6. 00 7. 00	GENERAL SURGERY CLINIC ENT AND UROLOGY CLINIC	I I	10, 813 6, 467	26, 714 15, 978		0.00	0	0	6. 00 7. 00
8. 00	PLASTIC SURG & DR.	194. 02	160	396		0.00	0	0	8. 00
	CHUNG								
9. 00 10. 00	PSYCH CLINIC PAIN CLINIC	194. 04 194. 07	5, 220 1, 124	12, 895 2, 776		0.00	0	0	9. 00 10. 00
11. 00	OPC SPECIALTY CLINIC	194. 07	721	2, 776 1, 782		0.00	0	0	11. 00
12. 00	FHGC	194. 16	2, 345	5, 793		0.00	0	0	12. 00
13.00	GAFM	194. 18	3, 135	7, 746		0.00	0	O	13. 00
14.00	FHCF	194. 20	310	766		0.00	0	0	14.00
15. 00	TOTALS FAMI LY H. C. FAI RBURY TOTALS	194. 21	<u>3, 2</u> 77 135, 561	<u>8, 0</u> 97 334, 913		0.00	00 135, 561	<u></u> <u>0</u> 334, 913	15. 00
	W - PHYSICIAN ADMINIST	RATI ON I	EXPENSE	331,713	1.2.7.20			331,713	
1.00	ALL OTHER ADMIN &	5. 02	37, 200	0	RURAL HEALTH CLINIC	88. 00	37, 200	0	1. 00
	TOTALS	\vdash		— — ₋	TOTALS — — —	\vdash	37, 200	— — ₀	
500.00	Grand Total: Increases		1, 808, 918		Grand Total: Decreases	s	1, 808, 918	9, 494, 256	500. 00
					<u>'</u>	' '			<u> </u>

Health Financial Systems
RECONCILIATION OF CAPITAL COSTS CENTERS In Lieu of Form CMS-2552-10 GIBSON AREA HOSPITAL AND HEALTH SVCS Worksheet A-7
Part I
Date/Time Prepared:
2/26/2024 10:06 am Provider CCN: 14-1317 Peri od: From 10/01/2022 To 09/30/2023 Acqui si ti ons Begi nni ng Purchases Donati on Total Di sposal s and Retirements 5.00 Bal ances 2.00 3.00 4. 00 1.00 PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES 1.00 0 Land 1, 374, 466 170, 375 170, 375 0 1.00 2.00 Land Improvements 2, 982, 992 346, 023 346, 023 0 2.00

3.00	Buildings and Fixtures	48, 625, 617	12, 495, 292	0 12, 495, 292	0	3.00
4.00	Building Improvements	0	0	0 0	0	4.00
5.00	Fixed Equipment	0	0	0 0	0	5.00
6.00	Movable Equipment	37, 146, 405	6, 859, 542	0 6, 859, 542	0	6.00
7.00	HIT designated Assets	0	0	0 0	0	7.00
8.00	Subtotal (sum of lines 1-7)	90, 129, 480	19, 871, 232	0 19, 871, 232	0	8.00
9.00	Reconciling Items	0	0	0 0	0	9. 00
10.00	Total (line 8 minus line 9)	90, 129, 480	19, 871, 232	0 19, 871, 232	0	10.00
		Endi ng Bal ance	Fully			
			Depreci ated			
			Assets		ļ	
		6. 00	7. 00			
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET					
1.00	Land	1, 544, 841	0			1. 00
2.00	Land Improvements	3, 329, 015	0			2.00
3.00	Buildings and Fixtures	61, 120, 909	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	44, 005, 947	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	110, 000, 712	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	110, 000, 712		1	- 1	10.00

1 28

2.00

3.00

Peri od:

RECONCILIATION OF CAPITAL COSTS CENTERS Provider CCN: 14-1317 From 10/01/2022 Part II 09/30/2023 Date/Time Prepared: То 2/26/2024 10:06 am SUMMARY OF CAPITAL Cost Center Description Depreciation Lease Interest Insurance (see Taxes (see instructions) instructions) 9.00 11. 00 10.00 12.00 13.00 PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LI NES 1 and 2 CAP REL COSTS-BLDG & FLXT 4, 977, 181 1.00 1.00 0 1.01 OB UNIT - BLDG & FLXT 0 0 0 0 0 0 0 0 0 0 0 0 0 1.01 0 0 0 1.02 B&F - ONARGA RHC 0 0 0 1 02 1.04 B&F - FARMER CITY RURAL HEALTH CLIN 0 0 1.04 0 0 1.05 B&F - HOOPESTON RURAL HEALTH CLINIC 0 0 0 1.05 B&F - FORREST RURAL HEALTH CLINIC 0 0 1.07 0 1.07 0 1.09 B&F - PAXTON RURAL HEALTH CLINIC Ω 0 1.09 1.10 - MAHOMET SPECIALTY CLINIC 00000000 0 0 1.10 B&F - POTOMAC RURAL HEALTH CLINIC 0 1.11 1.11 B&F - PAXTON WELLNESS CENTER 0 0 1.12 Λ 1.12 B&F - PAXTON AMBULANCE STATION 0 1.14 0 0 1.14 1.15 B&F - AMBULANCE STAFF RESIDENCE 1.15 B&F - AMBULANCE BUILDING 0 0 0 1.16 1. 16 B&F - # 10 DOCTOR'S PARK 0 1.17 0 0 1.17 1.18 B&F - COSMETOLOGY OFFICE 0 1.18 - ANESTHESIA HOUSE 00000 0 0 0 0 0 0 1.19 B&F 0 1. 19 B&F - #7 DOCTOR'S PARK 0 1 20 0 1 20 1.21 B&F - #4 DOCTOR'S PARK 0 1. 21 1. 22 - #8 DOCTOR'S PARK 0 0 1. 22 B&F 1.25 B&F - HARMS HOUSE/IT 0 1. 25 0 B&F - 9TH ST. EDUCATION HOUSE 1. 26 1 26 Ω 0 0 1.27 B&F - FALCON POINT RESIDENCE 0 0 0 0 1.27 0 0 1.28 B&F - 2012 NEW STORAGE SHED 0 0 1. 28 2 00 CAP REL COSTS-MVBLE EQUIP 0 0 Ω 2 00 3.00 Total (sum of lines 1-2) 4, 977, 181 0 0 3.00 SUMMARY OF CAPITAL Cost Center Description 0ther Total (1) (sum Capi tal -Relate of cols. d Costs (see through 14) instructions) 14. 00 15. 00 PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2 1.00 CAP REL COSTS-BLDG & FLXT 4, 977, 181 1.00 0 1.01 OB UNIT - BIDG & FIXT 0 Ω 1 01 1.02 B&F - ONARGA RHC 0 0 1.02 B&F - FARMER CITY RURAL HEALTH CLIN 0 1.04 0000000000000000000000000 1.04 B&F - HOOPESTON RURAL HEALTH CLINIC 1.05 0 1.05 1.07 B&F - FORREST RURAL HEALTH CLINIC 0 1.07 - PAXTON RURAL HEALTH CLINIC 1.09 B&F 0 1.09 B&F - MAHOMET SPECIALTY CLINIC 0 1.10 1.10 1.11 B&F - POTOMAC RURAL HEALTH CLINIC 0 1.11 B&F - PAXTON WELLNESS CENTER 0 1.12 B&F - PAXTON AMBULANCE STATION 1.14 1.14 B&F - AMBULANCE STAFF RESIDENCE 1.15 0 1. 15 1.16 B&F - AMBULANCE BUILDING 0 1. 16 B&F - # 10 DOCTOR'S PARK 1.17 1.17 B&F - COSMETOLOGY OFFICE 0 1.18 1.18 B&F - ANESTHESIA HOUSE 1.19 0 1.19 1.20 B&F - #7 DOCTOR'S PARK 0 1. 20 - #4 DOCTOR'S PARK 0 1.21 B&F 1. 21 B&F - #8 DOCTOR'S PARK 0 1.22 1. 22 B&F - HARMS HOUSE/IT 1.25 0 1.25 1.26 B&F - 9TH ST. EDUCATION HOUSE 0 1.26 B&F - FALCON POINT RESIDENCE 1.27 1. 27

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4, 977, 181

1 28

2.00

3.00

B&F - 2012 NEW STORAGE SHED

CAP REL COSTS-MVBLE EQUIP

Total (sum of lines 1-2)

Provider CCN: 14-1317

Peri od:

RECONCILIATION OF CAPITAL COSTS CENTERS

From 10/01/2022 Part III Date/Time Prepared: 09/30/2023 2/26/2024 10:06 am COMPUTATION OF RATIOS ALLOCATION OF OTHER CAPITAL Cost Center Description Capi tal i zed Gross Assets Ratio (see Gross Assets Insurance for Ratio instructions) Leases (col. 1 - col 2) 1.00 2.00 3.00 4.00 5.00 PART III - RECONCILIATION OF CAPITAL COSTS CENTERS 1.00 CAP REL COSTS-BLDG & FLXT 64, 449, 924 64, 449, 924 0.594250 0 1.00 1.01 OB UNIT - BLDG & FIXT 0 0.000000 0 1.01 1.02 B&F - ONARGA RHC 0 0 0 0.000000 0 1.02 1.04 B&F - FARMER CITY RURAL HEALTH CLIN 0 0 0 0 0 0.000000 1.04 0 B&F - HOOPESTON RURAL HEALTH CLINIC 0 0 0.000000 1 05 1 05 0 1.07 B&F - FORREST RURAL HEALTH CLINIC 0 0 0.000000 0 1.07 1.09 B&F - PAXTON RURAL HEALTH CLINIC 0.000000 1.09 - MAHOMET SPECIALTY CLINIC 0000000000000 0 0 0.000000 1 10 B&F 0 1 10 B&F - POTOMAC RURAL HEALTH CLINIC 0 1.11 0 0.000000 0 1.11 1.12 B&F - PAXTON WELLNESS CENTER 0.000000 1. 12 B&F - PAXTON AMBULANCE STATION 0 0 0.000000 0 1.14 1.14 - AMBULANCE STAFF RESIDENCE 0 B&F Ω 0.000000 1 15 1 15 0 1.16 B&F - AMBULANCE BUILDING 0 0.000000 0 1.16 - # 10 DOCTOR'S PARK 0.000000 1.17 B&F 1.17 B&F - COSMETOLOGY OFFICE 0.000000 1.18 0 1.18 0 B&F - ANESTHESIA HOUSE 1.19 Ω 0.000000 0 1. 19 1.20 B&F - #7 DOCTOR'S PARK 0 0 0.000000 0 1. 20 B&F - #4 DOCTOR'S PARK 0.000000 1.21 1. 21 B&F - #8 DOCTOR'S PARK 0 0 0.000000 0 1.22 1. 22 B&F - HARMS HOUSE/IT 0 1 25 0 0.000000 0 1 25 0 1.26 B&F - 9TH ST. EDUCATION HOUSE 0.000000 0 1. 26 - FALCON POINT RESIDENCE 0 1.27 0 0.000000 0 1.27 1.28 B&F - 2012 NEW STORAGE SHED 0 0.000000 0 1. 28 0 CAP REL COSTS-MVBLE EQUIP 44, 005, 947 44, 005, 947 2 00 0.405750 0 2.00 Total (sum of lines 1-2) 108, 455, 871 108, 455, 871 1.000000 3.00 ALLOCATION OF OTHER CAPITAL SUMMARY OF CAPITAL Cost Center Description Taxes Other Total (sum of Depreciation Lease Capi tal -Relate cols. 5 through 7) d Costs 6.00 7.00 8.00 9. 00 10.00 PART III - RECONCILIATION OF CAPITAL COSTS CENTERS 1 00 CAP REL COSTS-BLDG & FLXT 1, 032, 413 0 1 00 1.01 OB UNIT - BLDG & FIXT 0 0 203, 056 0 1.01 1.02 B&F - ONARGA RHC 0 0 8, 407 0 1.02 0000000000000000000000000 B&F - FARMER CITY RURAL HEALTH CLIN 12, 975 0 0 0 1.04 1.04 B&F - HOOPESTON RURAL HEALTH CLINIC 0 0 1.05 177, 962 0 1.05 - FORREST RURAL HEALTH CLINIC 0 0 15, 724 1.07 1.07 1.09 B&F - PAXTON RURAL HEALTH CLINIC 0 0 145, 889 1.09 B&F - MAHOMET SPECIALTY CLINIC 0 0 47, 718 1.10 0 1.10 1.11 B&F - POTOMAC RURAL HEALTH CLINIC 0 0 0 1.11 Ω 1.12 PAXTON WELLNESS CENTER 413 1. 12 - PAXTON AMBULANCE STATION 0 0 6, 900 B&F 0 1.14 1.14 - AMBULANCE STAFF RESIDENCE 0 1.15 R&F 0 6,836 0 1.15 1.16 B&F - AMBULANCE BUILDING 0 23, 843 0 1.16 - # 10 DOCTOR'S PARK 0 1.17 B&F 0 31, 237 0 1.17 B&F - COSMETOLOGY OFFICE 0 1.18 0 6.685 0 1.18 B&F - ANESTHESIA HOUSE 0 0 1.19 9, 790 0 1. 19 1.20 B&F - #7 DOCTOR'S PARK 0 9, 448 0 1.20 1.21 B&F - #4 DOCTOR'S PARK 0 1, 350 0 1. 21 B&F - #8 DOCTOR'S PARK 0 0 1 22 16, 984 0 1 22 0 1.25 B&F - HARMS HOUSE/IT 0 14,832 0 1.25 B&F - 9TH ST. EDUCATION HOUSE 1.26 13, 612 1. 26 0 1 27 B&F - FALCON POINT RESIDENCE 0 8 486 0 1 27 0 1.28 R&F - 2012 NEW STORAGE SHED C 12, 878 0 1.28 2.00 CAP REL COSTS-MVBLE EQUIP 3, 058, 801 0 2.00 3.00 Total (sum of lines 1-2) 4, 866, 239 0 3.00

| Period: | Worksheet A-7 | From 10/01/2022 | Part III | To 09/30/2023 | Date/Time Prepared: Health Financial Systems
RECONCILIATION OF CAPITAL COSTS CENTERS GIBSON AREA HOSPITAL AND HEALTH SVCS Provider CCN: 14-1317

Interest Insurance (see instructions) Taxes (see instructions) Taxe					1	o 09/30/2023	Date/Time Pre 2/26/2024 10:0	
Instructions Instructions Instructions Capital -Relate of Cols. 9 through 14 Instructions				SU	JMMARY OF CAPI	ΓAL		
Instructions Instructions Instructions Capital -Relate of Cols. 9 through 14 Instructions		Coot Conton Decemintion	Interest	I nourance (coe	Tayon (oos	Othon	Total (2) (aum	
PART		cost center bescriptron	Titterest					
11.00 12.00 13.00 14.00 15.0						•		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS 1.00 CAP REL COSTS-BLOG & FIXT 344, 106 362, 375 0 -918 1,737, 976 1.00 1.01 00 UNIT - BLDG & FIXT 87, 140 0 0 0 0 0 290, 196 1.01 1.02 8&F - ONARGA RHC 0 0 0 0 0 0 0 3,407 1.02 1.05 8&F - HONDESTON RURAL HEALTH CLINIC 0 0 0 0 0 0 177, 962 1.05 1.07 8&F - FORREST RURAL HEALTH CLINIC 0 0 0 0 0 177, 962 1.05 1.07 1.09 8&F - PAXTON RURAL HEALTH CLINIC 0 0 0 0 0 15,724 1.07 1.09 8&F - PAXTON RURAL HEALTH CLINIC 0 0 0 0 0 145,889 1.09 1.01 1.01 1.02 1.05							Ŭ ,	
1.00 CAP REL COSTS-BLOG & FIXT 344, 106 362, 375 0 -918 1,737, 976 1.00 1.01 OB UNIT - BLOG & FIXT 87, 140 0 0 0 290, 196 1.01 1.02 B&F - ONARGA RHC 0 0 0 0 0 8, 407 1.02 1.04 B&F - FARMER CITY RURAL HEALTH CLIN 0 0 0 0 0 12, 975 1.04 1.05 B&F - HOOPESTON RURAL HEALTH CLINI 0 0 0 0 0 177, 962 1.05 1.07 B&F - FORREST RURAL HEALTH CLINI 0 0 0 0 0 15, 724 1.07 1.09 B&F - PAXTON RURAL HEALTH CLINI 0 0 0 0 0 145, 889 1.09 1.10 B&F - PAXTON RURAL HEALTH CLINI 0 0 0 0 0 0 145, 889 1.09 1.11 B&F - POTOMAC RURAL HEALTH CLINI 0 0 0 0 0 0 0 1.11 1.12 B&F - PAXTON WELLNESS CENTER 0 0 0 0 0 0 0 0 1.14 B&F - PAXTON MBULANCE STATI ON 0 0 0 0 0 0 0 1.15 B&F - AMBULANCE STATI ON 0 0 0 0 0 0 0 0 1.16 B&F - AMBULANCE STATI 0 0 0 0 0 0 0 0 0 1.17 B&F - AMBULANCE BUI LDI NG 0 0 0 0 0 0 0 0 1.18 B&F - COSMETOLOGY OFFICE 0 0 0 0 0 0 0 0 0 1.19 B&F - ANESTHESI HOUSE 0 0 0 0 0 0 0 0 1.20 B&F - #4 DOCTOR'S PARK 0 0 0 0 0 0 0 0 1.21 B&F - #4 DOCTOR'S PARK 0 0 0 0 0 0 0 1.22 B&F - #4 DOCTOR'S PARK 0 0 0 0 0 0 0 1.23 B&F - #4 DOCTOR'S PARK 0 0 0 0 0 0 0 1.24 B&F - #4 DOCTOR'S PARK 0 0 0 0 0 0 0 1.25 B&F - #4 DOCTOR'S PARK 0 0 0 0 0 0 0 1.25 B&F - #4 DOCTOR'S PARK 0 0 0 0 0 0 0 1.25 B&F - #4 DOCTOR'S PARK 0 0 0 0 0 0 0 1.26 B&F - #5 DOCTOR'S PARK 0 0 0 0 0 0 0 1.27 B&F - #5 DOCTOR'S PARK 0 0 0 0 0 0 0 1.28 B&F - #5 DOCTOR'S PARK 0 0 0 0 0 0 0 1.27 B&F - #5 DOCTOR'S PARK 0 0 0 0 0 0 0 1.28 B&F - #5 DOCTOR'S PARK 0 0 0 0 0 0 0 1.27 B&F - #6 DOCTOR'S				12.00	13. 00	14.00	15. 00	
1.01 0B UNIT - BLDG & FIXT 87,140 0 0 0 290,196 1.01 1.02								
1.02 B&F - ONARGA RHC 0 0 0 8,407 1.02 1.04 B&F - FARMER CITY RURAL HEALTH CLINIC 0 0 0 0 12,975 1.04 1.05 B&F - HOOPESTON RURAL HEALTH CLINIC 0 0 0 0 177,962 1.05 1.07 B&F - FORREST RURAL HEALTH CLINIC 0 0 0 0 1.5724 1.07 1.09 B&F - PAXTON RURAL HEALTH CLINIC 0 0 0 0 47,718 1.10 1.10 B&F - PAXTON RURAL HEALTH CLINIC 0 0 0 0 47,718 1.10 1.11 B&F - PAXTON WELLNESS CENTER 0 0 0 0 47,718 1.10 1.12 B&F - PAXTON WELLNESS CENTER 0 0 0 0 413 1.12 1.14 B&F - PAXTON ABBULANCE STATION 0 0 0 0 6,900 1.14 1.15 B&F - AMBULANCE STAFF RESI DENCE 0 0 0 0 6,836 1.15 1.16 B&F - AMBULANCE STAFF RESI DENCE 0 <td< td=""><td></td><td></td><td></td><td></td><td></td><td>-918</td><td></td><td></td></td<>						-918		
1.04 B&F - FARMER CITY RURAL HEALTH CLIN 0 0 0 0 12,975 1.04 1.05 B&F - HOOPESTON RURAL HEALTH CLINIC 0 0 0 0 0 177,962 1.05 1.07 B&F - FORREST RURAL HEALTH CLINIC 0 0 0 0 0 15,724 1.07 1.09 B&F - PAXTON RURAL HEALTH CLINIC 0 0 0 0 0 155,889 1.09 1.10 B&F - MAHOMET SPECIALTY CLINIC 0 0 0 0 0 47,718 1.10 1.11 B&F - POTOMAC RURAL HEALTH CLINIC 0 0 0 0 0 0 1.11 1.12 B&F - PAXTON WELLNESS CENTER 0 0 0 0 0 413 1.12 1.14 B&F - PAXTON WELLNESS CENTER 0 0 0 0 0 6,900 1.14 1.15 B&F - AMBULANCE STATION 0 0 0 0 0 6,836 1.15 1.16 B&F - AMBULANCE STATION 0 0 0 0 0 0 0 1.17 B&F - AMBULANCE STATION 0 0 0 0 0 0 1.18 B&F - BATTON STATE RESIDENCE 0 0 0 0 0 0 1.19 B&F - ANESTHESIA HOUSE 0 0 0 0 0 0 1.29 B&F - ANESTHESIA HOUSE 0 0 0 0 0 0 1.20 B&F - #1 DOCTOR'S PARK 0 0 0 0 0 0 9,790 1.19 1.20 B&F - #4 DOCTOR'S PARK 0 0 0 0 0 0 9,448 1.20 1.21 B&F - #4 DOCTOR'S PARK 0 0 0 0 0 1,350 1.21 1.22 B&F - #8 DOCTOR'S PARK 0 0 0 0 14,832 1.25 1.25 B&F - HARMS HOUSE/IT 0 0 0 0 14,832 1.25 1.26 B&F - 9TH ST. EDUCATION HOUSE 0 0 0 0 14,832 1.25 1.28 B&F - FALCON POINT RESIDENCE 0 0 0 0 12,878 1.28 2.00 CAP REL COSTS-MVBLE EQUIP 465,726 35,175 0 918 3,560,620 2.00 1.07 1			87, 140	0	(0		
1. 05 B&F - HOOPESTON RURAL HEALTH CLINIC 0 0 0 1.77, 962 1. 05 1. 07 B&F - FORREST RURAL HEALTH CLINIC 0 0 0 0 15, 724 1. 07 1. 09 B&F - PAXTON RURAL HEALTH CLINIC 0 0 0 0 145, 889 1. 09 1. 10 B&F - PAXTON RURAL HEALTH CLINIC 0 0 0 0 47,718 1. 10 1. 11 B&F - POTOMAC RURAL HEALTH CLINIC 0 0 0 0 0 47,718 1. 10 1. 12 B&F - POTOMAC RURAL HEALTH CLINIC 0 0 0 0 0 0 1.11 1. 12 B&F - PAXTON WELLNESS CENTER 0 0 0 0 413 1. 12 1. 14 B&F - PAXTON AMBULANCE STAFF RESI DENCE 0 0 0 0 6,893 1. 15 1. 16 B&F - AMBULANCE STAFF RESI DENCE 0 0 0 0 6,835 1. 15 1. 16 B&F - AMBULANCE STAFF RESI DENCE 0 0 0 0 23,843 1. 16 1. 1			0	0				
1.07 B&F - FORREST RURAL HEALTH CLINIC 0 0 0 15,724 1.07 1.09 B&F - PAXTON RURAL HEALTH CLINIC 0 0 0 0 145,889 1.09 1.10 B&F - MAHOMET SPECIALTY CLINIC 0 0 0 0 0 47,718 1.10 1.11 B&F - POTOMAC RURAL HEALTH CLINIC 0 0 0 0 0 1.11 1.12 B&F - PAXTON WELLNESS CENTER 0 0 0 0 413 1.12 1.14 B&F - PAXTON AMBULANCE STATION 0 0 0 0 433 1.12 1.15 B&F - AMBULANCE STAFF RESIDENCE 0 0 0 0 6,836 1.15 1.16 B&F - AMBULANCE BUILDING 0 0 0 0 0 6,836 1.15 1.17 B&F - #F + I 10 DOCTOR'S PARK 0 0 0 0 31,237 1.17 1.18 B&F - ANESTHESIA HOUSE 0 0 0 0 9,790 1.19 1.20 B&F - #T DOCTOR'S PARK 0			0	0				
1.09 B&F - PAXTON RURAL HEALTH CLINIC 0 0 0 145,889 1.09 1.10 B&F - MAHOMET SPECI ALTY CLINIC 0 0 0 0 47,718 1.10 1.11 B&F - POTOMAC RURAL HEALTH CLINIC 0 0 0 0 0 0 1.11 1.12 B&F - PAXTON WELLNESS CENTER 0 0 0 0 413 1.12 1.14 B&F - PAXTON AMBULANCE STATION 0 0 0 0 46,900 1.14 1.15 B&F - PAXTON AMBULANCE STAFF RESIDENCE 0 0 0 0 6,836 1.15 1.16 B&F - AMBULANCE BUI LDI NG 0 0 0 0 23,843 1.16 1.17 B&F - # 10 DOCTOR'S PARK 0 0 0 0 31,237 1.17 1.18 B&F - COSMETOLOGY OFFICE 0 0 0 0 9,790 1.19 1.20 B&F - ANESTHESI A HOUSE 0 0 0 0 9,790 1.19 1.20 B&F - F - T DOCTOR'S PARK 0 0			0	0				
1. 10 B&F - MAHOMET SPECIALTY CLINIC 0 0 0 47, 718 1. 10 1. 11 B&F - POTOMAC RURAL HEALTH CLINIC 0 0 0 0 0 1. 11 1. 12 B&F - PAXTON WELLNESS CENTER 0 0 0 0 0 413 1. 12 1. 14 B&F - PAXTON AMBULANCE STATION 0 0 0 0 0 6,900 1. 14 1. 15 B&F - AMBULANCE STAFF RESI DENCE 0 0 0 0 6,900 1. 15 1. 16 B&F - AMBULANCE STAFF RESI DENCE 0 0 0 0 6,836 1. 15 1. 16 B&F - AMBULANCE BUI LDI NG 0 0 0 0 0 23,843 1. 16 1. 17 B&F - # 10 DOCTOR'S PARK 0 0 0 0 0 31,237 1. 17 1. 18 B&F - COSMETOLOGY OFFICE 0 0 0 0 6,685 1. 18 1. 19 B&F - ANESTHESI A HOUSE 0 0 0 9,790 1. 19 1. 20 B&F - # 4 DOCTOR'S P			0	0				
1.11 B&F - POTOMAC RURAL HEALTH CLINIC 0 0 0 0 1.11 1.12 B&F - PAXTON WELLNESS CENTER 0 0 0 0 413 1.12 1.14 B&F - PAXTON AMBULANCE STATION 0 0 0 0 6,900 1.14 1.15 B&F - AMBULANCE STAFF RESI DENCE 0 0 0 0 6,836 1.15 1.16 B&F - AMBULANCE BUI LDI NG 0 0 0 0 23,843 1.16 1.17 B&F - AMBULANCE STAFF RESI DENCE 0 0 0 0 23,843 1.16 1.17 B&F - AMBULANCE STAFF RESI DENCE 0 0 0 0 23,843 1.16 1.17 B&F - AMBULANCE STAFF RESI DENCE 0 0 0 0 31,237 1.17 1.18 B&F - # 10 DOCTOR'S PARK 0 0 0 0 6,685 1.18 1.19 B&F - ANESTHESI A HOUSE 0 0 0 0 9,790 1.19 1.20 B&F - F - F ALOCTOR'S PARK 0 0 0			0	0		ol ol		
1. 12 B&F - PAXTON WELLNESS CENTER 0 0 0 0 413 1. 12 1. 14 B&F - PAXTON AMBULANCE STATION 0 0 0 0 6, 900 1. 14 1. 15 B&F - AMBULANCE STAFF RESIDENCE 0 0 0 0 0 6, 836 1. 15 1. 16 B&F - AMBULANCE BUILDING 0 0 0 0 0 23, 843 1. 16 1. 17 B&F - # 10 DOCTOR'S PARK 0 0 0 0 0 0 31, 237 1. 17 1. 18 B&F - COSMETOLOGY OFFICE 0 0 0 0 0 0 6, 885 1. 18 1. 19 B&F - ANESTHESIA HOUSE 0 0 0 0 0 0 9, 790 1. 19 1. 20 B&F - #7 DOCTOR'S PARK 0 0 0 0 0 0 9, 790 1. 19 1. 21 B&F - #4 DOCTOR'S PARK 0 0 0 0 0 0 9, 448 1. 20 1. 21 B&F - #8 DOCTOR'S PARK 0 0 0 0 0 0 16, 984 1. 22 1. 25 B&F - HARMS HOUSE/IT 0 0 0 0 0 14, 832 1. 25 1. 26 B&F - FALCON POINT RESIDENCE 0 0 0 0 0 12, 878 1. 28 2. 00 CAP REL COSTS-MVBLE EQUIP 465, 726 35, 175 0 918 3, 560, 620 2. 00			0	0		ol ol		
1. 15 B&F - AMBULANCE STAFF RESIDENCE 0 0 0 6,836 1. 15 1. 16 B&F - AMBULANCE BUI LDI NG 0 0 0 0 23,843 1. 16 1. 17 B&F - # 10 DOCTOR'S PARK 0 0 0 0 31,237 1. 17 1. 18 B&F - COSMETOLOGY OFFI CE 0 0 0 0 6,685 1. 18 1. 19 B&F - ANESTHESI A HOUSE 0 0 0 0 9,448 1. 20 1. 20 B&F - #7 DOCTOR'S PARK 0 0 0 0 9,448 1. 20 1. 21 B&F - #4 DOCTOR'S PARK 0 0 0 0 0 1,350 1. 21 1. 22 B&F - #8 DOCTOR'S PARK 0 0 0 0 0 1,350 1. 21 1. 25 B&F - HARMS HOUSE/IT 0 0 0 0 14,832 1. 25 1. 26 B&F - FALCON POINT RESI DENCE 0 0 0 0 13,612 1. 26 1. 27 B&F - FALCON POINT RESI DENCE 0 0			0	o	d	ol	-	
1. 16 B&F - AMBULANCE BUILDING 0 0 0 23,843 1. 16 1. 17 B&F - # 10 DOCTOR'S PARK 0 0 0 31,237 1. 17 1. 18 B&F - COSMETOLOGY OFFICE 0 0 0 0 6,685 1. 18 1. 19 B&F - ANESTHESI A HOUSE 0 0 0 0 9,790 1. 19 1. 20 B&F - #7 DOCTOR'S PARK 0 0 0 0 9,448 1. 20 1. 21 B&F - #4 DOCTOR'S PARK 0 0 0 0 1,350 1. 21 1. 22 B&F - #8 DOCTOR'S PARK 0 0 0 0 16,984 1. 22 1. 25 B&F - HARMS HOUSE/IT 0 0 0 0 14,832 1. 25 1. 26 B&F - 9TH ST. EDUCATION HOUSE 0 0 0 0 13,612 1. 26 1. 27 B&F - FALCON POINT RESIDENCE 0 0 0 0 8,486 1. 27 1. 28 B&F - 2012 NEW STORAGE SHED 0 0 0 12,878 1. 28 2. 00 CAP REL COSTS-MVBLE EQUIP 465,726 35,175 0 918 3,560,620 2.00	1.14	B&F - PAXTON AMBULANCE STATION	0	О		o	6, 900	1. 14
1. 17 B&F - # 10 DOCTOR'S PARK 0 0 0 31, 237 1. 17 1. 18 B&F - COSMETOLOGY OFFICE 0 0 0 0 6,685 1. 18 1. 19 B&F - ANESTHESI A HOUSE 0 0 0 0 9,790 1. 19 1. 20 B&F - #7 DOCTOR'S PARK 0 0 0 0 9,448 1. 20 1. 21 B&F - #4 DOCTOR'S PARK 0 0 0 0 1,350 1. 21 1. 22 B&F - #8 DOCTOR'S PARK 0 0 0 0 16,984 1. 22 1. 25 B&F - HARMS HOUSE/IT 0 0 0 0 14,832 1. 25 1. 26 B&F - 9TH ST. EDUCATION HOUSE 0 0 0 0 13,612 1. 26 1. 27 B&F - FALCON POINT RESI DENCE 0 0 0 8,486 1. 27 1. 28 B&F - 2012 NEW STORAGE SHED 0 0 0 12,878 1. 28 2. 00 CAP REL COSTS-MVBLE EQUIP 465,726 35,175 0 918 3,560,620	1. 15	B&F - AMBULANCE STAFF RESIDENCE	0	0	C	o	6, 836	1. 15
1. 18 B&F - COSMETOLOGY OFFICE 0 0 0 6, 685 1. 18 1. 19 B&F - ANESTHESI A HOUSE 0 0 0 9, 790 1. 19 1. 20 B&F - #7 DOCTOR'S PARK 0 0 0 0 9, 448 1. 20 1. 21 B&F - #4 DOCTOR'S PARK 0 0 0 0 1, 350 1. 21 1. 22 B&F - #8 DOCTOR'S PARK 0 0 0 0 16, 984 1. 22 1. 25 B&F - HARMS HOUSE/IT 0 0 0 0 14, 832 1. 25 1. 26 B&F - 9TH ST. EDUCATION HOUSE 0 0 0 0 13, 612 1. 26 1. 27 B&F - FALCON POINT RESI DENCE 0 0 0 8, 486 1. 27 1. 28 B&F - 2012 NEW STORAGE SHED 0 0 0 12, 878 1. 28 2. 00 CAP REL COSTS-MVBLE EQUIP 465, 726 35, 175 0 918 3, 560, 620 2. 00			0	0	C	0		
1. 19 B&F - ANESTHESI A HOUSE 0 0 0 9,790 1. 19 1. 20 B&F - #7 DOCTOR'S PARK 0 0 0 0 9,448 1. 20 1. 21 B&F - #4 DOCTOR'S PARK 0 0 0 0 0 1,350 1. 21 1. 22 B&F - #8 DOCTOR'S PARK 0 0 0 0 0 16,984 1. 22 1. 25 B&F - HARMS HOUSE/IT 0 0 0 0 14,832 1. 25 1. 26 B&F - 9TH ST. EDUCATION HOUSE 0 0 0 0 13,612 1. 26 1. 27 B&F - FALCON POINT RESI DENCE 0 0 0 0 8,486 1. 27 1. 28 B&F - 2012 NEW STORAGE SHED 0 0 0 0 12,878 1. 28 2. 00 CAP REL COSTS-MVBLE EQUIP 465,726 35,175 0 918 3,560,620 2.00			0	0	(0		
1. 20 B&F - #7 DOCTOR'S PARK 0 0 0 9, 448 1. 20 1. 21 B&F - #4 DOCTOR'S PARK 0 0 0 0 1, 350 1. 21 1. 22 B&F - #8 DOCTOR'S PARK 0 0 0 0 16, 984 1. 22 1. 25 B&F - HARMS HOUSE/I T 0 0 0 0 14, 832 1. 25 1. 26 B&F - 9TH ST. EDUCATION HOUSE 0 0 0 0 13, 612 1. 26 1. 27 B&F - FALCON POINT RESI DENCE 0 0 0 8, 486 1. 27 1. 28 B&F - 2012 NEW STORAGE SHED 0 0 0 12, 878 1. 28 2. 00 CAP REL COSTS-MVBLE EQUIP 465, 726 35, 175 0 918 3, 560, 620 2. 00			0	0	C	0		
1. 21 B&F - #4 DOCTOR'S PARK 0 0 0 1, 350 1. 21 1. 22 B&F - #8 DOCTOR'S PARK 0 0 0 0 16, 984 1. 22 1. 25 B&F - HARMS HOUSE/IT 0 0 0 0 14, 832 1. 25 1. 26 B&F - 9TH ST. EDUCATION HOUSE 0 0 0 0 13, 612 1. 26 1. 27 B&F - FALCON POINT RESI DENCE 0 0 0 0 8, 486 1. 27 1. 28 B&F - 2012 NEW STORAGE SHED 0 0 0 0 12, 878 1. 28 2. 00 CAP REL COSTS-MVBLE EQUIP 465, 726 35, 175 0 918 3, 560, 620 2.00			0	0	(0		
1. 22 B&F - #8 DOCTOR'S PARK 0 0 0 16, 984 1. 22 1. 25 B&F - HARMS HOUSE/IT 0 0 0 14, 832 1. 25 1. 26 B&F - 9TH ST. EDUCATION HOUSE 0 0 0 0 13, 612 1. 26 1. 27 B&F - FALCON POINT RESIDENCE 0 0 0 0 8, 486 1. 27 1. 28 B&F - 2012 NEW STORAGE SHED 0 0 0 0 12, 878 1. 28 2. 00 CAP REL COSTS-MVBLE EQUIP 465, 726 35, 175 0 918 3, 560, 620 2. 00			0	0				
1. 25 B&F - HARMS HOUSE/IT 0 0 0 14,832 1.25 1. 26 B&F - 9TH ST. EDUCATION HOUSE 0 0 0 0 13,612 1.26 1. 27 B&F - FALCON POINT RESIDENCE 0 0 0 0 8,486 1.27 1. 28 B&F - 2012 NEW STORAGE SHED 0 0 0 0 12,878 1.28 2. 00 CAP REL COSTS-MVBLE EQUIP 465,726 35,175 0 918 3,560,620 2.00			0	0				
1. 26 B&F - 9TH ST. EDUCATION HOUSE 0 0 0 13,612 1.26 1. 27 B&F - FALCON POINT RESIDENCE 0 0 0 0 8,486 1.27 1. 28 B&F - 2012 NEW STORAGE SHED 0 0 0 0 12,878 1.28 2. 00 CAP REL COSTS-MVBLE EQUIP 465,726 35,175 0 918 3,560,620 2.00			0	0				
1. 27 B&F - FALCON POINT RESIDENCE 0 0 0 8, 486 1. 27 1. 28 B&F - 2012 NEW STORAGE SHED 0 0 0 0 12, 878 1. 28 2. 00 CAP REL COSTS-MVBLE EQUIP 465, 726 35, 175 0 918 3, 560, 620 2. 00			0	0				
1. 28 B&F - 2012 NEW STORAGE SHED 0 0 0 12, 878 1. 28 2. 00 CAP REL COSTS-MVBLE EQUIP 465, 726 35, 175 0 918 3, 560, 620 2.00			0	O O		ól ől		
2. 00 CAP REL COSTS-MVBLE EQUIP 465, 726 35, 175 0 918 3, 560, 620 2. 00			0	o		ol ol		
			465, 726	35, 175	d	918		
	3.00	Total (sum of lines 1-2)	896, 972	397, 550	(ol ol	6, 160, 761	3. 00

Health Financial Systems In Lieu of Form CMS-2552-10 ADJUSTMENTS TO EXPENSES Provider CCN: 14-1317 Peri od: Worksheet A-8 From 10/01/2022 09/30/2023 Date/Time Prepared: 2/26/2024 10:06 am Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted Cost Center Description Basis/Code (2) Cost Center Line # Wkst. A-7 Ref. Amount 2.00 3.00 4.00 5.00 Investment income - CAP REL OCAP REL COSTS-BLDG & FIXT 1. 00 1.00 1.00 COSTS-BLDG & FIXT (chapter 2) 1.01 Investment income - OB UNIT -OOB UNIT - BLDG & FIXT 1.01 1.01 BLDG & FIXT (chapter 2) 1.02 Investment income - B&F OB&F - ONARGA RHC 1.02 1.02 ONARGA RHC (chapter 2) 1 04 Investment income - B&F -OB&F - FARMER CITY RURAL 1 04 1 04 FARMER CITY RURAL HEALTH CLIN HEALTH CLIN (chapter 2) 1.05 OB&F - HOOPESTON RURAL HEALTH Investment income - B&F -1.05 1.05 HOOPESTON RURAL HEALTH CLINIC CLINIC (chapter 2) Investment income - B&F -OB&F - FORREST RURAL HEALTH 1.07 1.07 0 1.07 FORREST RURAL HEALTH CLINIC ICLI NI C (chapter 2) 1.09 Investment income - B&F -OB&F - PAXTON RURAL HEALTH 1.09 1.09 PAXTON RURAL HEALTH CLINIC CLINIC (chapter 2) OB&F - MAHOMET SPECIALTY 1.10 Investment income - B&F -1.10 1.10 0 MAHOMET SPECIALTY CLINIC CLINIC (chapter 2) Investment income - B&F -OB&F - POTOMAC RURAL HEALTH 1.11 1.11 1.11 0 POTOMAC RURAL HEALTH CLINIC CLINIC (chapter 2) OB&F - PAXTON WELLNESS CENTER Investment income - B&F -1.12 1.12 0 1.12 PAXTON WELLNESS CENTER (chapte 1.14 Investment income - B&F -OB&F - PAXTON AMBULANCE 1.14 0 1.14 PAXTON AMBULANCE STATION STATI ON (chapter 2) 1.15 Investment income - B&F -OB&F - AMBULANCE STAFF 1.15 1.15 AMBULANCE STAFF RESIDENCE RESI DENCE (chapter 2) 1.16 Investment income - B&F -OB&F - AMBULANCE BUILDING 1.16 1.16 AMBULANCE BUILDING (chapter 2) 1.17 Investment income - B&F - # 10 OB&F - # 10 DOCTOR'S PARK 1. 17 1.17 DOCTOR'S PARK (chapter 2) OB&F - COSMETOLOGY OFFICE 1 18 Investment income - B&F -1 18 1 18 COSMETOLOGY OFFICE (chapter 2) 1.19 Investment income - B&F -OB&F - ANESTHESIA HOUSE 1.19 1. 19 ANESTHESIA HOUSE (chapter 2) OB&F - #7 DOCTOR'S PARK 1.20 Investment income - B&F - #7 1.20 1. 20 DOCTOR'S PARK (chapter 2) OB&F - #4 DOCTOR'S PARK 1 21 Investment income - B&F - #4 1 21 1. 21 0 DOCTOR'S PARK (chapter 2) 1.22 Investment income - B&F - #8 OB&F - #8 DOCTOR'S PARK 1.22 1. 22 DOCTOR'S PARK (chapter 2) 1. 25 Investment income - B&F - HARM\$ OB&F - HARMS HOUSE/IT 1. 25 1. 25 HOUSE/IT (chapter 2) Investment income - B&F - 9TH OB&F - 9TH ST FDUCATION HOUSE 1. 26 1 26 1.26 ST. EDUCATION HOUSE (chapter 2) 1.27 Investment income - B&F OB&F - FALCON POINT RESIDENCE 1.27 1. 27 FALCON POINT RESIDENCE (chapte Investment income - B&F - 2012 OB&F - 2012 NEW STORAGE SHED 1.28 1.28 0 1.28 NEW STORAGE SHED (chapter 2) 2.00 Investment income - CAP REL OCAP REL COSTS-MVBLE EQUIP 2.00 2.00 COSTS-MVBLE EQUIP (chapter 2) 3.00 Investment income - other 0.00 3.00 (chapter 2) Trade, quantity, and time 4.00 0.00 0 4.00 di scounts (chapter 8) 5.00 Refunds and rebates of expenses 0.00 5.00 (chapter 8) 6.00 Rental of provider space by 0.00 6.00 suppliers (chapter 8) 7.00 Tel ephone services (pay -17, 438 ALL OTHER ADMIN & GENERAL 5.02 7.00 Α stations excluded) (chapter 21 -11,084 ALL OTHER ADMIN & GENERAL 8.00 Television and radio service Α 5.02 8.00 (chapter 21) 9.00 Parking Lot (chapter 21) 0.00 0 9.00

Health Financial Systems
ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1317

				To	09/30/2023	Date/Time Prep 2/26/2024 10:0	
				Expense Classification on			
				To/From Which the Amount is	to be Adjusted		
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Li ne #	Wkst. A-7 Ref.	
	ID	1.00	2.00	3.00	4. 00	5. 00	1.0
0. 00	Provider-based physician adjustment	A-8-2	-16, 684, 283			0	10
1. 00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11
2. 00	Related organization transactions (chapter 10)	A-8-1	0			0	12
8. 00	Laundry and linen service		0		0.00	0	13
. 00	Cafeteria-employees and guests	1	0		0.00	0	
. 00	Rental of quarters to employee and others		0		0. 00	0	15
00	Sale of medical and surgical		0		0. 00	0	10
00	supplies to other than patient Sale of drugs to other than	is	0		0.00	0	1
00	pati ents		O		0.00	O	1
00	Sale of medical records and abstracts		0		0.00	0	18
00	Nursing and allied health education (tuition, fees,		0		0. 00	0	19
	books, etc.)						
00	Vending machines		0		0.00	0	
00	Income from imposition of interest, finance or penalty		Ü		0. 00	U	2
00	charges (chapter 21)		0		0.00	0	,
00	Interest expense on Medicare overpayments and borrowings to		0		0.00	0	2
	repay Medicare overpayments						
00	Adjustment for respiratory therapy costs in excess of	A-8-3	0	RESPIRATORY THERAPY	65. 00		2
	limitation (chapter 14)						
00	Adjustment for physical therap	y A-8-3	0	PHYSI CAL THERAPY	66.00		2
	costs in excess of limitation (chapter 14)						
00	Utilization review -		0	*** Cost Center Deleted ***	114. 00		2
	physicians' compensation (chapter 21)						
00	Depreciation - CAP REL		0	CAP REL COSTS-BLDG & FIXT	1. 00	0	2
01	COSTS-BLDG & FIXT Depreciation - OB UNIT - BLDG		0	OB UNIT - BLDG & FIXT	1. 01	0	2
UI	FIXT		O	OB ONIT - BEDG & TIXT	1.01	O	~
02	Depreciation - B&F - ONARGA RH	ic		B&F - ONARGA RHC	1. 02	0	
04	Depreciation - B&F - FARMER CITY RURAL HEALTH CLIN		0	B&F - FARMER CITY RURAL HEALTH CLIN	1. 04	0	2
05	Depreciation - B&F - HOOPESTON	ı		B&F - HOOPESTON RURAL HEALTH	1. 05	0	2
07	RURAL HEALTH CLINIC Depreciation - B&F - FORREST			CLINIC B&F - FORREST RURAL HEALTH	1. 07	0	2
07	RURAL HEALTH CLINIC			CLINIC	1.07	O	~
09	Depreciation - B&F - PAXTON			B&F - PAXTON RURAL HEALTH	1. 09	0	2
10	RURAL HEALTH CLINIC Depreciation - B&F - MAHOMET			CLINIC B&F - MAHOMET SPECIALTY	1. 10	0	2
11	SPECIALTY CLINIC			CLINIC	1 11	0	,
11	Depreciation - B&F - POTOMAC RURAL HEALTH CLINIC			B&F - POTOMAC RURAL HEALTH CLINIC	1. 11	0	2
12	Depreciation - B&F - PAXTON WELLNESS CENTER		0	B&F - PAXTON WELLNESS CENTER	1. 12	0	2
14	Depreciation - B&F - PAXTON			B&F - PAXTON AMBULANCE	1. 14	0	2
15	AMBULANCE STATION Depreciation - B&F - AMBULANCE			STATION B&F - AMBULANCE STAFF	1. 15	0	2
	STAFF RESIDENCE			RESI DENCE			
16	Depreciation - B&F - AMBULANCE BUILDING	-	0	B&F - AMBULANCE BUILDING	1. 16	0	2
17	Depreciation - B&F - # 10		0	B&F - # 10 DOCTOR'S PARK	1. 17	0	2
18	DOCTOR'S PARK Depreciation - B&F -		0	B&F - COSMETOLOGY OFFICE	1. 18	0	2
19	COSMETOLOGY OFFICE Depreciation - B&F - ANESTHESI	<u> </u>	0	B&F - ANESTHESIA HOUSE	1. 19	0	2
	HOUSE						
. 20	Depreciation - B&F - #7 DOCTOR'S PARK		0	B&F - #7 DOCTOR'S PARK	1. 20	0	2
. 21	Depreciation - B&F - #4 DOCTOR'S PARK		0	B&F - #4 DOCTOR'S PARK	1. 21	0	20

GIBSON AREA HOSPITAL AND HEALTH SVCS In Lieu of Form CMS-2552-10 Health Financial Systems ADJUSTMENTS TO EXPENSES Provider CCN: 14-1317 Peri od: Worksheet A-8 From 10/01/2022 To 09/30/2023 Date/Time Prepared:

				То	09/30/2023	Date/Time Pre 2/26/2024 10:	
				Expense Classification on V	Worksheet A	2/20/2024 10.1	OO alli
				To/From Which the Amount is t			
					,		
	C+ C+ D	D:- (CI- (2)	A +	0+ 0+	1: "	WI+ A 7 D-£	
	Cost Center Description	Basis/Code (2) 1.00	Amount 2.00	Cost Center 3.00	Li ne # 4.00	Wkst. A-7 Ref. 5.00	
26. 22	Depreciation - B&F - #8	1.00		B&F - #8 DOCTOR' S PARK	1. 22	0.00	26. 22
20. 22	DOCTOR'S PARK		J	20010K 3 17KK	1.22	Ĭ	20.22
26. 25	Depreciation - B&F - HARMS		0	B&F - HARMS HOUSE/IT	1. 25	0	26. 25
	HOUSE/IT						
26. 26	Depreciation - B&F - 9TH ST.		0	B&F - 9TH ST. EDUCATION HOUSE	1. 26	0	26. 26
27 27	EDUCATION HOUSE		0	DOE FALCON DOLNT DECLDENCE	1 07	_	2/ 27
26. 27	Depreciation - B&F - FALCON POINT RESIDENCE		U	B&F - FALCON POINT RESIDENCE	1. 27	0	26. 27
26. 28	Depreciation - B&F - 2012 NEW		0	B&F - 2012 NEW STORAGE SHED	1. 28	0	26. 28
	STORAGE SHED						
27.00	Depreciation - CAP REL		0	CAP REL COSTS-MVBLE EQUIP	2. 00	0	27. 00
	COSTS-MVBLE EQUIP						
28. 00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19. 00		28. 00
29. 00	Physicians' assistant	4 0 2	0	OCCUPATIONAL THERAPY	0.00	0	
30. 00	Adjustment for occupational therapy costs in excess of	A-8-3	U	OCCUPATI ONAL THERAPY	67. 00		30. 00
	limitation (chapter 14)						
30. 99	Hospice (non-distinct) (see		0	ADULTS & PEDIATRICS	30.00		30. 99
	instructions)						
31. 00	Adjustment for speech patholog	y A-8-3	0	SPEECH PATHOLOGY	68. 00		31. 00
	costs in excess of limitation						
32. 00	(chapter 14) CAH HIT Adjustment for		0		0.00	9	32. 00
32.00	Depreciation and Interest		U		0. 00	9	32.00
33. 00	A&G MI SC REV	В	-70, 110	ALL OTHER ADMIN & GENERAL	5. 02	0	33. 00
33. 01	DI RECTOR FEES	В	-12, 000	RURAL HEALTH CLINIC	88.00	0	33. 01
33. 02	PROPERY TAX - NONALLOWABLE	Α	-13, 108	ALL OTHER ADMIN & GENERAL	5. 02	0	33. 02
33. 03	A&G MISC REV	В		ALL OTHER ADMIN & GENERAL	5. 02	0	
33. 04	SCHOOL NURSING INCOME	В		ALL OTHER ADMIN & GENERAL	5. 02	0	33. 04
33. 05	AHEC I NCOME	В		ALL OTHER ADMIN & GENERAL	5. 02	0	33. 05
33. 06 33. 07	CAFE MISC REV MAKO SURGICAL REBATES	B B		CAFETERIA OPERATING ROOM	11. 00 50. 00	0	33. 06 33. 07
33. 07	MED RECORDS MISC REV	В		MEDICAL RECORDS & LIBRARY	16. 00	0	33. 07
33. 09	RENTAL INC - OPC	В		CAP REL COSTS-BLDG & FIXT	1. 00	9	1
33. 10	INVEST INCOME - B&F	В		CAP REL COSTS-BLDG & FIXT	1. 00	11	1
33. 11	INVEST INCOME - OB B&F	В	-4, 437	OB UNIT - BLDG & FIXT	1. 01	11	33. 11
33. 12	INVEST INCOME - MME	В		CAP REL COSTS-MVBLE EQUIP	2. 00	11	•
33. 13	INVEST INCOME - A&G	В	· ·	ALL OTHER ADMIN & GENERAL	5. 02	0	
33. 14	HEALTH INSURANCE OFFSET	В		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	
33. 15 33. 16	INVEST INCOME - RHCS INVEST INCOME - AMBULANCE	B B		RURAL HEALTH CLINIC AMBULANCE SERVICES	88. 00 95. 00	0	33. 15 33. 16
33. 17	AMBULANCE CONTRACT REVENUE	В		AMBULANCE SERVICES	95. 00 95. 00	0	
33. 18	AMORTIZATION OF GOODWILL	A		OTHER CAP REL COSTS	3.00	0	
33. 19	INTERNALLY ALLOCATED RENT EXP	A		RURAL HEALTH CLINIC	88. 00	0	
	RHC						
33. 20	LOBBYING DUES	A		ALL OTHER ADMIN & GENERAL	5. 02	0	
33. 21	STATE PROVIDER TAX EXP	Α		ALL OTHER ADMIN & GENERAL	5. 02	0	
33. 22	340B DIRECT EXPENSE	A	-2, 096, 847		15.00	0	
33. 23	CRNA SALARIES CRNA BENEFITS	A		ANESTHESI OLOGY	53. 00 4. 00	0	1
33. 24 33. 25	PUBLIC RELATIONS OFFSET	A A		EMPLOYEE BENEFITS DEPARTMENT ALL OTHER ADMIN & GENERAL	5. 02	0	1
33. 26	340B OVERHEAD EXPENSE	Ä		ALL OTHER ADMIN & GENERAL	5. 02	0	1
33. 27	MISC DONATIONS (COMM ED)	A		ALL OTHER ADMIN & GENERAL	5. 02	Ö	1
33. 28	PT B PHYSICIAN BENEFITS	A		EMPLOYEE BENEFITS DEPARTMENT	4. 00	0	ı
33. 29	RHC DRS HOSP VISIT	A	-192, 764	RURAL HEALTH CLINIC	88. 00	0	
33. 30	PHYSICIAN RECRUITEMENT	A		ALL OTHER ADMIN & GENERAL	5. 02	0	ı
33. 31	NONALLOWABLE EMPLOYEE EXPENSE	A	•	ALL OTHER ADMIN & GENERAL	5. 02	0	
33. 32	NONALLOWABLE ADMIN	A		ALL OTHER ADMIN & GENERAL	5. 02	0	
33. 33 50. 00	NONALLOWABLE LTC FINE TOTAL (sum of lines 1 thru 49)	A	- 16, 250 - 27, 991, 244	OTHER LONG TERM CARE	46. 00	0	33. 33 50. 00
50.00	(Transfer to Worksheet A,		21,771,244				30.00
	column 6, line 200.)						<u></u>
(1) De	scription - all chapter referen	ces in this col	umn pertain to	CMS Pub. 15-1.			

⁽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.

Health Financial Systems
PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-1317

						10 09/30/2023	2/26/2024 10:	
	Wkst. A Line #	Cost Center/Physician	Total	Professi onal	Provi der	RCE Amount	Physi ci an/Prov	
		I denti fi er	Remuneration	Component	Component		ider Component	
					'		Hours	
	1. 00	2.00	3.00	4.00	5. 00	6. 00	7. 00	
1.00	30. 00	ADULTS & PEDIATRICS	455, 017	455, 01	7 0	0	0	1. 00
2.00	31. 00	INTENSIVE CARE UNIT	8, 268	8, 26	8 0	0	0	2. 00
3.00	50. 00	OPERATING ROOM	850, 009	850, 00	9 0	0	0	3. 00
4.00	53. 00	ANESTHESI OLOGY	89, 850	89, 85	0	0	0	4. 00
5.00	54. 00	RADI OLOGY-DI AGNOSTI C	863, 836	863, 83	6 0	0	0	5. 00
6.00	60.00	LABORATORY	24, 000		0 24,000	0	0	6. 00
7.00	73. 02	WOUND CARE	312, 505	312, 50	5 0	0	0	7. 00
8.00	90. 01	GERI PSYCH CLINIC	28, 650	28, 65	0 0	0	0	8. 00
9.00	90. 02	ORTHO AND CARDIO CLINIC	9, 159, 240	9, 159, 24	0 0	0	0	9. 00
10.00		GENERAL SURGERY CLINIC	1, 525, 460			0	0	10.00
11.00	90. 05	ENT AND UROLOGY CLINIC	1, 818, 042	1, 818, 04	2 0	0	0	11. 00
12.00	91. 00	EMERGENCY	2, 531, 333		6 957, 927	0	0	12. 00
200.00			17, 666, 210		· ·		0	200.00
	Wkst. A Line #	Cost Center/Physician	Unadjusted RCE			Provi der	Physician Cost	
		I denti fi er	Limit	Unadjusted RC	E Memberships &	Component	of Mal practice	
				Limit	Conti nui ng	Share of col.	Insurance	
					Educati on	12		
	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	31. 00	INTENSIVE CARE UNIT	0		0	0	0	2. 00
3.00	50. 00	OPERATING ROOM	0		0	0	0	3. 00
4.00	53. 00	ANESTHESI OLOGY	0		0	0	0	4. 00
5.00	54. 00	RADI OLOGY-DI AGNOSTI C	0		0	0	0	5. 00
6.00	60. 00	LABORATORY	0		0	0	0	6. 00
7.00	73. 02	WOUND CARE	0		0	0	0	7. 00
8.00	90. 01	GERI PSYCH CLINIC	0		0	0	0	8. 00
9.00	90. 02	ORTHO AND CARDIO CLINIC	0		0	0	0	9. 00
10.00	90. 03	GENERAL SURGERY CLINIC	0		0	0	0	10.00
11.00	90. 05	ENT AND UROLOGY CLINIC	0		0	0	0	11. 00
12.00	91. 00	EMERGENCY	0		0	0	0	12.00
200.00			0		0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician	Provi der	Adjusted RCE	RCE	Adjustment		
		l denti fi er	Component	Limit	Di sal I owance			
			Share of col.					
			14					
	1. 00	2. 00	15. 00	16. 00	17. 00	18. 00		
1. 00		ADULTS & PEDIATRICS	0		0			1. 00
2.00		INTENSIVE CARE UNIT	0		0	-,		2. 00
3.00		OPERATING ROOM	0		0	,		3. 00
4.00		ANESTHESI OLOGY	0		0	,		4. 00
5.00		RADI OLOGY-DI AGNOSTI C	0		0			5. 00
6.00		LABORATORY	0		0			6. 00
7. 00		WOUND CARE	0		0			7. 00
8. 00		GERI PSYCH CLINIC	0	l	0	,	•	8. 00
9. 00		ORTHO AND CARDIO CLINIC	0		0	.,, =		9. 00
10.00		GENERAL SURGERY CLINIC	0		0			10.00
11. 00		ENT AND UROLOGY CLINIC	0		0		•	11. 00
12.00	91. 00	EMERGENCY	0		0	.,	1	12. 00
200.00			0		0	16, 684, 283		200.00

Provider CCN: 14-1317

In Lieu of Form CMS-2552-10

| Period: | Worksheet B |
| From 10/01/2022 | Part |
| To 09/30/2023 | Date/Time Prepared: | 2/26/2024 | 10:06 am

Dest Destruir Description						09/30/2023	2/26/2024 10:	
Per					CAPITAL REI	LATED COSTS		
CEMERAL SERVICE COST CENTERS		Cost Center Description	for Cost Allocation (from Wkst A	BLDG & FIXT			CITY RURAL	
1.00				1.00	1. 01	1. 02	1. 04	
1.01 10010 100 101 11 11 1								
1.07 0.010 BM			1	1, 737, 976				1
0.010 Bar - FARMER CITY BURNA HEALTH CLIN 12,975				0	1	8 407		•
1.05 00105 BAR - HOPPESTON RURAL HEALTH CLINIC 177, 902 0 0 0 0 0 1.07 1.09 1.07 1.09 1.07 1.09 1.07 1.09 1.07 1.09 1.07 1.09 1.07 1.09 1.07 1.09 1.07 1.09 1.07 1.09 1.07 1.09 1.07 1.09 1.09 1.07 1.09 1.09 1.07 1.09 1.09 1.00		1		0	_	0, 407	12 975	•
1.09 00109 BAF - PANTON SRIPAL HEATH CLINIC 14,7718 0			1	0	Ö	0		•
1-10	1.07		15, 724	0	0	0		1. 07
1.11 00111 BBF - POTOMAC RURAL HEALTH CLINIC		1 1	1	0	0	0	l	•
1.12 00112 BBF - PAXTON MELLINESS CENTER 113 0 0 0 0 1.12 1.15 00115 BBF - ANDULANCE STAFF RESIDENCE 6,8326 0 0 0 0 0 0 1.15 1.16 00115 BBF - ANDULANCE STAFF RESIDENCE 6,8326 0 0 0 0 0 0 1.15 1.17 00117 BBF - ANDULANCE STAFF RESIDENCE 6,8326 0 0 0 0 0 0 1.15 1.17 00117 BBF - ANDULANCE STAFF RESIDENCE 6,8326 0 0 0 0 0 0 1.15 1.17 00117 BBF - ANDULANCE STAFF RESIDENCE 6,8326 0 0 0 0 0 0 1.15 1.17 00117 BBF - ANDULANCE STAFF RESIDENCE 6,8326 0 0 0 0 0 0 1.17 1.19 0118 BBF - ANDULANCE STAFF RESIDENCE 6,8326 0 0 0 0 0 0 1.17 1.20 00120 BBF - ANDULANCE 9,848 9,448 0 0 0 0 0 0 0 1.17 1.20 00120 BBF - ANDULANCE 9,848 9,448 0 0 0 0 0 0 0 0 1.20 1.21 00121 BBF - ANDULANCE 9,848 9,448 0 0 0 0 0 0 0 0 1.20 1.22 00122 BBF - ANDULANCE 9,848 16,944 0 0 0 0 0 0 1.20 1.23 00125 BBF - ANDULANCE 9,848 16,944 0 0 0 0 0 0 1.20 1.24 00126 BBF - ANDULANCE 9,848 16,944 0 0 0 0 0 0 1.20 1.25 00125 BBF - ANDULANCE 9,848 16,944 0 0 0 0 0 0 1.20 1.26 00126 BBF - ONLY STEED STAFF NOW 10 1 1,832 0 0 0 0 0 0 1.20 1.26 00126 BBF - ONLY STEED STAFF NOW 10 1 1,832 0 0 0 0 0 0 1.20 1.26 00126 BBF - ONLY STEED STAFF NOW 10 1 1,832 0 0 0 0 0 0 1.20 1.26 00126 BBF - ONLY STEED STAFF NOW 10 1 1,832 0 0 0 0 0 0 1.20 1.26 00126 BBF - ONLY STEED STAFF NOW 10 1 1,832 0 0 0 0 0 0 1.20 1.27 00127 BBF - ANDULANCE 9,848 16 0 0 0 0 0 0 0 1.20 1.28 00126 BBF - ONLY STEED STAFF NOW 10 1 1,835 0 0 0 0 0 0 0 1.20 1.29 00200 CAPP REL OSTS-SHYELE EQUIP 3,550,620 1.20 00590 CASHLERI NOW 2000 THE RESIDENCE 8,1869 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			1	0	0	0	l e	1
1.14 00114 BBT - PARTON AMBULANCE STATION 6, 900 0 0 0 0 1.14 1.15 00115 BBT - AMBULANCE STAFF RESIDENCE 6, 836 0 0 0 0 0 0 1.15 1.16 1.17 00117 BBT - AMBULANCE STAFF RESIDENCE 6, 836 0 0 0 0 0 0 1.16 1.16 1.17 00117 BBT - 97 10 DOTON'S PARK 31, 237 0 0 0 0 0 0 1.16 1.16 1.17 00117 BBT - 97 10 DOTON'S PARK 31, 237 0 0 0 0 0 0 1.16 1.16 1.18 1.19 00110 BBT - COSMETULOXY OFFICE 6, 645 0 0 0 0 0 0 0 1.17 1.18 1.18 1.00 1.10 1.10 1.10 1.10 1.10		l l	1	0	0	0		•
1.16 00116 BAF - AMBULANCE BUILDING 23,843 0 0 0 0 1.16 1.17 00117 BAF - AMBULANCE BUILDING 31,237 0 0 0 0 1.16 1.18 00118 BAF - COSMETOLOGY OFFICE 6,685 0 0 0 0 0 1.19 1.19 00117 BAF - AMBULANCE BUILDING 4,486 0 0 0 0 0 1.19 1.20 00120 BAF - AFT DOCTOR'S PARK 9,448 0 0 0 0 0 1.20 1.21 00120 BAF - AFT DOCTOR'S PARK 9,448 0 0 0 0 0 1.20 1.22 00122 BAF - ABANIS HOUSE/IT 14,832 0 0 0 0 0 1.20 1.25 00125 BAF - ABANIS HOUSE/IT 14,832 0 0 0 0 0 1.25 1.26 00126 BAF - AFT DOCTOR'S PARK 10,994 0 0 0 0 0 1.25 1.27 00127 BAF - FALCON POINT RESIDENCE 8,486 0 0 0 0 0 1.25 1.28 00128 BAF - ABANIS HOUSE/IT 14,832 0 0 0 0 0 1.27 1.28 00128 BAF - ABANIS HOUSE/IT 3,560,620 0 0 0 0 1.27 1.29 00128 BAF - ALCON POINT RESIDENCE 8,486 0 0 0 0 0 1.27 1.20 00128 BAF - ALCON POINT RESIDENCE 8,486 0 0 0 0 0 1.27 1.20 00128 BAF - ALCON POINT RESIDENCE 4,198,97 0 0 0 0 0 1.27 1.20 00128 BAF - ALCON POINT RESIDENCE 4,198,97 0 0 0 0 0 0 0 1.20 00200 CAP REL COSTS-MARIE EQUIP 3,3560,620 0 0 0 0 0 0 1.21 00350 CASHI ERING/ACCOUNTS RECEIVABLE 4,198,97 0 0 0 0 0 0 0 1.20 00300 OFERALTION OF PLANT 0 0 0 0 0 0 0 0 0 1.21 00350 OFERALTION OF PLANT 0 0 0 0 0 0 0 0 0		l l		0	o	0		1
1.17 00171 BBF - 9 10 DOCTOR'S PARK 31, 237 1.18 00118 BBF - COSMETICLOGY OFFICE 0.012 BBF - ARESTHESIA HOUSE 9, 790 0.0 0 0 0 0 0 1.19 1.19 1.19 00119 BBF - ARESTHESIA HOUSE 9, 790 0.0 0 0 0 0 0 0 1.19 1.21 00121 BBF - 48 DOCTOR'S PARK 1.0 300 1.21 00121 BBF - 48 DOCTOR'S PARK 1.0 300 0.0 0 0 0 0 1.21 1.21 00122 BBF - 48 DOCTOR'S PARK 1.0 384 1.0 0 0 0 0 0 0 1.21 1.22 00122 BBF - 48 DOCTOR'S PARK 1.0 384 1.0 0 0 0 0 0 0 1.21 1.24 00122 BBF - 48 DOCTOR'S PARK 1.0 384 1.0 0 0 0 0 0 0 1.21 1.25 00122 BBF - 48 DOCTOR'S PARK 1.0 384 1.0 0 0 0 0 0 0 0 0 1.21 1.26 00122 BBF - 57 N ST. EDUCATION HOUSE 1.2 00122 BBF - 57 N ST. EDUCATION HOUSE 1.2 00122 BBF - 2012 NEW STORAGE SHED 1.2 870 1.2 80			1	0	0	0	l e	1
1.18 OOTTBE BBF - COSMETCLOGY OFFICE			1	0	0	0		1
1.19 00119 BBF - AMESTHESIA HOUSE		l l	1	0	0	0		1
1.20 00120 BAF - #7 DOCTOR'S PARK 9,448 0 0 0 0 1.20 1.21 1.21 BAF - #4 DOCTOR'S PARK 1,350 0 0 0 0 1.21 1.22 1.22 1.25 1.25 BAF - #4 BOCTOR'S PARK 1,482 0 0 0 0 0 1.25 1.25 1.25 1.25 BAF - #ARK MOUSE/IT 14,832 0 0 0 0 0 1.25 1.25 1.25 1.25 BAF - #ARK MOUSE/IT 14,832 0 0 0 0 0 1.25 1.25 1.25 1.25 BAF - #ARK MOUSE/IT 14,832 0 0 0 0 0 0 1.25 1.25 1.25 1.25 1.25 BAF - #ARK MOUSE/IT 14,832 0 0 0 0 0 0 1.25 1.			1	Ö	ő	0		1
1.22 00122 BAF - 4 APR DOCTOR'S PARK 16, 994 0 0 0 0 1.25 00126 BAF - 4 APR NO HOSE/IT 14, 832 0 0 0 0 0 1.25 1.26 00126 BAF - 9 TH ST. EDUCATION HOUSE 13, 612 0 0 0 0 0 0 1.26 1.2			9, 448	0	0	0	0	1. 20
1.25 00125 BAF - HARNIS HOUSE/IT			1	0	0	0		•
1. 26 00126 B8F - 9TH ST. EDUCATION HOUSE 13, 612 0 0 0 0 0 1. 26 1. 27 1. 28 00128 B8F - FALOX POINT RESIDENCE 8. 486 0 0 0 0 0 1. 2. 27 1. 28 00128 B8F - Z012 NEW STORACE SHED 12, 878 0 0 0 0 0 1. 2. 27 1. 28 00120 B8F - Z012 NEW STORACE SHED 12, 878 0 0 0 0 0 1. 2. 20 00 0020 CAP REL COSTS. MYBLE EQUIP 9. 3, 56.0, 620			1	0	0	0	•	•
1.27 00127 BAF - FALCON POINT RESIDENCE 8, 486 0 0 0 0 0 1.27			1	0	0	0		•
2.00 00200 CAP REL COSTS-MYBLE EQUIP 3, 560, 620 2, 00 0 0 0 0 0 0 0 0 0			1	0	ő	0	l	
4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT 20, 966, 161 8, 799 0 0 0 0. 0 5. 02	1. 28	00128 B&F - 2012 NEW STORAGE SHED	12, 878	0	0	0	0	1. 28
5.01 OSBO CASH ERI NIX/ACCOUNTS RECEI VABLE 4, 198, 971 0 0 0 5, 01			1	0.700				•
5.00			1	8, 799		0		•
7. 00 00700 00700				345. 892	1	0	l	•
8. 00 00800 LAUNDRY & LINEN SERVICE			1			0	0	•
9.00 00900 HOUSEKEEPING 905, 375 9, 896 2, 387 0 0 9, 00 10.00 10100 DIETARY 658, 629 26, 661 0 0 0 0 0 11.00 01100 01			1	0	_	0		•
10.00 01000 0154RY			1			0	l e	•
11.00 01100 CAFETERIA 461, 196 13, 952 0 0 0 11, 00 13, 00 1300 NURSIN RAMINI STRATION 216, 257 1, 268 0 0 0 13, 00 13, 00 14, 00 01400 CENTRAL SERVI CES & SUPPLY 509, 688 47, 893 0 0 0 0 14, 00 15, 00 01500 PHARIMACY 1, 247, 272 16, 184 0 0 0 0 15, 00 016, 00 02, 00 02, 00 02, 00 02, 00 02, 00 02, 00 02, 00 03, 00 0 0 0 0 0 0 0 0 0			1			0		•
14. 00 01400 CENTRAL SERVICES & SUPPLY 5.09, 688 47, 893 0 0 0 0 14. 00 15. 00 01500 PHARMACY 1, 247, 272 16, 184 0 0 0 0 15. 00 16. 00 01600 MEDI CAL RECORDS & LI BRARY 553, 861 6, 381 0 0 0 0 0 21. 00 02100 18. SERVI CES-SALARY & FRINGES APPRVD 0 0 0 0 0 0 0 22. 00 02200 18. SERVI CES-SALARY & FRINGES APPRVD 14.8, 804 0 0 0 0 0 0 0 22. 00 10		1 1	1		1	0		•
15. 00 01500 PHARMACY 1, 247, 272 16, 184 0 0 0 0 15. 00		l l	1		1	0		•
16. 00 01600 MEDI CAL RECORDS & LI BRARY 553, 861 6, 381 0 0 0 0 16, 00 21. 00 02100 LAR SERVI CES-SALARY & FRINGES APPRVD 148, 804 0 0 0 0 0 22. 00 18R SERVI CES-OTHER PRGM. COSTS APPRVD 148, 804 0 0 0 0 0 22. 00 INPATI ENT ROUTI NE SERVI CE COST CENTERS			1		i i	0	l .	1
21. 00 02100 1&R SERVI CES-SALARY & FRI NGES APPRVD 0 0 0 0 0 0 0 21. 00		l l	1		0	0		1
INPATI ENT ROUTINE SERVICE COST CENTERS 4, 233, 621 159, 175 216, 130 0 0 0 31. 00 3		l l	1		0	0	l e	1
30. 0 03000 ADULTS & PEDIATRICS 4, 233, 621 159, 175 216, 130 0 0 0 31. 0	22. 00		148, 804	0	0	0	0	22. 00
31.00 03100 INTENSIVE CARE UNIT 108,002 11,719 0 0 0 31.00 43.00 04300 NURSERY 641,192 0 18,185 0 0 44.00 44.00 04400 SKI LLED NURSING FACI LI TY 200,856 8,442 0 0 0 0 44.00 46.00 04600 OTHER LONG TERM CARE 2,176,538 165,345 0 0 0 46.00 ANCI LLARY SERVI CE COST CENTERS	30 00		1 222 621	150 175	216 130	0	1	30 00
43. 00 04300 NURSERY 641, 192 0 18, 185 0 0 43. 00 440 0 04400 SKI LLED NURSING FACILITY 200, 856 8, 442 0 0 0 0 440. 00 46. 00 04600 OTHER LONG TERM CARE 2, 176, 538 165, 345 0 0 0 0 46. 00 **NOI LLARY SERVICE COST CENTERS** 50. 00 05000 OPERATING ROOM 4, 995, 102 136, 120 12, 998 0 0 51. 00 51. 00 05100 RECOVERY ROOM 580, 397 19, 421 0 0 0 0 51. 00 52. 00 05200 DELIVERY ROOM & LABOR ROOM 232, 996 0 18, 450 0 0 552. 00 53. 00 05300 ANESTHESI OLOGY 404, 023 1, 176 12, 968 0 0 54. 00 56. 00 05400 RADI OLOGY-DI AGNOSTI C 3, 166, 250 88, 413 0 0 0 54. 00 56. 00 05600 RADI OL SOTOPE 208, 486 4, 294 0 0 0 0 56. 00 60. 00 06000 LABORATORY 3, 282, 685 23, 768 0 0 0 0 63. 00 64. 00 06400 INTRAVENOUS THERAPY 0 0 0 0 0 64. 00 65. 00 06400 INTRAVENOUS THERAPY 720, 849 4, 466 0 0 0 0 66. 00 66. 00 06600 PHYSI CAL THERAPY 720, 849 4, 466 0 0 0 0 0 66. 00 67. 00 06700 CCUPATI ONAL THERAPY 391, 451 0 0 0 0 0 66. 00 68. 00 06900 ELECTROCARDI OLOGY 55, 266 0 0 0 0 0 0 0 0 0 0 0 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 5, 755, 559 0 0 0 0 0 0 0 0 73. 00 73. 00 07300 DRUGS CHARGED TO PATI ENTS 5, 755, 559 0 0 0 0 0 0 0 73. 00 73. 01 07301 CARDI AGREE 333, 630 12, 327 0 0 0 0 73. 02 73. 03 07303 SLEEP LAB 214, 101 9, 473 0 0 0 0 73. 30 073. 03 07303 SLEEP LAB 214, 101 9, 473 0 0 0 0 73. 30 0 07303 SLEEP LAB			1					
46.00 04600 OTHER LONG TERM CARE 2, 176, 538 165, 345 0 0 0 46.00			1	0	18, 185	0	•	
ANCI LLARY SERVI CE COST CENTERS 50. 00 05000 OPERATI ING ROOM 4, 995, 102 136, 120 12, 998 0 0 50. 00 51. 00 05100 RECOVERY ROOM 580, 397 19, 421 0 0 0 51. 00 52. 00 05200 DELI VERY ROOM & LABOR ROOM 232, 996 0 18, 450 0 0 52. 00 53. 00 05300 ANESTHESI OLOGY 404, 023 1, 176 12, 968 0 0 53. 00 54. 00 05400 RADI OLOGY-DI AGNOSTI C 3, 166, 250 88, 413 0 0 0 54. 00 56. 00 05600 RADI OLOGY-DI AGNOSTI C 3, 166, 250 88, 413 0 0 0 0 60. 00 06600 ARDI OLOGY-DI AGNOSTI C 3, 166, 250 88, 413 0 0 0 0 60. 00 06000 LABORATORY 3, 282, 685 23, 768 0 0 0 0 60. 00 06300 BLOOD STORI NG, PROCESSI NG & TRANS. 113, 660 0 0 0 0 61. 00 06400 INTRAVENOUS THERAPY 0 0 0 0 62. 00 06500 RESPI RATORY THERAPY 720, 849 4, 466 0 0 0 63. 00 06600 PHYSI CAL THERAPY 720, 849 4, 466 0 0 0 64. 00 06600 PHYSI CAL THERAPY 720, 849 4, 466 0 0 0 65. 00 06600 PHYSI CAL THERAPY 720, 849 4, 466 0 0 0 66. 00 06600 PHYSI CAL THERAPY 720, 849 4, 466 0 0 0 67. 00 06700 OCCUPATI ONAL THERAPY 391, 451 0 0 0 68. 00 06800 SPEECH PATHOLOGY 156, 666 0 0 0 0 69. 00 06900 ELECTROCARDI OLOGY 55, 266 0 0 0 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 5, 755, 559 0 0 0 73. 00 07300 DRUGS CHARGED TO PATI ENTS 5, 755, 559 0 0 0 73. 01 07301 CARDI ACREM 333, 630 12, 327 0 0 0 73. 02 07302 WOUND CARE 333, 630 12, 327 0 0 0 73. 03 07303 SLEEP LAB 214, 101 9, 473 0 0 0 73. 03 07303 SLEEP LAB 214, 101 9, 473 0 0 80. 00 0000000000000000000000000000000						0	•	•
50. 00 05000 OPERATI NG ROOM 4, 995, 102 136, 120 12, 998 0 0 50. 00 51. 00 05100 RECOVERY ROOM 580, 397 19, 421 0 0 0 51. 00 52. 00 05200 DELI VERY ROOM & LABOR ROOM 232, 996 0 18, 450 0 0 52. 00 53. 00 05300 ANESTHESI OLOGY 404, 023 1, 176 12, 968 0 0 53. 00 54. 00 05400 RADI OLOGY-DI AGNOSTI C 3, 166, 250 88, 413 0 0 0 54. 00 56. 00 05600 RADI OLOGY-DI AGNOSTI C 3, 166, 250 88, 413 0 0 0 0 56. 00 60. 00 05600 RADI OLOGY-DI AGNOSTI C 3, 186, 250 88, 413 0 0 0 56. 00 60. 00 05600 RADI OLOGY-DI AGNOSTI C 3, 186, 250 88, 413 0 0 0 0 0 0 0 0 0 0 <	46.00		2, 176, 538	165, 345	0	0	0	46.00
51. 00 05100 RECOVERY ROOM 580, 397 19, 421 0 0 51. 00 52. 00 05200 DELI VERY ROOM & LABOR ROOM 232, 996 0 18, 450 0 0 52. 00 53. 00 05300 ANESTHESI OLOGY 404, 023 1, 176 12, 968 0 0 0 53. 00 54. 00 05400 RADI OLOGY-DI AGNOSTI C 3, 166, 250 88, 413 0 0 0 56. 00 60. 00 05600 RADI OLOGY-DI AGNOSTI C 3, 166, 250 88, 413 0 0 0 56. 00 60. 00 05600 RADI OLOGY-DI AGNOSTI C 3, 282, 685 23, 768 0 0 0 0 60. 00 0	50.00		4, 995, 102	136, 120	12, 998	0	0	50.00
53. 00 05300 ANESTHESI OLOGY 404, 023 1, 176 12, 968 0 0 53. 00 54. 00 05400 RADI OLOGY-DI AGNOSTI C 3, 166, 250 88, 413 0 0 0 54. 00 56. 00 05600 RADI OLOGY-DI AGNOSTI C 208, 486 4, 294 0 0 0 56. 00 60. 00 06000 LABORATORY 3, 282, 685 23, 768 0 0 0 0 0 60. 00 63. 00 06300 BLOOD STORI NG, PROCESSI NG & TRANS. 113, 660 0			580, 397	•			1	1
54. 00 05400 RADI OLOGY-DI AGNOSTI C 3, 166, 250 88, 413 0 0 0 54. 00 56. 00 05600 RADI OLOGY-DI AGNOSTI C 208, 486 4, 294 0 0 0 56. 00 60. 00 06000 LABORATORY 3, 282, 685 23, 768 0 0 0 0 0 60. 00 64. 00 06400 INTRAVENOUS THERAPY 0 0 0 0 0 0 64. 00 65. 00 06500 RESPI RATORY THERAPY 720, 849 4, 466 0 0 0 65. 00 66. 00 06600 PHYSI CAL THERAPY 1, 698, 653 72, 427 0 0 0 66. 00 67. 00 06700 OCCUPATI ONAL THERAPY 391, 451 0 0 0 0 67. 00 68. 00 08900 SPEECH PATHOLOGY 156, 666 0 0 0 0 0 68. 00 71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT <td></td> <td></td> <td></td> <td>ŭ</td> <td></td> <td>0</td> <td>l</td> <td></td>				ŭ		0	l	
56. 00 05600 RADI OI SOTOPE 208, 486 4, 294 0 0 0 56. 00 60. 00 06000 LABORATORY 3, 282, 685 23, 768 0 0 0 60. 00 63. 00 06300 BLOOD STORING, PROCESSING & TRANS. 113, 660 0 0 0 0 0 0 0 0 0 0 0 0 0 0 63. 00 64. 00 06400 I NTRAVENOUS THERAPY 0 0 0 0 0 0 0 0 0 0 64. 00 65. 00 06500 RESPI RATORY THERAPY 720, 849 4, 466 0 0 0 0 0 65. 00 66. 00 06600 PHYSI CAL THERAPY 1, 698, 653 72, 427 0 0 0 66. 00 67. 00 06700 OCCUPATI ONAL THERAPY 391, 451 0 0 0 0 67. 00 68. 00 06800 SPEECH PATHOLOGY 156, 666 0 0 0 0 0 68. 00 69. 00 06900 ELECTROCARDI OLOGY 55, 266 0 0 0						0	l .	
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64. 00 06400 INTRAVENOUS THERAPY 0 0 0 0 0 64. 00 65. 00 65. 00 66. 00 06500 RESPI RATORY THERAPY 720, 849 4, 466 0 0 0 0 65. 00 66. 00 66. 00 0 0 66. 00 67. 00 0 0 0 0 0 0 0 0 0	60.00		3, 282, 685			0	l	60.00
65. 00 06500 RESPIRATORY THERAPY 720, 849 4, 466 0 0 0 0 65. 00 66. 00 66. 00 66. 00 66. 00 66. 00 67. 00 67. 00 06700 0CCUPATI ONAL THERAPY 391, 451 0 0 0 0 0 0 67. 00 68. 00 06800 SPEECH PATHOLOGY 156, 666 0 0 0 0 0 0 68. 00 69. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENT 2, 206, 966 0 0 0 0 0 0 0 0 0 0		· ·	113, 660	0	0	0	l e	
66. 00 06600 PHYSI CAL THERAPY 1,699,653 72,427 0 0 0 0 66. 00 67. 00 67. 00 68. 00 06700 0CCUPATI ONAL THERAPY 391,451 0 0 0 0 0 67. 00 68. 00 69. 00 0 0 0 0 0 0 0 0 0			720 849	1 166	0	0	l	1
67. 00 06700 OCCUPATI ONAL THERAPY 391, 451 0 0 0 0 0 67. 00 68. 00 69. 00 06800 SPEECH PATHOLOGY 156, 666 0 0 0 0 0 68. 00 69. 00 071. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENT 2, 206, 966 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			1		1	0		1
69. 00 06900 ELECTROCARDI OLOGY 55, 266 0 0 0 0 69. 00 71. 00 71. 00 72. 00 07200 MPDI CAL SUPPLIES CHARGED TO PATI ENTS 5, 755, 559 0 0 0 0 0 72. 00 73. 00 07300 RUGS CHARGED TO PATI ENTS 3, 105, 864 0 0 0 0 0 0 73. 00 73. 01 07301 CARDI AC REHAB 167, 086 0 0 0 0 73. 01 73. 02 07302 WOUND CARE 333, 630 12, 327 0 0 0 73. 03 07303 SLEEP LAB 214, 101 9, 473 0 0 0 73. 03 073. 03				0	0	0	l	1
71. 00			1	0	0	0	l e	1
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS 5, 755, 559 0 0 0 0 72. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 3, 105, 864 0 0 0 0 73. 00 73. 01 07301 CARDI AC REHAB 167, 086 0 0 0 0 73. 01 73. 02 07302 WOUND CARE 333, 630 12, 327 0 0 0 73. 02 73. 03 07303 SLEEP LAB 214, 101 9, 473 0 0 0 73. 03		1		0	0	0	l e	1
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73. 01 07301 CARDI AC REHAB 167, 086 0 0 0 73. 01 07302 WOUND CARE 333, 630 12, 327 0 0 0 73. 02 07303 SLEEP LAB 214, 101 9, 473 0 0 0 73. 03		1	1 1	0		0	l .	1
73. 03 07303 SLEEP LAB 214, 101 9, 473 0 0 73. 03	73. 01	07301 CARDI AC REHAB	167, 086	0	o	0	0	73. 01
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75. 51			1		i	0		
	. 5. 64	122.25[5.27.00]	, 2, 137	O	, 0	O	, ,	, , 5, 54

Provider CCN: 14-1317

			11	0 09/30/2023	2/26/2024 10:	
			CAPI TAL REI	LATED COSTS		
			laa			
Cost Center Description	Net Expenses	BLDG & FIXT	OB UNIT - BLDG		B&F - FARMER	
	for Cost Allocation		& FLXT	RHC	CITY RURAL HEALTH CLIN	
	(from Wkst A				HEALIH CLIN	
	col. 7)					
	0	1. 00	1. 01	1. 02	1. 04	
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	15, 703, 497	0	0	8, 407	12, 975	
90. 00 09000 CLI NI C	210, 723	12, 881	1	0	0	90.00
90. 01 09001 GERI PSYCH CLINIC	294, 382	0	0	0	0	90. 01
90. 02 09002 ORTHO AND CARDIO CLINIC	3, 186, 190	109, 671	1	0	0	90. 02
90. 03 09003 GENERAL SURGERY CLINIC 90. 04 09004 GAPC AND #3 CLINIC	607, 591	35, 672		0	0	90. 03 90. 04
90. 04 09004 GAPC AND #3 CLIMIC 90. 05 09005 ENT AND UROLOGY CLIMIC	1, 013, 242	74, 012		0	0	90.04
91. 00 09100 EMERGENCY	2, 704, 903	68, 186			0	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	2,704,703	00, 100		Ĭ	O	92.00
93. 00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	o	0	93. 00
OTHER REIMBURSABLE COST CENTERS	· -u			· · · · · · · · · · · · · · · · · · ·		
95. 00 09500 AMBULANCE SERVICES	2, 684, 147	0	0	0	0	95. 00
SPECIAL PURPOSE COST CENTERS	1		ı			
113. 00 11300 I NTEREST EXPENSE	444 000 004	4 (00 004			40.075	113. 00
118. 00 SUBTOTALS (SUM OF LINES 1 through 117) NONREI MBURSABLE COST CENTERS	114, 382, 924	1, 638, 081	290, 196	8, 407	12, 9/5	118. 00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1, 004	0	O	0	190. 00
192. 01 19201 GAH - MSO	0	1,004				192. 01
192. 02 19202 GAH FOUNDATION	331, 088	0	Ö	=		192. 02
194. 00 07950 FALCON POINT RENTAL	0	0	o o	ol		194. 00
194. 01 07951 PHYSI CI AN OFFI CE	0	0	o	o		194. 01
194.02 07952 PLASTIC SURG & DR. CHUNG	200, 562	0	0	o	0	194. 02
194.03 07953 WELLNESS CENTER	175, 207	0	0	0	0	194. 03
194. 04 07954 PSYCH CLINIC	2, 175, 587	0	0	0		194. 04
194.05 07955 MAHOMET SPECIALTY CLINIC	0	0	0	0		194. 05
194. 06 07956 LASER CLINIC	0	0	0	0		194. 06
194. 07 07957 PAIN CLINIC	199, 027	0	0	0		194. 07
194. 08 07958 LINE NOT UTILIZED	0	0		0		194. 08
194. 09 07959 GAH CARDI OLOGY 194. 10 07960 WI C	164, 413	0		0		194. 09 194. 10
194. 11 07961 OPC SPECIALTY CLINIC	78, 685	17, 955		0		194. 10
194. 12 07962 FAMILY HEALTHCARE OF POTOMAC	70,005	17, 755				194. 12
194. 13 07963 PODI ATRY	0	0	Ŏ	Ö		194. 13
194. 14 07964 9TH STREET CLINIC	0	0	ō	o		194. 14
194. 15 07965 ORTHO CLINIC	0	0	0	o	0	194. 15
194. 16 07966 FHGC	797, 753	0	0	0	0	194. 16
194.17 07967 ELITE PERFORMANCE	1, 755, 163	0	0	0		194. 17
194. 18 07968 GAFM	1, 086, 586	0	0	0		194. 18
194. 19 07969 GAPC	0	0	0	0		194. 19
194. 20 07970 FHCF	124, 935	14, 203	0	0		194. 20
194. 21 07971 FAMI LY H. C. FAI RBURY 194. 22 07972 GI BSON HEALTH OF WATSEKA	951, 410 0	0		0		194. 21 194. 22
194.23 07973 WEEKEND CLINIC AT GAH	0	0		0		194. 22
194. 24 07974 #3 CLINIC (DR. DELOST)	0	0	0			194. 24
194. 25 07975 GIBSON HEALTH OF MAHOMET		0	0	=		194. 25
194. 26 07976 DENTAL CLINIC	1, 103, 452	43, 480	_	=		194. 26
194. 27 07977 RETAIL PHARMACY	2, 535, 086	23, 253		o		194. 27
194. 28 07978 CP THERAPY	293, 293	0	0	o		194. 28
194. 29 07979 SCHOOL NURSE	509, 328	0	0	0	0	194. 29
200.00 Cross Foot Adjustments	[200. 00
201.00 Negative Cost Centers	100000	0	0	0		201. 00
202.00 TOTAL (sum lines 118 through 201)	126, 864, 499	1, 737, 976	290, 196	8, 407	12, 975	J202. 00

Provider CCN: 14-1317

						2/26/2024 10:	<u>06 am</u>
			CAP	TTAL RELATED C	0STS		
		Do E	DAE FORDECT	I BAE DAVEOU	DAE MALIONET	DAE DOTOLIA	
	Cost Center Description	B&F - HOOPESTON	B&F - FORREST RURAL HEALTH	RURAL HEALTH	B&F - MAHOMET SPECIALTY	B&F - POTOMAC RURAL HEALTH	
		RURAL HEALTH	CLINIC	CLINIC	CLINIC	CLINIC	
		CLINIC	OLIMO	OLIMO	CEINIC	CEINIO	
		1. 05	1. 07	1. 09	1. 10	1. 11	
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS-BLDG & FIXT						1. 00
1. 01	OO1O1 OB UNIT - BLDG & FIXT						1. 01
1. 02	00102 B&F - ONARGA RHC						1. 02
1.04	00104 B&F - FARMER CITY RURAL HEALTH CLIN	477.046					1. 04
1.05	00105 B&F - HOOPESTON RURAL HEALTH CLINIC	177, 962	•				1. 05
1. 07 1. 09	00107 B&F - FORREST RURAL HEALTH CLINIC 00109 B&F - PAXTON RURAL HEALTH CLINIC		15, 724	145, 889			1. 07 1. 09
1. 10	00110 B&F - MAHOMET SPECIALTY CLINIC			145,669	47, 718		1. 10
1. 10	00111 B&F - POTOMAC RURAL HEALTH CLINIC				47,710	0	1
1. 12	00112 B&F - PAXTON WELLNESS CENTER				Ö	Ö	1
1.14	00114 B&F - PAXTON AMBULANCE STATION		o		0	o	1
1. 15	00115 B&F - AMBULANCE STAFF RESIDENCE	C	0) c	0	0	1. 15
1. 16	00116 B&F - AMBULANCE BUILDING	C	0) c	0	0	
1. 17	00117 B&F - # 10 DOCTOR' S PARK	0	0) C	0	0	1
1. 18	00118 B&F - COSMETOLOGY OFFICE	0	0		0	0	1
1. 19	00119 B&F - ANESTHESI A HOUSE				0	0	1
1. 20	00120 B&F - #7 DOCTOR'S PARK				0	0	1
1. 21 1. 22	00121 B&F - #4 DOCTOR' S PARK				0		
1. 25	00125 B&F - HARMS HOUSE/IT				0		1
1. 26	00126 B&F - 9TH ST. EDUCATION HOUSE				0	Ö	1
1. 27	00127 B&F - FALCON POINT RESIDENCE				Ö	Ö	
1. 28	00128 B&F - 2012 NEW STORAGE SHED		o		0	o	
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	C	0) c	0	0	
5.01	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	C	0) C	0	0	
5. 02	00591 ALL OTHER ADMIN & GENERAL	C	0) C	0	0	1
7.00	00700 OPERATION OF PLANT	C	0) C	0	0	1
7. 01	00701 OPERATION OF PLANT-OUTSIDE PROPERTY				0	0	
8. 00 9. 00	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG				0	0	
10.00	01000 DI ETARY				0		
11. 00	01100 CAFETERI A				0		1
13. 00	01300 NURSI NG ADMI NI STRATI ON				0	٥	
14. 00	01400 CENTRAL SERVICES & SUPPLY		o		Ö	Ö	
15. 00	01500 PHARMACY	C	0) c	0	0	1
16.00	01600 MEDICAL RECORDS & LIBRARY	(C	0) c	0	0	16. 00
21. 00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0) C	0	0	
22. 00	02200 I &R SERVI CES-OTHER PRGM. COSTS APPRVD	C	0) <u> </u>	0	0	22. 00
	INPATIENT ROUTINE SERVICE COST CENTERS				_		
30.00	03000 ADULTS & PEDIATRICS	C	1		0	0	
31. 00 43. 00	03100 I NTENSI VE CARE UNI T 04300 NURSERY				0	0	1
	04400 SKILLED NURSING FACILITY				0		1
46. 00	04600 OTHER LONG TERM CARE		•			l e	
10.00	ANCILLARY SERVICE COST CENTERS		<u> </u>	· · · · · · · · · · · · · · · · · · ·			10.00
50.00	05000 OPERATING ROOM	C	0) C	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0) C	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	C	0) C	0	0	
53. 00	05300 ANESTHESI OLOGY	C	0) C	0	0	1
54.00	05400 RADI OLOGY-DI AGNOSTI C		0)	0	0	
56. 00	05600 RADI OI SOTOPE				0	0	1
60.00	06000 LABORATORY				0	0	1
63. 00 64. 00	06300 BLOOD STORING, PROCESSING & TRANS. 06400 INTRAVENOUS THERAPY				0		
65. 00	06500 RESPIRATORY THERAPY				0		1
66. 00	06600 PHYSI CAL THERAPY				0		
67. 00	06700 OCCUPATI ONAL THERAPY				0	٥	1
68. 00	06800 SPEECH PATHOLOGY				Ö	Ö	1
69.00	06900 ELECTROCARDI OLOGY		o		0	o	1
71. 00			0) c	0	0	
72. 00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0) c	0	0	1
73. 00	07300 DRUGS CHARGED TO PATIENTS	[C	0) C	0	0	
73. 01	07301 CARDI AC REHAB	(C	0) C	0	0	1
73. 02	07302 WOUND CARE	0	0) C	0	0	
73. 03	07303 SLEEP LAB) C	0	0	1
73. 04	03950 DI ETARY EDUCATION		y C) <u> </u>	0	0	73. 04
88. 00	OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC	177, 962	15, 724	145, 889	47, 718		88. 00
-00.00	OOOOO NORAL TILALTIT CLIMIC	177, 902	15,724	145,007	1 47,710	1 0	1 00.00

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS GIBSON AREA HOSPITAL AND HEALTH SVCS
Provider CCN: 14-1317

		CAD	TTAL RELATED CO	nete	2/26/2024 10:	06 am
		CAF	TIAL KLLAILD CO	3313		
Cost Center Description	B&F -	B&F - FORREST	B&F - PAXTON	B&F - MAHOMET	B&F - POTOMAC	
0000 001101 00001 1 111011	HOOPESTON	RURAL HEALTH	RURAL HEALTH	SPECI ALTY	RURAL HEALTH	
	RURAL HEALTH	CLINIC	CLINIC	CLINIC	CLINIC	
	CLINIC					
	1.05	1. 07	1.09	1. 10	1. 11	
90. 00 09000 CLI NI C	0				0	90.00
90. 01 09001 GERI PSYCH CLINIC	0	0	0	o	0	90. 01
90.02 09002 ORTHO AND CARDIO CLINIC	0	0	0	o	0	90. 02
90. 03 09003 GENERAL SURGERY CLINIC	0	0	0	o	0	90. 03
90. 04 09004 GAPC AND #3 CLINIC	0	0	0	o	0	90. 04
90.05 09005 ENT AND UROLOGY CLINIC	0	0	0	o	0	90. 05
91. 00 09100 EMERGENCY	0	0	0	o	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	o	0	93. 00
OTHER REIMBURSABLE COST CENTERS						
95. 00 09500 AMBULANCE SERVICES	0	0	0	0	0	95. 00
SPECIAL PURPOSE COST CENTERS						
113. 00 11300 I NTEREST EXPENSE						113. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	177, 962	15, 724	145, 889	47, 718	0	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190. 00
192.01 19201 GAH - MSO	0	0	0	0	0	192. 01
192.02 19202 GAH FOUNDATION	0	0	0	0	0	192. 02
194.00 07950 FALCON POINT RENTAL	0	0	0	0	0	194. 00
194.01 07951 PHYSICIAN OFFICE	0	0	0	0	0	194. 01
194.02 07952 PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194. 02
194. 03 07953 WELLNESS CENTER	0	0	0	0	0	194. 03
194. 04 07954 PSYCH CLINIC	0	0	0	0	0	194. 04
194.05 07955 MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194. 05
194. 06 07956 LASER CLINIC	0	0				194. 06
194.07 07957 PAIN CLINIC	0	0				194. 07
194. 08 07958 LINE NOT UTILIZED	0	0				194. 08
194. 09 07959 GAH CARDI OLOGY	0	0				194. 09
194. 10 07960 WI C	0	0	0			194. 10
194. 11 07961 OPC SPECIALTY CLINIC	0	0	1			194. 11
194.12 07962 FAMILY HEALTHCARE OF POTOMAC	0	0	1			194. 12
194. 13 07963 PODI ATRY	0	0				194. 13
194. 14 07964 9TH STREET CLINIC	0	0	1			194. 14
194. 15 07965 ORTHO CLINIC	0	0				194. 15
194. 16 07966 FHGC	0	0				194. 16
194. 17 07967 ELITE PERFORMANCE	0	0	1			194. 17
194. 18 07968 GAFM	0	0				194. 18
194. 19 07969 GAPC	0	0				194. 19
194. 20 07970 FHCF	0	0	1			194. 20
194. 21 07971 FAMILY H. C. FAIRBURY	0	0	1			194. 21
194. 22 07972 GIBSON HEALTH OF WATSEKA	0	0	1			194. 22
194. 23 07973 WEEKEND CLINIC AT GAH	0	0	1			194. 23
194. 24 07974 #3 CLINIC (DR. DELOST)		0				194. 24
194. 25 07975 GI BSON HEALTH OF MAHOMET		0	_	_		194. 25
194. 26 07976 DENTAL CLINIC		0				194. 26 194. 27
194.27 07977 RETAIL PHARMACY 194.28 07978 CP THERAPY			0	_		194. 27
194. 28 07978 CP THERAPY 194. 29 07979 SCHOOL NURSE						194. 28
200.00 Cross Foot Adjustments		١	i o	١	U	200. 00
201.00 Negative Cost Centers			0		Ō	200.00
202.00 TOTAL (sum lines 118 through 201)	177, 962	15, 724	1	47, 718		201.00
202.00 TOTAL (Sum TITIES TTO LITTOUGH 201)	177, 702	15,724	145,009	47,710	U	1202.00

Provider CCN: 14-1317

		CAPI	ITAL RELATED CO	STS	2/26/2024 10:	06 am
Cost Center Description	B&F - PAXTON WELLNESS CENTER	B&F - PAXTON AMBULANCE STATION	B&F - AMBULANCE STAFF RESI DENCE	B&F - AMBULANCE BUI LDI NG	B&F - # 10 DOCTOR' S PARK	
OFFICE ASSESSMENT OF ASSESSMEN	1. 12	1. 14	1. 15	1. 16	1. 17	
GENERAL SERVICE COST CENTERS 1 00 00100 CAP REL COSTS RIDG & FLYT						1 1 00
1.00 00100 CAP REL COSTS-BLDG & FIXT 1.01 00101 OB UNIT - BLDG & FIXT 1.02 00102 B&F - ONARGA RHC 1.04 00104 B&F - FARMER CITY RURAL HEALTH CLINI C 1.05 00105 B&F - HOOPESTON RURAL HEALTH CLINI C 1.07 00107 B&F - FORREST RURAL HEALTH CLINI C 1.09 00109 B&F - PAXTON RURAL HEALTH CLINI C 1.10 00110 B&F - MAHOMET SPECIALTY CLINI C 1.11 00111 B&F - POTOMAC RURAL HEALTH CLINI C 1.12 00112 B&F - PAXTON WELLNESS CENTER 1.14 00114 B&F - PAXTON AMBULANCE STATION 1.15 00115 B&F - AMBULANCE STAFF RESI DENCE 1.16 00116 B&F - AMBULANCE STAFF RESI DENCE 1.16 00116 B&F - AMBULANCE STAFF RESI DENCE 1.17 00117 B&F - # 10 DOCTOR'S PARK 1.18 00118 B&F - ANESTHESI A HOUSE 1.19 00119 B&F - # 7 DOCTOR'S PARK 1.20 00120 B&F - # 7 DOCTOR'S PARK 1.21 00121 B&F - # 8 DOCTOR'S PARK 1.22 00122 B&F - # 8 DOCTOR'S PARK 1.25 00125 B&F - HARMS HOUSE/IT 1.26 00126 B&F - # 8 DOCTOR'S PARK 1.27 00127 B&F - FALCON POINT RESIDENCE 1.28 00128 B&F - FALCON POINT RESIDENCE 1.29 00200 CAP REL COSTS-MVBLE EQUIP 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 5.01 00580 CASHIERING/ACCOUNTS RECEIVABLE ALL OTHER ADMIN & GENERAL 00700 OPERATION OF PLANT 00701 OPERATION OF PLANT 00700 OPERATION OF PLANT 00700	413 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6, 900 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6, 836 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	23, 843 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	31, 237 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1. 00 1. 01 1. 02 1. 04 1. 05 1. 07 1. 09 1. 10 1. 11 1. 12 1. 14 1. 15 1. 16 1. 17 1. 18 1. 19 1. 20 1. 21 1. 25 1. 26 1. 27 1. 28 2. 00 4. 00 7. 01 8. 00 7. 01 8. 00 9. 00 11. 00 13. 00 14. 00 15. 00 16. 00 21. 00 22. 00
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31. 00 03100 I NTENSI VE CARE UNI T 43. 00 04300 NURSERY	0	0	0	0	0	31. 00 43. 00
44. 00 04400 SKILLED NURSING FACILITY	0	1	0	0	0	1
46.00 O4600 OTHER LONG TERM CARE	0		0	0		46. 00
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51. 00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM				0	0	52.00
53. 00 05300 ANESTHESI OLOGY 54. 00 05400 RADI OLOGY - DI AGNOSTI C				0	0	53. 00 54. 00
56. 00 05600 RADI OI SOTOPE		0	0	0	0	56.00
60. 00 06000 LABORATORY	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	o	0	0	Ō	63.00
64.00 06400 INTRAVENOUS THERAPY	0	O	0	0	0	64.00
65. 00 06500 RESPIRATORY THERAPY	0	o	0	0	0	65. 00
66. 00 06600 PHYSI CAL THERAPY	0	0	0	0	0	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	0	0	0	0	0	67. 00
68. 00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68. 00
69. 00 06900 ELECTROCARDI OLOGY	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 73.00 07300 DRUGS CHARGED TO PATIENTS				0	0	72. 00 73. 00
73. 00 07300 DROGS CHARGED TO PATTENTS 73. 01 07301 CARDI AC REHAB				0	6, 804	73.00
73. 02 07302 WOUND CARE	0			0	0,804	73. 01
73. 03 07303 SLEEP LAB		l ől	ŏ	0	ő	73. 03
73. 04 03950 DIETARY EDUCATION	0	0	0	0	0	73. 04
OUTPATIENT SERVICE COST CENTERS	_					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88. 00

Provider CCN: 14-1317

Peri od: From 10/01/2022 To 09/30/2023

In Lieu of Form CMS-2552-10
Worksheet B
Part I
30/2023 Date/Time Prepared:
2/26/2024 10: 06 am

		CAP	ITAL RELATED CO	STS	2/26/2024 10:	06 am
Cost Center Description	B&F - PAXTON WELLNESS CENTER	B&F - PAXTON AMBULANCE STATION	B&F - AMBULANCE STAFF RESI DENCE	B&F - AMBULANCE BUI LDI NG	B&F - # 10 DOCTOR' S PARK	
	1. 12	1. 14	1. 15	1. 16	1. 17	
90. 00 09000 CLI NI C	0	0	0	0	0	90.00
90. 01 09001 GERI PSYCH CLINIC	o o	Ö	Ö	0	8, 814	
90. 02 09002 ORTHO AND CARDIO CLINIC	0	O.	Ö	0	0,011	90. 02
90. 03 09003 GENERAL SURGERY CLINIC	0	O.	0	0	Ö	ı
90. 04 09004 GAPC AND #3 CLINIC	0	0	0	0	0	90. 04
90. 05 09005 ENT AND UROLOGY CLINIC	0	0	0	0	0	90.05
91. 00 09100 EMERGENCY	0	O.	0	0	o o	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART				O	· ·	92.00
93. 00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	
OTHER REIMBURSABLE COST CENTERS		O O	<u> </u>		0	73.00
95. 00 09500 AMBULANCE SERVICES	0	6, 900	6, 836	23, 843	0	95. 00
SPECIAL PURPOSE COST CENTERS		0, 700	0, 030	23, 043	0	75.00
113. 00 11300 I NTEREST EXPENSE						113. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	6, 900	6, 836	23, 843	15 417	118. 00
NONREI MBURSABLE COST CENTERS		0, 700	0, 030	23, 043	15, 047	1116.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190. 00
192. 01 19201 GAH - MSO	0	0	0	0	l e	192. 01
192. 02 19202 GAH FOUNDATION	0	0	0	0		192. 01
194.00 07950 FALCON POINT RENTAL		0	0	0	l e	194. 00
194. 01 07951 PHYSI CI AN OFFICE		0	0	0	l e	194. 00
194. 02 07952 PLASTI C SURG & DR. CHUNG	0	0	0	0	l	194. 01
194. 03 07953 WELLNESS CENTER	413	0	0	0		194. 02
194. 04 07954 PSYCH CLINIC	413	0	0	0		194. 03
194.05 07955 MAHOMET SPECIALTY CLINIC	0	0	0	0		194. 04
194. 06 07956 LASER CLINIC	0	0	0	0		194. 05
194. 07 07957 PAIN CLINIC	0	0	0	0	•	194. 00
194.08 07957 PATN CLINIC 194.08 07958 LINE NOT UTILIZED	0	0	0	0	•	194. 07
194. 09 07959 GAH CARDI OLOGY		0	0	0	•	194. 09
194. 10 07960 WI C		0	0	0	l	194. 09
194. 11 07961 OPC SPECIALTY CLINIC		0	0	0		194. 10
194. 12 07962 FAMILY HEALTHCARE OF POTOMAC		0	0	0		194. 11
194. 13 07963 PODIATRY	0	0	0	0		194. 12
194. 14 07964 9TH STREET CLINIC	0	0	0	0		194. 13
194. 15 07965 ORTHO CLINIC	0	0	0	0	1	194. 14
194. 15 07965 OKTHO CLINIC 194. 16 07966 FHGC	0	0	0	0	l	194. 15
194. 17 07967 ELITE PERFORMANCE	0	0	0	0	l	194. 10
	0	0	0	0	l	194. 17
194. 18 07968 GAFM 194. 19 07969 GAPC	0	0	0	0		194. 18
194. 19 07989 GAPC 194. 20 07970 FHCF	0	0	0	0		194. 19
194. 20 07970 FHCF 194. 21 07971 FAMILY H. C. FAIRBURY	0	0	0	0		194. 20
	0	0	- 1	0		
194. 22 07972 GIBSON HEALTH OF WATSEKA	0	0	0	0		194. 22
194. 23 07973 WEEKEND CLINIC AT GAH	0	0	0	0	l e	194. 23
194. 24 07974 #3 CLINIC (DR. DELOST)	0	0	0	0	l e	194. 24
194. 25 07975 GIBSON HEALTH OF MAHOMET	0	0	0	0		194. 25
194. 26 07976 DENTAL CLINIC	0	0	0	0		194. 26
194. 27 07977 RETAIL PHARMACY	0	0	0	0		194. 27
194. 28 07978 CP THERAPY	0	0	0	0		194. 28
194. 29 07979 SCHOOL NURSE	0	0	0	0	0	194. 29
200.00 Cross Foot Adjustments	_	_		_	_	200.00
201.00 Negative Cost Centers	0	0	0	0	•	201. 00
202.00 TOTAL (sum lines 118 through 201)	413	6, 900	6, 836	23, 843	31, 237	202. 00

			CAP	TTAL RELATED C	OSTS	2/26/2024 10:	06 am
	Cost Center Description	B&F -	B&F -	B&F - #7	B&F - #4	B&F - #8	
		COSMETOLOGY OFFICE	ANESTHESI A HOUSE		DOCTOR' S PARK	DUCTOR'S PARK	
GEN	IERAL SERVICE COST CENTERS	1. 18	1. 19	1. 20	1. 21	1. 22	
	100 CAP REL COSTS-BLDG & FLXT			1			1.00
1	O1 OB UNIT - BLDG & FIXT						1. 01
1	O2 B&F - ONARGA RHC O4 B&F - FARMER CITY RURAL HEALTH CLIN						1. 02 1. 04
	105 B&F - HOOPESTON RURAL HEALTH CLINIC			•			1.04
	07 B&F - FORREST RURAL HEALTH CLINIC						1. 07
	109 B&F - PAXTON RURAL HEALTH CLINIC						1. 09
1	10 B&F - MAHOMET SPECIALTY CLINIC 11 B&F - POTOMAC RURAL HEALTH CLINIC						1.10
	111 B&F - POTOWAC RORAL HEALTH CLINIC			•			1. 11 1. 12
	14 B&F - PAXTON AMBULANCE STATION						1. 14
	115 B&F - AMBULANCE STAFF RESIDENCE						1. 15
	116 B&F - AMBULANCE BUILDING 117 B&F - # 10 DOCTOR'S PARK						1. 16 1. 17
	118 B&F - COSMETOLOGY OFFICE	6, 685					1. 18
	19 B&F - ANESTHESIA HOUSE	0	9, 790				1. 19
1	20 B&F - #7 DOCTOR'S PARK	0	0	9, 448			1. 20
	21 B&F - #4 DOCTOR' S PARK 22 B&F - #8 DOCTOR' S PARK	0	0	C	1, 350	16. 984	1. 21 1. 22
	125 B&F - HARMS HOUSE/IT	o	0		0	0	1. 25
	26 B&F - 9TH ST. EDUCATION HOUSE	0	0	o c	0	0	1. 26
	27 B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1. 27
1	128 B&F - 2012 NEW STORAGE SHED 200 CAP REL COSTS-MVBLE EQUIP	U	U		0	0	1. 28 2. 00
	100 EMPLOYEE BENEFITS DEPARTMENT	O	0	d	0	0	4. 00
	CASHI ERI NG/ACCOUNTS RECEI VABLE	0	0	C	0	0	5. 01
	591 ALL OTHER ADMIN & GENERAL	0	9, 790		202	0	5. 02
1	700 OPERATION OF PLANT 701 OPERATION OF PLANT-OUTSIDE PROPERTY	0	0		0	0	7. 00 7. 01
	BOO LAUNDRY & LINEN SERVICE	Ö	0	C	0	0	8. 00
	900 HOUSEKEEPI NG	0	0	C	0	0	9.00
1	DOO DI ETARY LOO CAFETERI A	0	0		0	0	10. 00 11. 00
	BOO NURSING ADMINISTRATION	0	0		0	0	13.00
	100 CENTRAL SERVICES & SUPPLY	0	0	C	0	0	14. 00
	500 PHARMACY	0	0	C	0	0	15.00
1	600 MEDICAL RECORDS & LIBRARY 100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0		0	0	16. 00 21. 00
	200 I &R SERVICES-OTHER PRGM. COSTS APPRVD	Ö	0	ď	0		22. 00
	PATIENT ROUTINE SERVICE COST CENTERS						
1	DOO ADULTS & PEDIATRICS TOO INTENSIVE CARE UNIT	0	0	0	0	0	30. 00 31. 00
	300 NURSERY	0	0		0	0	43. 00
	100 SKILLED NURSING FACILITY	0	0	C	0	0	44. 00
	OOO OTHER LONG TERM CARE	0	0	0	0	0	46. 00
	CILLARY SERVICE COST CENTERS OOO OPERATING ROOM	0	0	0	0	0	50.00
51.00 051	100 RECOVERY ROOM	o	0	o c	o o	0	51.00
1	200 DELIVERY ROOM & LABOR ROOM	0	0	C	0	0	52.00
	800 ANESTHESI OLOGY 800 RADI OLOGY-DI AGNOSTI C	0	0		0	0	53. 00 54. 00
	000 RADI OLSOTOPE	o	Ö	ď	0	0	56. 00
	DOO LABORATORY	0	0	o c	0	0	60. 00
	300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
	100 I NTRAVENOUS THERAPY 500 RESPI RATORY THERAPY	0	0		0	0	64. 00 65. 00
	000 PHYSI CAL THERAPY	o	0	o c	0	0	66. 00
	700 OCCUPATI ONAL THERAPY	0	0	C	0	0	67. 00
	800 SPEECH PATHOLOGY 200 ELECTROCARDI OLOGY	0	0		0	0	68. 00 69. 00
	100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0	0	71.00
72. 00 072	200 IMPL. DEV. CHARGED TO PATIENTS	o	0	o c	o o	0	72. 00
	BOO DRUGS CHARGED TO PATIENTS	0	0	o c	0	0	73.00
	801 CARDI AC REHAB 802 WOUND CARE	0	0		0	0	73. 01 73. 02
	303 SLEEP LAB	ol	0		0	0	73. 02
73. 04 039	P50 DIETARY EDUCATION	0	0	C	0	0	73. 04
	PATIENT SERVICE COST CENTERS	0				14 004	00 00
88. 00 088 90. 00 090	BOO RURAL HEALTH CLINIC DOO CLINIC	0	0				
- 1	· · · · · · · · · · · · · · · · · · ·						

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					2/26/2024 10:	<u>06 am</u>
		CAP	TAL RELATED CO	OSTS		
			T			
Cost Center Description	B&F -	B&F -	B&F - #7	B&F - #4	B&F - #8	
	COSMETOLOGY	ANESTHESI A	DOCTOR'S PARK	DOCTOR' S PARK	DOCTOR'S PARK	
	OFFI CE	HOUSE	1 20	1 01	1 22	
90. 01 09001 GERI PSYCH CLINIC	1. 18	1. 19	1. 20	1. 21	1. 22	90, 01
90. 01 09001 GERI PSYCH CLINIC 90. 02 09002 ORTHO AND CARDIO CLINIC	0	0	0	0	0	90.01
		0		0		
	0	0		0	0	90. 03
90. 04 09004 GAPC AND #3 CLINIC	0	0		1 115	0	90.04
90. 05 09005 ENT AND UROLOGY CLINIC	0	0		1, 115	0	90.05
91. 00 09100 EMERGENCY	U	Ü	1	U	U	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART		0			0	92.00
93. 00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93. 00
OTHER REIMBURSABLE COST CENTERS 95. 00 09500 AMBULANCE SERVICES	ol	0	0	0	0	95. 00
SPECIAL PURPOSE COST CENTERS	l d		<u> </u>	0	U	95.00
113. 00 11300 I NTEREST EXPENSE						113. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	o	9, 790	0	1, 317	16 09/	118. 00
NONREI MBURSABLE COST CENTERS	<u> </u>	7, 170	1	1, 317	10, 704	1110.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	O	0	0	0	0	190. 00
192. 01 19201 GAH - MSO	o	0		_		192. 01
192. 02 19202 GAH FOUNDATION	0	0	Ö	_		192. 02
194. 00 07950 FALCON POINT RENTAL	0	0	0	0		194. 00
194. 01 07951 PHYSI CI AN OFFI CE	0	0		0	0	194. 01
194. 02 07952 PLASTIC SURG & DR. CHUNG	6, 685	0	0	0	_	194. 02
194. 03 07953 WELLNESS CENTER	0	0	0	0		194. 03
194. 04 07954 PSYCH CLINIC	o	0	Ö	0		194. 04
194. 05 07955 MAHOMET SPECIALTY CLINIC	o	0	Ö	0		194. 05
194. 06 07956 LASER CLINIC	o	0	0	0		194. 06
194. 07 07957 PAIN CLINIC	0	0	Ō	0		194. 07
194. 08 07958 LINE NOT UTILIZED	0	0	0	0		194. 08
194. 09 07959 GAH CARDI OLOGY	0	0	Ō	0		194. 09
194. 10 07960 WI C	0	0	Ō	0		194. 10
194. 11 07961 OPC SPECIALTY CLINIC	0	0	Ō	0	0	194. 11
194. 12 07962 FAMILY HEALTHCARE OF POTOMAC	o	0	0	0	0	194, 12
194. 13 07963 PODI ATRY	o	0	0	0	0	194. 13
194. 14 07964 9TH STREET CLINIC	o	0	0	0	0	194. 14
194. 15 07965 ORTHO CLINIC	o	0	0	0	0	194. 15
194. 16 07966 FHGC	o	0	9, 448	0	0	194. 16
194. 17 07967 ELITE PERFORMANCE	o	0	0	0	0	194. 17
194. 18 07968 GAFM	0	0	0	0	0	194. 18
194. 19 07969 GAPC	0	0	0	0	0	194. 19
194. 20 07970 FHCF	0	0	0	0	0	194. 20
194. 21 07971 FAMILY H. C. FAIRBURY	0	0	0	0	0	194. 21
194.22 07972 GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194. 22
194.23 07973 WEEKEND CLINIC AT GAH	o	0	0	0	0	194. 23
194. 24 07974 #3 CLINIC (DR. DELOST)	o	0	0	0	0	194. 24
194. 25 07975 GIBSON HEALTH OF MAHOMET	o	0	0	0	0	194. 25
194. 26 07976 DENTAL CLINIC	O	0	O	0		194. 26
194. 27 07977 RETAIL PHARMACY	o	0	0	0	0	194. 27
194. 28 07978 CP THERAPY	o	0	0	0		194. 28
194. 29 07979 SCHOOL NURSE	o	0	0	33		194. 29
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	o	0	0	0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	6, 685	9, 790	9, 448	1, 350		202. 00
	,					

			CAP	ITAL RELATED C	OSTS	2/26/2024 10:	ob alli
	Cost Center Description	B&F - HARMS HOUSE/IT	B&F - 9TH ST. EDUCATION HOUSE	B&F - FALCON POINT RESIDENCE	B&F - 2012 NEW STORAGE SHED	MVBLE EQUIP	
		1. 25	1. 26	1. 27	1. 28	2. 00	
1. 00 1. 01 1. 02 1. 04 1. 05 1. 07 1. 09 1. 10 1. 11 1. 12 1. 14 1. 15 1. 16 1. 17 1. 18 1. 19 1. 20 1. 21 1. 25 1. 26 1. 27 1. 28 2. 00 4. 00 5. 01 5. 02 7. 00 18. 00 19. 00 11. 00 11. 00 11. 00 12. 00 12. 00 13. 00 14. 00 15. 00 16. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00 2	01600 MEDICAL RECORDS & LIBRARY 02100 &R SERVICES-SALARY & FRINGES APPRVD 02200 &R SERVICES-OTHER PRGM. COSTS APPRVD	14, 832 0 0 0 14, 832 0 0 0 0	13, 612 0 0 0 13, 612 0 0 0 0 0 0	8, 486 CC CC CC CC CC CC CC CC CC CC CC CC CC	12, 878 0 0 12, 878 0 0 0 0 0 0	3, 560, 620 4, 164 4, 215 786, 993 27, 667 0 14, 653 15, 015 3, 031 0 0 3, 255 0	1. 00 1. 01 1. 02 1. 04 1. 05 1. 07 1. 09 1. 10 1. 11 1. 12 1. 14 1. 15 1. 16 1. 17 1. 18 1. 19 1. 20 1. 21 1. 25 1. 26 1. 27 1. 28 2. 00 4. 00 5. 01 5. 02 7. 00 7. 01 8. 00 9. 00 11. 00 13. 00 14. 00 15. 00 21. 00 22. 00
30. 00 31. 00 43. 00 44. 00 46. 00	04400 SKILLED NURSING FACILITY 04600 OTHER LONG TERM CARE	000000000000000000000000000000000000000	0 0 0 0	000000000000000000000000000000000000000	0 0 0 0	43, 437 2, 825 0 0 14, 489	43. 00 44. 00
50. 00 51. 00 52. 00 53. 00 54. 00 60. 00 63. 00 64. 00 65. 00 66. 00 67. 00 68. 00 71. 00 72. 00 73. 00 73. 01 73. 02 73. 03	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM 05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 05600 RADI OI SOTOPE 06000 LABORATORY 06300 BLOOD STORING, PROCESSING & TRANS. 06400 INTRAVENOUS THERAPY 06500 RESPIRATORY THERAPY 06500 PHYSI CAL THERAPY 06600 PHYSI CAL THERAPY 06700 OCCUPATIONAL THERAPY 06800 SPECH PATHOLOGY 07100 MEDI CAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS 07301 CARDI AC REHAB 07302 WOUND CARE 07303 SLEEP LAB 03950 DI ETARY EDUCATION OUTPATIENT SERVICE COST CENTERS	000000000000000000000000000000000000000	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0 0 0 0 0 0 0 0 0 0 0	932, 349 0 0 36, 877 836, 239 53, 409 89, 339 0 0 20, 061 2, 378 0 0 0 0 10, 785 0	50. 00 51. 00 52. 00 53. 00 54. 00 60. 00 63. 00 64. 00 65. 00 66. 00 67. 00 68. 00 69. 00 71. 00 72. 00 73. 01 73. 02 73. 03 73. 04
88. 00 90. 00	08800 RURAL HEALTH CLINIC 09000 CLINIC	0				41, 275 3, 671	88. 00 90. 00

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| Period: | Worksheet B | From 10/01/2022 | Part I | Date/Time Prepared: | 2/26/2024 | 10: 06 am

					2/26/2024 10:	06 am_
		CAP	ITAL RELATED C	OSTS		
Cost Center Description	B&F - HARMS	B&F - 9TH ST.	DOE ENICON	B&F - 2012 NEW	MVBLE EQUIP	
cost center bescription	HOUSE/IT	EDUCATION	POINT	STORAGE SHED	WIVELL LOUIF	
	110002711	HOUSE	RESI DENCE	STORWIGE SHED		
	1. 25	1. 26	1. 27	1. 28	2. 00	
90. 01 09001 GERI PSYCH CLINIC	C	0	C	0	0	90. 01
90.02 09002 ORTHO AND CARDIO CLINIC	C	0	C	0	140, 035	90. 02
90. 03 09003 GENERAL SURGERY CLINIC	C	0	C	0	69, 282	90. 03
90. 04 09004 GAPC AND #3 CLINIC	C	0	C	0	0	90. 04
90. 05 O9005 ENT AND UROLOGY CLINIC	C	0	C	0	73, 275	
91. 00 09100 EMERGENCY	C	0	C	0	13, 596	91. 00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92. 00
93. 00 04950 OTHER OUTPATIENT SERVICE COST CENTER	C) 0	C	0	0	93. 00
OTHER REIMBURSABLE COST CENTERS	1				200 200	05.00
95. 00 09500 AMBULANCE SERVICES	C	0	C	0	209, 032	95. 00
SPECIAL PURPOSE COST CENTERS 113. 00 11300 INTEREST EXPENSE		T				1 113. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	14, 832	13, 612	l c	12, 878	3, 451, 447	
NONREI MBURSABLE COST CENTERS	14,032	. 13,012		12, 676	3, 431, 447	1110.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	C	0	С	O	0	190. 00
192. 01 19201 GAH - MSO		1				192. 01
192. 02 19202 GAH FOUNDATION						192. 02
194. 00 07950 FALCON POINT RENTAL		o o	8, 486	o	0	
194. 01 07951 PHYSI CLAN OFFI CE		0	C		0	194. 01
194.02 07952 PLASTIC SURG & DR. CHUNG	C	0	C	0	0	194. 02
194.03 07953 WELLNESS CENTER	C	0	C	0	0	194. 03
194. 04 07954 PSYCH CLINIC	C	0	C	0	1, 124	194. 04
194.05 07955 MAHOMET SPECIALTY CLINIC	C	0	C	0	0	
194. 06 07956 LASER CLINIC	C	0	C	0		194. 06
194. 07 07957 PAIN CLINIC	C	0	C	0	0	
194. 08 07958 LINE NOT UTILIZED	C	0	C	0		194. 08
194. 09 07959 GAH CARDI OLOGY		0		0		194. 09
194. 10 07960 WIC 194. 11 07961 OPC SPECIALTY CLINIC				0	0	194. 10 194. 11
194. 11 07961 0PC SPECTALTY CLINIC 194. 12 07962 FAMILY HEALTHCARE OF POTOMAC			i d	0		194. 11
194. 13 07963 PODI ATRY				0		194. 12
194. 14 07964 9TH STREET CLINIC				0	0	1
194. 15 07965 ORTHO CLINIC			i o	0	0	1
194. 16 07966 FHGC		Ö	l c	0	Ō	194. 16
194.17 07967 ELITE PERFORMANCE	C	0	C	0	58, 099	194. 17
194. 18 07968 GAFM	C	0	C	0	1, 397	194. 18
194. 19 07969 GAPC	C	0	C	0	0	194. 19
194. 20 07970 FHCF	C	0	C	0	0	194. 20
194. 21 07971 FAMILY H. C. FAIRBURY	C	0	C	0		194. 21
194.22 07972 GIBSON HEALTH OF WATSEKA	C	0	C	0		194. 22
194.23 07973 WEEKEND CLINIC AT GAH	C	0	C	0		194. 23
194. 24 07974 #3 CLINIC (DR. DELOST)	C	0	C	0	0	
194. 25 07975 GIBSON HEALTH OF MAHOMET		0	0	0	0	
194. 26 07976 DENTAL CLINIC				0		194. 26
194. 27 07977 RETAIL PHARMACY 194. 28 07978 CP_THERAPY						194. 27 194. 28
194. 28 07978 CP THERAPY 194. 29 07979 SCHOOL NURSE					0	194. 28
200.00 Cross Foot Adjustments		,			0	200.00
201.00 Negative Cost Centers			1	n	n	201.00
202.00 TOTAL (sum lines 118 through 201)	14, 832	13, 612	8, 486	12, 878		
, , , , , , , , , , , , , , , , , , ,	, 302			, 5, 5,		

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					2/26/2024 10:	06 am_
Cost Center Description	EMPLOYEE	Subtotal	CASHI ERI NG/ACC	Subtotal	ALL OTHER	
	BENEFITS DEPARTMENT		OUNTS RECEI VABLE		ADMIN & GENERAL	
	4. 00	4A	5. 01	5A. 01	5. 02	
GENERAL SERVICE COST CENTERS	, , , , , , , , , , , , , , , , , , , ,			,		
1.00 O0100 CAP REL COSTS-BLDG & FLXT						1. 00
1.01 00101 OB UNIT - BLDG & FIXT						1. 01
1. 02 00102 B&F - ONARGA RHC						1. 02
1. 04 00104 B&F - FARMER CITY RURAL HEALTH CLIN						1. 04
1. 05 00105 B&F - HOOPESTON RURAL HEALTH CLINIC						1. 05
1.07 00107 B&F - FORREST RURAL HEALTH CLINIC 1.09 00109 B&F - PAXTON RURAL HEALTH CLINIC						1. 07 1. 09
1. 10 00110 B&F - MAHOMET SPECIALTY CLINIC						1. 10
1. 11 O0111 B&F - POTOMAC RURAL HEALTH CLINIC						1. 11
1. 12 00112 B&F - PAXTON WELLNESS CENTER						1. 12
1.14 00114 B&F - PAXTON AMBULANCE STATION						1. 14
1.15 00115 B&F - AMBULANCE STAFF RESIDENCE						1. 15
1. 16 00116 B&F - AMBULANCE BUILDING						1. 16
1. 17 00117 B&F - # 10 DOCTOR' S PARK						1. 17
1.18 00118 B&F - COSMETOLOGY OFFICE 1.19 00119 B&F - ANESTHESIA HOUSE						1. 18 1. 19
1. 20 00120 B&F - #7 DOCTOR' S PARK						1. 19
1. 21 00121 B&F - #4 DOCTOR' S PARK						1. 21
1. 22 00122 B&F - #8 DOCTOR' S PARK						1. 22
1.25 00125 B&F - HARMS HOUSE/IT						1. 25
1.26 00126 B&F - 9TH ST. EDUCATION HOUSE						1. 26
1.27 00127 B&F - FALCON POINT RESIDENCE						1. 27
1. 28 00128 B&F - 2012 NEW STORAGE SHED						1. 28
2. 00 00200 CAP REL COSTS-MVBLE EQUI P	00 070 404					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 5.01 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	20, 979, 124	E 172 004	E 172 004			4. 00 5. 01
5. 01 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 5. 02 00591 ALL OTHER ADMIN & GENERAL	969, 910 2, 899, 962	5, 173, 096 17, 814, 097	5, 173, 096	17, 814, 097	17, 814, 097	5. 01
7. 00 00700 OPERATION OF PLANT	335, 485	2, 511, 299		2, 511, 299	410, 238	7. 00
7. 01 00701 OPERATION OF PLANT-OUTSIDE PROPERTY	21, 501	542, 525	0	542, 525	88, 625	7. 01
8.00 00800 LAUNDRY & LINEN SERVICE	169, 998	667, 405	Ö	667, 405	109, 025	8. 00
9. 00 00900 HOUSEKEEPI NG	356, 263	1, 288, 965	0	1, 288, 965	210, 561	9. 00
10. 00 01000 DI ETARY	178, 922	867, 243	0	867, 243	141, 670	10.00
11. 00 01100 CAFETERI A	122, 801	597, 949	0	597, 949	97, 679	11. 00
13. 00 01300 NURSING ADMINISTRATION	96, 773	314, 298	0	314, 298	51, 343	13. 00
14. 00 01400 CENTRAL SERVI CES & SUPPLY	0	560, 836	0	560, 836	91, 616	14.00
15. 00 01500 PHARMACY 16. 00 01600 MEDI CAL RECORDS & LI BRARY	355, 422	1, 618, 878	0	1, 618, 878	264, 455	15. 00
16.00 01600 MEDICAL RECORDS & LIBRARY 21.00 02100 &R SERVICES-SALARY & FRINGES APPRVD	172, 424	732, 666	0	732, 666	119, 686 0	16. 00 21. 00
22. 00 02200 &R SERVI CES-OTHER PRGM. COSTS APPRVD	0	148, 804		148, 804	24, 308	22. 00
INPATIENT ROUTINE SERVICE COST CENTERS	<u> </u>	. 10, 00 1	<u> </u>	1 107 00 1	21,000	22.00
30. 00 03000 ADULTS & PEDIATRICS	1, 755, 260	6, 407, 623	717, 590	7, 125, 213	1, 163, 953	30.00
31.00 03100 INTENSIVE CARE UNIT	45, 127	167, 673	18, 778	186, 451	30, 458	31.00
43. 00 04300 NURSERY	254, 932	914, 309		1, 016, 702	166, 085	43.00
44. 00 04400 SKILLED NURSING FACILITY	73, 352	282, 650		282, 650	46, 173	44. 00
46. 00 04600 OTHER LONG TERM CARE	793, 851	3, 150, 223	0	3, 150, 223	514, 611	46. 00
ANCILLARY SERVICE COST CENTERS 50.00 OPERATING ROOM	1, 218, 117	7, 294, 686	816, 943	8, 111, 629	1, 325, 091	50. 00
51. 00 05100 RECOVERY ROOM	237, 555	837, 373	93, 777	931, 150	152, 110	51. 00
52. 00 05200 DELIVERY ROOM & LABOR ROOM	92, 637	344, 083	38, 534	382, 617	62, 503	52. 00
53. 00 05300 ANESTHESI OLOGY	0	455, 044	50, 960	506, 004	82, 659	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	886, 361	4, 977, 263	557, 404	5, 534, 667	904, 127	54.00
56. 00 05600 RADI OI SOTOPE	44, 702	310, 891	34, 817	345, 708	56, 474	56.00
60. 00 06000 LABORATORY	637, 183	4, 032, 975	451, 653	4, 484, 628	732, 595	60. 00
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0	113, 660	12, 729	126, 389	20, 647	63.00
64. 00 06400 I NTRAVENOUS THERAPY	0	1 01/ 221	112 010	1 120 120	104 (16	64.00
65. 00 06500 RESPI RATORY THERAPY 66. 00 06600 PHYSI CAL THERAPY	270, 945 639, 074	1, 016, 321 2, 412, 532	113, 818 270, 179	1, 130, 139 2, 682, 711	184, 616 438, 240	65. 00 66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	174, 049	565, 500	63, 330	628, 830	102, 724	67. 00
68. 00 06800 SPEECH PATHOLOGY	66, 311	222, 977	24, 971	247, 948	40, 504	68. 00
69. 00 06900 ELECTROCARDI OLOGY	24, 608	79, 874	8, 945	88, 819	14, 509	69. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2, 206, 966	247, 158	2, 454, 124	400, 898	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	5, 755, 559	644, 565	6, 400, 124	1, 045, 505	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	3, 105, 864	347, 826	3, 453, 690	564, 184	73. 00
73. 01 07301 CARDI AC REHAB	70, 439	255, 114	28, 570	283, 684	46, 342	73. 01
73. 02 07302 WOUND CARE	93, 575	439, 532	49, 223	488, 755	79, 842	73. 02
73. 03 07303 SLEEP LAB	71, 696	295, 370		328, 448	53, 654	73. 03
73. 04 03950 DI ETARY EDUCATION OUTPATIENT SERVICE COST CENTERS	<u> </u>	72, 759	8, 148	80, 907	13, 217	73. 04
88. 00 08800 RURAL HEALTH CLINIC	2, 404, 399	18, 574, 830	0	18, 574, 830	3, 034, 281	88. 00
90. 00 09000 CLI NI C	87, 932	315, 207	ő	315, 207	51, 491	90.00
90. 01 09001 GERI PSYCH CLINIC	80, 915	384, 111	ō	384, 111	62, 747	90. 01
90. 02 09002 ORTHO AND CARDIO CLINIC	886, 941	4, 322, 837	О	4, 322, 837	706, 166	90. 02

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 10/01/2022 | Part | To 09/30/2023 | Date/Time Prepared: | 2/26/2024 10:06 am Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS GIBSON AREA HOSPITAL AND HEALTH SVCS
Provider CCN: 14-1317

					2/26/2024 10:1	06 am
Cost Center Description	EMPLOYEE	Subtotal	CASHI ERI NG/ACC	Subtotal	ALL OTHER	
	BENEFITS		OUNTS		ADMIN &	
	DEPARTMENT		RECEI VABLE		GENERAL	
	4.00	4A	5. 01	5A. 01	5. 02	
90. 03 09003 GENERAL SURGERY CLINIC	115, 339	827, 884		827, 884	135, 241	90. 03
	113, 337		1	027,004	•	
90. 04 09004 GAPC AND #3 CLINIC	25. 2.4	0	1	4 445 (05	0	90. 04
90. 05 09005 ENT AND UROLOGY CLINIC	254, 041	1, 415, 685		1, 415, 685	231, 262	90. 05
91. 00 09100 EMERGENCY	729, 081	3, 515, 766	393, 731	3, 909, 497	638, 644	91. 00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART		0		0		92.00
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	ol	0	o	ol	0	93. 00
OTHER REIMBURSABLE COST CENTERS				-,		
95. 00 09500 AMBULANCE SERVI CES	1, 166, 949	4, 097, 707	' 0	4, 097, 707	669, 389	95. 00
SPECIAL PURPOSE COST CENTERS	1, 100, 717	1,071,101	<u> </u>	1, 077, 707	007,007	70.00
113. 00 11300 NTEREST EXPENSE						113. 00
	10 054 022	110 000 000	F 100 100	111 0/4 000	15 200 140	
	18, 854, 832	112, 008, 909	5, 129, 120	111, 964, 933	15, 380, 148	118.00
NONREI MBURSABLE COST CENTERS				4 00 1		
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1, 004		1, 004		190. 00
192.01 19201 GAH - MSO	0	0	1	0		192. 01
192.02 19202 GAH FOUNDATION	33, 140	364, 228	8 0	364, 228	59, 499	192. 02
194.00 07950 FALCON POINT RENTAL	0	8, 486	0	8, 486	1, 386	194. 00
194. 01 07951 PHYSICIAN OFFICE	0	0	0	o	0	194. 01
194.02 07952 PLASTIC SURG & DR. CHUNG	14, 724	221, 971	0	221, 971	36, 261	194. 02
194. 03 07953 WELLNESS CENTER	73, 790	249, 410		249, 410	40, 743	
194. 04 07954 PSYCH CLINIC	348, 238	2, 540, 539		2, 540, 539	415, 015	
194.05 07955 MAHOMET SPECIALTY CLINIC	0 10, 200	2, 010, 007	1	2,010,007		194. 05
194.06 07956 LASER CLINIC		0				194. 06
	740	100 77/	1	100 77/		
194. 07 07957 PAIN CLINIC	749	199, 776	1	199, 776	32, 635	
194. 08 07958 LINE NOT UTILIZED	0	0	1 -1	٥		194. 08
194. 09 07959 GAH CARDI OLOGY	0	0	1 1	이		194. 09
194. 10 07960 WIC	71, 432	235, 845	0	235, 845	38, 527	
194. 11 07961 OPC SPECIALTY CLINIC	798	97, 438	0	97, 438	15, 917	194. 11
194.12 07962 FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194. 12
194. 13 07963 PODI ATRY	o	0	0	ol	0	194. 13
194. 14 07964 9TH STREET CLINIC	ol	0	0	ol	0	194. 14
194. 15 07965 ORTHO CLINIC	ام	0		ام		194. 15
194. 16 07966 FHGC	128, 806	936, 007		936, 007	152, 903	
194. 17 07967 ELITE PERFORMANCE	658, 200	2, 471, 462		2, 471, 462	403, 731	
194. 18 07968 GAFM	139, 822	1, 227, 805	1	1, 227, 805	200, 571	
194. 19 07969 GAPC	0	0	1	0		194. 19
194. 20 07970 FHCF	15, 811	154, 949	1	154, 949	25, 312	
194. 21 07971 FAMILY H. C. FAIRBURY	96, 613	1, 048, 023	0	1, 048, 023	171, 202	
194.22 07972 GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194. 22
194.23 07973 WEEKEND CLINIC AT GAH	0	0	0	0	0	194. 23
194. 24 07974 #3 CLINIC (DR. DELOST)	0	0	0	o	0	194. 24
194. 25 07975 GIBSON HEALTH OF MAHOMET	ol	0	o	ol	0	194. 25
194. 26 07976 DENTAL CLINIC	185, 348	1, 377, 507	0	1, 377, 507	225, 025	194 26
194. 27 07977 RETAIL PHARMACY	257, 433	2, 819, 098		2, 819, 098	460, 519	
194. 28 07978 CP THERAPY	99, 388	392, 681		436, 657	71, 331	
194. 29 07979 SCHOOL NURSE	77, 300					
	١	509, 361	1	509, 361	83, 208	
200.00 Cross Foot Adjustments	_	0	<u>'</u>	0	_	200. 00
201.00 Negative Cost Centers	0	0	0	0		201. 00
202.00 TOTAL (sum lines 118 through 201)	20, 979, 124	126, 864, 499	5, 173, 096	126, 864, 499	17, 814, 097	202. 00

Provider CCN: 14-1317

					2/26/2024 10:	06 am_
Cost Center Description	OPERATION OF PLANT	OPERATION OF PLANT-OUTSIDE PROPERTY	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	DI ETARY	
	7. 00	7. 01	8.00	9. 00	10. 00	
GENERAL SERVICE COST CENTERS						
1. 00	2, 921, 537 0 47, 007 23, 100 56, 164 29, 390 2, 672 100, 889 34, 093	631, 150 0 56 0	823, 437 114, 558 14, 513 20, 184 0		1, 110, 174 0 0	1. 00 1. 01 1. 02 1. 04 1. 05 1. 07 1. 09 1. 10 1. 11 1. 12 1. 14 1. 15 1. 16 1. 17 1. 18 1. 19 1. 20 1. 21 1. 25 1. 26 1. 25 1. 26 1. 27 1. 28 2. 00 4. 00 5. 01 5. 01 8. 00 9. 00 10. 00 11. 00 13. 00 14. 00 15. 00
16.00 01600 MEDICAL RECORDS & LIBRARY 21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	13, 443			7, 320	0	16. 00 21. 00
22. 00 02200 1 &R SERVI CES-OTHER PRGM. COSTS APPRVD				0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDI ATRI CS	539, 397				205, 735	1
31. 00 03100 INTENSI VE CARE UNI T 43. 00 04300 NURSERY	24, 686 17, 172				1, 410 0	31. 00 43. 00
44. 00 04400 SKILLED NURSING FACILITY	17, 172				45, 360	44.00
46. 00 04600 OTHER LONG TERM CARE	348, 309			189, 674	488, 528	46. 00
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATI NG ROOM	299, 020		72, 986	162, 833	0	50.00
51.00 05100 RECOVERY ROOM 52.00 05200 DELIVERY ROOM & LABOR ROOM	40, 912 17, 422		0 7, 050	22, 279 9, 487	0	51. 00 52. 00
53. 00 05300 ANESTHESI OLOGY	14, 723		7,030	8, 017	0	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	186, 247		21, 856		0	54. 00
56. 00 05600 RADI OI SOTOPE	9, 045		0	4, 926	0	56.00
60. 00 06000 LABORATORY 63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	50, 069		0	27, 265	0	60. 00 63. 00
64. 00 06400 NTRAVENOUS THERAPY			0	0	0	64.00
65. 00 06500 RESPIRATORY THERAPY	9, 407	Ö	0	5, 123	0	65. 00
66. 00 06600 PHYSI CAL THERAPY	152, 571	0	33, 614	83, 084	0	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY 68. 00 06800 SPEECH PATHOLOGY	0	1	0	0	0	67. 00 68. 00
69. 00 06900 ELECTROCARDI OLOGY			0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	Ö	0	Ō	0	71. 00
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72. 00
73. 00 07300 DRUGS CHARGED TO PATIENTS 73. 01 07301 CARDI AC REHAB	0	0 13, 152	0	0	0	73. 00 73. 01
73. 02 07302 WOUND CARE	25, 967		0	14, 140	0	73. 01
73. 03 07303 SLEEP LAB	19, 955	0	0	10, 867	0	73. 03
73. 04 03950 DI ETARY EDUCATION	0	0	0	0	0	73. 04
0UTPATIENT SERVICE COST CENTERS 88. 00 08800 RURAL HEALTH CLINIC	80, 154	265, 557	Ιο	43, 648	0	88. 00
90. 00 09000 CLINIC	27, 136		0	43, 648 14, 777	0	90.00
90.01 09001 GERI PSYCH CLINIC	0	17, 038	0	0	0	90. 01
90. 02 09002 ORTHO AND CARDIO CLINIC	231, 028	0	0	125, 807	0	90. 02

Provider CCN: 14-1317

| Peri od: | Worksheet B | From 10/01/2022 | Part | | To 09/30/2023 | Date/Time Prepared:

			To	09/30/2023	Date/Time Pre 2/26/2024 10:	
Cost Center Description	OPERATION OF	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	U6 alli
cost center bescription	PLANT		LINEN SERVICE	HOUSEKEEFING	DILIANI	
	ILANI	PROPERTY	LINEN SERVICE			
	7. 00	7. 01	8. 00	9. 00	10.00	
90. 03 09003 GENERAL SURGERY CLINIC	75, 145	7.01		40, 920	0	90. 03
90. 04 09004 GAPC AND #3 CLI NI C	0	0	j o	10, 720	0	90. 04
90. 05 09005 ENT AND UROLOGY CLINIC	99, 803	22, 824	l o	54, 348	0	90.05
91. 00 09100 EMERGENCY	143, 637	0	34, 473	78, 219	0	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	110,007	Ĭ	01, 170	70,217	Ü	92.00
93. 00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	٥	0	93. 00
OTHER REIMBURSABLE COST CENTERS		·				75.00
95. 00 09500 AMBULANCE SERVICES	0	23, 486	6, 933	84, 478	0	95. 00
SPECIAL PURPOSE COST CENTERS		20, 100	0, 700	01, 170		70.00
113. 00 11300 NTEREST EXPENSE						113. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	2, 736, 347	342, 113	579, 561	1, 536, 394	741, 033	
NONREI MBURSABLE COST CENTERS	27.007017	0.127.13	0777001	., 000, 07.1	7117000	
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2, 115	0	243, 876	1, 152	369, 141	190 00
192. 01 19201 GAH - MSO	0	0	0	0		192. 01
192. 02 19202 GAH FOUNDATION	0	0	0	ol		192. 02
194. 00 07950 FALCON POINT RENTAL	53, 659	0	o o	29, 220		1
194. 01 07951 PHYSI CI AN OFFI CE	0	0	0	0		194. 01
194. 02 07952 PLASTI C SURG & DR. CHUNG	0	6, 636	0	ol		194. 02
194. 03 07953 WELLNESS CENTER	0	29, 891	0	ol		194. 03
194. 04 07954 PSYCH CLINIC	0	30, 135	0	o		194. 04
194. 05 07955 MAHOMET SPECIALTY CLINIC	0	007.00	0	o		194. 05
194. 06 07956 LASER CLINIC	0	0	0	ol		194.06
194. 07 07957 PAIN CLINIC	0	0	0	ol	0	194. 07
194. 08 07958 LINE NOT UTILIZED	0	0	0	ol		194. 08
194. 09 07959 GAH CARDI OLOGY	0	Ö	Ō	ol		194. 09
194. 10 07960 WI C	0	0	0	o	0	194, 10
194. 11 07961 OPC SPECIALTY CLINIC	37, 823	0	0	20, 597	0	194, 11
194. 12 07962 FAMILY HEALTHCARE OF POTOMAC	0	0	0	o	0	194. 12
194. 13 07963 PODI ATRY	0	0	0	o	0	194. 13
194. 14 07964 9TH STREET CLINIC	0	0	0	o	0	194. 14
194. 15 07965 ORTHO CLINIC	0	0	0	o	0	194. 15
194. 16 07966 FHGC	0	17, 217	0	o	0	194. 16
194. 17 07967 ELI TE PERFORMANCE	0	170, 394	0	o	0	194. 17
194. 18 07968 GAFM	0	7, 908	0	o	0	194. 18
194. 19 07969 GAPC	0	0	0	o	0	194. 19
194. 20 07970 FHCF	0	4, 590	0	o	0	194. 20
194. 21 07971 FAMILY H. C. FAIRBURY	0	12, 811	0	o	0	194. 21
194.22 07972 GIBSON HEALTH OF WATSEKA	0	0	0	o	0	194. 22
194.23 07973 WEEKEND CLINIC AT GAH	0	0	0	o	0	194. 23
194. 24 07974 #3 CLINIC (DR. DELOST)	0	0	0	o	0	194. 24
194.25 07975 GIBSON HEALTH OF MAHOMET	0	0	0	o	0	194. 25
194. 26 07976 DENTAL CLINIC	91, 593	0	0	49, 877	0	194. 26
194. 27 07977 RETAIL PHARMACY	0	7, 516	0	o	0	194. 27
194. 28 07978 CP THERAPY	0	1, 516	0	o	0	194. 28
194. 29 07979 SCH00L NURSE	0	423	0	o	0	194. 29
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0	0	o	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	2, 921, 537	631, 150	823, 437	1, 637, 240	1, 110, 174	202. 00

In Lieu of Form CMS-2552-10

| Period: | Worksheet B |
| From 10/01/2022 | Part |
| To 09/30/2023 | Date/Time Prepared: | 2/26/2024 | 10:06 am Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS GIBSON AREA HOSPITAL AND HEALTH SVCS Provider CCN: 14-1317

				10	0 09/30/2023	2/26/2024 10:	
	Cost Center Description	CAFETERI A	NURSI NG ADMI NI STRATI ON	CENTRAL SERVICES &	PHARMACY	MEDI CAL RECORDS &	
			ADMINISTRATION	SUPPLY		LI BRARY	
		11.00	13. 00	14. 00	15. 00	16. 00	
1 00	GENERAL SERVICE COST CENTERS		T				1 00
1. 00 1. 01	00100 CAP REL COSTS-BLDG & FIXT 00101 OB UNIT - BLDG & FIXT						1. 00 1. 01
1. 02	00102 B&F - ONARGA RHC						1. 02
1.04	00104 B&F - FARMER CITY RURAL HEALTH CLIN						1. 04
1.05	00105 B&F - HOOPESTON RURAL HEALTH CLINIC						1. 05
1.07	00107 B&F - FORREST RURAL HEALTH CLINIC						1. 07
1. 09 1. 10	OO109 B&F - PAXTON RURAL HEALTH CLINIC OO110 B&F - MAHOMET SPECIALTY CLINIC						1. 09 1. 10
1. 11	00111 B&F - POTOMAC RURAL HEALTH CLINIC						1. 11
1.12	00112 B&F - PAXTON WELLNESS CENTER						1. 12
1.14	00114 B&F - PAXTON AMBULANCE STATION						1. 14
1. 15 1. 16	00115 B&F - AMBULANCE STAFF RESIDENCE 00116 B&F - AMBULANCE BUILDING						1. 15 1. 16
1. 10	00117 B&F - # 10 DOCTOR' S PARK						1. 17
1. 18	00118 B&F - COSMETOLOGY OFFICE						1. 18
1. 19	00119 B&F - ANESTHESI A HOUSE						1. 19
1. 20 1. 21	00120 B&F - #7 DOCTOR'S PARK 00121 B&F - #4 DOCTOR'S PARK						1. 20 1. 21
1. 21	00121 B&F - #4 DOCTOR'S PARK						1. 21
1. 25	00125 B&F - HARMS HOUSE/IT						1. 25
1. 26	00126 B&F - 9TH ST. EDUCATION HOUSE						1. 26
1. 27	00127 B&F - FALCON POINT RESIDENCE						1. 27
1. 28 2. 00	00128 B&F - 2012 NEW STORAGE SHED 00200 CAP REL COSTS-MVBLE EQUIP						1. 28 2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 01	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5. 01
5. 02	00591 ALL OTHER ADMIN & GENERAL						5. 02
7.00	00700 OPERATION OF PLANT						7.00
7. 01 8. 00	00701 OPERATION OF PLANT-OUTSIDE PROPERTY 00800 LAUNDRY & LINEN SERVICE						7. 01 8. 00
9. 00	00900 HOUSEKEEPING						9. 00
10.00	01000 DI ETARY						10.00
11.00	01100 CAFETERI A	761, 206					11.00
13. 00 14. 00	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY	3, 014		808, 280			13. 00 14. 00
15. 00	01500 PHARMACY	18, 519			1, 957, 258		15. 00
16.00	01600 MEDICAL RECORDS & LIBRARY	17, 925			0	891, 217	1
21. 00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	0		0	0	1
22. 00	02200 1 &R SERVI CES-OTHER PRGM. COSTS APPRVD INPATI ENT ROUTI NE SERVI CE COST CENTERS	0	0	0	0	0	22. 00
30. 00	03000 ADULTS & PEDIATRICS	101, 225	106, 186	14, 661	4, 237	57, 470	30.00
31. 00	03100 INTENSIVE CARE UNIT	776		0	104	667	1
43.00	04300 NURSERY	13, 564		0	0	2, 051	43.00
44. 00 46. 00	04400 SKILLED NURSING FACILITY 04600 OTHER LONG TERM CARE	5, 275 56, 926			0 51	0	1
40.00	ANCI LLARY SERVI CE COST CENTERS	30, 720	U U	3,510	51]	0	40.00
50.00	05000 OPERATING ROOM	81, 930	85, 945	55, 791	11, 633	135, 201	50. 00
51.00	05100 RECOVERY ROOM	13, 609		2, 192	165	18, 113	
52. 00 53. 00	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY	4, 932 20, 939			0 9, 009	10, 379 7, 142	1
54. 00	05400 RADI OLOGY-DI AGNOSTI C	53, 181	0			168, 125	1
56. 00	05600 RADI OI SOTOPE	2, 215		,	187	5, 814	1
60.00	06000 LABORATORY	52, 953		.,	13	110, 209	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	_	0	2, 093	1
64. 00 65. 00	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	16, 212		0 485	0 12	0 14, 774	64. 00 65. 00
66. 00	06600 PHYSI CAL THERAPY	46, 377		531	174	22, 257	1
67. 00	06700 OCCUPATI ONAL THERAPY	8, 837	0	12	o	5, 842	67. 00
68. 00	06800 SPEECH PATHOLOGY	3, 448		0	0	2, 020	1
69. 00 71. 00	06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT	1, 530	0	/ 180, 360	0	7, 107 34, 523	1
71.00	07200 IMPL. DEV. CHARGED TO PATTENTS	0	0	470, 365	0	99, 825	1
73. 00	07300 DRUGS CHARGED TO PATIENTS		O	0	1, 767, 266	83, 520	1
73. 01	07301 CARDI AC REHAB	4, 932		95	0	2, 416	1
73. 02 73. 03	07302 WOUND CARE	10, 093			457 O	5, 270 10, 713	1
73. 03	07303 SLEEP LAB 03950 DI ETARY EDUCATION	4, 727			0	10, 713 93	1
2.01	OUTPATIENT SERVICE COST CENTERS				<u> </u>	,,,	1
88. 00	08800 RURAL HEALTH CLINIC	7 504		· ·		0	
90. 00 90. 01	O9000 CLINIC O9001 GERI PSYCH CLINIC	7, 581 6, 896			1, 065 0	169 2, 373	1
90.01	09002 ORTHO AND CARDIO CLINIC	104, 877			50, 010	2, 373 10, 869	
	· · · · ·						·

COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 14-1317 Peri od: Worksheet B From 10/01/2022 Part I Date/Time Prepared: 09/30/2023 2/26/2024 10:06 am Cost Center Description CAFETERI A NURSI NG CENTRAL PHARMACY MEDI CAL ADMI NI STRATI ON SERVICES & RECORDS & SUPPLY LI BRARY 11. 00 13.00 15.00 14.00 16.00 90. 03 09003 GENERAL SURGERY CLINIC 1, 011 90 03 17, 240 316 75 09004 GAPC AND #3 CLINIC 90.04 C 0 90.04 09005 ENT AND UROLOGY CLINIC 29, 091 731 90.05 8, 442 3, 489 90.05 91.00 09100 EMERGENCY 33, 955 35, 619 7, 790 1, 126 91.00 67, 682 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 92.00 04950 OTHER OUTPATIENT SERVICE COST CENTER 93.00 93.00 OTHER REIMBURSABLE COST CENTERS 09500 AMBULANCE SERVICES 95.00 0 105, 580 95.00 1, 026 6, 345 0 SPECIAL PURPOSE COST CENTERS 113. 00 11300 I NTEREST EXPENSE 113.00 SUBTOTALS (SUM OF LINES 1 through 117) 742, 779 372, 782 795, 427 1, 938, <u>842</u> 891, 217 118. 00 118.00 NONREIMBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 190. 00 192. 01 19201 GAH - MSO 0 0 o 0 192. 01 192. 02 19202 GAH FOUNDATION 0 192. 02 2, 283 0 1 0 194.00 07950 FALCON POINT RENTAL 0 0 0 0 0 194. 00 194. 01 07951 PHYSICIAN OFFICE 0 0 194. 01 0 0 194. 02 07952 PLASTIC SURG & DR. CHUNG 00000000000 13 1,537 0 194. 02 194. 03 07953 WELLNESS CENTER 0 109 0 194 03 0 194. 04 194. 04 07954 PSYCH CLINIC 0 2, 183 7,026 194.05 07955 MAHOMET SPECIALTY CLINIC 0 194. 05 0 0 0 194.06 07956 LASER CLINIC 0 194.06 0 194. 07 07957 PAIN CLINIC 0 194. 07 0 0 194.08 07958 LINE NOT UTILIZED 0 0 0 0 194. 08 194. 09 07959 GAH CARDI OLOGY 0 194. 09 0 0 194. 10 07960 WIC 0 25 0 194, 10 194. 11 07961 OPC SPECIALTY CLINIC 0 0 194. 11 0 0 194. 12 07962 FAMILY HEALTHCARE OF POTOMAC 0 194. 12 0 194. 13 07963 PODI ATRY 0 0 194. 13 0 0 194. 14 07964 9TH STREET CLINIC 0 0 0 194. 14 0 194. 15 07965 ORTHO CLINIC 0 0 0 194. 15 194. 16 07966 FHGC 0 194. 16 16, 144 0 3, 143 1, 139 0 194. 17 07967 ELITE PERFORMANCE Ω 392 0 194, 17 194. 18 07968 GAFM 0 194. 18 0 1, 351 2, 756 194. 19 07969 GAPC 0 0 0 194. 19 194. 20 07970 FHCF 0 194. 20 00000000 199 26 194. 21 07971 FAMILY H. C. FAIRBURY Ω 3, 293 0 194, 21 7.063 194. 22 07972 GIBSON HEALTH OF WATSEKA 0 0 0 0 194, 22 194.23 07973 WEEKEND CLINIC AT GAH 0 194. 23 194. 24 07974 #3 CLINIC (DR. DELOST) 0 0 0 0 194. 24 194. 25 07975 GI BSON HEALTH OF MAHOMET 0 194 25 0 0 0 194. 26 07976 DENTAL CLINIC 0 562 272 0 194. 26 194. 27 07977 RETAIL PHARMACY 0 109 2 0 194. 27 194. 28 07978 CP THERAPY 0 0 194. 28 0 0 68 194. 29 07979 SCHOOL NURSE 0 194. 29

0

372, 782

761, 206

0

808, 280

0

1, 957, 258

200.00

0 201.00

891, 217 202. 00

200.00

201.00

202.00

Cross Foot Adjustments

Negative Cost Centers

TOTAL (sum lines 118 through 201)

Provider CCN: 14-1317

Peri od:

COST ALLOCATION - GENERAL SERVICE COSTS From 10/01/2022 Part I Date/Time Prepared: 09/30/2023 2/26/2024 10:06 am INTERNS & RESIDENTS SERVI CES-SALAR SERVI CES-OTHER Intern & Total Cost Center Description Subtotal Y & FRINGES PRGM. COSTS Residents Cost & Post Stepdown Adjustments 21. 00 22.00 24.00 25.00 26.00 GENERAL SERVICE COST CENTERS 1 00 00100 CAP REL COSTS-BLDG & FLXT 1 00 1.01 00101 OB UNIT - BLDG & FIXT 1.01 1.02 00102 B&F - ONARGA RHC 1.02 00104 B&F - FARMER CITY RURAL HEALTH CLIN 1 04 1 04 1.05 00105 B&F - HOOPESTON RURAL HEALTH CLINIC 1.05 1.07 00107 B&F - FORREST RURAL HEALTH CLINIC 1.07 00109 B&F - PAXTON RURAL HEALTH CLINIC 1.09 1.09 00110 B&F - MAHOMET SPECIALTY CLINIC 1.10 1 10 1.11 00111 B&F - POTOMAC RURAL HEALTH CLINIC 1.11 PAXTON WELLNESS CENTER 1.12 00112 B&F 1.12 00114 B&F - PAXTON AMBULANCE STATION 1.14 1.14 1.15 00115 B&F - AMBULANCE STAFF RESIDENCE 1. 15 00116 B&F - AMBULANCE BUILDING 1.16 1.16 00117 B&F - # 10 DOCTOR'S PARK 1.17 1.17 00118 B&F - COSMETOLOGY OFFICE 1.18 1. 18 1.19 00119 B&F - ANESTHESIA HOUSE 1 19 1.20 00120 B&F - #7 DOCTOR'S PARK 1.20 1. 21 00121 B&F - #4 DOCTOR'S PARK 1. 21 00122 B&F - #8 DOCTOR'S PARK 1.22 1. 22 1.25 00125 B&F - HARMS HOUSE/IT 1. 25 - 9TH ST. EDUCATION HOUSE 1.26 00126 B&F 1.26 00127 B&F - FALCON POINT RESIDENCE 1.27 1. 27 1.28 00128 B&F - 2012 NEW STORAGE SHED 1.28 2.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 5.01 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 5.01 5.02 00591 ALL OTHER ADMIN & GENERAL 5.02 00700 OPERATION OF PLANT 7.00 7.00 7.01 00701 OPERATION OF PLANT-OUTSIDE PROPERTY 7.01 00800 LAUNDRY & LINEN SERVICE 8.00 8 00 9.00 00900 HOUSEKEEPI NG 9.00 01000 DI ETARY 10.00 10.00 01100 CAFETERI A 11.00 11.00 01300 NURSING ADMINISTRATION 13.00 13.00 14.00 01400 CENTRAL SERVICES & SUPPLY 14.00 15.00 01500 PHARMACY 15.00 01600 MEDICAL RECORDS & LIBRARY 16 00 16 00 21.00 02100 I &R SERVICES-SALARY & FRINGES APPRVD 0 21.00 22.00 02200 I &R SERVICES-OTHER PRGM. COSTS APPRVD 173, 112 22.00 INPATIENT ROUTINE SERVICE COST CENTERS 30 00 0 9 729 431 -249, 423 9, 480, 008 30 00 03000 ADULTS & PEDLATRICS 216 31.00 03100 INTENSIVE CARE UNIT 0 260, 133 260, 133 31.00 04300 NURSERY 0 1, 241, 439 1, 241, 439 43.00 0 0 43.00 0 44.00 04400 SKILLED NURSING FACILITY 0 430, 699 0 430, 699 44.00 0 04600 OTHER LONG TERM CARE 46.00 0 4, 860, 447 0 4, 860, 447 46.00 ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM 50.00 10. 342. 059 10, 342, 059 50.00 05100 RECOVERY ROOM 00000000000000000000 0 1, 194, 807 0 1, 194, 807 51.00 51.00 05200 DELIVERY ROOM & LABOR ROOM 499, 564 0 499, 564 52 00 0 52 00 53.00 05300 ANESTHESI OLOGY 650, 492 0 650, 492 53.00 05400 RADI OLOGY-DI AGNOSTI C 0 54.00 6, 984, 190 6, 984, 190 54.00 0 56.00 05600 RADI OI SOTOPE 0 424, 486 424, 486 56 00 60.00 06000 LABORATORY 5, 467, 205 0 5, 467, 205 60.00 06300 BLOOD STORING, PROCESSING & TRANS. 0 63.00 149, 129 149, 129 63.00 06400 I NTRAVENOUS THERAPY 64.00 0 28, 686 28, 686 64.00 06500 RESPIRATORY THERAPY 0 1, 360, 768 65.00 0 1, 360, 768 65.00 66.00 06600 PHYSI CAL THERAPY 0 3, 459, 559 0 3, 459, 559 66.00 06700 OCCUPATIONAL THERAPY 0 67 00 746, 245 746, 245 67 00 0 06800 SPEECH PATHOLOGY 0 293, 920 68.00 293, 920 68.00 0 69.00 06900 ELECTROCARDI OLOGY 0 111, 972 111, 972 69 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 3, 069, 905 3, 069, 905 71.00 0 0 0 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 8, 015, 819 8, 015, 819 72.00 07300 DRUGS CHARGED TO PATIENTS 5, 868, 660 73.00 0 5, 868, 660 73.00 73.01 07301 CARDI AC REHAB C 350, 621 350, 621 73.01 0 73.02 07302 WOUND CARE 2,590 629, 923 629, 923 73.02 07303 SLEEP LAB 433, 391 433, 391 73.03 73.03 C 73. 04 03950 DIETARY EDUCATION 0 94, 217 94, 217 73. 04

Provider CCN: 14-1317

Peri od:

COST ALLOCATION - GENERAL SERVICE COSTS

From 10/01/2022 Part I Date/Time Prepared: 09/30/2023 2/26/2024 10:06 am INTERNS & RESIDENTS Cost Center Description SERVI CES-SALAR SERVI CES-OTHER Subtotal Intern & Total Y & FRINGES PRGM. COSTS Residents Cost & Post Stepdown Adjustments 21. 00 22.00 24.00 25. 00 26.00 OUTPATIENT SERVICE COST CENTERS 22, 175, 745 88 00 08800 RURAL HEALTH CLINIC 83, 103 22, 175, 745 88 00 0 90.00 09000 CLI NI C 0 417, 619 0 417, 619 90.00 90. 01 09001 GERI PSYCH CLINIC 0 0 473, 253 0 473, 253 90.01 09002 ORTHO AND CARDIO CLINIC 0 90 02 48 782 5, 609, 986 5, 609, 986 90 02 0 90.03 09003 GENERAL SURGERY CLINIC 6,691 1, 104, 523 1, 104, 523 90.03 0 90.04 09004 GAPC AND #3 CLINIC 90.04 09005 ENT AND UROLOGY CLINIC 0 0 90.05 25, 254 1, 890, 929 1, 890, 929 90.05 09100 EMERGENCY 91 00 4, 952, 585 4, 952, 585 91 00 1,943 09200 OBSERVATION BEDS (NON-DISTINCT PART 04950 OTHER OUTPATIENT SERVICE COST CENTER 92.00 92.00 220, 737 93.00 220, 737 93.00 OTHER REIMBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 0 0 4, 994, 944 0 4, 994, 944 95.00 SPECIAL PURPOSE COST CENTERS 113. 00 11300 | INTEREST EXPENSE 113.00 SUBTOTALS (SUM OF LINES 1 through 117)
NONREI MBURSABLE COST CENTERS 118.00 168, 579 0 108, 288, 665 108, 288, 665 118. 00 0 617, 452 190. 00 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 617, 452 192. 01 19201 GAH - MSO 0 0 0 192. 01 0 192. 02 19202 GAH FOUNDATION 426, 011 192. 02 426, 011 0 194.00 07950 FALCON POINT RENTAL C 92, 751 92, 751 194. 00 194. 01 07951 PHYSICIAN OFFICE 0 194. 01 0 0 0 194. 02 07952 PLASTIC SURG & DR. CHUNG 266, 418 266, 418 194. 02 194. 03 07953 WELLNESS CENTER 320, 153 320, 153 194. 03 194. 04 07954 PSYCH CLINIC 4, 533 2, 999, 431 2, 999, 431 194. 04 194.05 07955 MAHOMET SPECIALTY CLINIC 0 194. 05 0 194.06 07956 LASER CLINIC 0 0 194. 06 0 194. 07 07957 PAIN CLINIC C 232, 411 232, 411 194. 07 194.08 07958 LINE NOT UTILIZED 0 194. 08 194. 09 07959 GAH CARDI OLOGY 0 0 0 194. 09 194. 10 07960 WIC 274, 397 194. 10 274, 397 0 194. 11 07961 OPC SPECIALTY CLINIC 171, 775 171, 775 194. 11 194. 12 07962 FAMILY HEALTHCARE OF POTOMAC 0 194. 12 0 0 0 0 0 0 0 0 194. 13 07963 PODI ATRY 0 194. 13 0 194. 14 07964 9TH STREET CLINIC 0 194. 14 0 0 194. 15 07965 ORTHO CLINIC 0 0 194. 15 194. 16 07966 FHGC 1, 126, 553 1, 126, 553 194. 16 3, 045, 979 194. 17 1, 440, 391 194. 18 194. 17 07967 ELITE PERFORMANCE 0 3, 045, 979 194. 18 07968 GAFM 1, 440, 391 194. 19 07969 GAPC 0 194. 19 194. 20 07970 FHCF 185, 076 0 185, 076 194. 20 1, 242, 392 194. 21 194. 21 07971 FAMILY H. C. FAIRBURY 1, 242, 392 194. 22 07972 GIBSON HEALTH OF WATSEKA 0 0 194. 22 194. 23 07973 WEEKEND CLINIC AT GAH 0 194. 23 0 0 0 0 0 0 0 194. 24 07974 #3 CLINIC (DR. DELOST) 0 0 0 194. 24 194. 25 07975 GIBSON HEALTH OF MAHOMET 0 0 194 25 194. 26 07976 DENTAL CLINIC 0 1, 744, 836 1, 744, 836 194. 26 194. 27 07977 RETAIL PHARMACY 3, 287, 244 3, 287, 244 194. 27 194. 28 07978 CP THERAPY 0 509, 572 509, 572 194. 28 194. 29 07979 SCHOOL NURSE 592, 992 194. 29 0 592, 992 200.00 Cross Foot Adjustments 0 0 0 200. 00 0 201.00 Negative Cost Centers 0 201.00 202.00 TOTAL (sum lines 118 through 201) 173, 112 126, 864, 499 126, 864, 499 202. 00

Health Financial Systems
COST ALLOCATION STATISTICS GIBSON AREA HOSPITAL AND HEALTH SVCS In Lieu of Form CMS-2552-10 Peri od: Worksheet Non-CMS W From 10/01/2022 To 09/30/2023 Date/Ti me Prepared: 2/26/2024 10:06 am Provider CCN: 14-1317 Worksheet Non-CMS Wo

			2/26/2024	10:06 am
	Cost Center Description	Statistics	Statistics Description	
	·	Code		
		1.00	2. 00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1. 00
1.01	OB UNIT - BLDG & FIXT	30	SQUARE FEET	1. 01
1.02	B&F - ONARGA RHC	31	SQUARE FEET	1. 02
1.04	B&F - FARMER CITY RURAL HEALTH CLIN	33	SQUARE FEET	1.04
1.05	B&F - HOOPESTON RURAL HEALTH CLINIC	34	SQUARE FEET	1.05
1.07	B&F - FORREST RURAL HEALTH CLINIC	36	SQUARE FEET	1.07
1.09	B&F - PAXTON RURAL HEALTH CLINIC	38	SQUARE FEET	1.09
1. 10	B&F - MAHOMET SPECIALTY CLINIC	39	SQUARE FEET	1. 10
1. 11	B&F - POTOMAC RURAL HEALTH CLINIC	40	SQUARE FEET	1. 11
1. 12	B&F - PAXTON WELLNESS CENTER	41	SQUARE FEET	1. 12
1. 14	B&F - PAXTON AMBULANCE STATION	43	SQUARE FEET	1.14
1. 15	B&F - AMBULANCE STAFF RESIDENCE	44	SQUARE FEET	1. 15
1. 16	B&F - AMBULANCE BUILDING	45	SQUARE FEET	1. 16
1. 17	B&F - # 10 DOCTOR'S PARK	46	SQUARE FEET	1. 17
1. 18	B&F - COSMETOLOGY OFFICE	47	SQUARE FEET	1. 18
1. 19	B&F - ANESTHESI A HOUSE	48	SQUARE FEET	1. 19
1. 20	B&F - #7 DOCTOR'S PARK	49	SQUARE FEET	1. 20
1. 21	B&F - #4 DOCTOR'S PARK	50	SQUARE FEET	1. 21
1. 22	B&F - #8 DOCTOR'S PARK	51	SQUARE FEET	1. 22
1. 25	B&F - HARMS HOUSE/IT	54	SQUARE FEET	1. 25
1. 26	B&F - 9TH ST. EDUCATION HOUSE	55	SQUARE FEET	1. 26
1. 27	B&F - FALCON POINT RESIDENCE	56	SQUARE FEET	1. 27
1. 28	B&F - 2012 NEW STORAGE SHED	57	SQUARE FEET	1. 28
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	3	GROSS SALARIES	4.00
5. 01	CASHI ERI NG/ACCOUNTS RECEI VABLE	-1	ACCUM. COST	5. 01
5.02	ALL OTHER ADMIN & GENERAL	-2	ACCUM. COST	5. 02
7.00	OPERATION OF PLANT	4	SQUARE FEET	7.00
7. 01	OPERATION OF PLANT-OUTSIDE PROPERTY	12	SQUARE FEET	7. 01
8.00	LAUNDRY & LINEN SERVICE	5	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPI NG	20	SQUARE FEET	9. 00
10.00	DI ETARY	6	MEALS SERVED	10.00
11.00	CAFETERI A	7	FTE' S	11. 00
13.00	NURSI NG ADMINI STRATI ON	8	DIRECT NRS ING	13.00
14.00	CENTRAL SERVICES & SUPPLY	9	COSTED REQUIS.	14. 00
15.00	PHARMACY	10	COSTED REQUIS.	15. 00
16.00	MEDICAL RECORDS & LIBRARY	11	GROSS CHARGES	16. 00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED TIME	21.00
22. 00	I &R SERVI CES-OTHER PRGM. COSTS APPRVD	22	ASSIGNED TIME	22. 00

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 10/01/2022 | Part II | To 09/30/2023 | Date/Time Prepared: | 2/26/2024 | 10: 06 am Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS GIBSON AREA HOSPITAL AND HEALTH SVCS
Provider CCN: 14-1317

				CAPITAL RE	LATED COSTS	2/26/2024 10:0	06 am
	Cost Center Description	Di rectly	BLDG & FIXT	OB UNIT - BLDG	B&F - ONARGA	B&F - FARMER	
		Assigned New Capital		& FLXT	RHC	CITY RURAL HEALTH CLIN	
		Related Costs					
	GENERAL SERVICE COST CENTERS	0	1.00	1. 01	1. 02	1. 04	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1. 00
1. 01 1. 02	00101 OB UNIT - BLDG & FIXT 00102 B&F - ONARGA RHC						1. 01 1. 02
1. 04	00104 B&F - FARMER CITY RURAL HEALTH CLIN						1. 02
1.05	00105 B&F - HOOPESTON RURAL HEALTH CLINIC						1. 05
1. 07 1. 09	O0107 B&F - FORREST RURAL HEALTH CLINIC O0109 B&F - PAXTON RURAL HEALTH CLINIC						1. 07 1. 09
1. 10	00110 B&F - MAHOMET SPECIALTY CLINIC						1. 10
1. 11	00111 B&F - POTOMAC RURAL HEALTH CLINIC						1. 11
1. 12 1. 14	O0112 B&F - PAXTON WELLNESS CENTER						1. 12 1. 14
1. 14	00115 B&F - AMBULANCE STAFF RESIDENCE					,	1. 14
1. 16	00116 B&F - AMBULANCE BUILDING						1. 16
1. 17 1. 18	O0117 B&F - # 10 DOCTOR' S PARK O0118 B&F - COSMETOLOGY OFFICE						1. 17 1. 18
1. 19	00119 B&F - ANESTHESI A HOUSE						1. 19
1. 20	00120 B&F - #7 DOCTOR'S PARK						1. 20
1. 21 1. 22	00121						1. 21 1. 22
1. 25	00125 B&F - HARMS HOUSE/IT						1. 25
1. 26	00126 B&F - 9TH ST. EDUCATION HOUSE						1. 26
1. 27 1. 28	00127 B&F - FALCON POINT RESIDENCE 00128 B&F - 2012 NEW STORAGE SHED						1. 27 1. 28
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	0	8, 799		0	0	
5. 01	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	0	245 902	"	0	0	•
5. 02 7. 00	00591 ALL OTHER ADMIN & GENERAL 00700 OPERATION OF PLANT		345, 892 121, 852		0		5. 02 7. 00
7.01	00701 OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	O	0	7. 01
8.00	00800 LAUNDRY & LINEN SERVICE	0	22, 315		0	0	8.00
9. 00 10. 00	00900 HOUSEKEEPI NG 01000 DI ETARY		9, 896 26, 661		0		
11. 00	01100 CAFETERI A	0	13, 952		o	0	
13.00	01300 NURSING ADMINISTRATION	0	1, 268		0	0	13.00
14. 00 15. 00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	0	47, 893 16, 184		0	0	14. 00 15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY	0	6, 381		o	0	16. 00
21. 00	02100 I &R SERVI CES-SALARY & FRINGES APPRVD	0	0	•	0	0	21. 00
22. 00	02200 1 & R SERVI CES-OTHER PRGM. COSTS APPRVD INPATI ENT ROUTI NE SERVI CE COST CENTERS	0	0	0	0	0	22. 00
30. 00	03000 ADULTS & PEDIATRICS	0			0	0	30. 00
31.00	03100 NTENSIVE CARE UNIT	0	11, 719		0	l	•
43. 00 44. 00	04300 NURSERY 04400 SKILLED NURSING FACILITY	0	0 8, 442		0	0	
	04600 OTHER LONG TERM CARE	0			0		1
EO 00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM		124 120	12, 998	O	0	50. 00
50. 00 51. 00	05100 RECOVERY ROOM		136, 120 19, 421		0	0	1
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	18, 450	0	0	1
53. 00 54. 00	05300 ANESTHESI OLOGY 05400 RADI OLOGY - DI AGNOSTI C	0	1, 176 88, 413		0	0	
56. 00	05600 RADI OI SOTOPE	0	4, 294		0	0	56.00
60.00	06000 LABORATORY	0	23, 768	0	O	0	60. 00
63. 00 64. 00	06300 BLOOD STORING, PROCESSING & TRANS. 06400 INTRAVENOUS THERAPY	0	0	0	0	0	63. 00 64. 00
65. 00	06500 RESPIRATORY THERAPY	0	4, 466	ő	0	o o	65. 00
66. 00	06600 PHYSI CAL THERAPY	0	72, 427	0	O	0	66. 00
67. 00 68. 00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	0	0	0	0	0	67. 00 68. 00
69. 00	06900 ELECTROCARDI OLOGY			0	0	0	1
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	o	0	71. 00
72. 00 73. 00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	72. 00 73. 00
	07300 DRUGS CHARGED TO PATTENTS					0	1
73. 02	07302 WOUND CARE	0	12, 327		0	0	73. 02
	07303 SLEEP LAB 03950 DI ETARY EDUCATI ON	0	9, 473 0	1	0	0	
73.U4	OUTPATIENT SERVICE COST CENTERS		<u> </u>	1 0	<u> </u>		73.04
88. 00	08800 RURAL HEALTH CLINIC	0	0	0	8, 407	12, 975	88. 00

Provider CCN: 14-1317

					2/26/2024 10:	06 am
			CAPITAL RE	LATED COSTS		
Cost Center Description	Directly	BLDG & FIXT	OB UNIT - BLDG		B&F - FARMER	
	Assigned New		& FLXT	RHC	CITY RURAL	
	Capi tal				HEALTH CLIN	
	Related Costs	1 00	1 01	1.00	1.04	
00.00.000000000000000000000000000000000	0	1.00	1. 01	1. 02	1. 04	90.00
90. 00 09000 CLINIC 90. 01 09001 GERI PSYCH CLINIC	0 0	12, 881		-	0	90.00
	1	100 (71	1	-	0	
	0	109, 671		0		
90. 03 09003 GENERAL SURGERY CLINIC 90. 04 09004 GAPC AND #3 CLINIC	0	35, 672	0	0	0	90. 03
90. 04 09004 GAPC AND #3 CLINIC 90. 05 09005 ENT AND UROLOGY CLINIC	0	74.010	ή	0	0	90. 04 90. 05
91. 00 09100 EMERGENCY	0	74, 012 68, 186		0	0	90.05
	١	08, 180	0	U	U	91.00
92.00 09200 0BSERVATION BEDS (NON-DISTINCT PART 93.00 04950 0THER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS	U U	0)	U	0	93.00
95. 00 09500 AMBULANCE SERVICES	O	0	0	O	0	95. 00
SPECIAL PURPOSE COST CENTERS	U U) 0	U U	0	95.00
113. 00 11300 I NTEREST EXPENSE						113. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	О	1, 638, 081	290, 196	8, 407	12 075	118. 00
NONREI MBURSABLE COST CENTERS	U U	1,030,001	290, 190	0, 407	12, 973	1110.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	O	1, 004	. 0	O	0	190. 00
192. 01 19201 GAH - MSO	0	1, 004	1			192. 01
192. 02 19202 GAH FOUNDATION	0	0			0	
194. 00 07950 FALCON POINT RENTAL	0	0		0	_	194. 00
194. 01 07951 PHYSI CI AN OFFI CE	0	0		0	0	
194. 02 07952 PLASTIC SURG & DR. CHUNG	0	0		0		194. 02
194. 03 07953 WELLNESS CENTER	0	0		0	0	
194. 04 07954 PSYCH CLINIC		0		0	_	194. 04
194. 05 07955 MAHOMET SPECIALTY CLINIC		0		0	0	
194. 06 07956 LASER CLINIC	0	0		0		194. 06
194. 07 07957 PAIN CLINIC	0	0		0	0	
194. 08 07958 LINE NOT UTILIZED	0	0		0	_	194. 08
194. 09 07959 GAH CARDI OLOGY	0	0	0	0	0	
194. 10 07960 WI C	0	0	0	0		194. 10
194. 11 07961 OPC SPECIALTY CLINIC	0	17, 955	0	0	0	
194. 12 07962 FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194. 12
194. 13 07963 PODI ATRY	l ol	0	o o	0	0	
194. 14 07964 9TH STREET CLINIC	0	0	o o	0		194. 14
194. 15 07965 ORTHO CLINIC	0	0	0	0	0	194. 15
194. 16 07966 FHGC		0	o o	0	0	194. 16
194. 17 07967 ELITE PERFORMANCE	o	0	0	0		194. 17
194. 18 07968 GAFM	0	0	0	0	0	194. 18
194. 19 07969 GAPC	0	0	o o	0	0	1
194. 20 07970 FHCF	0	14, 203	0	0	0	194. 20
194. 21 07971 FAMILY H. C. FAIRBURY	0	0	1	0		194. 21
194. 22 07972 GIBSON HEALTH OF WATSEKA	0	0	o o	0		194. 22
194. 23 07973 WEEKEND CLINIC AT GAH	0	0	o o	0		194. 23
194. 24 07974 #3 CLINIC (DR. DELOST)	o	0	0	0		194. 24
194. 25 07975 GIBSON HEALTH OF MAHOMET	o	0	0	o	0	194. 25
194. 26 07976 DENTAL CLINIC	0	43, 480	0	o		194. 26
194. 27 07977 RETAIL PHARMACY	0	23, 253		o		194. 27
194. 28 07978 CP THERAPY	o	0	0	o	0	194. 28
194. 29 07979 SCHOOL NURSE	0	0	0	o	0	194. 29
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers		0	0	o	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	0	1, 737, 976	290, 196	8, 407	12, 975	202. 00
	•			·		

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 14-1317

							2/26/2024 10:	06 am
				CAP	ITAL RELATED CO	OSTS		
		Cost Center Description	B&F -	B&F - FORREST	R&F _ PAYTON	B&F - MAHOMET	B&F _ POTOMAC	
		cost center bescription	HOOPESTON	RURAL HEALTH	RURAL HEALTH	SPECIALTY	RURAL HEALTH	
			RURAL HEALTH	CLINIC	CLINIC	CLINIC	CLINIC	
			CLINIC					
	T		1. 05	1. 07	1. 09	1. 10	1. 11	
1 00		AL SERVICE COST CENTERS		I			I	1 00
1. 00 1. 01	1	CAP REL COSTS-BLDG & FIXT OB UNIT - BLDG & FIXT						1. 00 1. 01
1. 01	1	B&F - ONARGA RHC						1. 01
1. 04	1	B&F - FARMER CITY RURAL HEALTH CLIN						1. 04
1.05		B&F - HOOPESTON RURAL HEALTH CLINIC						1. 05
1.07		B&F - FORREST RURAL HEALTH CLINIC						1. 07
1. 09	1	B&F - PAXTON RURAL HEALTH CLINIC						1. 09
1. 10	1	B&F - MAHOMET SPECIALTY CLINIC						1. 10
1. 11 1. 12	1	B&F - POTOMAC RURAL HEALTH CLINIC B&F - PAXTON WELLNESS CENTER						1. 11 1. 12
1. 14	1	B&F - PAXTON AMBULANCE STATION						1. 14
1. 15	1	B&F - AMBULANCE STAFF RESIDENCE						1. 15
1. 16	00116	B&F - AMBULANCE BUILDING						1. 16
1. 17		B&F - # 10 DOCTOR'S PARK						1. 17
1. 18	1	B&F - COSMETOLOGY OFFICE						1. 18
1. 19 1. 20	1	B&F - ANESTHESIA HOUSE B&F - #7 DOCTOR'S PARK						1. 19 1. 20
1. 21		B&F - #4 DOCTOR'S PARK						1. 21
1. 22	1	B&F - #8 DOCTOR'S PARK						1. 22
1. 25	00125	B&F - HARMS HOUSE/IT						1. 25
1. 26	1	B&F - 9TH ST. EDUCATION HOUSE						1. 26
1. 27	1	B&F - FALCON POINT RESIDENCE						1. 27
1. 28 2. 00		B&F - 2012 NEW STORAGE SHED CAP REL COSTS-MVBLE EQUIP					•	1. 28 2. 00
4.00	1	EMPLOYEE BENEFITS DEPARTMENT	C	0	0	0	0	1
5. 01	1	CASHI ERI NG/ACCOUNTS RECEI VABLE	C	Ō	Ō	0	Ō	
5.02	00591	ALL OTHER ADMIN & GENERAL	C	0	0	0	0	5. 02
7.00	1	OPERATION OF PLANT	C	0			0	
7. 01 8. 00	1	OPERATION OF PLANT-OUTSIDE PROPERTY LAUNDRY & LINEN SERVICE		0			0	1
9. 00	1	HOUSEKEEPING						1
10.00		DI ETARY	C	Ö	Ö		Ö	
11. 00	01100	CAFETERI A	C	0	0	0	0	11. 00
13. 00	1	NURSING ADMINISTRATION	C	0	0	0	0	
14. 00 15. 00	1	CENTRAL SERVICES & SUPPLY PHARMACY		0	0	0	0	
16. 00	1	MEDICAL RECORDS & LIBRARY					0	
21. 00		I&R SERVICES-SALARY & FRINGES APPRVD	C	0	0	0	0	1
22. 00		I &R SERVICES-OTHER PRGM. COSTS APPRVD	C	0	0	0	0	22. 00
20.00		I ENT ROUTI NE SERVI CE COST CENTERS		1 0		0		20.00
30. 00 31. 00		ADULTS & PEDIATRICS INTENSIVE CARE UNIT		0			0	
43. 00	1	NURSERY	C	Ö				1
44. 00	04400	SKILLED NURSING FACILITY	C	-				
46. 00		OTHER LONG TERM CARE	C	0	0	0	0	46. 00
50. 00		LARY SERVICE COST CENTERS OPERATING ROOM		0	0	0	0	50.00
51. 00		RECOVERY ROOM						1
52. 00	1	DELIVERY ROOM & LABOR ROOM	C	Ō	Ō	0	Ō	1
53.00		ANESTHESI OLOGY	C	0	0	0	0	
54. 00	1	RADI OLOGY-DI AGNOSTI C	C	0	0	0	0	
56. 00 60. 00	1	RADI OI SOTOPE LABORATORY		0	0	0	0	
63.00	1	BLOOD STORING, PROCESSING & TRANS.				0		1
64. 00		I NTRAVENOUS THERAPY	C	Ö	Ö	0	Ö	
65.00		RESPI RATORY THERAPY	C	0	0	0	0	
66. 00	1	PHYSI CAL THERAPY	C	0	0	0	0	1
67. 00		OCCUPATIONAL THERAPY	C	0	0	0	0	67. 00
68. 00 69. 00	1	SPEECH PATHOLOGY ELECTROCARDI OLOGY				0	0	
71. 00	1	MEDICAL SUPPLIES CHARGED TO PATIENT		Ö	Ö	Ö	Ö	
72.00	1	IMPL. DEV. CHARGED TO PATIENTS	C	0	0	0	0	
73.00		DRUGS CHARGED TO PATIENTS	C	0	0	0	0	
73. 01 73. 02		CARDI AC REHAB WOUND CARE	C	0	0	0	0	1
73. 02		SLEEP LAB		0	0	0	0	1
73. 04		DIETARY EDUCATION		Ö	0	0	Ö	1
0.7		TIENT SERVICE COST CENTERS						
88. 00	l08800	RURAL HEALTH CLINIC	177, 962	15, 724	145, 889	47, 718	0	88. 00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 14-1317

					2/26/2024 10:	<u>06 am</u>
		CAP	ITAL RELATED CO	OSTS		
	Do F	DAE FORDEST	DAE DAYTON	DOE MALIONET	DOE DOTOMA	
Cost Center Description	B&F -	B&F - FORREST	B&F - PAXTON	B&F - MAHOMET	B&F - POTOMAC	
	HOOPESTON	RURAL HEALTH	RURAL HEALTH	SPECI ALTY	RURAL HEALTH	
	RURAL HEALTH	CLINIC	CLINIC	CLINIC	CLINIC	
	1. 05	1. 07	1. 09	1. 10	1. 11	
90. 00 09000 CLI NI C	1.03				0	90.00
90. 01 09001 GERI PSYCH CLINIC	0	ĺ			Ö	90. 01
90. 02 09002 ORTHO AND CARDI O CLI NI C	0	0			Ö	90. 02
90. 03 09003 GENERAL SURGERY CLINIC	0	0	Ö		Ö	90. 03
90. 04 09004 GAPC AND #3 CLI NI C	0	0	0		0	90. 04
90. 05 09005 ENT AND UROLOGY CLINIC	0	0	0	_	0	90. 05
91. 00 09100 EMERGENCY	0	0	0	0	0	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	1	_	1	_	_	92. 00
93. 00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93. 00
OTHER REIMBURSABLE COST CENTERS	_	_	_	_		
95. 00 09500 AMBULANCE SERVICES	0	0	0	0	0	95. 00
SPECIAL PURPOSE COST CENTERS	•					
113. 00 11300 I NTEREST EXPENSE						113. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	177, 962	15, 724	145, 889	47, 718	0	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		•			190. 00
192.01 19201 GAH - MSO	0	0	0	0	0	192. 01
192.02 19202 GAH FOUNDATION	0	0		_		192. 02
194.00 07950 FALCON POINT RENTAL	0	0				194. 00
194. 01 07951 PHYSI CLAN OFFI CE	0	0	1			194. 01
194.02 07952 PLASTIC SURG & DR. CHUNG	0	0	1			194. 02
194.03 07953 WELLNESS CENTER	0	0				194. 03
194. 04 07954 PSYCH CLINIC	0	0				194. 04
194.05 07955 MAHOMET SPECIALTY CLINIC	0	0				194. 05
194. 06 07956 LASER CLINIC	0	0				194. 06
194. 07 07957 PAIN CLINIC	0	0				194. 07
194. 08 07958 LINE NOT UTILIZED	0	0				194. 08
194. 09 07959 GAH CARDI OLOGY	0	0				194. 09
194. 10 07960 WI C	0	0				194. 10
194. 11 07961 OPC SPECIALTY CLINIC	0	0				194. 11
194. 12 07962 FAMILY HEALTHCARE OF POTOMAC	0	0				194. 12
194. 13 07963 PODI ATRY	0	0				194. 13
194. 14 07964 9TH STREET CLINIC	0	0		_		194. 14
194. 15 07965 0RTH0 CLINIC 194. 16 07966 FHGC	0		1			194. 15 194. 16
194. 17 07967 ELITE PERFORMANCE	0		1			194. 10
194. 17 07987 ELLTE PERFORMANCE 194. 18 07968 GAFM	0					194. 17
194. 19 07969 GAPC						194. 19
194. 20 07970 FHCF						194. 19
194. 21 07971 FAMILY H. C. FAIRBURY						194. 21
194. 22 07972 GIBSON HEALTH OF WATSEKA						194. 22
194. 23 07973 WEEKEND CLINIC AT GAH						194. 23
194. 24 07974 #3 CLINIC (DR. DELOST)			Ö			194. 24
194. 25 07975 GI BSON HEALTH OF MAHOMET			Ö			194. 25
194. 26 07976 DENTAL CLINIC		0	0			194. 26
194. 27 07977 RETAIL PHARMACY			0			194. 27
194. 28 07978 CP THERAPY			0	_		194. 28
194. 29 07979 SCHOOL NURSE	1		0	_		194. 29
200.00 Cross Foot Adjustments		I				200.00
201.00 Negative Cost Centers	0	0	0	n	n	201. 00
202.00 TOTAL (sum lines 118 through 201)	177, 962	15, 724	1	_		202. 00
1 1 (21 22 27 27 27 27 27 27 27 27 27 27 27 27	, , , , , ,				•	

		CAP	ITAL RELATED CO	STS	2/26/2024 10:	06 am
Cost Center Description	B&F - PAXTON WELLNESS	B&F - PAXTON	B&F - AMBULANCE	B&F -	B&F - # 10 DOCTOR' S PARK	
	CENTER	AMBULANCE STATION	STAFF	AMBULANCE BUI LDI NG	DUCTUR 5 PARK	
	1. 12	1. 14	RESI DENCE 1. 15	1. 16	1. 17	
GENERAL SERVICE COST CENTERS	1. 12	1. 14	1. 13	1. 10	1. 17	
1.00 00100 CAP REL COSTS-BLDG & FIXT 1.01 00101 OB UNIT - BLDG & FIXT						1. 00 1. 01
1.02 00101 0B 0N11 - BLDG & FTX1 1.02 00102 B&F - ONARGA RHC						1. 01
1.04 00104 B&F - FARMER CITY RURAL HEALTH CLIN						1. 04
1.05 00105 B&F - HOOPESTON RURAL HEALTH CLINIC 1.07 00107 B&F - FORREST RURAL HEALTH CLINIC						1. 05 1. 07
1.09 00109 B&F - PAXTON RURAL HEALTH CLINIC						1. 07
1.10 00110 B&F - MAHOMET SPECIALTY CLINIC						1. 10
1.11 00111 B&F - POTOMAC RURAL HEALTH CLINIC 1.12 00112 B&F - PAXTON WELLNESS CENTER						1. 11 1. 12
1.14 O0114 B&F - PAXTON AMBULANCE STATION						1. 12
1.15 O0115 B&F - AMBULANCE STAFF RESIDENCE						1. 15
1.16 00116 B&F - AMBULANCE BUILDING 1.17 00117 B&F - # 10 DOCTOR'S PARK						1. 16 1. 17
1. 18 00118 B&F - COSMETOLOGY OFFICE						1. 18
1. 19 00119 B&F - ANESTHESI A HOUSE						1. 19
1. 20 00120 B&F - #7 DOCTOR' S PARK 1. 21 00121 B&F - #4 DOCTOR' S PARK						1. 20 1. 21
1. 22 00122 B&F - #8 DOCTOR' S PARK						1. 22
1. 25 00125 B&F - HARMS HOUSE/IT						1. 25
1. 26 00126 B&F - 9TH ST. EDUCATION HOUSE 1. 27 00127 B&F - FALCON POINT RESIDENCE						1. 26 1. 27
1. 28 00128 B&F - 2012 NEW STORAGE SHED						1. 28
2. 00 00200 CAP REL COSTS-MVBLE EQUIP						2. 00
4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT 5. 01 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	0	0	0	0	0	4. 00 5. 01
5. 02 00591 ALL OTHER ADMIN & GENERAL	0	0	O	0	ő	5. 02
7. 00 00700 OPERATION OF PLANT	0	0	0	0	0	7. 00
7.01 00701 OPERATION OF PLANT-OUTSIDE PROPERTY 8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	7. 01 8. 00
9. 00 00900 HOUSEKEEPI NG	0	0	Ö	0	29	9. 00
10. 00 01000 DI ETARY	0	0	0	0	0	10.00
11. 00 01100 CAFETERI A 13. 00 01300 NURSI NG ADMINI STRATI ON	0	0	0	0	0	11. 00 13. 00
14. 00 01400 CENTRAL SERVICES & SUPPLY	0	0	Ö	0	ő	14. 00
15. 00 01500 PHARMACY	0	0	0	0	0	15. 00
16.00 01600 MEDICAL RECORDS & LIBRARY 21.00 02100 &R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	16. 00 21. 00
22. 00 02200 I &R SERVI CES-OTHER PRGM. COSTS APPRVD	0	0	-	0		22. 00
I NPATI ENT ROUTI NE SERVI CE COST CENTERS	1 0					20.00
30. 00 03000 ADULTS & PEDIATRICS 31. 00 03100 NTENSIVE CARE UNIT	0	0	0	0	1	30. 00 31. 00
43. 00 04300 NURSERY	0	Ō	0	0	0	43. 00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44. 00
46.00 O4600 OTHER LONG TERM CARE ANCILLARY SERVICE COST CENTERS	0	U	0	0	0	46. 00
50. 00 05000 OPERATING ROOM	0	0	0	0	0	50. 00
51. 00 05100 RECOVERY ROOM 52. 00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	51. 00 52. 00
53. 00 05300 ANESTHESI OLOGY	0	0	0	0	Ö	53. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0	0	0	0	54.00
56. 00 05600 RADI 0I SOTOPE 60. 00 06000 LABORATORY	0	0	0	0	0	56. 00 60. 00
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	Ö	0	ő	63. 00
64. 00 06400 I NTRAVENOUS THERAPY	0	0	0	0	0	64.00
65. 00 06500 RESPI RATORY THERAPY 66. 00 06600 PHYSI CAL THERAPY	0	0	0	0	0	65. 00 66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	0	0	0	0	ő	67. 00
68. 00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68. 00
69. 00 06900 ELECTROCARDI OLOGY 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENT	0	0	0	0	0	69. 00 71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	o o	Ö	0	0	72. 00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73. 00
73. 01 07301 CARDI AC REHAB 73. 02 07302 WOUND CARE	0	0 0	0	0	6, 804 0	73. 01 73. 02
73. 03 07303 SLEEP LAB	0	Ö	O	0	0	73. 03
73. 04 03950 DI ETARY EDUCATION	0	0	0	0	0	73. 04
0UTPATI ENT SERVI CE COST CENTERS 88. 00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88. 00
	·		1			

Provider CCN: 14-1317

| Peri od: | Worksheet B | From 10/01/2022 | Part II | To 09/30/2023 | Date/Time Prepared: | 2/26/2024 10: 06 am

					2/26/2024 10:	06 am
		CAPI	TAL RELATED CO	STS		
Cost Center Description	B&F - PAXTON	B&F - PAXTON	B&F -	B&F -	B&F - # 10	
	WELLNESS	AMBULANCE	AMBULANCE	AMBULANCE	DOCTOR'S PARK	
	CENTER	STATI ON	STAFF	BUI LDI NG		
			RESI DENCE			
00.00.000000000000000000000000000000000	1. 12	1. 14	1. 15	1. 16	1. 17	00.00
90. 00 09000 CLI NI C	0	0	0	0	1	
90. 01 09001 GERI PSYCH CLINIC	0	0	0	0	_, _,	
90. 02 09002 0RTHO AND CARDI 0 CLI NI C	0	0	0	0	0	90. 02
90. 03 09003 GENERAL SURGERY CLINIC	0	0	0	0	0	90. 03
90. 04 09004 GAPC AND #3 CLINIC	0	0	0	0	0	90. 04
90.05 09005 ENT AND UROLOGY CLINIC	0	0	0	0	0	90. 05
91. 00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92. 00
93. 00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93. 00
OTHER REIMBURSABLE COST CENTERS						
95. 00 09500 AMBULANCE SERVICES	0	6, 900	6, 836	23, 843	0	95. 00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	6, 900	6, 836	23, 843	15, 647	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190. 00
192. 01 19201 GAH - MSO	0	0	0	0	0	192. 01
192. 02 19202 GAH FOUNDATION	0	0	0	0	0	192. 02
194.00 07950 FALCON POINT RENTAL	0	o	0	0	0	194. 00
194. 01 07951 PHYSI CLAN OFFI CE	0	o	0	0	0	194. 01
194.02 07952 PLASTIC SURG & DR. CHUNG	0	o	0	0	0	194. 02
194. 03 07953 WELLNESS CENTER	413	o	0	0	0	194. 03
194. 04 07954 PSYCH CLINIC	0	o	0	0	15, 590	194. 04
194.05 07955 MAHOMET SPECIALTY CLINIC	0	o	0	0		194. 05
194. 06 07956 LASER CLINIC	0	o	0	0	0	194. 06
194. 07 07957 PAIN CLINIC	0	o	0	0	•	194. 07
194.08 07958 LINE NOT UTILIZED	0	ol	0	0	0	194. 08
194. 09 07959 GAH CARDI OLOGY	0	ol	0	0	0	194. 09
194. 10 07960 WI C	0	o	0	0	•	194. 10
194. 11 07961 OPC SPECIALTY CLINIC	0	o	0	0		194, 11
194. 12 07962 FAMILY HEALTHCARE OF POTOMAC	0	o	0	0		194. 12
194. 13 07963 PODI ATRY	0	o	0	0	0	194. 13
194. 14 07964 9TH STREET CLINIC	0	o	0	0		194. 14
194. 15 07965 ORTHO CLI NI C	0	0	0	0		194. 15
194. 16 07966 FHGC	0	أ	0	0		194. 16
194. 17 07967 ELITE PERFORMANCE	0	أ	0	0		194. 17
194. 18 07968 GAFM	0	o	0	0		194. 18
194. 19 07969 GAPC	0	o	0	0		194. 19
194. 20 07970 FHCF	0	0	0	0		194. 20
194. 21 07971 FAMILY H. C. FAIRBURY	i o	0	0	0	l	194. 21
194. 22 07972 GIBSON HEALTH OF WATSEKA	0	0	0	0	l	194. 22
194. 23 07973 WEEKEND CLINIC AT GAH	0	0	0	0	l	194. 23
194. 24 07974 #3 CLINIC (DR. DELOST)	i o	0	0	0		194. 24
194. 25 07975 GI BSON HEALTH OF MAHOMET	0	Ö	0	0		194. 25
194. 26 07976 DENTAL CLINIC	i o		0	0		194. 26
194. 27 07977 RETAIL PHARMACY	i o		0	0		194. 27
194. 28 07978 CP THERAPY	0		n	0		194. 27
194. 29 07979 SCHOOL NURSE		ا	0	0	l	194. 29
200.00 Cross Foot Adjustments			U	Ü		200.00
201.00 Negative Cost Centers	0	٥	O	0	n	201.00
202.00 TOTAL (sum lines 118 through 201)	413	6, 900	6, 836	23, 843	•	202.00
202.00 TOTAL (Sum Titles The through 201)	1 413	0, 700	5, 656	25, 045	1 31, 237	1202.00

Provider CCN: 14-1317

		CAP	TTAL RELATED C	OSTS	2/26/2024 10:	
Cost Center Description	B&F -	B&F -	B&F - #7	B&F - #4	B&F - #8	
2337 237757 23337 7 277 277	COSMETOLOGY	ANESTHESI A		DOCTOR' S PARK		
	0FFI CE 1. 18	H0USE 1. 19	1. 20	1. 21	1. 22	
GENERAL SERVICE COST CENTERS 1. 00 00100 CAP REL COSTS-BLDG & FLXT						1.00
1.01 00101 OB UNIT - BLDG & FIXT						1. 01
1.02 00102 B&F - ONARGA RHC 1.04 00104 B&F - FARMER CITY RURAL HEALTH CLIN						1. 02 1. 04
1.05 00105 B&F - HOOPESTON RURAL HEALTH CLINIC						1. 05
1.07 O0107 B&F - FORREST RURAL HEALTH CLINIC 1.09 O0109 B&F - PAXTON RURAL HEALTH CLINIC						1. 07 1. 09
1.10 00109 B&F - PAXTON RORAL HEALTH CLINIC						1. 10
1.11 00111 B&F - POTOMAC RURAL HEALTH CLINIC						1. 11
1.12 00112 B&F - PAXTON WELLNESS CENTER 1.14 00114 B&F - PAXTON AMBULANCE STATION						1. 12 1. 14
1. 15 OO115 B&F - AMBULANCE STAFF RESIDENCE 1. 16 OO116 B&F - AMBULANCE BUILDING						1. 15 1. 16
1.16 00116 B&F - AMBULANCE BUILDING 1.17 00117 B&F - # 10 DOCTOR'S PARK						1. 10
1.18 00118 B&F - COSMETOLOGY OFFICE						1. 18
1. 19 00119 B&F - ANESTHESI A HOUSE 1. 20 00120 B&F - #7 DOCTOR' S PARK						1. 19 1. 20
1. 21						1. 21
1. 22 00122 B&F - #8 DOCTOR' S PARK 1. 25 00125 B&F - HARMS HOUSE/IT						1. 22 1. 25
1.26 00126 B&F - 9TH ST. EDUCATION HOUSE						1. 26
1. 27 00127 B&F - FALCON POINT RESIDENCE 1. 28 00128 B&F - 2012 NEW STORAGE SHED						1. 27 1. 28
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2. 00
4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT 5. 01 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	0	0	[0 0	0	0	4. 00 5. 01
5. 02 00591 ALL OTHER ADMIN & GENERAL	Ö	9, 790	0	202	0	5. 02
7. 00 00700 OPERATION OF PLANT 7. 01 00701 OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7. 00 7. 01
8. 00 00800 LAUNDRY & LINEN SERVICE	o	0	Ö	0	0	
9. 00 00900 HOUSEKEEPI NG 10. 00 01000 DI ETARY	0	0	0	0	0	9. 00 10. 00
11. 00 01100 CAFETERI A		0	0	0	0	11.00
13. 00 O1300 NURSI NG ADMI NI STRATI ON 14. 00 O1400 CENTRAL SERVI CES & SUPPLY	0	0	0	0	0	13. 00 14. 00
15. 00 01500 PHARMACY		0	0	0	0	15. 00
16.00 01600 MEDICAL RECORDS & LIBRARY 21.00 02100 &R SERVICES-SALARY & FRINGES APPRVD	0	0	0	_	0	16. 00 21. 00
21. 00 02100 I&R SERVICES-SALARY & FRINGES APPRVD 22. 00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0			0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS		0			0	20.00
30. 00 03000 ADULTS & PEDIATRICS 31. 00 03100 NTENSIVE CARE UNIT	0 0	0	0	_	0	1
43. 00 04300 NURSERY	0	0	0	0	0	
44.00 04400 SKILLED NURSING FACILITY 46.00 04600 OTHER LONG TERM CARE	0 0	0		_	0	1
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 0PERATI NG ROOM 51. 00 05100 RECOVERY ROOM		0] 0] 0	0	0	50. 00 51. 00
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53. 00 05300 ANESTHESI OLOGY 54. 00 05400 RADI OLOGY-DI AGNOSTI C		0] 0] 0	0	0	
56. 00 05600 RADI 01 SOTOPE	0	0	0	0	0	56. 00
60. 00 06000 LABORATORY 63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0] 0] 0	0	0	60. 00 63. 00
64. 00 06400 I NTRAVENOUS THERAPY	Ö	0	0	0	0	64. 00
65. 00 06500 RESPI RATORY THERAPY 66. 00 06600 PHYSI CAL THERAPY	0	0	0	0	0	65. 00 66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	Ö	0	Ö	0	0	67. 00
68. 00 06800 SPEECH PATHOLOGY 69. 00 06900 ELECTROCARDI OLOGY	0	0	0	0	0	1
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	Ö	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	72. 00 73. 00
73. 01 07300 DR0G3 CHARGED TO PATTENTS 73. 01 07301 CARDI AC REHAB		0	0	0	0	73. 00
73. 02 07302 WOUND CARE 73. 03 07303 SLEEP LAB	0	0	0	0	0	73. 02 73. 03
73. 04 03950 DI ETARY EDUCATI ON	0	0	0	0	0	73.03
0UTPATIENT SERVICE COST CENTERS 88. 00 08800 RURAL HEALTH CLINIC	0	0	0	0	16, 984	88. 00
90. 00 09000 CLI NI C	0	0				90.00

Provider CCN: 14-1317

					2/26/2024 10:	<u>06 am</u>
		CAP	TAL RELATED C	0STS		
Cost Center Description	B&F -	B&F -	B&F - #7	B&F - #4	B&F - #8	
	COSMETOLOGY	ANESTHESI A	DOCTOR'S PARK	DOCTOR' S PARK	DOCTOR'S PARK	
	OFFICE	HOUSE				
an at leased office povers of the c	1. 18	1. 19	1. 20	1. 21	1. 22	20.01
90. 01 09001 GERI PSYCH CLINIC	0	C	1	_	0	
90. 02 09002 ORTHO AND CARDI O CLI NI C	0	C	0	0	0	
90. 03 09003 GENERAL SURGERY CLINIC	0	C		0	0	
90. 04 09004 GAPC AND #3 CLINIC	0	C		0	0	
90. 05 09005 ENT AND UROLOGY CLINIC	0	C		1, 115	0	
91. 00 09100 EMERGENCY	O O	C		0	0	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART		-				92.00
93. 00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	C) <u> </u>	0	0	93. 00
OTHER REIMBURSABLE COST CENTERS	1 0					05.00
95. 00 09500 AMBULANCE SERVI CES	0	C) C	0	0	95. 00
SPECIAL PURPOSE COST CENTERS						112 00
113. 00 11300 INTEREST EXPENSE		0.700		1 017	17 004	113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	9, 790) C	1, 317	16, 984	118. 00
NONREI MBURSABLE COST CENTERS	0) C			190. 00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	C	1		1	190.00
192. 01 19201 GAH - MSO 192. 02 19202 GAH FOUNDATION		C		_		192. 01
192.02 19202 GAH FOUNDATION 194.00 07950 FALCON POINT RENTAL				_		194. 00
194.00 07950 FALCON POINT RENTAL 194.01 07951 PHYSICIAN OFFICE				0	0	1
194.02 07952 PHYSICIAN OFFICE	6, 685			0		194. 01
194.03 07953 WELLNESS CENTER	0, 085			0		194. 02
194. 04 07954 PSYCH CLINIC				0		194. 03
194.05 07955 MAHOMET SPECIALTY CLINIC	0			0		194. 04
194. 06 07956 LASER CLINIC	0			0	l	194. 05
194. 07 07957 PAIN CLINIC	0					194. 00
194. 08 07958 LINE NOT UTILIZED					0	
194. 09 07959 GAH CARDI OLOGY	0			0		194. 09
194. 10 07960 WI C				0		194. 10
194. 11 07961 OPC SPECIALTY CLINIC				0	0	1
194. 12 07962 FAMILY HEALTHCARE OF POTOMAC				0	1	194. 12
194. 13 07963 PODI ATRY				0		194. 12
194. 14 07964 9TH STREET CLINIC	o o				•	194. 14
194. 15 07965 ORTHO CLINIC	o o			_	0	
194. 16 07966 FHGC		Č	9, 448	_		194. 16
194. 17 07967 ELI TE PERFORMANCE	o o	Č) , , , ,		l ő	
194. 18 07968 GAFM	o o	Č		_	l o	
194. 19 07969 GAPC	o	C		0	0	194. 19
194. 20 07970 FHCF	o	Ċ		0		194, 20
194. 21 07971 FAMILY H. C. FAIRBURY	o	Ċ		0		194. 21
194. 22 07972 GI BSON HEALTH OF WATSEKA	o	Ċ		0	l .	194. 22
194. 23 07973 WEEKEND CLINIC AT GAH	ا	Ċ		0		194. 23
194. 24 07974 #3 CLINIC (DR. DELOST)	ol	Ċ		0		194. 24
194. 25 07975 GI BSON HEALTH OF MAHOMET	ol	Ċ		0		194. 25
194. 26 07976 DENTAL CLINIC	l ol	C		Ö		194. 26
194. 27 07977 RETAIL PHARMACY	ol	C		Ō		194. 27
194. 28 07978 CP THERAPY	ol	C	ol o	Ō		194. 28
194. 29 07979 SCHOOL NURSE	ol	C		33		194. 29
200.00 Cross Foot Adjustments			1			200.00
201.00 Negative Cost Centers	o	C	o	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	6, 685	9, 790	9, 448	1, 350	16, 984	202. 00
			•	•	•	-

Provider CCN: 14-1317

		CAD	LTAL DELATED C	nete	2/26/2024 10:	06 am
		CAP	ITAL RELATED C	US15		
Cost Center Description	B&F - HARMS HOUSE/IT	B&F - 9TH ST. EDUCATION	POI NT	B&F - 2012 NEW STORAGE SHED	MVBLE EQUIP	
	1. 25	HOUSE 1. 26	RESI DENCE 1. 27	1. 28	2. 00	
GENERAL SERVICE COST CENTERS				11.20	2.00	
GENERAL SERVICE COST CENTERS						1. 00 1. 01 1. 02 1. 04 1. 05 1. 07 1. 09 1. 10 1. 11 1. 12 1. 14 1. 15 1. 16 1. 17 1. 18 1. 19 1. 20 1. 21 1. 25 1. 26 1. 27 1. 28
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0	0	C	0	4, 164	4. 00
5. 01 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 5. 02 00591 ALL OTHER ADMIN & GENERAL	14, 832	13, 612	i c	0 12, 878	4, 215 786, 993	5. 01 5. 02
7.00 00700 OPERATION OF PLANT	0	0	C	0	27, 667	7.00
7. 01 00701 OPERATION OF PLANT-OUTSIDE PROPERTY 8. 00 00800 LAUNDRY & LINEN SERVICE	0 0		[0	0 14, 653	7. 01 8. 00
9. 00 00900 HOUSEKEEPI NG 10. 00 01000 DI ETARY	0	0	0		15, 015	9.00
11. 00 01100 DIETARY 11. 00 01100 CAFETERI A	0	0		0	3, 031 0	10. 00 11. 00
13. 00 O1300 NURSI NG ADMI NI STRATI ON 14. 00 O1400 CENTRAL SERVI CES & SUPPLY	0	0	C	0	0 3, 255	13. 00 14. 00
15. 00 01500 PHARMACY		o o	Ö	0	3, 255	15. 00
16.00 01600 MEDICAL RECORDS & LIBRARY 21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0 0	1	C I C	0	0	16. 00 21. 00
22. 00 02200 I &R SERVICES-OTHER PRGM. COSTS APPRVD	0				0	22. 00
I NPATI ENT ROUTI NE SERVI CE COST CENTERS 30. 00 03000 ADULTS & PEDI ATRI CS	0	Ο	С	ol	43, 437	30. 00
31. 00 03100 NTENSI VE CARE UNIT					2, 825	31.00
43. 00 04300 NURSERY 44. 00 04400 SKI LLED NURSI NG FACI LI TY	0	0	C 1 C	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY 46.00 04600 OTHER LONG TERM CARE	0 0	1	· ·	_		44. 00 46. 00
ANCILLARY SERVICE COST CENTERS					000 040	F0 00
50. 00 05000 OPERATING ROOM 51. 00 05100 RECOVERY ROOM	0			0	932, 349 0	50. 00 51. 00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	1	C	0	0	52. 00
53. 00 05300 ANESTHESI OLOGY 54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0	0	0	36, 877 836, 239	53. 00 54. 00
56. 00 05600 RADI 01 SOTOPE		0	i c	0	53, 409	56. 00
60. 00 06000 LABORATORY	0	0	C	0	89, 339	
63.00 06300 BLOOD STORING, PROCESSING & TRANS. 64.00 06400 INTRAVENOUS THERAPY	0	0		0	0	63. 00 64. 00
65. 00 06500 RESPIRATORY THERAPY		ő	Č	Ö	20, 061	65. 00
66. 00 06600 PHYSI CAL THERAPY	0	0	C	0	2, 378	66.00
67. 00 06700 OCCUPATI ONAL THERAPY 68. 00 06800 SPEECH PATHOLOGY	0	0		0	0	67. 00 68. 00
69. 00 06900 ELECTROCARDI OLOGY		ő	Ö	0	0	69.00
71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 73.00 07300 DRUGS CHARGED TO PATIENTS		0		0	0	72. 00 73. 00
73. 01 07301 CARDI AC REHAB		0		o	10, 785	73. 01
73. 02 07302 WOUND CARE	0	1	0	0	0	73. 02
73. 03 07303 SLEEP LAB 73. 04 03950 DI ETARY EDUCATI ON	0				100 0	73. 03 73. 04
OUTPATIENT SERVICE COST CENTERS						
88. 00 08800 RURAL HEALTH CLINIC 90. 00 09000 CLINIC	0				41, 275 3, 671	
		1 0	1	<u> </u>	5, 571	, , , , , ,

0 201.00

3, 560, 620 202. 00

12.878

8.486

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317
Period: Worksheet B From 10/01/2022 To 09/30/2023 Date/Time Prepared:

2/26/2024 10:06 am CAPITAL RELATED COSTS B&F - HARMS Cost Center Description B&F - 9TH ST. B&F - FALCON B&F - 2012 NEW MVBLE EQUIP **EDUCATION** POI NT STORAGE SHED HOUSE/LT **RESI DENCE** HOUSE 1. 25 1. 28 2.00 1.26 1. 27 90. 01 09001 GERI PSYCH CLINIC 0 90.01 09002 ORTHO AND CARDIO CLINIC 0 0 90. 02 0 0 140, 035 90.02 0 0 90.03 09003 GENERAL SURGERY CLINIC 0 90.03 69, 282 90.04 09004 GAPC AND #3 CLINIC 0 0 90.04 0 09005 ENT AND UROLOGY CLINIC 0 0 73, 275 90.05 0 90.05 91.00 09100 EMERGENCY 0 91.00 13, 596 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 92.00 04950 OTHER OUTPATIENT SERVICE COST CENTER 93.00 0 0 93.00 OTHER REIMBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 0 0 0 0 209, 032 95.00 SPECIAL PURPOSE COST CENTERS 113. 00 11300 | INTEREST EXPENSE 113.00 SUBTOTALS (SUM OF LINES 1 through 117) 118.00 14,832 13, 612 0 12, 878 3, 451, 447 118. 00 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 190.00 192. 01 19201 GAH - MSO 0 0 192. 01 0 0 192. 02 19202 GAH FOUNDATION 0 192.02 0 0 194.00 07950 FALCON POINT RENTAL 0 8, 486 0 194, 00 194. 01 07951 PHYSICIAN OFFICE 0 0 0 194. 01 194.02 07952 PLASTIC SURG & DR. CHUNG 0 194. 02 0 0 194. 03 07953 WELLNESS CENTER 0 0 0 194. 03 194. 04 07954 PSYCH CLINIC 0 0 1, 124 194. 04 194.05 07955 MAHOMET SPECIALTY CLINIC 0 194. 05 194.06 07956 LASER CLINIC 0 0 0 194.06 194. 07 07957 PAIN CLINIC 0 0 0 194 07 194. 08 07958 LINE NOT UTILIZED 0 0 194. 08 0 194. 09 07959 GAH CARDI OLOGY 0 0 0 194. 09 194. 10 07960 WIC 0 0 0 194. 10 194. 11 07961 OPC SPECIALTY CLINIC 0 0 194, 11 0 194. 12 07962 FAMILY HEALTHCARE OF POTOMAC 0 0 0 194. 12 194. 13 07963 PODI ATRY 0 194. 13 194. 14 07964 9TH STREET CLINIC 0 0 0 194. 14 194. 15 07965 ORTHO CLINIC 0 0 0 194 15 194. 16 07966 FHGC 0 194. 16 194. 17 07967 ELITE PERFORMANCE 0 58, 099 194. 17 0 1, 397 194. 18 194. 18 07968 GAFM 0 0 194. 19 07969 GAPC 0 0 194. 19 194. 20 07970 FHCF 0 0 0 194. 20 194. 21 07971 FAMILY H. C. FAIRBURY 0 194. 21 0 194. 22 194. 22 07972 GIBSON HEALTH OF WATSEKA 0 0 194. 23 07973 WEEKEND CLINIC AT GAH 0 0 0 0 194. 23 194. 24 07974 #3 CLINIC (DR. DELOST) 0 194. 24 194. 25 07975 GIBSON HEALTH OF MAHOMET 0 194. 25 0 0 194. 26 07976 DENTAL CLINIC 0 45, 227 194. 26 0 194. 27 07977 RETAIL PHARMACY 3, 326 194. 27 194. 28 07978 CP THERAPY 0 0 0 194. 28 0 0 194. 29 07979 SCHOOL NURSE 0 0 194. 29 0 0 200.00 Cross Foot Adjustments 200.00

14.832

13, 612

201.00

202.00

Negative Cost Centers

TOTAL (sum lines 118 through 201)

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet B | From 10/01/2022 | Part II | To 09/30/2023 | Date/Time Prepared: | Date/Time Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 14-1317

				Ic	09/30/2023	Date/lime Prep 2/26/2024 10:0	
	Cost Center Description	Subtotal	EMPLOYEE	CASHI ERI NG/ACC	ALL OTHER	OPERATION OF	
			BENEFITS	OUNTS	ADMIN &	PLANT	
		2A	DEPARTMENT 4. 00	RECEI VABLE 5. 01	GENERAL 5. 02	7. 00	
	GENERAL SERVICE COST CENTERS	'					
	00100 CAP REL COSTS-BLDG & FIXT						1.00
	00101 OB UNIT - BLDG & FIXT 00102 B&F - ONARGA RHC						1. 01 1. 02
	00104 B&F - FARMER CITY RURAL HEALTH CLIN						1. 02
	00105 B&F - HOOPESTON RURAL HEALTH CLINIC						1. 05
	00107 B&F - FORREST RURAL HEALTH CLINIC						1. 07
	00109 B&F - PAXTON RURAL HEALTH CLINIC						1. 09
	00110 B&F - MAHOMET SPECIALTY CLINIC 00111 B&F - POTOMAC RURAL HEALTH CLINIC						1. 10 1. 11
1	00111 B&F - POTOMAC RORAL HEALTH CLINIC						1. 11
1	00114 B&F - PAXTON AMBULANCE STATION						1. 14
1	00115 B&F - AMBULANCE STAFF RESIDENCE						1. 15
1	00116 B&F - AMBULANCE BUILDING						1. 16
1	00117 B&F - # 10 DOCTOR'S PARK 00118 B&F - COSMETOLOGY OFFICE						1. 17 1. 18
1	00119 B&F - ANESTHESI A HOUSE						1. 19
1. 20	00120 B&F - #7 DOCTOR'S PARK						1. 20
1	00121 B&F - #4 DOCTOR'S PARK						1. 21
	00122 B&F - #8 DOCTOR'S PARK 00125 B&F - HARMS HOUSE/IT						1. 22 1. 25
	00125 B&F - HARWS HOUSE/TT						1. 25
	00127 B&F - FALCON POINT RESIDENCE						1. 27
1	00128 B&F - 2012 NEW STORAGE SHED						1. 28
1	00200 CAP REL COSTS-MVBLE EQUIP	10.040	40.040				2.00
	00400 EMPLOYEE BENEFITS DEPARTMENT 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	12, 963 4, 215	12, 963 599				4. 00 5. 01
	00591 ALL OTHER ADMIN & GENERAL	1, 193, 277	1, 789		1, 195, 066		5. 01
	00700 OPERATION OF PLANT	149, 519	207		27, 521	177, 247	7. 00
1	00701 OPERATION OF PLANT-OUTSIDE PROPERTY	0	13		5, 946	0	7. 01
1	00800 LAUNDRY & LINEN SERVICE	36, 968	105		7, 314	2, 852	
1	00900 HOUSEKEEPI NG 01000 DI ETARY	27, 327 29, 692	220 111	0	14, 126 9, 504	1, 401 3, 407	9. 00 10. 00
1	01100 CAFETERI A	13, 952	76		6, 553	1, 783	11. 00
1	01300 NURSING ADMINISTRATION	1, 268	60	1	3, 444	162	13. 00
1	01400 CENTRAL SERVICES & SUPPLY	51, 148	0		6, 146	6, 121	14. 00
1	01500 PHARMACY	16, 184	220		17, 741	2, 068	15.00
1	01600 MEDICAL RECORDS & LIBRARY 02100 I&R SERVICES-SALARY & FRINGES APPRVD	6, 381 0	107 0		8, 029 0	816 0	16. 00 21. 00
1	02200 I &R SERVI CES-OTHER PRGM. COSTS APPRVD	o	0		1, 631	0	22. 00
	INPATIENT ROUTINE SERVICE COST CENTERS						
	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	418, 742	1, 085		78, 085	32, 726	30.00
1	03100 INTENSIVE CARE UNIT	14, 544 18, 185	28 158		2, 043 11, 142	1, 498 1, 042	31. 00 43. 00
1	04400 SKILLED NURSING FACILITY	8, 442	45		3, 098	1, 079	44. 00
46. 00	04600 OTHER LONG TERM CARE	179, 834	491	0	34, 523	21, 132	46. 00
	ANCILLARY SERVICE COST CENTERS		750		00.005	10.111	
	05000 OPERATING ROOM 05100 RECOVERY ROOM	1, 081, 467 19, 421	753 147		88, 895 10, 204	18, 141 2, 482	
	05200 DELIVERY ROOM & LABOR ROOM	18, 450	57		4, 193	1, 057	52. 00
	05300 ANESTHESI OLOGY	51, 021	0		5, 545	893	
	05400 RADI OLOGY-DI AGNOSTI C	924, 652	548		60, 654	11, 299	
	05600 RADI OI SOTOPE 06000 LABORATORY	57, 703 113, 107	28 394		3, 789 49, 147	549 3, 038	56. 00 60. 00
	06300 BLOOD STORING, PROCESSING & TRANS.	113, 107	0		1, 385	3, 030	63.00
1	06400 I NTRAVENOUS THERAPY	o	0		0	0	64. 00
1	06500 RESPI RATORY THERAPY	24, 527	167		12, 385	571	65. 00
1	06600 PHYSI CAL THERAPY	74, 805	395		29, 400	9, 256	
	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	0	108 41	59 23	6, 891 2, 717	0	67. 00 68. 00
	06900 ELECTROCARDI OLOGY		15		973	0	69. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1	26, 895	0	71. 00
1	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		70, 139	0	72. 00
	07300 DRUGS CHARGED TO PATIENTS	17 500	0		37, 849	0	73. 00
	07301 CARDI AC REHAB 07302 WOUND CARE	17, 589 12, 327	44 58		3, 109 5, 356	0 1, 575	73. 01 73. 02
1	07303 SLEEP LAB	9, 573	44	1	3, 599	1, 211	
73. 04	03950 DIETARY EDUCATION	0	0		887	. 0	73. 04
	OUTPATIENT SERVICE COST CENTERS	4// 004	1 101		202 540	4.040	00.00
1	08800 RURAL HEALTH CLINIC 09000 CLINIC	466, 934 16, 552	1, 486 54		203, 548 3, 454	4, 863 1, 646	
	09001 GERI PSYCH CLINIC	8, 814	50		4, 209	0	90. 01
90. 02	09002 ORTHO AND CARDIO CLINIC	249, 706	548	0	47, 374	14, 016	90. 02
		<u> </u>					

0 201.00

177, 247 202. 00

4.814

12, 963

1, 195, 066

ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 14-1317 Peri od: Worksheet B From 10/01/2022 Part II 09/30/2023 Date/Time Prepared: 2/26/2024 10:06 am Cost Center Description Subtotal **EMPLOYEE** CASHI ERI NG/ACC ALL OTHER OPERATION OF **BENEFITS** OUNTS ADMIN & PLANT DEPARTMENT RECEI VABLE **GENERAL** 7. 00 2A 5.01 4.00 5.02 90. 03 09003 GENERAL SURGERY CLINIC 104, 954 9.073 4, 559 90 03 0 09004 GAPC AND #3 CLINIC 90.04 C 0 90.04 09005 ENT AND UROLOGY CLINIC 15, 514 6,055 90.05 148, 402 157 0 90.05 81, 782 91.00 09100 EMERGENCY 42, 844 8, 714 91.00 451 366 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 92.00 04950 OTHER OUTPATIENT SERVICE COST CENTER 93.00 93.00 0 0 OTHER REIMBURSABLE COST CENTERS 09500 AMBULANCE SERVICES 95.00 721 0 44.907 95.00 246, 611 0 SPECIAL PURPOSE COST CENTERS 113.00 11300 INTEREST EXPENSE 113.00 SUBTOTALS (SUM OF LINES 1 through 117) 5, 911, 038 11, 651 4, 773 1, 031, 781 166, 012 118. 00 118.00 NONREIMBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 1,004 0 11 128 190. 00 192. 01 19201 GAH - MSO 0 0 0 192. 01 0 0 192. 02 19202 GAH FOUNDATION 3, 992 0 192, 02 20 0 194.00 07950 FALCON POINT RENTAL 0 8,486 C 93 3, 255 194. 00 194. 01 07951 PHYSICIAN OFFICE 0 194. 01 0 194. 02 07952 PLASTIC SURG & DR. CHUNG 6,685 2, 433 0 194. 02 0 194. 03 07953 WELLNESS CENTER 2.733 0 194 03 413 46 0 194. 04 194. 04 07954 PSYCH CLINIC 16, 714 215 27, 842 194.05 07955 MAHOMET SPECIALTY CLINIC 0 0 194. 05 0 0 0 0 194.06 07956 LASER CLINIC 0 0 194. 06 0 0 194. 07 07957 PAIN CLINIC 0 0 0 194. 07 0 2, 189 0 194.08 07958 LINE NOT UTILIZED 0 0 0 0 194. 08 194. 09 07959 GAH CARDI OLOGY 0 0 194. 09 0 194. 10 07960 WIC 0 44 2. 585 0 194, 10 0 194. 11 07961 OPC SPECIALTY CLINIC 2, 295 194. 11 17, 955 C 1,068 194. 12 07962 FAMILY HEALTHCARE OF POTOMAC 0 0 194. 12 194. 13 07963 PODI ATRY 0 0 194. 13 0 0 ol 0 194. 14 07964 9TH STREET CLINIC 0 194. 14 0 C 0 194. 15 07965 ORTHO CLINIC 0 C 0 0 194. 15 194. 16 07966 FHGC 0 0 194. 16 9, 448 80 10, 258 194. 17 07967 ELITE PERFORMANCE 58 099 407 0 27 085 0 194, 17 194. 18 07968 GAFM 0 0 194. 18 1, 397 86 13, 456 194. 19 07969 GAPC C 0 0 194. 19 194. 20 07970 FHCF 0 194. 20 14, 203 10 1, 698 194. 21 07971 FAMILY H. C. FAIRBURY 0 11, 485 0 194, 21 0 60 194. 22 07972 GIBSON HEALTH OF WATSEKA 0 0 0 0 0 194, 22 194.23 07973 WEEKEND CLINIC AT GAH 0 0 0 194. 23 194. 24 07974 #3 CLINIC (DR. DELOST) 0 0 0 0 0 194. 24 194. 25 07975 GIBSON HEALTH OF MAHOMET 0 0 194 25 0 C 0 0 194. 26 07976 DENTAL CLINIC 88, 707 115 15, 096 5, 557 194. 26 194. 27 07977 RETAIL PHARMACY 26, 579 159 0 30, 894 0 194. 27 194. 28 07978 CP THERAPY 4, 785 0 194. 28 41 61 0 194. 29 07979 SCHOOL NURSE 33 C 0 5.582 0 194, 29 200.00 Cross Foot Adjustments 0 200.00

6, 160, 761

201.00

202.00

Negative Cost Centers

TOTAL (sum lines 118 through 201)

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 10/01/2022 Part II
To 09/30/2023 Date/Time Prepared: 2/26/2024 10:06 am

			'	0 09/30/2023	2/26/2024 10:	
Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	CAFETERI A	
	PLANT-OUTSI DE PROPERTY	LINEN SERVICE				
	7. 01	8. 00	9. 00	10.00	11. 00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1. 01 00101 0B UNIT - BLDG & FIXT						1. 01
1.02 00102 B&F - ONARGA RHC 1.04 00104 B&F - FARMER CLTY RURAL HEALTH CLIN						1. 02
1.05 00104 B&F - FARMER CITT RORAL HEALTH CLINIC			•			1. 04
1. 07 00107 B&F - FORREST RURAL HEALTH CLINIC						1. 07
1.09 00109 B&F - PAXTON RURAL HEALTH CLINIC						1. 09
1.10 00110 B&F - MAHOMET SPECIALTY CLINIC						1. 10
1. 11 00111 B&F - POTOMAC RURAL HEALTH CLINIC						1. 11
1.12 00112 B&F - PAXTON WELLNESS CENTER 1.14 00114 B&F - PAXTON AMBULANCE STATION						1. 12 1. 14
1. 15 00114 B&F - PAXTON AWBULANCE STATTON 1. 15 00115 B&F - AMBULANCE STAFF RESIDENCE			•			1. 14
1. 16 00116 B&F - AMBULANCE BUILDING						1. 16
1. 17 00117 B&F - # 10 DOCTOR' S PARK						1. 17
1.18 OO118 B&F - COSMETOLOGY OFFICE						1. 18
1. 19 00119 B&F - ANESTHESI A HOUSE						1. 19
1. 20 00120 B&F - #7 DOCTOR' S PARK 1. 21 00121 B&F - #4 DOCTOR' S PARK						1. 20
1. 21 00121 B&F - #4 DOCTOR' S PARK 1. 22 00122 B&F - #8 DOCTOR' S PARK						1. 21 1. 22
1. 25 00125 B&F - HARMS HOUSE/IT						1. 25
1. 26 00126 B&F - 9TH ST. EDUCATION HOUSE						1. 26
1.27 OO127 B&F - FALCON POINT RESIDENCE						1. 27
1. 28 00128 B&F - 2012 NEW STORAGE SHED						1. 28
2. 00 00200 CAP REL COSTS-MVBLE EQUI P						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 5.01 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						4. 00 5. 01
5. 02 00591 ALL OTHER ADMIN & GENERAL			•			5. 02
7.00 00700 OPERATION OF PLANT						7. 00
7.01 00701 OPERATION OF PLANT-OUTSIDE PROPERTY	5, 959					7. 01
8.00 00800 LAUNDRY & LINEN SERVICE	0	47, 239				8. 00
9. 00 00900 HOUSEKEEPI NG	1	6, 572		44 474		9.00
10. 00 01000 DI ETARY 11. 00 01100 CAFETERI A	0	833 1, 158	1	44, 474 O	24, 007	10.00
13. 00 01300 NURSI NG ADMI NI STRATI ON	0	1, 130	1		24, 007 95	
14. 00 01400 CENTRAL SERVI CES & SUPPLY	0	Ö	1	o	0	1
15. 00 01500 PHARMACY	0	0	563	1	584	15. 00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0		0	565	1
21. 00 02100 I &R SERVI CES-SALARY & FRINGES APPRVD	0	0	_	0	0	1
22. 00 02200 I &R SERVI CES-OTHER PRGM. COSTS APPRVD	0	0	<u> </u> C	0	0	22. 00
30. 00 03000 ADULTS & PEDIATRICS	0	6, 735	8, 905	8, 242	3, 192	30.00
31. 00 03100 I NTENSI VE CARE UNI T	Ö	1			24	
43. 00 04300 NURSERY	0	131	284	O	428	43. 00
44.00 04400 SKILLED NURSING FACILITY	0	1	l .		166	1
46. 00 O4600 OTHER LONG TERM CARE	0	6, 231	5, 752	19, 571	1, 795	46. 00
ANCILLARY SERVICE COST CENTERS 50. 00 05000 0PERATING ROOM		4, 187	4, 938		2, 584	50.00
51. 00 05100 RECOVERY ROOM	0	4, 187	1		429	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	404	l .		156	
53. 00 05300 ANESTHESI OLOGY	0	0	243	o	660	53. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	1, 254			1, 677	
56. 00 05600 RADI OI SOTOPE	0	0	149	0	70	
60. 00 06000 LABORATORY 63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	827	0	1, 670 0	1
64. 00 06400 I NTRAVENOUS THERAPY	0				0	1
65. 00 06500 RESPIRATORY THERAPY	0	Ö	155	o	511	
66. 00 06600 PHYSI CAL THERAPY	0	1, 928	2, 519	o	1, 463	66. 00
67.00 06700 OCCUPATIONAL THERAPY	0	0	C	o	279	67. 00
68. 00 06800 SPEECH PATHOLOGY	0	0	O.	0	109	1
69. 00 06900 ELECTROCARDI OLOGY	0	0		0	48	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			0	
73. 00 07300 DRUGS CHARGED TO PATTENTS	0	0	i o		0	
73. 01 07301 CARDI AC REHAB	124	0	C	0	156	1
73. 02 07302 WOUND CARE	0	0	429		318	73. 02
73. 03 07303 SLEEP LAB	0	0	330	1	149	
73. 04 03950 DI ETARY EDUCATION	0	0	<u> </u> C	0	0	73. 04
0UTPATIENT SERVICE COST CENTERS 88. 00 08800 RURAL HEALTH CLINIC	2, 506		1, 324	ol	0	88. 00
90. 00 09000 CLI NI C	2, 500	0	448		239	
90. 01 09001 GERI PSYCH CLINIC	161	0	0	O	217	90. 01
90. 02 09002 ORTHO AND CARDIO CLINIC	0	0	3, 815	<u> </u>	3, 310	90. 02

0

0

44.474

0

0

49,647

0 194. 28

0 194, 29

0 201.00 24, 007 202. 00

200.00

Health Financial Systems GIBSON AREA HOSPITAL AND HEALTH SVCS In Lieu of Form CMS-2552-10 ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 14-1317 Peri od: Worksheet B From 10/01/2022 Part II 09/30/2023 Date/Time Prepared: 2/26/2024 10:06 am Cost Center Description OPERATION OF LAUNDRY & HOUSEKEEPI NG DI ETARY CAFETERI A PLANT-OUTSIDE LINEN SERVICE **PROPERTY** 8.00 9.00 10.00 11.00 7.01 90. 03 09003 GENERAL SURGERY CLINIC 90 03 0 1, 241 0 544 09004 GAPC AND #3 CLINIC 90.04 0 C 0 0 90.04 917 09005 ENT AND UROLOGY CLINIC 0 90.05 215 1,648 90.05 91.00 09100 EMERGENCY 1, 978 2, 372 0 1,071 91.00 0 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 92.00 04950 OTHER OUTPATIENT SERVICE COST CENTER 93.00 93.00 0 OTHER REIMBURSABLE COST CENTERS 09500 AMBULANCE SERVICES 2, 562 0 95.00 222 398 95.00 0 SPECIAL PURPOSE COST CENTERS 113. 00 11300 I NTEREST EXPENSE 113.00 SUBTOTALS (SUM OF LINES 1 through 117) 3, 229 33, 249 46, 589 29, 686 118.00 23, 426 118. 00 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 13, 990 35 14, 788 0 190. 00 192. 01 19201 GAH - MSO 0 0 0 192. 01 72 192. 02 192. 02 19202 GAH FOUNDATION 0 0 0 0 194.00 07950 FALCON POINT RENTAL 0 0 C 886 0 194. 00 194. 01 07951 PHYSICIAN OFFICE 0 0 194. 01 194. 02 07952 PLASTIC SURG & DR. CHUNG 0 194. 02 63 0 0 194. 03 07953 WELLNESS CENTER 282 0 0 0 194 03 0 194. 04 194. 04 07954 PSYCH CLINIC 285 0 0 194.05 07955 MAHOMET SPECIALTY CLINIC 0 0 0 194. 05 000000000 194.06 07956 LASER CLINIC 0 0 0 194.06 194. 07 07957 PAIN CLINIC 0 194. 07 0 0 194.08 07958 LINE NOT UTILIZED 0 0 0 194. 08 194. 09 07959 GAH CARDI OLOGY 0 0 194. 09 194. 10 07960 WIC 0 0 0 194, 10 194. 11 07961 OPC SPECIALTY CLINIC 0 0 194. 11 625 194. 12 07962 FAMILY HEALTHCARE OF POTOMAC 0 194. 12 194. 13 07963 PODI ATRY 0 194. 13 0 0 194. 14 07964 9TH STREET CLINIC 0 0 0 194. 14 194. 15 07965 ORTHO CLINIC 0 0 0 194. 15 194. 16 07966 FHGC 0 0 509 194. 16 163 194. 17 07967 ELITE PERFORMANCE 1 609 0 0 0 194, 17 194. 18 07968 GAFM 0 0 194. 18 0 75 194. 19 07969 GAPC 0 0 0 194. 19 194. 20 07970 FHCF 0 194. 20 43 194. 21 07971 FAMILY H. C. FAIRBURY 0 0 0 194, 21 121 194. 22 07972 GIBSON HEALTH OF WATSEKA 0 0 0 0 194, 22 194.23 07973 WEEKEND CLINIC AT GAH 0 0 194. 23 0 194. 24 07974 #3 CLINIC (DR. DELOST) 0 0 0 194. 24 194. 25 07975 GIBSON HEALTH OF MAHOMET 0 194, 25 0 0 0 194. 26 07976 DENTAL CLINIC 0 1,512 0 194. 26 194. 27 07977 RETAIL PHARMACY 0 0 0 194. 27

14

5.959

0

47, 239

194. 28 07978 CP THERAPY

200.00

201.00

202.00

194. 29 07979 SCHOOL NURSE

Cross Foot Adjustments

Negative Cost Centers

TOTAL (sum lines 118 through 201)

Health Financial Systems

GIBSON AREA HOSPITAL AND HEALTH SVCS

In Lieu of Form CMS-2552-10

Provider CCN: 14-1317

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

O9/30/2023

Cost Center Description

NURSI NG
ADMINISTRATION

RECORDS & FRINGES

In Lieu of Form CMS-2552-10

Worksheet B
Part II
Date/Time Prepared:
2/26/2024 10: 06 am

INTERNS &
RESIDENTS

SERVICES & RECORDS & Y & FRINGES

	Cost Center Description	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECORDS & LI BRARY	I NTERNS & RESI DENTS SERVI CES-SALAR Y & FRI NGES	
		13.00	14. 00	15. 00	16. 00	21.00	
1. 00	SENERAL SERVICE COST CENTERS 001000 CAP REL COSTS-BLDG & FIXT 0010101 DB UNIT - BLDG & FIXT 0010102 B&F - ONARGA RHC 001015 B&F - FARMER CITY RURAL HEALTH CLINIC 00107 B&F - FORREST RURAL HEALTH CLINIC 00109 B&F - PAXTON RURAL HEALTH CLINIC 001101 B&F - PAXTON RURAL HEALTH CLINIC 001101 B&F - POTOMAC RURAL HEALTH CLINIC 001111 B&F - POTOMAC RURAL HEALTH CLINIC 001112 B&F - PAXTON WELLNESS CENTER 001114 B&F - PAXTON AMBULANCE STATION 00115 B&F - AMBULANCE STAFF RESIDENCE 00116 B&F - AMBULANCE BUILDING 00117 B&F - AMBULANCE BUILDING 00118 B&F - COSMETOLOGY OFFICE 00119 B&F - ANESTHESIA HOUSE 00120 B&F - #7 DOCTOR'S PARK 00121 B&F - #8 DOCTOR'S PARK 00122 B&F - #8 DOCTOR'S PARK 00123 B&F - #8 DOCTOR'S PARK 00124 B&F - FALCON POINT RESIDENCE 00127 B&F - FALCON POINT RESIDENCE 00128 B&F - 2012 NEW STORAGE SHED 00200 CAP REL COSTS-MYBLE EQUIP EMPLOYEE BENEFITS DEPARTMENT 003000 CERLANT	13. 00		15.00		21.00	1. 00 1. 01 1. 02 1. 04 1. 05 1. 07 1. 09 1. 10 1. 11 1. 12 1. 14 1. 15 1. 16 1. 17 1. 18 1. 19 1. 20 1. 21 1. 22 1. 25 1. 26 1. 27 1. 28 2. 00 4. 00 5. 01 5. 02
7. 01 0 8. 00 0	00700 OPERATION OF PLANT 10701 OPERATION OF PLANT-OUTSIDE PROPERTY 10800 LAUNDRY & LINEN SERVICE						7. 00 7. 01 8. 00
10.00 0	00900 HOUSEKEEPI NG 01000 DI ETARY 01100 CAFETERI A						9. 00 10. 00 11. 00
14. 00 0 15. 00 0	01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	5, 073 0 0	65, 081 221 14	37, 581 0	16, 134		13. 00 14. 00 15. 00 16. 00
21. 00 0 22. 00 0	02100 &R SERVICES-SALARY & FRINGES APPRVD 02200 &R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0 0	0	21. 00 22. 00
	NPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS	1, 445	1, 180	81	1, 032		30.00
	03100 INTENSIVE CARE UNIT	11	1, 180		1, 032		31.00
	04300 NURSERY	194	0	Ō	37		43. 00
46.00 0	04400 SKILLED NURSING FACILITY 04600 OTHER LONG TERM CARE INCILLARY SERVICE COST CENTERS	0	0 283	0	0	1	44. 00 46. 00
_	05000 OPERATING ROOM	1, 170	4, 492	223	2, 428	;	50. 00
	05100 RECOVERY ROOM	194	176		325	1	51. 00
	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY	70 0	0 161	0 173	186 128		52. 00 53. 00
	05400 RADI OLOGY-DI AGNOSTI C		234		3, 149		54.00
4	05600 RADI OI SOTOPE	O	9	4	104	1	56. 00
	06000 LABORATORY	0	763		1, 979	1	60.00
1	06300 BLOOD STORING, PROCESSING & TRANS. 06400 INTRAVENOUS THERAPY	0	0	0	38 0	1	63. 00 64. 00
	06500 RESPI RATORY THERAPY		39	0	265		65. 00
66.00 0	06600 PHYSI CAL THERAPY	0	43	3	400)	66. 00
	06700 OCCUPATI ONAL THERAPY	0	1	0	105	1	67. 00
	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	0	0	0	36 128	1	68. 00 69. 00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	l o	14, 522	o o	620		71. 00
	07200 IMPL. DEV. CHARGED TO PATIENTS	o	37, 874		1, 793	1	72. 00
	07300 DRUGS CHARGED TO PATIENTS	0	0	33, 933	1, 500		73.00
	07301 CARDI AC REHAB 07302 WOUND CARE	0	8 226	9	43 95	1	73. 01 73. 02
	07303 SLEEP LAB	67	5		192		73. 03
	03950 DIETARY EDUCATION	0	0	0	2		73. 04
	DUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC	O	2, 203	1, 283	0		88. 00
	09000 CLINIC	0	2, 203 16		3	1	90.00
	·	. '		. '		<u>. </u>	

In Lieu of Form CMS-2552-10

| Period: | Worksheet B | From 10/01/2022 | Part II |
| To 09/30/2023 | Date/Time Prepared: 2/26/2024 10:06 am Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 14-1317

			'	0 077 007 2020	2/26/2024 10:	06 am
·		<u> </u>			INTERNS &	
					RESI DENTS	
Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SERVI CES-SALAR	
	ADMI NI STRATI ON	SERVICES &		RECORDS &	Y & FRINGES	
		SUPPLY		LI BRARY		
	13. 00	14. 00	15. 00	16. 00	21. 00	
90. 01 09001 GERI PSYCH CLINIC	0	7	0			90. 01
90.02 09002 ORTHO AND CARDIO CLINIC	0	774	960	195		90. 02
90. 03 09003 GENERAL SURGERY CLINIC	0	25	1	18		90. 03
90. 04 09004 GAPC AND #3 CLINIC	0	0	0	0		90. 04
90.05 09005 ENT AND UROLOGY CLINIC	0	59	162	63		90. 05
91. 00 09100 EMERGENCY	485	627	22	1, 215		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS						
95. 00 09500 AMBULANCE SERVICES	1, 437	83	122	0		95. 00
SPECIAL PURPOSE COST CENTERS						
113. 00 11300 INTEREST EXPENSE	F 070		07.00/	44 404		113.00
118. 00 SUBTOTALS (SUM OF LINES 1 through 117)	5, 073	64, 046	37, 226	16, 134	0	118. 00
NONREIMBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	O	0	0	0		190. 00
192. 01 19201 GAH - MSO		0				190.00
192. 01 19201 GAH - M30 192. 02 19202 GAH FOUNDATION		0		0		192. 01
194. 00 07950 FALCON POINT RENTAL		0		0		194. 00
194. 01 07951 PHYSI CI AN OFFI CE		0		0		194. 00
194. 02 07952 PLASTIC SURG & DR. CHUNG		1	30	0		194. 01
194. 03 07953 WELLNESS CENTER		1	0	0		194. 02
194. 04 07954 PSYCH CLINIC		9 176	135	0		194. 03
194. 05 07955 MAHOMET SPECIALTY CLINIC		0	133	0		194. 04
194. 06 07956 LASER CLINIC		0		0		194. 05
194. 07 07957 PAIN CLINIC		0	1 0	0		194. 00
194. 08 07958 LINE NOT UTILIZED		0		0		194. 07
194. 09 07959 GAH CARDI OLOGY		0		0		194. 00
194. 10 07960 WI C		2	1 0	0		194. 09
194. 11 07961 OPC SPECIALTY CLINIC		2		0		194. 10
194. 12 07962 FAMILY HEALTHCARE OF POTOMAC		0		0		194. 11
194. 13 07963 PODI ATRY		0		0		194. 12
194. 14 07964 9TH STREET CLINIC		0		0		194. 13
194. 15 07965 ORTHO CLINIC		0		0		194. 14
194. 16 07966 FHGC		253	22	0		194. 15
194. 17 07967 ELI TE PERFORMANCE		32	0	0		194. 10
194. 18 07968 GAFM		222	26	0		194. 17
194. 19 07969 GAPC		0	20	0		194. 19
194. 20 07970 FHCF		16	1	0		194. 19
194. 21 07971 FAMILY H. C. FAIRBURY		265	136	0		194. 21
194. 22 07972 GI BSON HEALTH OF WATSEKA		0	0	0		194. 22
194. 23 07973 WEEKEND CLINIC AT GAH		0		0		194. 23
194. 24 07974 #3 CLINIC (DR. DELOST)		0		0		194. 24
194. 25 07975 GI BSON HEALTH OF MAHOMET		0		0		194. 25
194. 26 07976 DENTAL CLINIC		45	5	0		194. 26
194. 27 07977 RETAIL PHARMACY		9		0		194. 27
194. 28 07978 CP THERAPY		7 5				194. 27
194. 29 07979 SCHOOL NURSE		0				194. 29
200. 00 Cross Foot Adjustments	١	U	١		n	200. 00
201.00 Negative Cost Centers		Λ	_	0		200.00
202.00 TOTAL (sum lines 118 through 201)	5, 073	65, 081	37, 581	16, 134		201.00
202. 00 101/12 (3dm 111103 110 till ough 201)	3, 373	03, 001	37,301	10, 134	0	202.00

	01100 0111 21211111					
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
21. 00	02100 I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22. 00	02200 I &R SERVICES-OTHER PRGM. COSTS APPRVD	1, 631				22. 00
	INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDI ATRI CS		562, 116	0	562, 116	30.00
31.00	03100 INTENSIVE CARE UNIT		18, 719	0	18, 719	31.00
43.00	04300 NURSERY		31, 696	0	31, 696	43.00
44.00	04400 SKILLED NURSING FACILITY		16, 305	0	16, 305	44.00
46.00	04600 OTHER LONG TERM CARE		269, 613	0	269, 613	46.00
	ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		1, 210, 045	0	1, 210, 045	50.00
51.00	05100 RECOVERY ROOM		34, 144	0	34, 144	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		24, 897	0	24, 897	52.00
53.00	05300 ANESTHESI OLOGY		58, 871	0	58, 871	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C		1, 007, 284	0	1, 007, 284	54.00
56.00	05600 RADI OI SOTOPE		62, 437	0	62, 437	56.00
60.00	06000 LABORATORY		171, 344	0	171, 344	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		1, 435	0	1, 435	63.00
64.00	06400 I NTRAVENOUS THERAPY		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY		38, 726	0	38, 726	65.00
66.00	06600 PHYSI CAL THERAPY		120, 463	0	120, 463	66.00
67.00	06700 OCCUPATI ONAL THERAPY		7, 443	0	7, 443	67. 00
68. 00	06800 SPEECH PATHOLOGY		2, 926	0	2, 926	68. 00
69. 00	06900 ELECTROCARDI OLOGY		1, 173	0	1, 173	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		42, 267	0	42, 267	71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		110, 405	0	110, 405	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS		73, 605	0	73, 605	73.00
73. 01	07301 CARDI AC REHAB		21, 100	0	21, 100	73. 01
73. 02	07302 WOUND CARE		20, 439	0	20, 439	73. 02
73. 03	07303 SLEEP LAB		15, 201	0	15, 201	73. 03
73. 04	03950 DI ETARY EDUCATION		897	0	897	73. 04

ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 14-1317 Peri od: Worksheet B From 10/01/2022 Part II Date/Time Prepared: 09/30/2023 2/26/2024 10:06 am INTERNS & **RESI DENTS** Cost Center Description SERVI CES-OTHER Subtotal Intern & Total PRGM. COSTS Residents Cost & Post Stepdown Adjustments 22.00 24.00 25. 00 26. 00 OUTPATIENT SERVICE COST CENTERS 88 00 08800 RURAL HEALTH CLINIC 88 00 684, 147 684, 147 90.00 09000 CLI NI C 22, 432 0 22, 432 90.00 90. 01 09001 GERI PSYCH CLINIC 13, 501 0 13, 501 90.01 09002 ORTHO AND CARDIO CLINIC 320, 698 0 90 02 320 698 90 02 0 90.03 09003 GENERAL SURGERY CLINIC 120, 486 120, 486 90.03 90.04 09004 GAPC AND #3 CLINIC 0 90.04 09005 ENT AND UROLOGY CLINIC 0 90.05 173, 192 173, 192 90.05 09100 EMERGENCY 0 91 00 141, 927 141, 927 91 00 09200 OBSERVATION BEDS (NON-DISTINCT PART 04950 OTHER OUTPATIENT SERVICE COST CENTER 92.00 0 92.00 0 93.00 93.00 OTHER REIMBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 297, 063 0 297, 063 95.00 SPECIAL PURPOSE COST CENTERS 113. 00 11300 | INTEREST EXPENSE 113.00 SUBTOTALS (SUM OF LINES 1 through 117)
NONREI MBURSABLE COST CENTERS 118.00 0 5, 696, 997 5, 696, 997 118.00 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 190.00 29, 956 0 29, 956 192. 01 19201 GAH - MSO 0 192. 01 192. 02 19202 GAH FOUNDATION 4.084 0 4.084 192.02 οĺ 194.00 07950 FALCON POINT RENTAL 12, 720 12, 720 194. 00 194. 01 07951 PHYSICIAN OFFICE 0 194.01 194. 02 07952 PLASTIC SURG & DR. CHUNG 0 9, 221 9, 221 194. 02 194. 03 07953 WELLNESS CENTER 0 3.483 3, 483 194.03 194. 04 07954 PSYCH CLINIC 45, 367 45, 367 194.04 194.05 07955 MAHOMET SPECIALTY CLINIC 194. 05 0 194.06 07956 LASER CLINIC 0 194.06 194. 07 07957 PAIN CLINIC 0 2, 189 2, 189 194. 07 194. 08 07958 LINE NOT UTILIZED 194. 08 194. 09 07959 GAH CARDI OLOGY 0 194. 09 194. 10 07960 WIC 0 194. 10 2, 631 2,631 194. 11 07961 OPC SPECIALTY CLINIC 21, 943 21, 943 194. 11 194. 12 07962 FAMILY HEALTHCARE OF POTOMAC 0 194. 12 C 0 194. 13 07963 PODI ATRY 0 194. 13 0 0 194. 14 07964 9TH STREET CLINIC 0 194. 14 0 0 0 194. 15 07965 ORTHO CLINIC 0 194. 15 194. 16 07966 FHGC 20, 733 20, 733 194. 16 0 194. 17 07967 ELITE PERFORMANCE 194, 17 87 232 87 232 194. 18 07968 GAFM 0 15, 262 15, 262 194. 18 194. 19 07969 GAPC 194. 19 194. 20 07970 FHCF 0 15, 971 15, 971 194. 20 194. 21 07971 FAMILY H. C. FAIRBURY 194, 21 12, 067 0 12,067 194. 22 07972 GIBSON HEALTH OF WATSEKA 0 194, 22 194. 23 07973 WEEKEND CLINIC AT GAH 0 0 194. 23 0 194. 24 07974 #3 CLINIC (DR. DELOST) 0 0 194. 24 194. 25 07975 GIBSON HEALTH OF MAHOMET 0 194 25 0 194. 26 07976 DENTAL CLINIC 111,037 0 111, 037 194. 26 194. 27 07977 RETAIL PHARMACY 57, 712 57, 712 194. 27 194. 28 07978 CP THERAPY 4, 906 0 4, 906 194. 28 0 194. 29 07979 SCHOOL NURSE 194 29 5, 619 5, 619 200.00 Cross Foot Adjustments 1,631 1, 631 1, 631 200.00 0 201.00 Negative Cost Centers 201.00

1,631

6, 160, 761

0

6, 160, 761

202.00

202.00

TOTAL (sum lines 118 through 201)

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

| Period: | Worksheet B-1 | | From 10/01/2022 | | Date/Time Prepared: | 2/26/2024 | 10:06 am | |

			CAP	TTAL RELATED CO	OSTS	2/26/2024 10:	06 am
	Cost Center Description	(SQUARE FEET)	OB UNIT - BLDG & FIXT (SQUARE FEET)	RHC (SQUARE FEET)	B&F - FARMER CITY RURAL HEALTH CLIN (SQUARE FEET)	B&F - HOOPESTON RURAL HEALTH CLINIC (SQUARE FEET)	
	GENERAL SERVICE COST CENTERS	1.00	1. 01	1.02	1. 04	1. 05	
1. 00 1. 01	00100 CAP REL COSTS-BLDG & FIXT 00101 OB UNIT - BLDG & FIXT	131, 548	9, 846				1. 00 1. 01
1.01	00101 0B UNIT - BEDG & FIXT		9, 840				1.01
1.04	00104 B&F - FARMER CITY RURAL HEALTH CLIN	0	0	0	2, 160		1. 04
1. 05 1. 07	00105 B&F - HOOPESTON RURAL HEALTH CLINIC 00107 B&F - FORREST RURAL HEALTH CLINIC	0	0	0	0	4, 721 0	1.05
1.07	00107 B&F - PORREST RURAL HEALTH CLINIC		0	0	0	0	
1. 10	00110 B&F - MAHOMET SPECIALTY CLINIC	0	0	0	0	0	1. 10
1. 11 1. 12	00111 B&F - POTOMAC RURAL HEALTH CLINIC 00112 B&F - PAXTON WELLNESS CENTER	0	0	0	0	0	1. 11 1. 12
1. 14	00114 B&F - PAXTON AMBULANCE STATION		0	0	0	0	1. 12
1. 15	00115 B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0	0	1. 15
1. 16 1. 17	00116 B&F - AMBULANCE BUILDING 00117 B&F - # 10 DOCTOR'S PARK	0	0	0	0	0	1. 16 1. 17
1. 18	00118 B&F - COSMETOLOGY OFFICE	0	Ö	ő	0	0	1. 18
1. 19	00119 B&F - ANESTHESI A HOUSE	0	0	1	0	0	1. 19
1. 20 1. 21	00120 B&F - #7 DOCTOR' S PARK 00121 B&F - #4 DOCTOR' S PARK	0	0	0	0	0	1. 20 1. 21
1. 22	00122 B&F - #8 DOCTOR'S PARK	Ö	Ö	ő	0	Ö	1. 22
1. 25	00125 B&F - HARMS HOUSE/IT	0	0	0	0	0	1. 25
1. 26 1. 27	00126 B&F - 9TH ST. EDUCATION HOUSE 00127 B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1. 26 1. 27
1. 28	00128 B&F - 2012 NEW STORAGE SHED	Ö	Ö	ő	0	Ö	•
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4. 00 5. 01	00400 EMPLOYEE BENEFITS DEPARTMENT 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	666	0		0	0	4. 00 5. 01
5. 02	00591 ALL OTHER ADMIN & GENERAL	26, 181			0	0	5. 02
7.00	00700 OPERATION OF PLANT	9, 223			0	0	7.00
7. 01 8. 00	00701 OPERATION OF PLANT-OUTSIDE PROPERTY 00800 LAUNDRY & LINEN SERVICE	1, 689	0		0	0	7. 01 8. 00
9.00	00900 HOUSEKEEPI NG	749	81	Ō	0	0	9. 00
10. 00 11. 00	01000 DI ETARY 01100 CAFETERI A	2, 018 1, 056	l .		0	0	10. 00 11. 00
13. 00	01300 NURSING ADMINISTRATION	96	l e		0	0	13.00
14. 00	01400 CENTRAL SERVICES & SUPPLY	3, 625	l e	0	0	0	14. 00
15. 00 16. 00	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	1, 225 483	l e	0	0	0	15. 00 16. 00
21. 00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	l .	Ö	0	0	21. 00
22. 00	02200 I &R SERVICES-OTHER PRGM. COSTS APPRVD I NPATIENT ROUTINE SERVICE COST CENTERS	0	0	0	0	0	22. 00
30. 00	03000 ADULTS & PEDIATRICS	12, 048	7, 333	0	0	0	30.00
31. 00	03100 INTENSIVE CARE UNIT	887	· ·			0	31. 00
43. 00 44. 00	04300 NURSERY 04400 SKILLED NURSING FACILITY	639	617	1	0	0	
46. 00	04600 OTHER LONG TERM CARE	12, 515	l .	1	0	0	46. 00
F0 00	ANCILLARY SERVICE COST CENTERS	40.000	1 444	1			F0 00
50. 00 51. 00	05000 OPERATI NG ROOM 05100 RECOVERY ROOM	10, 303 1, 470		l .	0	0	•
52. 00	05200 DELIVERY ROOM & LABOR ROOM	0			0	0	
53. 00 54. 00	05300 ANESTHESI OLOGY	89		1	0	0	53. 00 54. 00
56. 00	05400 RADI OLOGY-DI AGNOSTI C 05600 RADI OI SOTOPE	6, 692 325			0	0	56.00
60.00	06000 LABORATORY	1, 799	l .	0	0	0	60. 00
63. 00 64. 00	06300 BLOOD STORING, PROCESSING & TRANS. 06400 INTRAVENOUS THERAPY	0	0		0	0	63. 00 64. 00
65. 00	06500 RESPIRATORY THERAPY	338	_	1	0	0	65.00
66. 00	06600 PHYSI CAL THERAPY	5, 482		0	0	0	66. 00
67. 00 68. 00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	0	0		0	0	67. 00 68. 00
69. 00	06900 ELECTROCARDI OLOGY		0	Ö	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72. 00 73. 00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	
73. 01	07301 CARDI AC REHAB	0	0	Ö	o	0	73. 01
		933	l .	-	0	0	1
73. 03 73. 04	07303 SLEEP LAB 03950 DI ETARY EDUCATI ON	717		l .	0	0	1
		•	•	•	· '	•	

Health Financial Systems

COST ALLOCATION - STATISTICAL BASIS

GIBSON AREA HOSPITAL AND HEALTH SVCS

Provider CCN: 14-1317

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

Date/Time Prepared: 2/26/2024 10: 06 am

CAPITAL RELATED COSTS

Cost Center Description

BLDG & FIXT (SQUARE FEET)

BLDG & FIXT (SQUARE FEET)

COUNTY BLDG | B&F - FARMER | B&F - HOOPESTON |
COUNTY BLDG | B&F - GOUARE FEET | COUNTY BLDG |
COUNTY BLDG | B&F - GOUARE FEET | COUNTY BLDG |
COUNTY BLDG | B&F - FARMER | CITY RURAL |
COUNTY BLDG | B&F - FARMER | CITY RURAL |
COUNTY BLDG | B&F - GOUARE FEET |
COUNTY BLDG |
COUNTY BLDG | B&F - GOUARE FEET |
COUNTY BLDG |
COUNTY BLDG | B&F - GOUARE FEET |
COUNTY BLDG |

BLOC & FIXT SUMIT - BLOC SAF - ONASCA SAF - O				CAP	ITAL RELATED CO	STS		
BILD OF DIPATE INT SERVICE COST CENTERS 1.00 1.01 1.02 1.04 1.02 1.04 1.00 1.00 1.01 1.02 1.04 1.00		Cost Center Description	BIDG & FIXT	OR UNIT - BLDG	B&F - ONARGA	B&F - FARMER	B&F -	
BILIPATIENT SINUIDE COST CENTERS 1.00 1.01 1.02 1.05 1.05 1.00		cost center beserver on						
1 00 1 01 1 02 1 03 1 00 1 01 1 02 1 03 1 05 1 00 1 01 1 02 1 03 1 00 1 00 0 0 0 0 0 0 0 0 0 0 0 0 0			,			HEALTH CLIN		
						(SQUARE FEET)		
SUPRATEENT SERVICE COST CENTERS			1 00	1 01	1.02	1 04		
88.00 09600 CHINC C	OUTPA	TIENT SERVICE COST CENTERS	1.00	1.01	1.02	1. 04	1.05	
90.01 90.001 GREI PSYCHI CLINIC 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	0	4, 652	2, 160	4, 721	88. 00
90. 02 00002 ORTHO AND CARDIO CLINIC 8, 301 0 0 0 0 0 0 0 0 0	90. 00 09000	CLI NI C	975	0	0	0	0	90. 00
90.03 000005 CENERAL SURGERY CLINIC 2,700 0 0 0 0 0 0 0 0 0			-	0	0	0		1
9.0 04 90005 GAPC AND AS CLINIC 0 0 0 0 0 0 0 0 90 04 90 05 90005 90005 00				0	0	0		1
9.0.05 90005 ENT AND UNOLOGY CLINIC 5, 602 0 0 0 0 90, 00 92, 00 92, 00 92, 00 93, 00	4		2, 700	0	0	0		1
91.00 00100 SEPERATION BEDS (NON-DISTINCT PART 0 0 0 0 0 0 0 0 0	-		5, 602	Ö	Ö	0	_	1
93.00 OJOSEO OTHER DUTFATIENT SERVICE COST CENTER 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	91. 00 09100	EMERGENCY	1	0	0	0	0	91.00
OTHER RE IMBURSABLE COST CENTRES 0								
95.00 0900 AMBULANCE SERVICES 0 0 0 0 0 0 95.00			0	0	0	0	0	93. 00
SPECIAL PURPOSE COST CENTERS 113. 00 1300 INTEREST EXPENSE 1 13. 00 INTEREST EXPENSE 1 13.			Ι ο		1	0	0	05.00
113.0 0 11300 INTEREST EXPENSE 113.0 0 123.087 9.846 4.652 2.60 4.721 118.0 0 18.00 18.00 18.00 190.00 190.00 190.00 197.0			0		0	0	0	73.00
NOMERI MBURSABLE COST CENTERS		INTEREST EXPENSE						113. 00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 76			123, 987	9, 846	4, 652	2, 160	4, 721	118. 00
192.01 19201 CAH - MSO			1 7/		1			1400 00
192. 02 19202 GAH FOUNDATION			1					
194. 0007950 FALCON POINT RENTAL 94. 0107951 PHYSICIAN OFFICE 90. 0 0 0 0 0 0 0 194. 01 194. 0107951 PHYSICIAN OFFICE 90. 0 0 0 0 0 0 0 0 194. 01 194. 0207952 PLASTIC SURG & DR. CHUNG 90. 0 0 0 0 0 0 0 0 0 0 194. 01 194. 0207952 PLASTIC SURG & DR. CHUNG 90. 0 0 0 0 0 0 0 0 0 0 194. 02 194. 0307953 WELLINESS CENTER 90. 0 0 0 0 0 0 0 0 0 194. 03 194. 0407954 PSYCH CLINIC 90. 0 0 0 0 0 0 0 0 0 194. 03 194. 0507955 MAIDWET SPECIALTY CLINIC 90. 0 0 0 0 0 0 0 0 0 194. 05 194. 0507955 MAIDWET SPECIALTY CLINIC 90. 0 0 0 0 0 0 0 0 194. 05 194. 0507958 LINE MOT UTILIZED 90. 0 0 0 0 0 0 0 0 0 194. 07 194. 0807958 LINE MOT UTILIZED 90. 0 0 0 0 0 0 0 0 194. 07 194. 0807958 LINE MOT UTILIZED 90. 0 0 0 0 0 0 0 0 194. 07 194. 10107960 WIC 90. 0 0 0 0 0 0 0 0 0 194. 07 194. 10107960 WIC 90. 0 0 0 0 0 0 0 0 0 194. 07 194. 11007960 WIC 90. 0 0 0 0 0 0 0 0 0 194. 07 194. 11007960 WIC 90. 0 0 0 0 0 0 0 0 0 194. 10 194. 11007960 WIC 90. 0 0 0 0 0 0 0 0 0 0 194. 10 194. 11007960 WIC 90. 0 0 0 0 0 0 0 0 0 0 0 194. 10 194. 11007960 WIC 90. 0 0 0 0 0 0 0 0 0 0 0 0 194. 10 194. 11007960 WIC 90. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1		0	0		0		
194. Q2 07952 PLASTIC SURG & DR. CHUNG 194. Q3 07955 WELLNESS CENTER 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 194. Q3 194. Q4 07954 PSYCH CLI NI C 0 0 0 0 0 0 0 0 0 0 194. Q3 194. Q4 07954 PSYCH CLI NI C 0 0 0 0 0 0 0 0 0 0 194. Q3 194. Q5 07955 MAHOMET SPECIALTY CLINI C 0 0 0 0 0 0 0 0 0 194. Q5 194. Q6 07956 LASER CLINI C 0 0 0 0 0 0 0 0 194. Q5 194. Q7 07957 PAIN LLINI C 0 0 0 0 0 0 0 194. Q7 194. Q7 07957 PAIN LLINI C 0 0 0 0 0 0 0 194. Q7 194. Q7 07958 LINE NOT UTILIZED 0 0 0 0 0 0 0 194. Q7 194. Q7 07958 LINE NOT UTILIZED 0 0 0 0 0 0 194. Q7 194. Q7 07959 CAH CARDIOLOGY 0 0 0 0 0 0 0 194. Q7 194. Q7 07959 CAH CARDIOLOGY 0 0 0 0 0 0 194. Q7 194. 1107961 OPC SPECIALTY CLINI C 1, 359 0 0 0 0 0 194. Q7 194. 1107961 OPC SPECIALTY CLINI C 1, 359 0 0 0 0 0 194. Q7 194. 1107961 OPC SPECIALTY CLINI C 1, 359 0 0 0 0 0 0 194. Q7 194. 1207962 FAMILY HEALTHCARE OF POTOMAC 0 0 0 0 0 0 0 194. Q7 194. 1307963 PODJATRY 0 0 0 0 0 0 0 194. Q7 194. 131 07963 PODJATRY 0 0 0 0 0 0 0 194. Q7 194. 140 194. 150 07965 ORTHO CLINI C 0 0 0 0 0 0 0 0 194. Q7 194. 180 07969 GAFM 0 0 0 0 0 0 0 0 194. Q7 194. 180 1948 GAFM 0 0 0 0 0 0 0 194. Q7 194. 181 07968 GAFM 0 0 0 0 0 0 0 0 194. Q7 194. 181 07968 GAFM 0 0 0 0 0 0 0 194. Q7 194. 22 07972 GIBSON HEALTH OF WATSEKA 0 0 0 0 0 194. Q7 194. 22 07979 FAIL CLINI C AGAH 0 0 0 0 0 0 194. Q7 194. 22 07979 GIBSON HEALTH OF WATSEKA 0 0 0 0 0 194. Q7 194. 22 07979 GIBSON HEALTH OF WATSEKA 0 0 0 0 0 194. Q7 194. Q7 0797 FAIL CLINI C AGAH 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	0	0	0		
194. 03 07953 WELLNESS CENTER 0 0 0 0 0 0 0 0 0 194. 03 194. 04 07954 PSYCH CLI NIC 0 0 0 0 0 0 0 0 194. 04 194. 05 07955 MAHOMET SPECIALTY CLINIC 0 0 0 0 0 0 0 194. 05 194. 06 07956 LASER CLINIC 0 0 0 0 0 0 0 194. 05 194. 07 07957 PAIN CLINIC 0 0 0 0 0 0 0 194. 07 194. 08 07959 BLINE NOT UTILIZED 0 0 0 0 0 0 0 194. 07 194. 10 07950 WILL 07 07 07 07 07 07 07 07 07 07 07 07 07			0	0		0	-	
194. 0407954 PSYCH CLINIC			0	0	_	0		
194.05 07955 MAHOMET SPECIALTY CLINIC			0	0		0		
194.06 07956 LASER CLINIC		l e e e e e e e e e e e e e e e e e e e	0	0	0	0		
194.08 07958 LINE NOT UTILIZED 0 0 0 0 0 0 0 0 0 194.09 194.10 07960 WIC 0 0 0 0 0 0 0 194.09 194.10 07960 WIC 0 0 0 0 0 0 0 194.10 194.11 07961 DPC SPECIALTY CLINIC 1,359 0 0 0 0 0 194.11 194.12 07962 FAMI LY HEALTHCARE OF POTOMAC 0 0 0 0 0 0 0 194.12 194.13 07963 PODI ATRY 0 0 0 0 0 0 0 0 0 194.12 194.13 07963 PODI ATRY 0 0 0 0 0 0 0 0 0 194.13 194.14 07964 9TH STREET CLINIC 0 0 0 0 0 0 0 0 194.14 194.15 07965 DRTHO CLINIC 0 0 0 0 0 0 0 0 194.14 194.15 07965 DRTHO CLINIC 0 0 0 0 0 0 0 0 194.15 194.16 07966 FHGC 0 0 0 0 0 0 0 0 194.15 194.16 07966 FHGC 0 0 0 0 0 0 0 0 0 194.16 194.17 07967 ELITE PREFORMANCE 0 0 0 0 0 0 0 194.16 194.19 07966 GAPC 0 0 0 0 0 0 0 194.19 194.20 07970 FMCF 0 0 0 0 0 0 0 0 194.19 194.20 07970 FMCF 0 0 0 0 0 0 0 0 194.21 194.22 07972 GIBSON HEALTH OF WATSEKA 0 0 0 0 0 0 0 194.22 194.22 07973 WEEKEND CLINIC AT GAH 0 0 0 0 0 0 0 194.23 194.24 07974 #3 CLINIC (DR. DELOST) 0 0 0 0 0 0 194.24 194.25 07975 DENTAL CLINIC AT GAH 0 0 0 0 0 0 0 194.24 194.26 07974 BSON HEALTH OF MAHOMET 0 0 0 0 0 0 194.24 194.26 07974 BCALTH OF MAHOMET 0 0 0 0 0 0 0 194.29 194.28 07978 CPTHERAPY 0 0 0 0 0 0 0 194.29 194.28 07978 CPTHERAPY 0 0 0 0 0 0 0 0 194.29 194.28 07978 CPTHERAPY 0 0 0 0 0 0 0 0 194.29 194.28 07978 CPTHERAPY 0 0 0 0 0 0 0 0 194.29 194.28 07978 CPTHERAPY 0 0 0 0 0 0 0 0 0 194.29 194.28 07978 CPTHERAPY 0 0 0 0 0 0 0 0 0 194.29 194.28 07978 CPTHERAPY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	Ö	Ö	0		
194. 09 07959 GAH CARDIOLOGY 0 0 0 0 0 0 194. 09 194. 10 07960 WIC 0 0 0 0 0 0 0 194. 10 194. 11 07961 DPC SPECIALTY CLINIC 1,359 0 0 0 0 0 194. 11 194. 12 07962 FAMILY HEALTHCARE OF POTOMAC 0 0 0 0 0 0 0 194. 12 194. 13 07963 PODIATRY 0 0 0 0 0 0 0 194. 13 194. 14 07964 9TH STREET CLINIC 0 0 0 0 0 0 0 194. 13 194. 14 07964 9TH STREET CLINIC 0 0 0 0 0 0 0 194. 14 194. 15 07965 DRTHO CLINIC 0 0 0 0 0 0 0 0 194. 15 194. 16 07966 FHGC 0 0 0 0 0 0 0 0 0 194. 15 194. 16 07966 GAFM 0 0 0 0 0 0 0 0 0 194. 15 194. 19 07969 GAPC 0 0 0 0 0 0 0 0 0 194. 17 194. 19 07969 GAPC 0 0 0 0 0 0 0 0 0 194. 19 194. 20 07970 FHGF 1 1,075 0 0 0 0 0 194. 19 194. 20 19791 SIRSEN CLINIC WAYSEKA 0 0 0 0 0 0 194. 21 194. 22 07972 GIBSON HEALTH OF WAYSEKA 0 0 0 0 0 0 194. 22 194. 23 07973 WEEKEND CLINIC (DR. DELOST) 0 0 0 0 0 0 194. 22 194. 25 07975 GIBSON HEALTH OF WAYSEKA 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	194. 07 07957	PAIN CLINIC	0	0	0	0	0	194. 07
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Parts III and IV)	207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00
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Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS In Lieu of Form CMS-2552-10
Worksheet B-1 Peri od: Worksheet b-1
From 10/01/2022
To 09/30/2023 Date/Ti me Prepared: 2/26/2024 10:06 am Provider CCN: 14-1317

							2/26/2024 10:	06 am
				CAP	ITAL RELATED CO	OSTS		
		Cost Center Description	B&F - FORREST	R&F _ PAYTON	R&F _ MAHOMET	B&F - POTOMAC	B&F - PAXTON	
		oust defice bescription	RURAL HEALTH	RURAL HEALTH	SPECIALTY	RURAL HEALTH	WELLNESS	
			CLINIC	CLINIC	CLINIC	CLI NI C	CENTER	
					(SQUARE FEET)			
	loeves.	AL OFFICE OF SOME OFFICE OF STATE OF ST	1. 07	1. 09	1. 10	1. 11	1. 12	
1 00		AL SERVICE COST CENTERS		I	1			1 00
1. 00 1. 01	1	CAP REL COSTS-BLDG & FIXT OB UNIT - BLDG & FIXT						1. 00 1. 01
1. 01	1	B&F - ONARGA RHC						1. 01
1.04		B&F - FARMER CITY RURAL HEALTH CLIN						1. 04
1.05		B&F - HOOPESTON RURAL HEALTH CLINIC						1. 05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC	3, 284					1. 07
1.09	1	B&F - PAXTON RURAL HEALTH CLINIC	0	28, 574				1. 09
1. 10		B&F - MAHOMET SPECIALTY CLINIC	0	0		_		1. 10
1. 11	1	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	0	7 000	1. 11
1. 12 1. 14	1	B&F - PAXTON WELLNESS CENTER B&F - PAXTON AMBULANCE STATION	0	0	0	0	7, 000 0	1
1. 14		B&F - AMBULANCE STAFF RESIDENCE	0			0	0	
1. 16		B&F - AMBULANCE BUILDING	0	ĺ	Ö	0	0	
1. 17		B&F - # 10 DOCTOR'S PARK	0	0	0	0	0	1
1. 18	00118	B&F - COSMETOLOGY OFFICE	0	0	0	0	0	1. 18
1. 19	1	B&F - ANESTHESIA HOUSE	0	0	0	0	0	
1. 20	1	B&F - #7 DOCTOR'S PARK	0	0	0	0	0	1
1. 21	1	B&F - #4 DOCTOR'S PARK	0	0	0	0	0	1
1. 22 1. 25		B&F - #8 DOCTOR'S PARK B&F - HARMS HOUSE/IT	0	0	0	0	0 0	1
1. 26	1	B&F - 9TH ST. EDUCATION HOUSE	0			0	0	
1. 27	1	B&F - FALCON POINT RESIDENCE	0	0	1	0	0	1
1. 28		B&F - 2012 NEW STORAGE SHED	0	0	Ō	0	0	1
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2. 00
4.00	1	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	
5. 01	1	CASHI ERI NG/ACCOUNTS RECEI VABLE	0	0	0	0	0	
5. 02		ALL OTHER ADMIN & GENERAL	0	0	0	0	0	
7. 00 7. 01	1	OPERATION OF PLANT	0	0	0	0	0	
8. 00		OPERATION OF PLANT-OUTSIDE PROPERTY LAUNDRY & LINEN SERVICE	0		0	0	0	1
9. 00	1	HOUSEKEEPI NG	0		0	0	0	1
10. 00		DI ETARY	0	l	Ö	0	0	1
11. 00	1	CAFETERI A	0	0	0	0	0	1
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13. 00
14. 00	1	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	
15.00		PHARMACY	0	0	0	0	0	
16.00		MEDICAL RECORDS & LIBRARY	0	0	0	0	0	
21. 00 22. 00	1	I&R SERVICES-SALARY & FRINGES APPRVD I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0			0	
22.00		IENT ROUTINE SERVICE COST CENTERS	0		0	0	0	22.00
30. 00		ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00		INTENSIVE CARE UNIT	0	0	0	0	0	31. 00
43.00	04300	NURSERY	0	0	0	0	0	43. 00
44. 00		SKILLED NURSING FACILITY	0	-	•		0	1
46. 00		OTHER LONG TERM CARE	0	0	0	0	0	46. 00
50. 00		LARY SERVICE COST CENTERS OPERATING ROOM		0	0	0	0	50.00
51.00		RECOVERY ROOM	0		i e		0	1
52. 00	1	DELIVERY ROOM & LABOR ROOM	0	ĺ	Ö	0	0	1
53.00		ANESTHESI OLOGY	0	0	0	0	0	1
54.00	05400	RADI OLOGY-DI AGNOSTI C	0	0	0	0	0	54.00
56.00	1	RADI OI SOTOPE	0	0	0	0	0	
60.00	1	LABORATORY	0	0	0	0	0	1
63. 00	1	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	
64. 00 65. 00	1	I NTRAVENOUS THERAPY RESPI RATORY THERAPY	0	0	0	0	0	1
66. 00		PHYSI CAL THERAPY	0		0	0	0	1
67. 00	1	OCCUPATIONAL THERAPY	0		0	0	0	67. 00
68. 00	1	SPEECH PATHOLOGY	0	Ö	Ö	0	0	1
69. 00	1	ELECTROCARDI OLOGY	0	0	Ö	0	0	1
71. 00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71. 00
72. 00		IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	
73.00		DRUGS CHARGED TO PATIENTS	0	0	0	0	0	
73. 01		CARDI AC REHAB	0	0	0	0	0	1
73. 02 73. 03		WOUND CARE SLEEP LAB	0			0	0 0	
73. 03		DIETARY EDUCATION	0		0	0	0	1
, 5. 04		TIENT SERVICE COST CENTERS					0	1,0.07
88. 00		RURAL HEALTH CLINIC	3, 284	28, 574	2, 130	0	0	88. 00

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS Peri od: Worksheet B-1 From 10/01/2022 To 09/30/2023 Date/Ti me Prepared: 2/26/2024 10:06 am Provider CCN: 14-1317

				''	0 09/30/2023	2/26/2024 10:	
			CAP	TAL RELATED CO	STS		
		Doe Fores	DOE 57:	Doc	DAE DOTALL	DOE 57:	
	Cost Center Description	B&F - FORREST	B&F - PAXTON	B&F - MAHOMET		B&F - PAXTON	
		RURAL HEALTH CLINIC	RURAL HEALTH CLINIC	SPECIALTY CLINIC	RURAL HEALTH CLINIC	WELLNESS	
		(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	CENTER (SQUARE FEET)	
		1.07	1.09	1. 10	1. 11	1. 12	
90. 00 09000	CLINIC	0					90. 00
	GERI PSYCH CLINIC	0	Ö			Ö	1
	ORTHO AND CARDIO CLINIC	0	l c	0	0	0	90. 02
90. 03 09003	GENERAL SURGERY CLINIC	0	0	0	0	0	90. 03
	GAPC AND #3 CLINIC	0	0	0	0	0	90. 04
	ENT AND UROLOGY CLINIC	0	0	0	0	0	90. 05
	EMERGENCY	0	0	0	0	0	
	OBSERVATION BEDS (NON-DISTINCT PART	_	_	_		_	92. 00
	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93. 00
	REI MBURSABLE COST CENTERS AMBULANCE SERVI CES	0	C	0	0	0	95. 00
	AL PURPOSE COST CENTERS			0	U		95.00
	INTEREST EXPENSE						113. 00
118. 00	SUBTOTALS (SUM OF LINES 1 through 117)	3, 284	28, 574	2, 130	0	0	118. 00
	IMBURSABLE COST CENTERS						
190. 00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190. 00
192. 01 19201		0	0	0	0	0	192. 01
	GAH FOUNDATION	0	0	0	0	l e	192. 02
	FALCON POINT RENTAL	0	0	0	0	l e	194. 00
	PHYSI CI AN OFFI CE	0	0	0	0	l e	194. 01
	PLASTIC SURG & DR. CHUNG	0	0	0	0		194. 02
	WELLNESS CENTER PSYCH CLINIC	0		0	0		194. 03 194. 04
	MAHOMET SPECIALTY CLINIC	0		0	0	l	194. 04
l l	LASER CLINIC	0		0	0	l .	194. 05
l l	PAIN CLINIC	0		ő	0	l .	194. 07
	LINE NOT UTILIZED	Ö	ĺ	ő	0	•	194. 08
	GAH CARDIOLOGY	0	o c	o	0	l	194. 09
194. 10 07960		0	0	0	0	0	194. 10
194. 11 07961	OPC SPECIALTY CLINIC	0	0	0	0	0	194. 11
	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	l .	194. 12
194. 13 07963	l .	0	0	0	0	1	194. 13
	9TH STREET CLINIC	0	0	0	0	1	194. 14
1	ORTHO CLINIC	0	0	0	0	l e	194. 15
194. 16 07966	ELITE PERFORMANCE	0		0	0	l	194. 16 194. 17
194. 17 07967	l .	0		0	0	l .	194. 17
194. 19 07969	•	0		0	0	l .	194. 19
194. 20 07970		0		Ö	0	l .	194. 20
	FAMILY H. C. FAIRBURY	0	Ö	ō	0	l e	194. 21
	GIBSON HEALTH OF WATSEKA	0	O	o	0	0	194. 22
194. 23 07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194. 23
	#3 CLINIC (DR. DELOST)	0	0	0	0		194. 24
•	GIBSON HEALTH OF MAHOMET	0	0	0	0	1	194. 25
	DENTAL CLINIC	0	1				194. 26
	RETAIL PHARMACY	0	0				194. 27
194. 28 07978		0	0	0	0		194. 28
200.00	SCHOOL NURSE Cross Foot Adjustments	0		0	0	0	194. 29 200. 00
201.00	Negative Cost Centers	-					200.00
202. 00	Cost to be allocated (per Wkst. B, Part	15, 724	145, 889	47, 718	0	<i>A</i> 13	202. 00
202.00	1)	15,724	143, 007	47,710	U	413	202.00
203. 00	Unit cost multiplier (Wkst. B, Part I)	4. 788063	5. 105655	22. 402817	0. 000000	0. 059000	203. 00
204. 00	Cost to be allocated (per Wkst. B, Part						204. 00
	[11]						
205. 00	Unit cost multiplier (Wkst. B, Part II)						205. 00
206. 00	NAHE adjustment amount to be allocated						206. 00
207 00	(per Wkst. B-2)						207.00
207. 00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207. 00
ı	1. a. to 111 and 11/	I	I	ı		ı	1

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS GIBSON AREA HOSPITAL AND HEALTH SVCS In Lieu of Form CMS-2552-10 Period: Worksheet B-1 From 10/01/2022 Provider CCN: 14-1317

					rom 10/01/2022 o 09/30/2023	Date/Time Pre 2/26/2024 10:	
			CAP	TTAL RELATED C	OSTS .	272072024 10.	OO alli
	Cost Center Description	B&F - PAXTON AMBULANCE STATION (SQUARE FEET)	B&F - AMBULANCE STAFF RESI DENCE (SQUARE FEET)	B&F - AMBULANCE BUI LDI NG (SQUARE FEET)	B&F - # 10 DOCTOR'S PARK (SQUARE FEET)	B&F - COSMETOLOGY OFFICE (SQUARE FEET)	
	CENEDAL SEDVICE COST CENTEDS	1. 14	1. 15	1. 16	1. 17	1. 18	
1. 00 1. 01 1. 02 1. 04 1. 05 1. 07 1. 09 1. 10 1. 11 1. 12 1. 14 1. 15 1. 16 1. 17 1. 18 1. 19 1. 20 1. 21 1. 22 1. 25 1. 26 1. 27 1. 28 2. 00 4. 00 5. 01 5. 02 7. 00 13. 00 14. 00 15. 00 15. 00 16. 00 21. 00 22. 00 22. 00	GENERAL SERVI CE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT 00101 OB UNIT - BLDG & FIXT 00102 B&F - ONARGA RHC 00104 B&F - FARMER CITY RURAL HEALTH CLINIC 00105 B&F - HOOPESTON RURAL HEALTH CLINIC 00107 B&F - FORREST RURAL HEALTH CLINIC 00109 B&F - PAXTON RURAL HEALTH CLINIC 00110 B&F - PAXTON RURAL HEALTH CLINIC 00111 B&F - POTOMAC RURAL HEALTH CLINIC 00112 B&F - PAXTON WELLNESS CENTER 00114 B&F - PAXTON WELLNESS CENTER 00115 B&F - AMBULANCE STAFF RESIDENCE 00116 B&F - AMBULANCE STAFF RESIDENCE 00117 B&F - # 10 DOCTOR'S PARK 00118 B&F - ANESTHESIA HOUSE 00120 B&F - #7 DOCTOR'S PARK 00121 B&F - #4 DOCTOR'S PARK 00121 B&F - #8 DOCTOR'S PARK 00122 B&F - #8 DOCTOR'S PARK 00123 B&F - FALCON POINT RESIDENCE 00129 B&F - FALCON POINT RESIDENCE 00120 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00580 CASHIERING/ACCOUNTS RECEIVABLE 00591 ALL OTHER ADMIN & GENERAL 00700 OPERATION OF PLANT 00701 OPERATION OF PLANT 00701 OPERATION OF PLANT 00701 OPERATION OF PLANT 00700 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 02100 I&R SERVICES-SALARY & FRINGES APPRVD 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	4, 500 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		3, 228	14, 140 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1, 554 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1. 21 1. 22 1. 25 1. 26 1. 27 1. 28 2. 00 4. 00 5. 01 5. 02 7. 00 7. 01 8. 00 9. 00 10. 00 11. 00 13. 00 14. 00 15. 00 16. 00 21. 00
31. 00 43. 00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 04300 NURSERY 04400 SKILLED NURSING FACILITY	0 0 0 0 0	0 0 0 0 0	000000000000000000000000000000000000000	0 0	0 0 0 0	31. 00 43. 00
	04600 OTHER LONG TERM CARE	0	0	C	0	0	46. 00
51. 00 52. 00 53. 00 54. 00 56. 00 60. 00 63. 00 64. 00 65. 00 67. 00 68. 00 69. 00 71. 00 72. 00 73. 01 73. 01 73. 02 73. 03	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM 05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 05600 RADI OI SOTOPE 06000 LABORATORY 06300 BLOOD STORING, PROCESSING & TRANS. 06400 I NTRAVENOUS THERAPY 06500 RESPIRATORY THERAPY 06600 PHYSI CAL THERAPY 06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY 06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENT 07200 IMPL. DEV. CHARGED TO PATI ENTS 07301 CARDI AC REHAB 07302 WOUND CARE 07303 SLEEP LAB 03950 DI ETARY EDUCATI ON	000000000000000000000000000000000000000	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	51. 00 52. 00 53. 00 54. 00 56. 00 60. 00 63. 00 64. 00 65. 00 66. 00 67. 00 68. 00 69. 00 71. 00 72. 00 73. 01 73. 02

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS In Lieu of Form CMS-2552-10 Provider CCN: 14-1317

			Т	o 09/30/2023	Date/Time Pre 2/26/2024 10:	
		CAP	ITAL RELATED CO	OSTS	1 27 207 202 1 101	
Cost Center Description	B&F - PAXTON AMBULANCE STATION (SQUARE FEET)	B&F - AMBULANCE STAFF RESI DENCE (SQUARE FEET)	B&F - AMBULANCE BUI LDI NG (SQUARE FEET)	B&F - # 10 DOCTOR' S PARK (SQUARE FEET)	B&F - COSMETOLOGY OFFICE (SQUARE FEET)	
	1.14	1. 15	1. 16	1. 17	1. 18	
OUTPATIENT SERVICE COST CENTERS		0				
88. 00 08800 RURAL HEALTH CLINIC 90. 00 09000 CLINIC	0 0	0	0	-	0	
90. 01 09001 GERI PSYCH CLINIC	0	0		3, 990		
90. 02 09002 ORTHO AND CARDIO CLINIC	0	0	0	0	0	
90. 03 09003 GENERAL SURGERY CLINIC	0	0	0	0	0	
90. 04 09004 GAPC AND #3 CLINIC 90. 05 09005 ENT AND UROLOGY CLINIC	0	0	0	0	0	
91. 00 09100 EMERGENCY	0	0	0	0	0	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92. 00
93. 00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93. 00
OTHER REIMBURSABLE COST CENTERS 95. 00 09500 AMBULANCE SERVICES	4, 500	2, 346	3, 228	0	0	95.00
SPECIAL PURPOSE COST CENTERS	1,000	2,010	0, 220		<u> </u>	70.00
113. 00 11300 NTEREST EXPENSE						113. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117) NONREI MBURSABLE COST CENTERS	4, 500	2, 346	3, 228	7, 083	0	118. 00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190. 00
192.01 19201 GAH - MSO	0	0	0	0	0	192. 01
192. 02 19202 GAH FOUNDATION	0	0	0	0		192. 02
194.00 07950 FALCON POINT RENTAL 194.01 07951 PHYSICIAN OFFICE	0	0	0	0		194. 00 194. 01
194. 02 07952 PLASTI C SURG & DR. CHUNG	0	0	Ö	0		194. 02
194. 03 07953 WELLNESS CENTER	0	0	0	0	0	194. 03
194. 04 07954 PSYCH CLINIC	0	0	0	7, 057		194. 04
194. 05 07955 MAHOMET SPECIALTY CLINIC 194. 06 07956 LASER CLINIC	0	0	0	0		194. 05 194. 06
194. 07 07957 PAIN CLINIC	0	0	o	0		194. 07
194. 08 07958 LINE NOT UTILIZED	0	0	0	0		194. 08
194. 09 07959 GAH CARDI OLOGY 194. 10 07960 WI C	0	0	0	0		194. 09 194. 10
194. 11 07961 OPC SPECIALTY CLINIC	0	0	Ö	0		194. 10
194.12 07962 FAMILY HEALTHCARE OF POTOMAC	0	0	0	0		194. 12
194. 13 07963 PODI ATRY	0	0	0	0		194. 13
194. 14 07964 9TH STREET CLINIC 194. 15 07965 ORTHO CLINIC	0	0) 0	0		194. 14 194. 15
194. 16 07966 FHGC	0	0	ő	0		194. 16
194. 17 07967 ELITE PERFORMANCE	0	0	0	0	l .	194. 17
194. 18 07968 GAFM 194. 19 07969 GAPC	0	0	0	0		194. 18 194. 19
194. 20 07970 FHCF	0	0	Ö	0		194. 19
194. 21 07971 FAMILY H. C. FAIRBURY	0	0	0	0		194. 21
194. 22 07972 GI BSON HEALTH OF WATSEKA	0	0	0	0		194. 22
194. 23 07973 WEEKEND CLINIC AT GAH 194. 24 07974 #3 CLINIC (DR. DELOST)	0	0	0			194. 23 194. 24
194. 25 07975 GIBSON HEALTH OF MAHOMET	0	0	Ö	Ö	0	194. 25
194. 26 07976 DENTAL CLINIC	0	0	0	0		194. 26
194. 27 07977 RETAI L PHARMACY 194. 28 07978 CP THERAPY	0	0	0	0		194. 27 194. 28
194. 29 07979 SCHOOL NURSE	0	0		0		194. 29
200.00 Cross Foot Adjustments			-			200. 00
201.00 Negative Cost Centers		, ,,,,		04 007	, ,,,,	201.00
202.00 Cost to be allocated (per Wkst. B, Part		6, 836	23, 843			202. 00
203.00 Unit cost multiplier (Wkst. B, Part I) 204.00 Cost to be allocated (per Wkst. B, Part II)	1. 533333	2. 913896	7. 386307	2. 209123	4. 301802	203. 00
205.00 Unit cost multiplier (Wkst. B, Part II) 206.00 NAHE adjustment amount to be allocated						205. 00 206. 00
(per Wkst. B-2) NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207. 00

Health Financial Systems GIBSON AREA HOSPITAL AND HEALTH SVCS In Lieu of Form CMS-2552-10
COST ALLOCATION - STATISTICAL BASIS Provider CCN: 14-1317 Period: Worksheet B-1

From 10/01/2022 09/30/2023 To Date/Time Prepared: 2/26/2024 10:06 am CAPITAL RELATED COSTS B&F B&F - #7 B&F - #4 B&F B&F - HARMS Cost Center Description - #8 DOCTOR'S PARK DOCTOR'S PARK DOCTOR'S PARK ANESTHESI A HOUSE/IT (SQUARE FEET) (SQUARE FEET) (SQUARE FEET) (SQUARE FEET) HOUSE (SQUARE FEET) 1.19 1.20 1.21 1. 22 1.25 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FLXT 1.00 00101 OB UNIT - BLDG & FIXT 1.01 1.01 1.02 00102 B&F - ONARGA RHC 1.02 1.04 00104 B&F - FARMER CITY RURAL HEALTH CLIN 1.04 00105 B&F - HOOPESTON RURAL HEALTH CLINIC 1 05 1 05 - FORREST RURAL HEALTH CLINIC 1.07 00107 B&F 1.07 1.09 00109 B&F - PAXTON RURAL HEALTH CLINIC 1.09 00110 B&F - MAHOMET SPECIALTY CLINIC 1 10 1 10 00111 B&F - POTOMAC RURAL HEALTH CLINIC 1.11 1.11 1.12 00112 B&F - PAXTON WELLNESS CENTER 1.12 00114 B&F - PAXTON AMBULANCE STATION 1.14 1.14 - AMBULANCE STAFF RESIDENCE 00115 B&F 1 15 1 15 1.16 00116 B&F - AMBULANCE BUILDING 1.16 00117 B&F - # 10 DOCTOR'S PARK 1.17 00118 B&F - COSMETOLOGY OFFICE 1.18 1.18 00119 B&F - ANESTHESIA HOUSE 4, 052 1.19 1. 19 1.20 00120 B&F - #7 DOCTOR'S PARK 4, 032 1.20 00121 B&F - #4 DOCTOR'S PARK 4, 032 1.21 1. 21 0 00122 B&F - #8 DOCTOR'S PARK 1.22 0 5.760 C 1. 22 00125 B&F - HARMS HOUSE/IT 3, 952 1 25 C 0 0 1 25 1.26 00126 B&F - 9TH ST. EDUCATION HOUSE 0 0 1. 26 0 0 1. 27 1.27 00127 B&F - FALCON POINT RESIDENCE 0 0 0 00128 B&F - 2012 NEW STORAGE SHED 0 1.28 C 0 0 1. 28 00200 CAP REL COSTS-MVBLE EQUIP 2 00 2 00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 0 0 0 4.00 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 5.01 0 O 0 5.01 0 00591 ALL OTHER ADMIN & GENERAL 604 3, 952 5.02 5.02 4,052 7.00 00700 OPERATION OF PLANT 0 C 0 0 7.00 00701 OPERATION OF PLANT-OUTSIDE PROPERTY 0 7.01 0 0 0 0 7.01 8.00 00800 LAUNDRY & LINEN SERVICE 0 0 0 0 8.00 00900 HOUSEKEEPI NG 0 9.00 C 0 9 00 10.00 01000 DI ETARY 10.00 11.00 01100 CAFETERI A 0 0 0 0 0 11.00 01300 NURSING ADMINISTRATION 0 13.00 13.00 0 0 01400 CENTRAL SERVICES & SUPPLY 0 14.00 0 0 14.00 0 15.00 01500 PHARMACY 0 0 0 15.00 01600 MEDICAL RECORDS & LIBRARY 0 16.00 16.00 0 02100 I&R SERVICES-SALARY & FRINGES APPRVD Λ 0 21.00 Λ 21.00 22.00 02200 I &R SERVICES-OTHER PRGM. COSTS APPRVD 0 0 0 22.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 0 0 0 0 0 30.00 0 03100 INTENSIVE CARE UNIT 0 0 31.00 C 0 31.00 43.00 04300 NURSERY 0 0 0 0 43.00 04400 SKILLED NURSING FACILITY 0 0 0 44.00 0 0 44.00 04600 OTHER LONG TERM CARE 0 0 0 46 00 0 0 46 00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0 0 0 0 0 50.00 0 51.00 05100 RECOVERY ROOM 0 0 0 0 51.00 0 05200 DELIVERY ROOM & LABOR ROOM 0 52 00 Ω 0 52 00 53.00 05300 ANESTHESI OLOGY 0 0 0 0 0 0 0 0 0 53.00 05400 RADI OLOGY-DI AGNOSTI C 54.00 0 54.00 56.00 05600 RADI OI SOTOPE 00000 0 0 0 56, 00 06000 LABORATORY 0 60.00 Ω 0 60.00 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 0 63.00 06400 INTRAVENOUS THERAPY 0 64.00 64.00 06500 RESPIRATORY THERAPY 65.00 0 0 0 65.00 0 06600 PHYSI CAL THERAPY 66.00 0 0 66.00 06700 OCCUPATIONAL THERAPY 00000000 0 0 0 0 0 0 67.00 67.00 0 68.00 06800 SPEECH PATHOLOGY 0 68.00 0 06900 ELECTROCARDI OLOGY 69.00 Ω 0 69.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0 0 0 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 72.00 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0 0 73.00 0 73.01 07301 CARDI AC REHAB C 0 0 73.01 73.02 07302 WOUND CARE 73.02 0 73 03 07303 SLEEP LAB 0 0 0 0 73.03 03950 DIETARY EDUCATION 0 0 73.040 73.04 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 0 0 5, 760 0 88.00

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Peri od: Worksheet B-1 From 10/01/2022 To 09/30/2023 Date/Ti me Prepared:

In Lieu of Form CMS-2552-10

			'	0 09/30/2023	2/26/2024 10:	
		CAP	TAL RELATED CO	OSTS		
		T =:= ::=				
Cost Center Description	B&F -	B&F - #7	B&F - #4	B&F - #8	B&F - HARMS	
	ANESTHESI A	DOCTOR'S PARK		DOCTOR'S PARK	HOUSE/IT	
	HOUSE (SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	
	1. 19	1. 20	1. 21	1. 22	1. 25	
90. 00 09000 CLI NI C	1. 1 <i>7</i>		0	0	0	90.00
90. 01 09001 GERI PSYCH CLINIC			Ö	0	Ö	
90. 02 09002 ORTHO AND CARDIO CLINIC			ō	0	Ō	
90. 03 09003 GENERAL SURGERY CLINIC	l c	0	0	0	0	90. 03
90. 04 09004 GAPC AND #3 CLINIC	C	0	0	0	0	90. 04
90.05 09005 ENT AND UROLOGY CLINIC	C	0	3, 329	0	0	90. 05
91. 00 09100 EMERGENCY	C	0	0	0	0	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92. 00
93. 00 O4950 OTHER OUTPATIENT SERVICE COST CENTER	C	0	0	0	0	93. 00
OTHER REIMBURSABLE COST CENTERS						05 00
95. 00 09500 AMBULANCE SERVI CES SPECIAL PURPOSE COST CENTERS	C	0	0	0	0	95. 00
113. 00 11300 NTEREST EXPENSE						113. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	4, 052	el o	3, 933	5, 760	3. 952	118. 00
NONREI MBURSABLE COST CENTERS	.,, .,	-	27.122		27.52	1
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	C	0	0	0	0	190. 00
192.01 19201 GAH - MSO	C	0	0	0	0	192. 01
192. 02 19202 GAH FOUNDATION	C	0	0	0	l	192. 02
194.00 07950 FALCON POINT RENTAL	C	0	0	0	l	194. 00
194. 01 07951 PHYSI CI AN OFFI CE	C	0	0	0	l	194. 01
194. 02 07952 PLASTIC SURG & DR. CHUNG			0	0	l	194. 02
194. 03 07953 WELLNESS CENTER 194. 04 07954 PSYCH CLINIC				0	l	194. 03 194. 04
194.05 07955 MAHOMET SPECIALTY CLINIC			0	0		194. 04
194. 06 07956 LASER CLINIC				0	•	194. 05
194. 07 07957 PAIN CLINIC			0	0	l	194. 07
194. 08 07958 LINE NOT UTILIZED			Ö	Ö	•	194. 08
194. 09 07959 GAH CARDI OLOGY	C	o	o	0	•	194. 09
194. 10 07960 WI C	C	0	0	0	0	194. 10
194.11 07961 OPC SPECIALTY CLINIC	C	0	0	0	0	194. 11
194.12 07962 FAMILY HEALTHCARE OF POTOMAC	C	0	0	0	l	194. 12
194. 13 07963 PODI ATRY	C	0	0	0	1	194. 13
194. 14 07964 9TH STREET CLINIC	C	0	0	0	1	194. 14
194. 15 07965 ORTHO CLINIC		0	0	0	l	194. 15
194. 16 07966 FHGC 194. 17 07967 ELITE PERFORMANCE		4, 032	0	0		194. 16 194. 17
194. 18 07968 GAFM				0	l	194. 17
194. 19 07969 GAPC				0	l	194. 19
194. 20 07970 FHCF			0	0	l	194. 20
194. 21 07971 FAMILY H. C. FAIRBURY			Ō	0	l	194. 21
194.22 07972 GIBSON HEALTH OF WATSEKA	C	0	0	0	0	194. 22
194.23 07973 WEEKEND CLINIC AT GAH	C	0	0	0		194. 23
194.24 07974 #3 CLINIC (DR. DELOST)	C	0	0	0		194. 24
194. 25 07975 GIBSON HEALTH OF MAHOMET	C	_	0			194. 25
194. 26 07976 DENTAL CLINIC	C	ł				194. 26
194. 27 07977 RETAIL PHARMACY	C	ł .	_			194. 27
194. 28 07978 CP THERAPY	C	0	1	_		194. 28
194.29 07979 SCHOOL NURSE 200.00 Cross Foot Adjustments	_		99	0	U	194. 29 200. 00
201.00 Negative Cost Centers						201. 00
202.00 Cost to be allocated (per Wkst. B, Part	9, 790	9, 448	1, 350	16, 984	14 832	202. 00
1)	,,,,,,	,, 440	1, 330	10, 704	17,032	[52. 00
203.00 Unit cost multiplier (Wkst. B, Part I)	2. 416091	2. 343254	0. 334821	2. 948611	3. 753036	203. 00
204.00 Cost to be allocated (per Wkst. B, Part						204.00
205.00 Unit cost multiplier (Wkst. B, Part II)						205. 00
NAHE adjustment amount to be allocated						206. 00
(per Wkst. B-2) 207.00 NAHE unit cost multiplier (Wkst. D,						207. 00
Parts III and IV)						207.00
, , a. co aa ,	1	1	1	l .	1	1

Health Financial Systems

GIBSON AREA HOSPITAL AND HEALTH SVCS

In Lieu of Form CMS-2552-10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

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

Date/Time Prepared:
2/26/2024 10: 06 am

				I	o 09/30/2023	Date/lime Pre 2/26/2024 10:	
			CAPI TAL REI	LATED COSTS			
	Cost Center Description	B&F - 9TH ST. EDUCATION HOUSE (SQUARE FEET)	B&F - FALCON POINT RESIDENCE (SQUARE FEET)	B&F - 2012 NEW STORAGE SHED (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS	
		1. 26	1. 27	1. 28	2. 00	SALARI ES) 4. 00	
	GENERAL SERVICE COST CENTERS	1. 20	1.27	1.20	2.00	4.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
1. 01 1. 02	OO101 OB UNIT - BLDG & FIXT OO102 B&F - ONARGA RHC						1. 01 1. 02
1.04	00104 B&F - FARMER CITY RURAL HEALTH CLIN						1. 04
1.05	00105 B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1. 07 1. 09	OO107 B&F - FORREST RURAL HEALTH CLINIC OO109 B&F - PAXTON RURAL HEALTH CLINIC						1. 07 1. 09
1. 10	00110 B&F - MAHOMET SPECIALTY CLINIC						1. 10
1. 11 1. 12	OO111 B&F - POTOMAC RURAL HEALTH CLINIC OO112 B&F - PAXTON WELLNESS CENTER						1. 11 1. 12
1. 14	00114 B&F - PAXTON AMBULANCE STATION						1. 14
1. 15	00115 B&F - AMBULANCE STAFF RESIDENCE						1. 15
1. 16 1. 17	OO116 B&F - AMBULANCE BUILDING OO117 B&F - # 10 DOCTOR' S PARK						1. 16 1. 17
1. 18	00118 B&F - COSMETOLOGY OFFICE						1. 18
1. 19	00119 B&F - ANESTHESI A HOUSE						1. 19
1. 20 1. 21	00120 B&F - #7 DOCTOR' S PARK 00121 B&F - #4 DOCTOR' S PARK						1. 20 1. 21
1. 22	00122 B&F - #8 DOCTOR'S PARK						1. 22
1. 25	00125 B&F - HARMS HOUSE/IT	4 175					1. 25
1. 26 1. 27	OO126 B&F - 9TH ST. EDUCATION HOUSE OO127 B&F - FALCON POINT RESIDENCE	4, 175	1				1. 26 1. 27
1. 28	00128 B&F - 2012 NEW STORAGE SHED	0	0				1. 28
2.00	00200 CAP REL COSTS-MVBLE EQUI P				3, 058, 802	45 070 //5	2.00
4. 00 5. 01	OO400 EMPLOYEE BENEFITS DEPARTMENT OO580 CASHI ERI NG/ACCOUNTS RECEIVABLE			0	3, 577 3, 621	45, 978, 665 2, 125, 690	4. 00 5. 01
5. 02	00591 ALL OTHER ADMIN & GENERAL	4, 175	0	4, 224		6, 355, 698	•
7.00	00700 OPERATION OF PLANT	0	0		23, 768 0	735, 261	7.00
7. 01 8. 00	OO701 OPERATION OF PLANT-OUTSIDE PROPERTY OO800 LAUNDRY & LINEN SERVICE		0	· -	12, 588	47, 122 372, 574	7. 01 8. 00
9.00	00900 HOUSEKEEPI NG	0	O		12, 899	780, 799	9. 00
10. 00 11. 00	01000 DI ETARY 01100 CAFETERI A	0	0			392, 132 269, 136	1
13. 00	01300 NURSING ADMINISTRATION	0	Ö	· -	-	212, 091	13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY	0	0	0	2, 796	0	14. 00
15. 00 16. 00	01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY	0		0	0	778, 957 377, 891	15. 00 16. 00
21. 00	02100 I &R SERVI CES-SALARY & FRINGES APPRVD	0	Ö		-	0	1
22. 00	02200 I &R SERVI CES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22. 00
30. 00	O3000 ADULTS & PEDIATRICS	1 0	0	0	37, 315	3, 846, 893	30. 00
31.00	03100 INTENSIVE CARE UNIT	0	l e			98, 903	31. 00
43. 00 44. 00	04300 NURSERY	0	0	0	0	558, 718	
46. 00	04400 SKILLED NURSING FACILITY 04600 OTHER LONG TERM CARE					160, 760 1, 739, 833	1
	ANCILLARY SERVICE COST CENTERS						
50. 00 51. 00	05000 OPERATI NG ROOM 05100 RECOVERY ROOM	0	0			2, 669, 669 520, 635	
52. 00	05200 DELIVERY ROOM & LABOR ROOM	0	ő		0	203, 027	1
53.00	05300 ANESTHESI OLOGY	0	0	0	31, 680	0	•
54. 00 56. 00	05400 RADI OLOGY-DI AGNOSTI C 05600 RADI OI SOTOPE			0	718, 383 45, 882	1, 942, 582 97, 971	1
60. 00	06000 LABORATORY	0	Ö	Ö	76, 748	1, 396, 473	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	•
64. 00 65. 00	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY				17, 234	593, 814	
66. 00	06600 PHYSI CAL THERAPY	0	O	0	2, 043	1, 400, 619	66. 00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	381, 453	1
68. 00 69. 00	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY					145, 330 53, 932	1
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71. 00
72. 00 73. 00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	
	07300 DROGS CHARGED TO PATTENTS		0		9, 265	154, 376	ı
73. 02	07302 WOUND CARE	0	0	0	0	205, 083	73. 02
	07303 SLEEP LAB 03950 DI ETARY EDUCATI ON	0	0	•	86 0	157, 132 0	73. 03 73. 04
. 5. 6 1			,	,	١	0	, . 5. 5 1

Health Financial Systems

GIBSON AREA HOSPITAL AND HEALTH SVCS

In Lieu of Form CMS-2552-10

Provider CCN: 14-1317

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

Date/Time Prepared:
2/26/2024 10:06 am

				T	09/30/2023	Date/Time Pre 2/26/2024 10:	
			CAPI TAL REI	LATED COSTS		2/26/2024 10.	UO alli
Cost Center Descri	ntion	B&F - 9TH ST.	B&F - FALCON	B&F - 2012 NEW	MVBLE EQUIP	EMPLOYEE	
cost center bescri	ption	EDUCATION	POINT	STORAGE SHED	(DOLLAR VALUE)	BENEFI TS	
		HOUSE	RESI DENCE	(SQUARE FEET)		DEPARTMENT	
		(SQUARE FEET)	(SQUARE FEET)			(GROSS SALARI ES)	
		1. 26	1. 27	1. 28	2. 00	4. 00	
88.00 08800 RURAL HEALTH CLINI		ol	0		25 450	E 240 E40	88. 00
90. 00 09000 CLI NI C		0	0			5, 269, 569 192, 715	1
90. 01 09001 GERI PSYCH CLINIC		Ö	0	Ö	0	177, 337	1
90. 02 09002 ORTHO AND CARDI O C		0	0	0	120, 299	1, 943, 853	1
90. 03 09003 GENERAL SURGERY CL 90. 04 09004 GAPC AND #3 CLINIC		0	0	0	59, 518 0	252, 782 0	90. 03 90. 04
90. 05 09005 ENT AND UROLOGY CL		0	0	0	62, 948	556, 765	1
91. 00 09100 EMERGENCY		ō	0	0	11, 680	1, 597, 881	91.00
92. 00 09200 OBSERVATI ON BEDS (_	_	_	_	_	92.00
93. 00 04950 OTHER OUTPATIENT S OTHER REIMBURSABLE COST		0	0	0	0	0	93. 00
95. 00 09500 AMBULANCE SERVICES		ol	0	0	179, 572	2, 557, 529	95. 00
SPECIAL PURPOSE COST CEN					·		
113. 00 11300 NTEREST EXPENSE	LINEC 1 thanks 117)	4 175	0	4 224	2 0/5 015	44 222 005	113. 00
118.00 SUBTOTALS (SUM OF NONREI MBURSABLE COST CEN	LINES 1 through 117) TFRS	4, 175	0	4, 224	2, 965, 015	41, 322, 985]118.00
190. 00 19000 GIFT, FLOWER, COFF		0	0	0	0	0	190. 00
192. 01 19201 GAH - MSO		0	0		0		192. 01
192.02 19202 GAH FOUNDATION 194.00 07950 FALCON POINT RENTA	1	0	1 029	Ĭ	0		192. 02 194. 00
194. 01 07951 PHYSI CI AN OFFI CE	L	0	1, 928 0	1	0		194. 00
194. 02 07952 PLASTIC SURG & DR.	CHUNG	Ö	0	Ö	Ö		194. 02
194.03 07953 WELLNESS CENTER		0	0	0	0	161, 720	1
194. 04 07954 PSYCH CLINIC	OLI NILO	0	0	0	966	763, 211	
194. 05 07955 MAHOMET SPECIALTY 194. 06 07956 LASER CLINIC	CLINIC	0	0	0	0		194. 05 194. 06
194. 07 07957 PAIN CLINIC		o	0	o o	0		194. 07
194.08 07958 LINE NOT UTILIZED		o	0	0	О		194. 08
194. 09 07959 GAH CARDI OLOGY		0	0	0	0		194. 09
194. 10 07960 WIC 194. 11 07961 OPC SPECIALTY CLIN	I.C.	0	0	0	0	156, 553 1 750	194. 10
194. 12 07962 FAMILY HEALTHCARE	1	ő	0	ő	o		194. 12
194. 13 07963 PODI ATRY		o	0	0	О		194. 13
194. 14 07964 9TH STREET CLINIC		0	0	0	0		194. 14
194. 15 07965 ORTHO CLINIC 194. 16 07966 FHGC		0	0	0	0	0 282, 297	194. 15
194. 17 07967 ELITE PERFORMANCE		o	0	ő	49, 911	1, 442, 536	
194. 18 07968 GAFM		o	0	0	1, 200	306, 439	1
194. 19 07969 GAPC		0	0	0	0		194. 19
194. 20 07970 FHCF 194. 21 07971 FAMI LY H. C. FAI RBU	RY	0	0	0	0	34, 653 211, 741	194. 20 194. 21
194. 22 07972 GI BSON HEALTH OF W.		Ö	0	Ö	Ö	_	194. 22
194.23 07973 WEEKEND CLINIC AT	GAH	o	0				194. 23
194. 24 07974 #3 CLINIC (DR. DEL 194. 25 07975 GIBSON HEALTH OF M.		0	0	_	0		194. 24 194. 25
194. 25 07975 GIBSON HEALTH OF M.	AHUME I	0	0	0	38, 853	406, 215	
194. 27 07977 RETAIL PHARMACY		o	0	ő	2, 857	564, 200	
194. 28 07978 CP THERAPY		0	0	0	0	217, 823	
194. 29 07979 SCHOOL NURSE		0	0	0	0	0	194. 29 200. 00
200.00 Cross Foot Adjustm 201.00 Negative Cost Cent							200.00
	ed (per Wkst. B, Part	13, 612	8, 486	12, 878	3, 560, 620	20, 979, 124	1
203.00 Unit cost multipli	er (Wkst. B, Part I) ed (per Wkst. B, Part	3. 260359	4. 401452	3. 048769	1. 164057	0. 456280 12, 963	203. 00 204. 00
205.00 Unit cost multipli	er (Wkst. B, Part II) ount to be allocated					0. 000282	205. 00 206. 00
207.00 NAHE unit cost mul Parts III and IV)	tiplier (Wkst. D,						207. 00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Peri od: Worksheet B-1 From 10/01/2022

To 09/30/2023 Date/Time Prepared: 2/26/2024 10:06 am Cost Center Description Reconciliation CASHIERING/ACC Reconciliation ALL OTHER OPERATION OF ADMIN & OUNTS PLANT RECEI VABLE **GENERAL** (SQUARE FEET) (ACCUM. COST) (ACCUM. COST) 7. 00 5A. 01 5.01 5A. 02 5.02 GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT 1.00 1.00 1.01 00101 OB UNIT - BLDG & FIXT 1.01 00102 B&F - ONARGA RHC 1.02 1 02 1.04 00104 B&F - FARMER CITY RURAL HEALTH CLIN 1.04 1.05 00105 B&F - HOOPESTON RURAL HEALTH CLINIC 1.05 00107 B&F - FORREST RURAL HEALTH CLINIC 1.07 1.07 1. 09 1.09 00109 B&F - PAXTON RURAL HEALTH CLINIC 1.10 00110 B&F MAHOMET SPECIALTY CLINIC 1.10 00111 B&F - POTOMAC RURAL HEALTH CLINIC 1.11 1.11 00112 B&F - PAXTON WELLNESS CENTER 1.12 1.12 - PAXTON AMBULANCE STATION 1.14 00114 B&F 1.15 00115 B&F - AMBULANCE STAFF RESIDENCE 1.15 00116 B&F - AMBULANCE BUILDING 1.16 1. 16 00117 B&F - # 10 DOCTOR'S PARK 1.17 1 17 1.18 00118 B&F - COSMETOLOGY OFFICE 1.18 1. 19 1.19 00119 B&F - ANESTHESIA HOUSE 00120 B&F - #7 DOCTOR'S PARK 1 20 1 20 1.21 00121 B&F - #4 DOCTOR'S PARK 1. 21 1. 22 00122 B&F - #8 DOCTOR'S PARK 1. 22 1.25 00125 B&F - HARMS HOUSE/IT 1. 25 00126 B&F - 9TH ST. EDUCATION HOUSE 1 26 1 26 00127 B&F - FALCON POINT RESIDENCE 1.27 1. 27 00128 B&F - 2012 NEW STORAGE SHED 1.28 1.28 2 00 00200 CAP REL COSTS-MVBLE EQUIP 2 00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 5.01 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE -5, 173, 096 46, 192, 395 5.01 5.02 00591 ALL OTHER ADMIN & GENERAL -17, 814, 097 -17, 814, 097 109, 050, 402 5.02 00700 OPERATION OF PLANT 7 00 -2.511.299 2, 511, 299 104, 973 7 00 Ω 00701 OPERATION OF PLANT-OUTSIDE PROPERTY 7.01 -542, 525 0 542, 525 0 7.01 00800 LAUNDRY & LINEN SERVICE -667, 405 0 667, 405 1, 689 8.00 8.00 9.00 00900 HOUSEKEEPI NG -1, 288, 965 0 1, 288, 965 830 9.00 10.00 0 867, 243 10.00 01000 DI ETARY 2.018 -867, 243 11.00 01100 CAFETERI A -597, 949 0 597, 949 1,056 11.00 01300 NURSING ADMINISTRATION 13.00 -314, 298 314, 298 96 13.00 01400 CENTRAL SERVICES & SUPPLY 14.00 -560, 836 0 0 560, 836 3, 625 14.00 0 01500 PHARMACY 15.00 -1, 618, 878 0 1, 618, 878 1, 225 15.00 16.00 01600 MEDICAL RECORDS & LIBRARY 0 0 732, 666 483 16.00 -732, 666 21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD 0 Ω 21.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD -148, 804 0 148, 804 22.00 22.00 0 INPATIENT ROUTINE SERVICE COST CENTERS 7, 125, 213 30.00 03000 ADULTS & PEDIATRICS 0 6, 407, 623 0 19, 381 30.00 31.00 03100 INTENSIVE CARE UNIT 0 167, 673 0 186, 451 887 31.00 0 1, 016, 702 04300 NURSERY 43.00 0 914, 309 617 43.00 04400 SKILLED NURSING FACILITY 0 44.00 -282, 650 282, 650 639 44.00 46.00 04600 OTHER LONG TERM CARE -3, 150, 223 0 3, 150, 223 12, 515 46.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 7, 294, 686 0 8, 111, 629 10.744 50 00 05100 RECOVERY ROOM 0 837, 373 931, 150 1, 470 51.00 51.00 0 52.00 05200 DELIVERY ROOM & LABOR ROOM 000000000000000000 344, 083 382, 617 626 52.00 0 05300 ANESTHESI OLOGY 53.00 455.044 506,004 529 53.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 4, 977, 263 5, 534, 667 6, 692 54.00 56, 00 05600 RADI OI SOTOPE 310, 891 0 345, 708 325 56.00 06000 LABORATORY 4, 032, 975 0 1, 799 60.00 4, 484, 628 60.00 06300 BLOOD STORING, PROCESSING & TRANS. 0 63.00 113, 660 126, 389 Ω 63.00 64.00 06400 INTRAVENOUS THERAPY 0 0 64.00 06500 RESPIRATORY THERAPY 65.00 1,016,321 1, 130, 139 338 65.00 2, 682, 711 06600 PHYSI CAL THERAPY 2, 412, 532 0 66.00 5.482 66.00 06700 OCCUPATIONAL THERAPY 0 67.00 565, 500 628, 830 0 67.00 68.00 06800 SPEECH PATHOLOGY 222, 977 247, 948 0 68.00 06900 ELECTROCARDI OLOGY 69.00 79, 874 0 88, 819 0 69.00 2, 206, 966 71 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0 2 454 124 71 00 0 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 5, 755, 559 6, 400, 124 0 72.00 3, 453, 690 07300 DRUGS CHARGED TO PATIENTS 3, 105, 864 0 0 73.00 73.00 73.01 07301 CARDI AC REHAB 255, 114 0 283, 684 0 73.01 0 73.02 07302 WOUND CARE 439, 532 933 488.755 73 02 73.03 07303 SLEEP LAB 0 295, 370 0 328, 448 717 73.03 03950 DIETARY EDUCATION 0 80, 907 73.04 72, 759 0 73.04 OUTPATIENT SERVICE COST CENTERS 2. 880 88.00 88 00 08800 RURAL HEALTH CLINIC -18, 574, 830 18, 574, 830 0 90.00 09000 CLI NI C -315, 207 0 315, 207 975 90.00 90. 01 90.01 09001 GERI PSYCH CLINIC -384, 111 0 384, 111 0

COST ALLOCATION - STATISTICAL BASIS Provider CCN: 14-1317 Peri od: Worksheet B-1 From 10/01/2022 09/30/2023 Date/Time Prepared: 2/26/2024 10:06 am Cost Center Description Reconciliation CASHIERING/ACC Reconciliation ALL OTHER OPERATION OF ADMIN & OUNTS PLANT RECEI VABLE **GENERAL** (SQUARE FEET) (ACCUM. COST) (ACCUM. COST) 5A. 01 5A. 02 7.00 5.01 5.02 90.02 09002 ORTHO AND CARDIO CLINIC -4, 322, 837 4, 322, 837 8, 301 90.02 09003 GENERAL SURGERY CLINIC 90.03 -827, 884 0 827, 884 2,700 90.03 90.04 09004 GAPC AND #3 CLINIC 0 90.04 0 09005 ENT AND UROLOGY CLINIC 0 1, 415, 685 3, 586 90.05 -1, 415, 685 90.05 91.00 09100 EMERGENCY 3, 515, 766 0 3, 909, 497 91.00 5, 161 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 92.00 04950 OTHER OUTPATIENT SERVICE COST CENTER 0 93.00 93.00 0 OTHER REIMBURSABLE COST CENTERS -4, 097, <u>707</u> 95.00 09500 AMBULANCE SERVICES 0 0 4, 097, 707 0 95.00 SPECIAL PURPOSE COST CENTERS 113.00 11300 I NTEREST EXPENSE 113 00 SUBTOTALS (SUM OF LINES 1 through 117) -17, 814, 097 94, 150, 836 98, 319 118. 00 118.00 -66, 209, 195 45, 799, 714 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 76 190. 00 -1,004 0 1.004 0 192. 01 192. 01 19201 GAH - MSO 0 0 192. 02 19202 GAH FOUNDATION -364, 228 0 0 364, 228 0 192. 02 194.00 07950 FALCON POINT RENTAL 1, 928 194. 00 -8, 486 0 0 8, 486 194. 01 07951 PHYSICIAN OFFICE 0 0 194.01 0 194.02 07952 PLASTIC SURG & DR. CHUNG 0 194. 02 -221, 971 0 0 221, 971 194. 03 07953 WELLNESS CENTER -249, 410 0 0 249, 410 0 194. 03 194. 04 07954 PSYCH CLINIC 0 194. 04 -2, 540, 539 2, 540, 539 194.05 07955 MAHOMET SPECIALTY CLINIC 0 0 194, 05 Ω 194. 06 07956 LASER CLINIC 0 0 0 194.06 194.07 07957 PAIN CLINIC 0 194. 07 -199, 776 199, 776 194. 08 07958 LINE NOT UTILIZED Ω 0 0 194. 08 0 0 194. 09 07959 GAH CARDI OLOGY 0 194, 09 C 194. 10 07960 WI C -235, 845 235, 845 0 194. 10 194. 11 07961 OPC SPECIALTY CLINIC 1, 359 194. 11 -97, 438 0 97, 438 194. 12 07962 FAMILY HEALTHCARE OF POTOMAC 0 194, 12 Ω 0 194. 13 07963 PODI ATRY 0 194. 13 0 0 0 194. 14 07964 9TH STREET CLINIC 0 0 0 194. 14 194. 15 07965 ORTHO CLINIC 0 0 194. 15 194. 16 07966 FHGC -936, 007 0 0 194. 16 0 936, 007 194. 17 07967 ELITE PERFORMANCE -2, 471, 462 0 2, 471, 462 0 194, 17 194. 18 07968 GAFM -1, 227, 805 1, 227, 805 0 194. 18 194. 19 07969 GAPC 0 194. 19 194, 20 07970 FHCF -154, 949 154, 949 0 194 20 194. 21 07971 FAMILY H. C. FAIRBURY -1, 048, 023 1, 048, 023 0 194. 21 194. 22 07972 GIBSON HEALTH OF WATSEKA 0 194. 22 194. 23 07973 WEEKEND CLINIC AT GAH 0 194. 23 0 0 0 0 0 194. 24 194. 24 07974 #3 CLINIC (DR. DELOST) 0 Ω 0 194. 25 07975 GIBSON HEALTH OF MAHOMET 0 0 0 194. 25 194. 26 07976 DENTAL CLINIC -1, 377, 507 1, 377, 507 3, 291 194. 26 0 194. 27 194. 27 07977 RETAIL PHARMACY 0 -2, 819, 098 2, 819, 098 194. 28 07978 CP THERAPY 392, 681 0 436, 657 0 194. 28 194. 29 07979 SCHOOL NURSE -509, 361 509, 361 0 194. 29 200.00 Cross Foot Adjustments 200.00 201.00 Negative Cost Centers 201 00 202.00 Cost to be allocated (per Wkst. B, Part 17, 814, 097 2, 921, 537 202. 00 5, 173, 096 203.00 Unit cost multiplier (Wkst. B, Part I) 0.111990 0. 163357 27. 831319 203. 00 204.00 Cost to be allocated (per Wkst. B, Part 4,814 1, 195, 066 177, 247 204. 00 Π 205.00 Unit cost multiplier (Wkst. B, Part II) 0.000104 0.010959 1.688501 205.00 206.00 NAHE adjustment amount to be allocated 206.00 (per Wkst. B-2) 207.00 NAHE unit cost multiplier (Wkst. D, 207. 00 Parts III and IV)

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS GIBSON AREA HOSPITAL AND HEALTH SVCS
Provider CCN: 14-1317 In Lieu of Form CMS-2552-10
Worksheet B-1 Peri od: From 10/01/2022 To 09/30/2023 Date/Ti me Prepared: 2/26/2024 10:06 am

	Cost Center Description	PROPERTY (SQUARE FEET)	LAUNDRY & LI NEN SERVI CE (POUNDS OF LAUNDRY)	, ,	DI ETARY (MEALS SERVED)	CAFETERI A (FTE' S)	OO aiii
	GENERAL SERVICE COST CENTERS	7. 01	8. 00	9. 00	10. 00	11. 00	
1. 00	00100 CAP REL COSTS-BLDG & FIXT						1.00
1. 01	00101 OB UNIT - BLDG & FIXT						1. 01
1. 02	00102 B&F - ONARGA RHC						1. 02
1. 04 1. 05	O0104 B&F - FARMER CLTY RURAL HEALTH CLIN O0105 B&F - HOOPESTON RURAL HEALTH CLINIC						1. 04 1. 05
1. 03	00107 B&F - FORREST RURAL HEALTH CLINIC						1. 03
1. 09	00109 B&F - PAXTON RURAL HEALTH CLINIC						1. 09
1. 10	00110 B&F - MAHOMET SPECIALTY CLINIC						1. 10
1. 11	00111 B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1. 12 1. 14	00112 B&F - PAXTON WELLNESS CENTER 00114 B&F - PAXTON AMBULANCE STATION						1. 12 1. 14
1. 15	00115 B&F - AMBULANCE STAFF RESIDENCE						1. 15
1. 16	00116 B&F - AMBULANCE BUILDING						1. 16
1. 17	00117 B&F - # 10 DOCTOR'S PARK						1. 17
1. 18 1. 19	O0118 B&F - COSMETOLOGY OFFICE O0119 B&F - ANESTHESIA HOUSE						1. 18 1. 19
1. 19	00120 B&F - #7 DOCTOR'S PARK						1. 19
1. 21	00121 B&F - #4 DOCTOR'S PARK						1. 21
1. 22	00122 B&F - #8 DOCTOR'S PARK						1. 22
1. 25	00125 B&F - HARMS HOUSE/IT						1. 25
1. 26 1. 27	00126 B&F - 9TH ST. EDUCATION HOUSE 00127 B&F - FALCON POINT RESIDENCE						1. 26 1. 27
1. 28	00128 B&F - 2012 NEW STORAGE SHED						1. 28
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 01	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5. 01
5. 02 7. 00	00591 ALL OTHER ADMIN & GENERAL 00700 OPERATION OF PLANT						5. 02 7. 00
7. 01	00701 OPERATION OF PLANT-OUTSIDE PROPERTY	147, 803					7. 01
8.00	00800 LAUNDRY & LINEN SERVICE	0	577, 710				8. 00
9.00	00900 HOUSEKEEPI NG	13					9.00
10. 00 11. 00	01000 DI ETARY 01100 CAFETERI A	0	10, 182 14, 161			33, 336	10. 00 11. 00
13. 00	01300 NURSI NG ADMI NI STRATI ON	0	0			132	1
14.00	01400 CENTRAL SERVICES & SUPPLY	0	0	3, 625	0	0	1
15. 00	01500 PHARMACY	0	0	1, 225		811	1
16. 00 21. 00	01600 MEDICAL RECORDS & LIBRARY 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	483 0		785 0	1
22. 00	02200 I &R SERVI CES-OTHER PRGM. COSTS APPRVD					0	22. 00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	0	02,007			4, 433	1
31. 00 43. 00	03100 I NTENSI VE CARE UNI T 04300 NURSERY	0	929 1, 604			34 594	1
44. 00	04400 SKI LLED NURSING FACILITY		16, 679			231	44. 00
46. 00	04600 OTHER LONG TERM CARE	0	76, 197		· ·	2, 493	1
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	51, 206			3, 588	
51. 00 52. 00	O5100 RECOVERY ROOM O5200 DELI VERY ROOM & LABOR ROOM	0	4, 946	1, 470 626		596 216	1
53. 00	05300 ANESTHESI OLOGY	0	0	529		917	1
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	15, 334			2, 329	1
56.00	05600 RADI OI SOTOPE	0	0	325		97	1
60. 00 63. 00	O6000 LABORATORY O6300 BLOOD STORING, PROCESSING & TRANS.	0	0	1, 799 0		2, 319 0	1
64. 00	06400 I NTRAVENOUS THERAPY	0	Ö	Ö		0	1
65. 00	06500 RESPI RATORY THERAPY	0	0	338	0	710	1
66. 00	06600 PHYSI CAL THERAPY	0	23, 583			2, 031	1
67. 00 68. 00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	0	0	0		387 151	1
69. 00	06900 ELECTROCARDI OLOGY	0	0	0	0	67	1
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	ő	o o	0	1
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	1
73. 01 73. 02	O7301 CARDI AC REHAB O7302 WOUND CARE	3, 080		933 933		216 442	1
73. 02	07303 SLEEP LAB			1		207	1
73. 04	03950 DI ETARY EDUCATION	0	o			0	1
00.00	OUTPATIENT SERVICE COST CENTERS	/2 1==	-	2.25	=	=	00.00
88. 00 90. 00	08800 RURAL HEALTH CLINIC 09000 CLINIC	62, 188	0			0 332	1
	09001 GERI PSYCH CLINIC	3, 990	-				90.00
				•	•		·

COST ALLOCATION - STATISTICAL BASIS Provider CCN: 14-1317 Peri od: Worksheet B-1 From 10/01/2022 09/30/2023 Date/Time Prepared: 2/26/2024 10:06 am Cost Center Description OPERATION OF LAUNDRY & HOUSEKEEPI NG DI ETARY CAFETERI A PLANT-OUTSIDE LINEN SERVICE (SQUARE FEET) (MEALS SERVED) (FTE'S) **PROPERTY** (POUNDS OF (SQUARE FEET) LAUNDRY) 10.00 11.00 7.01 8.00 9.00 90.02 09002 ORTHO AND CARDIO CLINIC 0 8, 301 0 4, 593 90.02 09003 GENERAL SURGERY CLINIC 0 0 90.03 2,700 755 90.03 90.04 09004 GAPC AND #3 CLINIC 0 0 90.04 0 0 C 09005 ENT AND UROLOGY CLINIC 3, 586 1, 274 90.05 5.345 0 90.05 91.00 09100 EMERGENCY 1, 487 91.00 24, 186 5, 161 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 92.00 04950 OTHER OUTPATIENT SERVICE COST CENTER 93.00 0 93.00 OTHER REIMBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 5,500 4, 864 5, 574 0 0 95.00 SPECIAL PURPOSE COST CENTERS 113. 00 11300 | INTEREST EXPENSE 113 00 SUBTOTALS (SUM OF LINES 1 through 117) 80, 116 32, 529 118. 00 118.00 406, 612 101, 374 42, 034 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 171, 098 20, 939 0 190. 00 76 0 192. 01 19201 GAH - MSO 0 0 192, 01 0 192. 02 19202 GAH FOUNDATION 0 0 0 100 192. 02 194.00 07950 FALCON POINT RENTAL 0 0 194.00 0 1, 928 194. 01 07951 PHYSICIAN OFFICE 0 0 194.01 Ω 0 194.02 07952 PLASTIC SURG & DR. CHUNG 0 194. 02 1,554 0 0 194. 03 07953 WELLNESS CENTER 7,000 0 0 0 194. 03 194. 04 07954 PSYCH CLINIC 0 194. 04 7,057 0 194.05 07955 MAHOMET SPECIALTY CLINIC 0 0 194, 05 Ω 0 194. 06 07956 LASER CLINIC 0 0 0 0 194.06 194.07 07957 PAIN CLINIC 0 194. 07 0 0 0 194. 08 07958 LINE NOT UTILIZED 0 0 0 194. 08 194. 09 07959 GAH CARDI OLOGY 0 0 194, 09 0 194. 10 07960 WI C 0 0 194. 10 194. 11 07961 OPC SPECIALTY CLINIC 0 0 0 1, 359 0 194. 11 194. 12 07962 FAMILY HEALTHCARE OF POTOMAC 0 194, 12 Ω 0 194. 13 07963 PODI ATRY 0 0 194. 13 0 194. 14 07964 9TH STREET CLINIC 0 0 0 194. 14 194. 15 07965 ORTHO CLINIC 0 0 0 194. 15 194. 16 07966 FHGC 4 032 0 707 194. 16 0 194. 17 07967 ELITE PERFORMANCE 39, 903 0 0 0 194. 17 194. 18 07968 GAFM 0 194. 18 1,852 194. 19 07969 GAPC 0 0 0 194. 19 194, 20 07970 FHCF 0 194, 20 1.075 0 194. 21 07971 FAMILY H. C. FAIRBURY 3,000 0 194. 21 194. 22 07972 GIBSON HEALTH OF WATSEKA 0 0 0 194. 22 194. 23 07973 WEEKEND CLINIC AT GAH 0 194. 23 0 0 194. 24 07974 #3 CLINIC (DR. DELOST) 0 0 194, 24 0 194. 25 07975 GIBSON HEALTH OF MAHOMET 0 0 0 194. 25 194. 26 07976 DENTAL CLINIC 0 3, 291 0 194. 26 194. 27 07977 RETAIL PHARMACY 0 194, 27 1.760 0 0 194. 28 07978 CP THERAPY 355 C 0 0 0 194. 28 194. 29 07979 SCHOOL NURSE 99 0 0 194. 29 200.00 Cross Foot Adjustments 200.00 201.00 Negative Cost Centers 201 00 202.00 Cost to be allocated (per Wkst. B, Part 1, 637, 240 1, 110, 174 761, 206 202. 00 631, 150 823, 437 203.00 Unit cost multiplier (Wkst. B, Part I) 4. 270211 1. 425347 15. 155700 17. 629365 22. 834353 203. 00 204.00 Cost to be allocated (per Wkst. B, Part 5, 959 47, 239 49, 647 44.474 24, 007 204. 00 Π 205.00 Unit cost multiplier (Wkst. B, Part II) 0.040317 0.081769 0.459575 0.706239 0. 720152 205. 00 206.00 NAHE adjustment amount to be allocated 206.00 (per Wkst. B-2) 207.00 NAHE unit cost multiplier (Wkst. D, 207. 00 Parts III and IV)

Provider CCN: 14-1317

Peri od:

Health Financial Systems

COST ALLOCATION - STATISTICAL BASIS

In Lieu of Form CMS-2552-10 Worksheet B-1

From 10/01/2022 09/30/2023 Date/Time Prepared: 2/26/2024 10:06 am INTERNS & **RESI DENTS** NURSI NG CENTRAL **PHARMACY** MEDI CAL SERVI CES-SALAR Cost Center Description ADMI NI STRATI ON Y & FRINGES SERVICES & (COSTED RECORDS & (DIRECT NRS LI BRARY (ASSI GNED SUPPLY REQUIS.) ING) (COSTED (GROSS TIME) REQUIS.) CHARGES) 13.00 15.00 21.00 14.00 16.00 GENERAL SERVICE COST CENTERS 1 00 00100 CAP REL COSTS-BLDG & FLXT 1 00 1.01 00101 OB UNIT - BLDG & FIXT 1.01 1.02 00102 B&F - ONARGA RHC 1.02 00104 B&F - FARMER CITY RURAL HEALTH CLIN 1 04 1 04 1.05 00105 B&F - HOOPESTON RURAL HEALTH CLINIC 1.05 1.07 00107 B&F - FORREST RURAL HEALTH CLINIC 1.07 00109 B&F - PAXTON RURAL HEALTH CLINIC 1.09 1.09 00110 B&F - MAHOMET SPECIALTY CLINIC 1 10 1 10 1.11 00111 B&F -POTOMAC RURAL HEALTH CLINIC 1.11 PAXTON WELLNESS CENTER 1.12 00112 B&F 1. 12 00114 B&F - PAXTON AMBULANCE STATION 1.14 1. 14 1.15 00115 B&F - AMBULANCE STAFF RESIDENCE 1. 15 1.16 00116 B&F - AMBULANCE BUILDING 1.16 00117 B&F - # 10 DOCTOR'S PARK 1.17 1.17 00118 B&F - COSMETOLOGY OFFICE 1.18 1. 18 1.19 00119 B&F - ANESTHESIA HOUSE 1 19 1.20 00120 B&F - #7 DOCTOR'S PARK 1.20 1. 21 00121 B&F - #4 DOCTOR'S PARK 1. 21 00122 B&F - #8 DOCTOR'S PARK 1.22 1. 22 1.25 00125 B&F - HARMS HOUSE/IT 1. 25 - 9TH ST. EDUCATION HOUSE 1.26 00126 B&F 1.26 00127 B&F - FALCON POINT RESIDENCE 1.27 1. 27 1.28 00128 B&F - 2012 NEW STORAGE SHED 1.28 2.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 5.01 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 5.01 5.02 00591 ALL OTHER ADMIN & GENERAL 5.02 00700 OPERATION OF PLANT 7.00 7.00 7.01 00701 OPERATION OF PLANT-OUTSIDE PROPERTY 7.01 00800 LAUNDRY & LINEN SERVICE 8.00 8 00 9.00 00900 HOUSEKEEPI NG 9.00 01000 DI ETARY 10.00 10.00 01100 CAFETERI A 11.00 11.00 01300 NURSING ADMINISTRATION 13.00 323, 704 13.00 14.00 01400 CENTRAL SERVICES & SUPPLY 9, 890, 466 14.00 15.00 01500 PHARMACY 0 33, 609 3, 439, 759 15.00 01600 MEDICAL RECORDS & LIBRARY 0 313, 779, 521 16 00 2 171 0 16 00 21.00 02100 I &R SERVICES-SALARY & FRINGES APPRVD 0 0 0 21.00 22.00 02200 I &R SERVICES-OTHER PRGM. COSTS APPRVD 22.00 INPATIENT ROUTINE SERVICE COST CENTERS 30 00 92, 206 20, 235, 806 n 30 00 03000 ADULTS & PEDLATRICS 179.398 7.446 31.00 03100 INTENSIVE CARE UNIT 707 183 234, 860 0 31.00 04300 NURSERY 12, 355 722, 245 0 43.00 43.00 0 44.00 04400 SKILLED NURSING FACILITY 0 0 44.00 04600 OTHER LONG TERM CARE 46.00 0 43,050 89 0 46.00 ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM 50.00 74,630 682, 688 20. 444 47, 606, 129 0 50.00 05100 RECOVERY ROOM 12, 397 26, 819 6, 377, 733 51.00 51.00 290 0 05200 DELIVERY ROOM & LABOR ROOM 52 00 4.493 C 3, 654, 556 0 52 00 53.00 05300 ANESTHESI OLOGY 24, 457 15,832 2, 514, 789 0 53.00 05400 RADI OLOGY-DI AGNOSTI C 0 54.00 35, 527 20, 496 59, 169, 438 0 54.00 56.00 05600 RADI OI SOTOPE 0 2, 047, 189 1.435 328 0 56 00 60.00 06000 LABORATORY 0 115, 921 22 38, 806, 133 0 60.00 06300 BLOOD STORING, PROCESSING & TRANS. 0 63.00 0 736, 887 0 63.00 06400 I NTRAVENOUS THERAPY 000000 64.00 0 0 64.00 5, 202, 184 06500 RESPIRATORY THERAPY 5. 939 65.00 21 0 65.00 66.00 06600 PHYSI CAL THERAPY 305 7, 837, 083 0 6, 502 66.00 06700 OCCUPATIONAL THERAPY 67 00 145 2, 056, 912 0 67.00 06800 SPEECH PATHOLOGY 0 68.00 711, 319 0 68.00 C 69.00 06900 ELECTROCARDI OLOGY 82 0 2, 502, 624 0 69.00 12, 155, 977 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 2, 206, 966 71.00 0 71.00 0 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 5, 755, 559 0 35, 149, 633 0 72.00 07300 DRUGS CHARGED TO PATIENTS 73.00 3, 105, 864 29, 408, 411 0 73.00 0 73.01 07301 CARDI AC REHAB 1, 159 C 850, 676 0 73.01 73.02 07302 WOUND CARE 0 34, 370 803 1, 855, 554 0 73.02 07303 SLEEP LAB 3, 772, 266 73.03 73.03 4.306 832 0 C 0 73. 04 03950 DIETARY EDUCATION 32, 920 0 0 73.04

Health Financial Systems In Lieu of Form CMS-2552-10 COST ALLOCATION - STATISTICAL BASIS Provider CCN: 14-1317 Peri od: Worksheet B-1 From 10/01/2022 09/30/2023 Date/Time Prepared: 2/26/2024 10:06 am INTERNS & **RESI DENTS** NURSI NG CENTRAL **PHARMACY** MEDI CAL SERVI CES-SALAR Cost Center Description ADMI NI STRATI ON Y & FRINGES SERVICES & (COSTED RECORDS & (DIRECT NRS REQUIS.) LI BRARY (ASSI GNED SUPPLY ING) (COSTED (GROSS TIME) REQUIS.) CHARGES) 13.00 15. 00 21.00 14.00 16.00 OUTPATIENT SERVICE COST CENTERS 88 00 08800 RURAL HEALTH CLINIC 0 334.824 117, 412 88 00 0 90.00 09000 CLI NI C 0 1,871 59, 360 90.00 2.361 90. 01 09001 GERI PSYCH CLINIC 0 1,074 835, 472 90.01 09002 ORTHO AND CARDIO CLINIC 0 90. 02 90 02 117, 590 87 890 3, 827, 071 0 90.03 09003 GENERAL SURGERY CLINIC 3,872 132 355, 947 0 90.03 90.04 09004 GAPC AND #3 CLINIC 0 90.04 09005 ENT AND UROLOGY CLINIC 90.05 0 8, 950 14, 836 1, 228, 525 90.05 0 09100 EMERGENCY 23, 831, 822 91 00 30.930 91 00 95, 327 1, 979 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 92.00 04950 OTHER OUTPATIENT SERVICE COST CENTER 93.00 93.00 0 OTHER REIMBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 91,680 12, 555 11, 151 0 0 95.00 SPECIAL PURPOSE COST CENTERS 113. 00 11300 | INTEREST EXPENSE 113.00 SUBTOTALS (SUM OF LINES 1 through 117)
NONREI MBURSABLE COST CENTERS 118.00 323, 704 9, 733, 183 3, 407, 394 313, 779, 521 0 118.00 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 190. 00 192. 01 19201 GAH - MSO 0 0 0 0 192. 01 0 0 192. 02 19202 GAH FOUNDATION 0 192. 02 0 13 194.00 07950 FALCON POINT RENTAL O C 0 194, 00 194. 01 07951 PHYSICIAN OFFICE 0 194. 01 0000000000000000000000000000000 0 194. 02 07952 PLASTIC SURG & DR. CHUNG 158 2, 701 0 194. 02 0 194. 03 194. 03 07953 WELLNESS CENTER 1, 329 194. 04 07954 PSYCH CLINIC 26, 713 12, 347 0 194. 04 194.05 07955 MAHOMET SPECIALTY CLINIC 0 194. 05 194.06 07956 LASER CLINIC C 0 0 194. 06 194. 07 07957 PAIN CLINIC 0 194. 07 C 0 194.08 07958 LINE NOT UTILIZED 0 194. 08 194. 09 07959 GAH CARDI OLOGY 0 0 194. 09 194. 10 07960 WIC 0 0 194 10 310 194. 11 07961 OPC SPECIALTY CLINIC 0 194, 11 194. 12 07962 FAMILY HEALTHCARE OF POTOMAC 0 194. 12 0 0 194. 13 07963 PODI ATRY 0 194. 13 0 0 194. 14 07964 9TH STREET CLINIC 0 194. 14 0 C 194. 15 07965 ORTHO CLINIC 0 0 194. 15 0 194. 16 194. 16 07966 FHGC 38, 464 2,002 194. 17 07967 ELITE PERFORMANCE 0 194, 17 4 800 C 194. 18 07968 GAFM 0 194, 18 33, 727 2, 374 194. 19 07969 GAPC 0 194. 19 194. 20 07970 FHCF 2, 433 0 194. 20 46 194. 21 07971 FAMILY H. C. FAIRBURY 0 194, 21 40, 298 12.413 194. 22 07972 GIBSON HEALTH OF WATSEKA 0 0 194, 22 194. 23 07973 WEEKEND CLINIC AT GAH 0 194. 23 0 194. 24 07974 #3 CLINIC (DR. DELOST) 0 0 194. 24 0 194. 25 194. 25 07975 GIBSON HEALTH OF MAHOMET 0 194. 26 07976 DENTAL CLINIC 6,873 478 0 194. 26 194. 27 07977 RETAIL PHARMACY 1, 334 0 194. 27 0 194. 28 07978 CP THERAPY 0 0 0 194. 28 831 194. 29 07979 SCHOOL NURSE 0 194 29 0 0 200.00 Cross Foot Adjustments 200.00 201.00 Negative Cost Centers 201.00 0 202. 00 202.00 Cost to be allocated (per Wkst. B, Part 372.782 808.280 1, 957, 258 891, 217 203.00 Unit cost multiplier (Wkst. B, Part I) 1. 151614 0.081723 0.569010 0.002840 0.000000 203.00 204.00 Cost to be allocated (per Wkst. B, Part 5,073 65, 081 37, 581 16, 134 0 204.00 II) 205.00 Unit cost multiplier (Wkst. B, Part II) 0.015672 0.006580 0.010925 0.000051 0.000000 205.00 206.00 NAHE adjustment amount to be allocated 206.00 (per Wkst. B-2)

207.00

NAHE unit cost multiplier (Wkst. D,

Parts III and IV)

207.00

COST ALLOCATION - STATISTICAL BASIS Provider CCN: 14-1317 Peri od: Worksheet B-1 From 10/01/2022 To 09/30/2023 Date/Time Prepared: 2/26/2024 10:06 am INTERNS & **RESI DENTS** Cost Center Description SERVI CES-OTHER PRGM. COSTS (ASSI GNED TIME) 22.00 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FLXT 1.00 00101 OB UNIT - BLDG & FIXT 1.01 1.01 1.02 00102 B&F - ONARGA RHC 1.02 1.04 00104 B&F - FARMER CITY RURAL HEALTH CLIN 1.04 00105 B&F - HOOPESTON RURAL HEALTH CLINIC 1 05 1 05 00107 B&F - FORREST RURAL HEALTH CLINIC 1.07 1.07 1.09 00109 B&F - PAXTON RURAL HEALTH CLINIC 1.09 00110 B&F - MAHOMET SPECIALTY CLINIC 1 10 1 10 00111 B&F - POTOMAC RURAL HEALTH CLINIC 1.11 1.11 1.12 00112 B&F - PAXTON WELLNESS CENTER 1. 12 1.14 00114 B&F - PAXTON AMBULANCE STATION 1.14 00115 B&F - AMBULANCE STAFF RESIDENCE 1 15 1 15 1.16 00116 B&F - AMBULANCE BUILDING 1.16 00117 B&F - # 10 DOCTOR' S PARK 1.17 00118 B&F - COSMETOLOGY OFFICE 1.18 1.18 00119 B&F - ANESTHESIA HOUSE 1.19 1. 19 1.20 00120 B&F - #7 DOCTOR'S PARK 1.20 00121 B&F - #4 DOCTOR'S PARK 1.21 1. 21 00122 B&F - #8 DOCTOR'S PARK 1.22 1. 22 00125 B&F - HARMS HOUSE/IT 1.25 1. 25 1.26 00126 B&F - 9TH ST. EDUCATION HOUSE 1. 26 00127 B&F - FALCON POINT RESIDENCE 1.27 1.27 00128 B&F - 2012 NEW STORAGE SHED 1.28 1. 28 00200 CAP REL COSTS-MVBLE EQUIP 2 00 2 00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 5.01 5.01 00591 ALL OTHER ADMIN & GENERAL 5.02 5.02 00700 OPERATION OF PLANT 7.00 7.00 00701 OPERATION OF PLANT-OUTSIDE PROPERTY 7.01 7.01 8.00 00800 LAUNDRY & LINEN SERVICE 8.00 9.00 00900 HOUSEKEEPI NG 9 00 10.00 01000 DI ETARY 10.00 01100 CAFETERI A 11.00 11.00 01300 NURSING ADMINISTRATION 13.00 13.00 01400 CENTRAL SERVICES & SUPPLY 14.00 14.00 15.00 01500 PHARMACY 15.00 16.00 01600 MEDICAL RECORDS & LIBRARY 16.00 02100 I &R SERVICES-SALARY & FRINGES APPRVD 21.00 21.00 22.00 02200 I &R SERVICES-OTHER PRGM. COSTS APPRVD 3, 208 22.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 30.00 4 03100 INTENSIVE CARE UNIT 0 31.00 31.00 43.00 04300 NURSERY 0 43.00 04400 SKILLED NURSING FACILITY 0 44.00 44.00 04600 OTHER LONG TERM CARE 0 46 00 46 00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0 50.00 51. 00 05100 RECOVERY ROOM 000000000 51.00 52. 00 05200 DELIVERY ROOM & LABOR ROOM 52 00 53.00 05300 ANESTHESI OLOGY 53.00 54. 00 05400 RADI OLOGY-DI AGNOSTI C 54.00 56.00 05600 RADI OI SOTOPE 56.00 06000 LABORATORY 60.00 60 00 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 63.00 06400 I NTRAVENOUS THERAPY 64.00 64.00 06500 RESPIRATORY THERAPY 65.00 65.00 06600 PHYSI CAL THERAPY 66.00 66.00 67.00 06700 OCCUPATIONAL THERAPY 000000 67.00 68.00 06800 SPEECH PATHOLOGY 68.00 69.00 06900 ELECTROCARDI OLOGY 69.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 72.00 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 73.00 73.01 07301 CARDI AC REHAB 73.01 73. 02 07302 WOUND CARE 48 73.02 73 03 07303 SLEEP LAB 0 73.03 03950 DIETARY EDUCATION 0 73.04 73.04 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 1,540 88.00

In Lieu of Form CMS-2552-10 COST ALLOCATION - STATISTICAL BASIS Provider CCN: 14-1317 Peri od: Worksheet B-1 From 10/01/2022 To 09/30/2023 Date/Time Prepared: 2/26/2024 10:06 am INTERNS & **RESI DENTS** Cost Center Description SERVI CES-OTHER PRGM. COSTS (ASSI GNED TIME) 22.00 90. 00 09000 CLINIC 0 90. 00 90. 01 09001 GERI PSYCH CLINIC 0 90.01 09002 ORTHO AND CARDIO CLINIC 90.02 90.02 904 90.03 09003 GENERAL SURGERY CLINIC 124 90.03 90.04 09004 GAPC AND #3 CLINIC 0 90.04 09005 ENT AND UROLOGY CLINIC 90.05 90 05 468 91.00 09100 EMERGENCY 36 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 04950 OTHER OUTPATIENT SERVICE COST CENTER 93.00 93 00 O OTHER REIMBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 0 95.00 SPECIAL PURPOSE COST CENTERS 113. 00 11300 | NTEREST EXPENSE 113 00 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 3, 124 118. 00 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 190.00 0 0 192. 01 19201 GAH - MSO 192 01 192. 02 19202 GAH FOUNDATION 0 192. 02 194.00 07950 FALCON POINT RENTAL 194.00 194. 01 07951 PHYSICIAN OFFICE 194. 01 0 194. 02 07952 PLASTIC SURG & DR. CHUNG 194 02 194. 03 07953 WELLNESS CENTER 194.03 194. 04 07954 PSYCH CLINIC 84 194.04 194.05 07955 MAHOMET SPECIALTY CLINIC 00000000000000000000000000 194. 05 194.06 07956 LASER CLINIC l194. 06 194. 07 07957 PAIN CLINIC 194.07 194.08 07958 LINE NOT UTILIZED 194. 08 194. 09 07959 GAH CARDI OLOGY 194. 09 194. 10 07960 WI C 194. 10 194. 11 07961 OPC SPECIALTY CLINIC 194. 11 194. 12 07962 FAMILY HEALTHCARE OF POTOMAC 194. 12 194. 13 07963 PODI ATRY 194 13 194. 14 07964 9TH STREET CLINIC 194. 14 194. 15 07965 ORTHO CLINIC 194. 15 194. 16 07966 FHGC 194, 16 194. 17 07967 ELITE PERFORMANCE 194. 17 194. 18 07968 GAFM 194. 18 194. 19 07969 GAPC 194. 19 194. 20 07970 FHCF 194. 20 194. 21 07971 FAMILY H. C. FAIRBURY 194. 21 194. 22 07972 GIBSON HEALTH OF WATSEKA 194. 22 194. 23 07973 WEEKEND CLINIC AT GAH 194. 23 194. 24 07974 #3 CLINIC (DR. DELOST) 194. 24 194. 25 07975 GIBSON HEALTH OF MAHOMET 194. 25 194. 26 07976 DENTAL CLINIC 194. 26 194. 27 07977 RETAIL PHARMACY 194. 27 194. 28 07978 CP THERAPY 194. 28 194. 29 07979 SCHOOL NURSE 0 194. 29 200.00 Cross Foot Adjustments 200. 00 201 00 Negative Cost Centers 201. 00 202.00 Cost to be allocated (per Wkst. B, Part 173, 112 202.00 203.00 53. 962594 203.00 Unit cost multiplier (Wkst. B, Part I) 204.00 Cost to be allocated (per Wkst. B, Part 204.00 1,631 II)205.00 Unit cost multiplier (Wkst. B, Part II) 0.508416 205.00 206.00 NAHE adjustment amount to be allocated 206.00 (per Wkst. B-2) 207.00 NAHE unit cost multiplier (Wkst. D, 207.00

Parts III and IV)

GIBSON AREA HOSPITAL AND HEALTH SVCS

In Lieu of Form CMS-2552-10
Worksheet B-2

Health Financial Systems
POST STEPDOWN ADJUSTMENTS Provider CCN: 14-1317

Peri od: From 10/01/2022 To 09/30/2023 Date/Ti me Prepared: 2/26/2024 10:06 am

				2/20/2024 10.	JU alli
		Worksheet			
	Description	CODE	Li ne No.	Amount	
	1.00	2.00	3. 00	4.00	
1. 00	ADJ FOR EPO COSTS IN RENAL	1	74.00	0	1. 00
	DI ALYSI S				
2. 00	ADJ FOR EPO COSTS IN HOME	1	94.00	0	2. 00
	PROGRAM				
3. 00	ADJ FOR ARANESP COSTS IN	1	74.00	0	3. 00
	RENAL DIALYSIS				
4. 00	ADJ FOR ARANESP COSTS IN HOME	1	94. 00	0	4. 00
	PROGRAM				
5. 00	ADJ FOR ESA COSTS IN RENAL	1	74.00	0	5. 00
	DI ALYSI S				
6. 00	ADJ FOR ESA COSTS IN HOME	1	94.00	0	6. 00
	PROGRAM				
7. 00	IV THERAPY RECLASS	1	30.00	-28, 686	7. 00
8. 00	IV THERAPY RECLASS	1	64.00	28, 686	8. 00
9. 00	BLOOD ADMIN AND RECOVERY	1	30.00	-220, 737	9. 00
	RECLASS				
10. 00	BLOOD ADMIN AND RECOVERY	1	93.00	220, 737	10.00
	RECLASS				

COMPUTATION OF RATIO OF COSTS TO CHARGES Provider CCN: 14-1317 Peri od: Worksheet C From 10/01/2022 Part I 09/30/2023 Date/Time Prepared: 2/26/2024 10:06 am Title XVIII Hospi tal Cost Costs Cost Center Description Total Cost Therapy Limit Total Costs RCF Total Costs from Wkst. B, Adj Di sal I owance Part I, col. 26) 4. 00 1.00 2.00 3.00 5.00 INPATIENT ROUTINE SERVICE COST CENTERS 30 00 03000 ADULTS & PEDIATRICS 9, 480, 008 9, 480, 008 9, 480, 008 30.00 03100 INTENSIVE CARE UNIT 260, 133 0 31.00 31.00 260, 133 260, 133 o 43.00 04300 NURSERY 1, 241, 439 1, 241, 439 1, 241, 439 43.00 04400 SKILLED NURSING FACILITY 44.00 430.699 430, 699 0 430, 699 44.00 04600 OTHER LONG TERM CARE 46.00 4, 860, 447 4, 860, 447 4, 860, 447 46.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 10, 342, 059 10, 342, 059 10, 342, 059 50.00 05100 RECOVERY ROOM 1, 194, 807 0 1, 194, 807 51 00 1, 194, 807 51.00 05200 DELIVERY ROOM & LABOR ROOM 0 52.00 499, 564 499, 564 499, 564 52.00 53.00 05300 ANESTHESI OLOGY 650, 492 650, 492 0 0 0 650, 492 53.00 05400 RADI OLOGY-DI AGNOSTI C 6, 984, 190 6, 984, 190 6, 984, 190 54.00 54.00 56.00 05600 RADI OI SOTOPE 424, 486 424, 486 424, 486 56.00 60.00 06000 LABORATORY 5, 467, 205 5, 467, 205 5, 467, 205 60.00 06300 BLOOD STORING, PROCESSING & TRANS. 63.00 149, 129 149, 129 0 0 0 0 0 149, 129 63.00 06400 INTRAVENOUS THERAPY 28, 686 64 00 28 686 28 686 64 00 65.00 06500 RESPIRATORY THERAPY 1, 360, 768 1, 360, 768 1, 360, 768 65.00 06600 PHYSI CAL THERAPY 3, 459, 559 0 3, 459, 559 3, 459, 559 66.00 66.00 06700 OCCUPATIONAL THERAPY 67.00 746, 245 746, 245 746, 245 67.00 06800 SPEECH PATHOLOGY 293, 920 293, 920 293, 920 68 00 68 00 69.00 06900 ELECTROCARDI OLOGY 111, 972 111, 972 111, 972 69.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 3,069,905 3, 069, 905 0 0 0 3, 069, 905 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 72 00 8 015 819 8 015 819 8, 015, 819 72 00 07300 DRUGS CHARGED TO PATIENTS 73.00 5,868,660 5, 868, 660 5, 868, 660 73.00 07301 CARDI AC REHAB 350, 621 350, 621 350, 621 73.01 73.01 0 73.02 07302 WOUND CARE 629, 923 629, 923 629, 923 73.02 07303 SLEEP LAB 73 03 433 391 433 391 433, 391 73 03 03950 DIETARY EDUCATION 73.04 94, 217 94, 217 94, 217 73.04 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 22, 175, 745 22, 175, 745 0 22, 175, 745 88.00 0 09000 CLINIC 90 00 417, 619 417, 619 417, 619 90 00 0 90.01 09001 GERI PSYCH CLINIC 473, 253 473, 253 473, 253 90.01 09002 ORTHO AND CARDIO CLINIC 5, 609, 986 0 90.02 5, 609, 986 5, 609, 986 90.02 0 90.03 09003 GENERAL SURGERY CLINIC 1, 104, 523 1, 104, 523 1, 104, 523 90.03 09004 GAPC AND #3 CLINIC 90 04 90.04 C 0 90.05 09005 ENT AND UROLOGY CLINIC 1, 890, 929 1, 890, 929 0 1, 890, 929 90.05 91.00 09100 EMERGENCY 4, 952, 585 4, 952, 585 0 4, 952, 585 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 3, 622, 405 3, 622, 405 3, 622, 405 92.00 92.00 04950 OTHER OUTPATIENT SERVICE COST CENTER 93.00 220, 737 220, 737 220, 737 93.00 OTHER REIMBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 4, 994, 944 4, 994, 944 0 4, 994, 944 95.00 SPECIAL PURPOSE COST CENTERS 113.00 11300 I NTEREST EXPENSE 113.00 200.00 Subtotal (see instructions) 111, 911, 070 0 111, 911, 070 0 111, 911, 070 200. 00 201.00 3, 622, 405 3, 622, 405 3, 622, 405 201. 00 Less Observation Beds 202.00 Total (see instructions) 108, 288, 665 108, 288, 665 0 108, 288, 665 202. 00

COMPUTATION OF RATIO OF COSTS TO CHARGES Provider CCN: 14-1317 Peri od: Worksheet C From 10/01/2022 Part I 09/30/2023 Date/Time Prepared: 2/26/2024 10:06 am Title XVIII Hospi tal Cost Charges Cost Center Description Inpati ent Outpati ent Total (col. 6 Cost or Other **TFFRA** + col . 7) Ratio Inpati ent Ratio 6.00 7.00 8.00 9. 00 10.00 INPATIENT ROUTINE SERVICE COST CENTERS 9, 538, 155 03000 ADULTS & PEDIATRICS 9, 538, 155 30.00 30.00 31.00 03100 INTENSIVE CARE UNIT 234, 860 234, 860 31.00 43.00 04300 NURSERY 722, 245 722, 245 43.00 44.00 04400 SKILLED NURSING FACILITY 421.077 421.077 44.00 04600 OTHER LONG TERM CARE 2, 859, 946 46.00 2, 859, 946 46.00 ANCILLARY SERVICE COST CENTERS 50 00 05000 OPERATING ROOM 4, 474, 883 43, 131, 246 47, 606, 129 0.217242 0.000000 50.00 05100 RECOVERY ROOM 5, 958, 220 6, 377, 733 0.187340 0.000000 51.00 51.00 419.513 05200 DELIVERY ROOM & LABOR ROOM 52.00 3, 316, 504 338, 052 3, 654, 556 0.136696 0.000000 52 00 53.00 05300 ANESTHESI OLOGY 277, 622 2, 237, 167 2, 514, 789 0.258667 0.000000 53.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 2, 530, 567 56, 638, 871 59, 169, 438 0.118037 0.000000 54.00 2, 037, 341 0. 207351 05600 RADI OI SOTOPE 2, 047, 189 0.000000 56,00 9.848 56,00 60.00 06000 LABORATORY 2, 692, 147 36, 113, 986 38, 806, 133 0.140885 0.000000 60.00 06300 BLOOD STORING, PROCESSING & TRANS. 250, 952 485, 935 736, 887 0. 202377 0.000000 63.00 63.00 64.00 06400 INTRAVENOUS THERAPY 73, 462 138, 564 212, 026 0.135295 0.000000 64.00 06500 RESPIRATORY THERAPY 2.895.287 2, 306, 897 5, 202, 184 65.00 0.261576 0.000000 65.00 66.00 06600 PHYSI CAL THERAPY 891, 845 6, 945, 238 7, 837, 083 0.441435 0.000000 66.00 06700 OCCUPATI ONAL THERAPY 1, 269, 700 2, 056, 912 0.000000 67.00 787, 212 0.362799 67.00 06800 SPEECH PATHOLOGY 52, 467 711, 319 0.000000 68.00 658.852 0.413204 68.00 2, 400, 248 06900 ELECTROCARDI OLOGY 2, 502, 624 69.00 102, 376 0.0447420.000000 69.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 1, 317, 658 10, 838, 319 12, 155, 977 0. 252543 0.000000 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 5, 715, 671 29, 433, 962 35, 149, 633 0. 228048 0.000000 72.00 73 00 07300 DRUGS CHARGED TO PATIENTS 4, 226, 358 25, 182, 053 29, 408, 411 0 199557 0.000000 73 00 73.01 07301 CARDI AC REHAB 850, 676 850, 676 0.412167 0.000000 73.01 73.02 07302 WOUND CARE 18, 122 1, 837, 432 1, 855, 554 0.339480 0.000000 73.02 73.03 07303 SLEEP LAB 1,536 3, 770, 730 3, 772, 266 0.114889 0.000000 73.03 03950 DIETARY EDUCATION 73.04 20, 361 12, 559 32, 920 2.861999 0.000000 73.04 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 20, 694, 701 20, 694, 701 88.00 90 00 09000 CLINIC 0 59, 360 59 360 7.035361 0.000000 90 00 09001 GERI PSYCH CLINIC 90.01 835, 472 835, 472 0.566450 0.000000 90.01 09002 ORTHO AND CARDIO CLINIC 3, 282 3, 823, 789 3, 827, 071 1.465869 0.000000 90.02 90.02 355, 947 355, 947 90.03 90.03 09003 GENERAL SURGERY CLINIC 0 3. 103055 0.000000 09004 GAPC AND #3 CLINIC 0 0.000000 0 000000 90 04 90 04 09005 ENT AND UROLOGY CLINIC 90.05 0 1, 228, 525 1, 228, 525 1.539186 0.000000 90.05 09100 EMERGENCY 1, 370, 395 23, 831, 822 0.207814 0.000000 91.00 22, 461, 427 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 36.566 10, 157, 703 10, 194, 269 0.355337 0.000000 92.00 04950 OTHER OUTPATIENT SERVICE COST CENTER 289.054 291, 356 93.00 2,302 0.757620 0.000000 93.00 OTHER REIMBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 0 8, 764, 465 8, 764, 465 0.569909 0.000000 95.00 SPECIAL PURPOSE COST CENTERS 113.00 11300 INTEREST EXPENSE 113.00 200.00 Subtotal (see instructions) 45, 263, 219 301, 256, 491 346, 519, 710 200.00 201.00 Less Observation Beds 201.00 202.00 Total (see instructions) 45, 263, 219 301, 256, 491 346, 519, 710 202.00

Health Financial Systems In Lieu of Form CMS-2552-10 GIBSON AREA HOSPITAL AND HEALTH SVCS COMPUTATION OF RATIO OF COSTS TO CHARGES Provider CCN: 14-1317 Peri od: Worksheet C From 10/01/2022 To 09/30/2023 Part I Date/Time Prepared: 2/26/2024 10:06 am Title XVIII Hospi tal Cost Cost Center Description PPS Inpatient Ratio 11 00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 30.00 03100 INTENSIVE CARE UNIT 31.00 31.00 43. 00 | 04300 NURSERY 43.00 44.00 04400 SKILLED NURSING FACILITY 44.00 04600 OTHER LONG TERM CARE 46.00 46.00 ANCILLARY SERVICE COST CENTERS 50.00 0. 217242 05000 OPERATING ROOM 50.00 51.00 05100 RECOVERY ROOM 0. 187340 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 0. 136696 52.00 53. 00 | 05300 | ANESTHESI OLOGY 0. 258667 53 00 54. 00 | 05400 | RADI OLOGY-DI AGNOSTI C 0. 118037 54.00 56.00 56.00 05600 RADI OI SOTOPE 0. 207351 60.00 06000 LABORATORY 0. 140885 60.00 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 0.202377 63.00 64.00 06400 I NTRAVENOUS THERAPY 0. 135295 64.00 65.00 06500 RESPIRATORY THERAPY 65.00 0. 261576 66.00 06600 PHYSI CAL THERAPY 0. 441435 66.00 06700 OCCUPATIONAL THERAPY 67.00 0.362799 67 00 68.00 06800 SPEECH PATHOLOGY 0. 413204 68.00 06900 ELECTROCARDI OLOGY 69.00 0.044742 69.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0. 252543 71.00 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0. 228048 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0.199557 73.00 07301 CARDI AC REHAB 73. 01 0.412167 73.01 07302 WOUND CARE 73.02 0.339480 73.02 07303 SLEEP LAB 73.03 0.114889 73.03 03950 DIETARY EDUCATION 2. 861999 73.04 73.04 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 88.00 90. 00 09000 CLINIC 7. 035361 90.00 09001 GERI PSYCH CLINIC 0.566450 90. 01 90.01 09002 ORTHO AND CARDIO CLINIC 90 02 1. 465869 90 02 09003 GENERAL SURGERY CLINIC 3. 103055 90.03 90.03 90.04 09004 GAPC AND #3 CLINIC 0.000000 90.04 09005 ENT AND UROLOGY CLINIC 90.05 1. 539186 90.05 09100 EMERGENCY 0. 207814 91.00 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 0.355337 92.00

0.757620

0.569909

93.00

95.00

113.00

200. 00

201. 00

202. 00

93.00

95.00

200.00

201.00

202.00

04950 OTHER OUTPATIENT SERVICE COST CENTER

Subtotal (see instructions)

OTHER REIMBURSABLE COST CENTERS
09500 AMBULANCE SERVICES

Less Observation Beds

Total (see instructions)

SPECIAL PURPOSE COST CENTERS

113.00 11300 INTEREST EXPENSE

COMPUTATION OF RATIO OF COSTS TO CHARGES Provider CCN: 14-1317 Peri od: Worksheet C From 10/01/2022 Part I 09/30/2023 Date/Time Prepared: 2/26/2024 10:06 am Title XIX Hospi tal Cost Costs Cost Center Description Total Cost Therapy Limit Total Costs RCF Total Costs from Wkst. B, Adj Di sal I owance Part I, col. 26) 4. 00 1.00 2.00 3.00 5.00 INPATIENT ROUTINE SERVICE COST CENTERS 30 00 03000 ADULTS & PEDIATRICS 9, 480, 008 9, 480, 008 9, 480, 008 30.00 03100 INTENSIVE CARE UNIT 260, 133 0 31.00 31.00 260, 133 260, 133 o 43.00 04300 NURSERY 1, 241, 439 1, 241, 439 1, 241, 439 43.00 04400 SKILLED NURSING FACILITY 44.00 430.699 430, 699 0 430, 699 44.00 04600 OTHER LONG TERM CARE 46.00 4, 860, 447 4, 860, 447 4, 860, 447 46.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 10, 342, 059 10, 342, 059 10, 342, 059 50.00 05100 RECOVERY ROOM 1, 194, 807 0 1, 194, 807 51 00 1, 194, 807 51.00 05200 DELIVERY ROOM & LABOR ROOM 0 52.00 499, 564 499, 564 499, 564 52.00 53.00 05300 ANESTHESI OLOGY 650, 492 650, 492 0 0 0 650, 492 53.00 05400 RADI OLOGY-DI AGNOSTI C 6, 984, 190 6, 984, 190 6, 984, 190 54.00 54.00 56.00 05600 RADI OI SOTOPE 424, 486 424, 486 424, 486 56.00 60.00 06000 LABORATORY 5, 467, 205 5, 467, 205 5, 467, 205 60.00 06300 BLOOD STORING, PROCESSING & TRANS. 63.00 149, 129 149, 129 0 0 0 0 0 149, 129 63.00 06400 INTRAVENOUS THERAPY 28, 686 64 00 28 686 28 686 64 00 65.00 06500 RESPIRATORY THERAPY 1, 360, 768 1, 360, 768 1, 360, 768 65.00 06600 PHYSI CAL THERAPY 3, 459, 559 0 3, 459, 559 3, 459, 559 66.00 66.00 06700 OCCUPATIONAL THERAPY 67.00 746, 245 746, 245 746, 245 67.00 06800 SPEECH PATHOLOGY 293, 920 293, 920 293, 920 68 00 68 00 69.00 06900 ELECTROCARDI OLOGY 111, 972 111, 972 111, 972 69.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 3,069,905 3, 069, 905 0 0 0 3, 069, 905 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 72 00 8 015 819 8 015 819 8, 015, 819 72 00 07300 DRUGS CHARGED TO PATIENTS 73.00 5,868,660 5, 868, 660 5, 868, 660 73.00 07301 CARDI AC REHAB 350, 621 350, 621 350, 621 73.01 73.01 0 73.02 07302 WOUND CARE 629, 923 629, 923 629, 923 73.02 07303 SLEEP LAB 73 03 433 391 433 391 433, 391 73 03 03950 DIETARY EDUCATION 73.04 94, 217 94, 217 94, 217 73.04 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 22, 175, 745 22, 175, 745 0 22, 175, 745 88.00 0 09000 CLINIC 90 00 417, 619 417, 619 417, 619 90 00 0 90.01 09001 GERI PSYCH CLINIC 473, 253 473, 253 473, 253 90.01 09002 ORTHO AND CARDIO CLINIC 5, 609, 986 0 90.02 5, 609, 986 5, 609, 986 90.02 0 90.03 09003 GENERAL SURGERY CLINIC 1, 104, 523 1, 104, 523 1, 104, 523 90.03 09004 GAPC AND #3 CLINIC 90 04 90.04 C 0 90.05 09005 ENT AND UROLOGY CLINIC 1, 890, 929 1, 890, 929 0 1, 890, 929 90.05 91.00 09100 EMERGENCY 4, 952, 585 4, 952, 585 0 4, 952, 585 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 3, 622, 405 3, 622, 405 3, 622, 405 92.00 92.00 04950 OTHER OUTPATIENT SERVICE COST CENTER 93.00 220, 737 220, 737 220, 737 93.00 OTHER REIMBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 4, 994, 944 4, 994, 944 0 4, 994, 944 95.00 SPECIAL PURPOSE COST CENTERS 113.00 11300 I NTEREST EXPENSE 113.00 200.00 Subtotal (see instructions) 111, 911, 070 0 111, 911, 070 0 111, 911, 070 200. 00 201.00 3, 622, 405 3, 622, 405 3, 622, 405 201. 00 Less Observation Beds 202.00 Total (see instructions) 108, 288, 665 108, 288, 665 0 108, 288, 665 202. 00

COMPUTATION OF RATIO OF COSTS TO CHARGES Provider CCN: 14-1317 Peri od: Worksheet C From 10/01/2022 Part I 09/30/2023 Date/Time Prepared: 2/26/2024 10:06 am Title XIX Hospi tal Cost Charges Cost Center Description Inpati ent Outpati ent Total (col. 6 Cost or Other **TFFRA** + col . 7) Ratio Inpati ent Ratio 6.00 7.00 8.00 9. 00 10.00 INPATIENT ROUTINE SERVICE COST CENTERS 9, 538, 155 03000 ADULTS & PEDIATRICS 9, 538, 155 30.00 30.00 31.00 03100 INTENSIVE CARE UNIT 234, 860 234, 860 31.00 43.00 04300 NURSERY 722, 245 722, 245 43.00 44.00 04400 SKILLED NURSING FACILITY 421.077 421.077 44.00 04600 OTHER LONG TERM CARE 2, 859, 946 46.00 2, 859, 946 46.00 ANCILLARY SERVICE COST CENTERS 50 00 05000 OPERATING ROOM 4, 474, 883 43, 131, 246 47, 606, 129 0.217242 0.000000 50.00 05100 RECOVERY ROOM 5, 958, 220 6, 377, 733 0.187340 0.000000 51.00 51.00 419.513 05200 DELIVERY ROOM & LABOR ROOM 52.00 3, 316, 504 338, 052 3, 654, 556 0.136696 0.000000 52 00 53.00 05300 ANESTHESI OLOGY 277, 622 2, 237, 167 2, 514, 789 0.258667 0.000000 53.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 2, 530, 567 56, 638, 871 59, 169, 438 0.118037 0.000000 54.00 2, 037, 341 0. 207351 05600 RADI OI SOTOPE 2, 047, 189 0.000000 56,00 9.848 56,00 60.00 06000 LABORATORY 2, 692, 147 36, 113, 986 38, 806, 133 0.140885 0.000000 60.00 06300 BLOOD STORING, PROCESSING & TRANS 250, 952 485, 935 736, 887 0. 202377 0.000000 63.00 63.00 64.00 06400 INTRAVENOUS THERAPY 73, 462 138, 564 212, 026 0.135295 0.000000 64.00 06500 RESPI RATORY THERAPY 2.895.287 2, 306, 897 5, 202, 184 65.00 0.261576 0.000000 65.00 66.00 06600 PHYSI CAL THERAPY 891, 845 6, 945, 238 7, 837, 083 0.441435 0.000000 66.00 06700 OCCUPATI ONAL THERAPY 1, 269, 700 2, 056, 912 0.000000 67.00 787, 212 0.362799 67.00 06800 SPEECH PATHOLOGY 52, 467 711, 319 0.000000 68.00 658.852 0.413204 68.00 2, 400, 248 06900 ELECTROCARDI OLOGY 2, 502, 624 69.00 102, 376 0.0447420.000000 69.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 1, 317, 658 10, 838, 319 12, 155, 977 0.252543 0.000000 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 5, 715, 671 29, 433, 962 35, 149, 633 0. 228048 0.000000 72.00 73 00 07300 DRUGS CHARGED TO PATIENTS 4, 226, 358 25, 182, 053 29, 408, 411 0 199557 0.000000 73 00 73.01 07301 CARDI AC REHAB 850, 676 850, 676 0.412167 0.000000 73.01 73.02 07302 WOUND CARE 18, 122 1, 837, 432 1, 855, 554 0.339480 0.000000 73.02 73.03 07303 SLEEP LAB 1,536 3, 770, 730 3, 772, 266 0.114889 0.000000 73.03 03950 DIETARY EDUCATION 73.04 20, 361 12, 559 32, 920 2.861999 0.000000 73.04 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 20, 694, 701 20, 694, 701 1.071566 0.000000 88.00 90 00 09000 CLINIC 0 59, 360 59 360 7 035361 0.000000 90 00 09001 GERI PSYCH CLINIC 90.01 835, 472 835, 472 0.566450 0.000000 90.01 09002 ORTHO AND CARDIO CLINIC 3, 282 3, 823, 789 3, 827, 071 1.465869 0.000000 90.02 90.02 355, 947 355, 947 90.03 09003 GENERAL SURGERY CLINIC 0 3. 103055 0.000000 90.03 09004 GAPC AND #3 CLINIC 0 0.000000 90 04 0.000000 90 04 09005 ENT AND UROLOGY CLINIC 90.05 0 1, 228, 525 1, 228, 525 1.539186 0.000000 90.05 09100 EMERGENCY 1, 370, 395 23, 831, 822 0.207814 91.00 22, 461, 427 0.000000 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 36.566 10, 157, 703 10, 194, 269 0.355337 0.000000 92.00 04950 OTHER OUTPATIENT SERVICE COST CENTER 289.054 291, 356 93.00 2,302 0.757620 0.000000 93.00 OTHER REIMBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 0 8, 764, 465 8, 764, 465 0.569909 0.000000 95.00 SPECIAL PURPOSE COST CENTERS 113.00 11300 INTEREST EXPENSE 113.00 200.00 Subtotal (see instructions) 45, 263, 219 301, 256, 491 346, 519, 710 200.00 201.00 Less Observation Beds 201.00 202.00 Total (see instructions) 45, 263, 219 301, 256, 491 346, 519, 710 202.00

Health Financial Systems In Lieu of Form CMS-2552-10 GIBSON AREA HOSPITAL AND HEALTH SVCS COMPUTATION OF RATIO OF COSTS TO CHARGES Provider CCN: 14-1317 Peri od: Worksheet C From 10/01/2022 To 09/30/2023 Part I Date/Time Prepared: 2/26/2024 10:06 am Title XIX Hospi tal Cost Cost Center Description PPS Inpatient Ratio 11 00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 30.00 03100 INTENSIVE CARE UNIT 31.00 31.00 43. 00 | 04300 NURSERY 43.00 44.00 04400 SKILLED NURSING FACILITY 44.00 04600 OTHER LONG TERM CARE 46.00 46.00 ANCILLARY SERVICE COST CENTERS 50.00 0.000000 05000 OPERATING ROOM 50.00 51.00 05100 RECOVERY ROOM 0.000000 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 0.000000 52.00 53. 00 | 05300 | ANESTHESI OLOGY 0.000000 53 00 54. 00 | 05400 | RADI OLOGY-DI AGNOSTI C 0.000000 54.00 56.00 05600 RADI OI SOTOPE 0.000000 56.00 06000 LABORATORY 0.000000 60.00 60.00 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 0.000000 63.00 64.00 06400 I NTRAVENOUS THERAPY 0.000000 64.00 06500 RESPIRATORY THERAPY 0.000000 65.00 65.00 06600 PHYSI CAL THERAPY 0.000000 66.00 66.00 06700 OCCUPATIONAL THERAPY 0.000000 67.00 67 00 68.00 06800 SPEECH PATHOLOGY 0.000000 68.00 06900 ELECTROCARDI OLOGY 69.00 0.000000 69.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0.000000 71.00 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0.000000 73.00 07301 CARDI AC REHAB 73. 01 0.000000 73.01 07302 WOUND CARE 73.02 0.000000 73.02 07303 SLEEP LAB 73.03 0.000000 73.03 03950 DIETARY EDUCATION 0.000000 73.04 73.04 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0.000000 88.00 90. 00 09000 CLINIC 0.000000 90.00 09001 GERI PSYCH CLINIC 0.000000 90. 01 90.01 09002 ORTHO AND CARDIO CLINIC 90 02 0.000000 90 02 09003 GENERAL SURGERY CLINIC 0.000000 90.03 90.03 90.04 09004 GAPC AND #3 CLINIC 0.000000 90.04 09005 ENT AND UROLOGY CLINIC 90.05 0.000000 90.05 09100 EMERGENCY 0.000000 91.00 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 0.000000 92.00 04950 OTHER OUTPATIENT SERVICE COST CENTER 93.00 0.000000 93.00 OTHER REIMBURSABLE COST CENTERS 09500 AMBULANCE SERVICES 95.00 0.000000 95.00 SPECIAL PURPOSE COST CENTERS 113.00 11300 INTEREST EXPENSE 113.00

200. 00

201. 00

202. 00

200.00

201.00

202.00

Subtotal (see instructions)

Less Observation Beds

Total (see instructions)

	Health Financial Systems GIBSON AREA HOSPITAL AND HEALTH SVCS In Lieu of Form CMS-2552-10						
APPORT	TIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provi der C	CN: 14-1317	Period: From 10/01/2022	Worksheet D Part II	
					To 09/30/2023	Date/Time Pre 2/26/2024 10:	pared: 06 am
			Ti tl e	e XVIII	Hospi tal	Cost	
	Cost Center Description	Capi tal	Total Charges	Ratio of Cost	Inpati ent	Capital Costs	
		Related Cost	(from Wkst. C,	to Charges	Program	(column 3 x	
		(from Wkst. B,	Part I, col.	(col. 1 ÷ col	. Charges	column 4)	
		Part II, col.	8)	2)			
		26)					
		1.00	2. 00	3.00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS				-		
50.00	05000 OPERATI NG ROOM	1, 210, 045				45, 970	
51.00	05100 RECOVERY ROOM	34, 144	6, 377, 733	0. 00535		881	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	24, 897			9, 362	64	52. 00
53.00	05300 ANESTHESI OLOGY	58, 871	2, 514, 789			2, 489	53. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	1, 007, 284	59, 169, 438	0. 01702	4 1, 355, 095	23, 069	54.00
56.00	05600 RADI OI SOTOPE	62, 437	2, 047, 189	0. 03049	9 6, 441	196	56.00
60.00	06000 LABORATORY	171, 344	38, 806, 133	0. 00441	5 1, 397, 499	6, 170	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1, 435	736, 887	0. 00194	7 171, 239	333	63.00
64.00	06400 I NTRAVENOUS THERAPY	0	212, 026	0.00000	54, 700	0	64.00
65.00	06500 RESPIRATORY THERAPY	38, 726	5, 202, 184	0.00744	4 1, 742, 728	12, 973	65.00
66.00	06600 PHYSI CAL THERAPY	120, 463				6, 182	
67. 00	06700 OCCUPATI ONAL THERAPY	7, 443				770	
68. 00	06800 SPEECH PATHOLOGY	2, 926			· ·	93	
69. 00	06900 ELECTROCARDI OLOGY	1, 173		•		30	
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	42, 267					
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	110, 405			· ·		
73. 00	07300 DRUGS CHARGED TO PATIENTS	73, 605					
73. 01	07301 CARDI AC REHAB	21, 100				1, 710	
73. 01	07302 WOUND CARE	20, 439		1		15	
73. 02	07303 SLEEP LAB	15, 201			· ·		1
73. 03	03950 DI ETARY EDUCATI ON	897					
73.04	OUTPATIENT SERVICE COST CENTERS	077	32, 720	0.02724	0,000	240	73.04
88. 00	08800 RURAL HEALTH CLINIC	684, 147	20, 694, 701	0. 03305	9 0	0	88. 00
90.00	09000 CLINIC	22, 432		•		-	
90. 00	09001 GERI PSYCH CLINIC	13, 501		•		0	
90. 01	09002 ORTHO AND CARDIO CLINIC	320, 698				0	
90. 02	09003 GENERAL SURGERY CLINIC	120, 486		•		0	
90. 03	09004 GAPC AND #3 CLINIC	120, 480				0	
90.04	09005 ENT AND UROLOGY CLINIC	173, 192				0	
90.05	09100 EMERGENCY	173, 192		1		67	91.00
91.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	214, 791				553	
		1					
93. 00	04950 OTHER OUTPATIENT SERVICE COST CENTER OTHER REIMBURSABLE COST CENTERS	0	291, 356	0.00000	0	0	93.00
95. 00	09500 AMBULANCE SERVICES						95.00
95. 00 200. 00	1 1	4, 716, 276	323, 978, 962	,	12 544 122	117, 830	
∠∪U. UC	ol lines of thiough 199)	4, /10, 2/0	1 323, 710, 702	·1	13, 544, 122	117,030	₁ 200.00

Provider CCN: 14-1317 THROUGH COSTS

I HROUGH COSTS			-	To 09/30/2023	Date/Time Pre 2/26/2024 10:	
		Title	XVIII	Hospi tal	Cost	
Cost Center Description	Non Physician	Nursi ng	Nursi ng	Allied Health	Allied Health	
	Anesthetist	Program	Program	Post-Stepdown		
	Cost	Post-Stepdown		Adjustments		
		Adjustments				
ANOLLI ADV. CEDVILOE, COCT. CENTEDO	1.00	2A	2. 00	3A	3. 00	
ANCILLARY SERVICE COST CENTERS 50. 00 05000 OPERATING ROOM					0	50.00
50.00 05000 OPERATING ROOM 51.00 05100 RECOVERY ROOM	0	0		0	0	
52. 00 05200 DELI VERY ROOM & LABOR ROOM	0	0		0	0	1
	0	0		0		1
53. 00 05300 ANESTHESI OLOGY 54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0	0	1
	0	0		0	0	1
56. 00 05600 RADI 01 SOTOPE 60. 00 06000 LABORATORY	0	0		0		1
	0	0		0	0	60.00
	0	0		0	0	
64. 00 06400 I NTRAVENOUS THERAPY 65. 00 06500 RESPI RATORY THERAPY	0	0		0	0	1
	0	0		0	0	1
	0	0		0	0	1
67. 00 06700 OCCUPATI ONAL THERAPY 68. 00 06800 SPEECH PATHOLOGY	0	0		0	0	
69. 00 06900 ELECTROCARDI OLOGY	0	0		0	0	1
	0	0		0	0	1
71.00 O7100 MEDICAL SUPPLIES CHARGED TO PATIENT 72.00 O7200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0	0	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		0	0	1
73. 00 07300 DROGS CHARGED TO PATTENTS 73. 01 07301 CARDI AC REHAB	0	0		0	0	73. 00 73. 01
73. 01 07301 CARDI AC REHAB 73. 02 07302 WOUND CARE	0	0		0	0	1
73. 02 07302 WOUND CARE 73. 03 07303 SLEEP LAB	0	0		0	0	1
	0	0		0	0	1
73. 04 03950 DI ETARY EDUCATION OUTPATIENT SERVICE COST CENTERS	0	0		0	0	/3.04
88. 00 08800 RURAL HEALTH CLINIC	ol	0		0 (c	0	88. 00
90. 00 09000 CLI NI C		0		0	0	1
90. 01 09001 GERI PSYCH CLINIC		0)		0	
90. 02 09002 ORTHO AND CARDIO CLINIC		0)		0	
90. 03 09003 GENERAL SURGERY CLINIC		0)		0	
90. 04 09004 GAPC AND #3 CLINIC		0)		0	
90. 05 09005 ENT AND UROLOGY CLINIC		0)		0	
91. 00 09100 EMERGENCY		0)		0	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART		U	1		0	
93. 00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0] /	0	0	
OTHER REIMBURSABLE COST CENTERS	<u> </u>	0	1	<i>σ</i> 1	0	73.00
95. 00 09500 AMBULANCE SERVI CES						95. 00
200.00 Total (lines 50 through 199)	o	0		0	0	200.00
200.00 10tal (111103 00 till bugil 177)	١	Ü	'	١	0	1200.00

Health Financial Systems	GIBSON AREA HOSPITAL A	In Lieu of Form CMS-2552-10		
ADDODTI ONMENT OF INDATIENT/OUTDATIENT	ANCILLADY SEDVICE OTHER DASS	Providor CCN: 14 1217	Pari ad:	Workshoot D

Peri od: From 10/01/2022 To 09/30/2023 Part IV THROUGH COSTS Date/Time Prepared: 2/26/2024 10:06 am Title XVIII Hospi tal Cost All Other Ratio of Cost Cost Center Description Total Cost Total Total Charges to Charges Medi cal (from Wkst. C, (sum of cols. Outpati ent Education Cost 1, 2, 3, and Cost (sum of Part I, col. (col. 5 ÷ col 4) 8) col s. 2, 3, 7) and 4) (see instructions) 4.00 5.00 6.00 7. 00 8.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0 47, 606, 129 0.00000050.00 51.00 05100 RECOVERY ROOM 0 0 0 6, 377, 733 0.000000 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 000000000000000000 0 0 3, 654, 556 0.000000 52.00 05300 ANESTHESI OLOGY 0 0 53 00 2, 514, 789 0.000000 53 00 54.00 05400 RADI OLOGY-DI AGNOSTI C 0 0 59, 169, 438 0.000000 54.00 56.00 05600 RADI OI SOTOPE 2, 047, 189 0.000000 56.00 60.00 06000 LABORATORY 0 0 38, 806, 133 0.000000 60.00 06300 BLOOD STORING, PROCESSING & TRANS. 0 63.00 0 736, 887 0.000000 63.00 64.00 06400 I NTRAVENOUS THERAPY 212, 026 0.000000 64.00 06500 RESPIRATORY THERAPY 65.00 0 5, 202, 184 0.000000 65.00 06600 PHYSI CAL THERAPY 7, 837, 083 0.000000 66 00 Ω 66 00 67.00 06700 OCCUPATIONAL THERAPY 2, 056, 912 0.000000 67.00 06800 SPEECH PATHOLOGY 711, 319 0.000000 68.00 68.00 69.00 06900 ELECTROCARDI OLOGY 2, 502, 624 0.000000 69.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 71.00 0 71.00 12, 155, 977 0.000000 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 35, 149, 633 0.000000 72.00 07300 DRUGS CHARGED TO PATIENTS 29, 408, 411 0.000000 73.00 73.00 73. 01 07301 CARDI AC REHAB 0 0 850, 676 0.000000 73.01 07302 WOUND CARE 0 73.02 0 1, 855, 554 0.000000 73.02 0 73. 03 07303 SLEEP LAB 0 0 3, 772, 266 0.000000 73.03 03950 DIETARY EDUCATION 0 0 73.04 0 32, 920 0.000000 73.04 OUTPATIENT SERVICE COST CENTERS 88.00 88 00 08800 RURAL HEALTH CLINIC 0 0 0 20, 694, 701 0.000000 90.00 09000 CLI NI C 0 0 59, 360 0.000000 90.00 0000000 09001 GERI PSYCH CLINIC 90. 01 0 835, 472 0.000000 90.01 09002 ORTHO AND CARDIO CLINIC 0 3, 827, 071 0.000000 90.02 0 90.02 0 90.03 09003 GENERAL SURGERY CLINIC 0 355, 947 0.000000 90.03 09004 GAPC AND #3 CLINIC 0.000000 90.04 90.04 09005 ENT AND UROLOGY CLINIC 0 90. 05 0 1, 228, 525 0.000000 90.05 0 0 91 00 09100 EMERGENCY 91 00 C 23, 831, 822 0.000000 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 10, 194, 269 0.000000 92.00 04950 OTHER OUTPATIENT SERVICE COST CENTER OTHER REIMBURSABLE COST CENTERS 0 0 0.000000 93.00 0 291, 356 93.00 95. 00 09500 AMBULANCE SERVICES 95 00 200.00 Total (lines 50 through 199) 0 0 0 323, 978, 962 200.00

Health Financial Systems	GIBSON AREA HOSPITAL A	ND HEALTH SVCS	l r	n Lieu of Form CMS-2552-10
ADDODEL ONMENT OF LADATIENT (OUTDATE	ENT ANGLELADY CEDVICE OTHER DACC	D: -I CON 14 1017	D!I	Wasaliaka at D

Peri od: From 10/01/2022 To 09/30/2023 APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS Worksheet D Part IV THROUGH COSTS Date/Time Prepared: 2/26/2024 10:06 am Title XVIII Hospi tal Cost Outpati ent Cost Center Description Outpati ent Inpatient Inpati ent Outpati ent Program Ratio of Cost Program Program Program Pass-Through to Charges Pass-Through Charges Charges Costs (col. (col. 6 ÷ col Costs (col. 8 x col . 12) 13.00 7) x col. 10) 9.00 10.00 11.00 12.00 ANCILLARY SERVICE COST CENTERS 05000 OPERATI NG ROOM 50.00 0.000000 1, 808, 543 0 0 50.00 0 51.00 05100 RECOVERY ROOM 0.000000 164, 459 0 51.00 05200 DELIVERY ROOM & LABOR ROOM 0.000000 9, 362 0 52.00 52.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 05300 ANESTHESI OLOGY 0.000000 106, 318 0 53.00 53.00 0 0 05400 RADI OLOGY-DI AGNOSTI C 0.000000 54.00 1, 355, 095 54.00 0 0 56.00 05600 RADI 0I S0T0PE 0.000000 6, 441 0 56.00 60.00 06000 LABORATORY 0.000000 1, 397, 499 0 0 60.00 0 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 0.000000 171, 239 0 63 00 0 06400 I NTRAVENOUS THERAPY 64.00 0.000000 54, 700 0 64.00 65.00 06500 RESPIRATORY THERAPY 0.000000 1, 742, 728 0 65.00 06600 PHYSI CAL THERAPY 0 66.00 0.000000 402, 195 0 66.00 0 06700 OCCUPATIONAL THERAPY 0.000000 67 00 67 00 212, 829 0 68.00 06800 SPEECH PATHOLOGY 0.000000 22, 712 0 68.00 06900 ELECTROCARDI OLOGY 0.000000 0 69.00 64, 865 0 69.00 0 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 479, 516 71 00 0.000000 0 71 00 0 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 3, 612, 318 0 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0.000000 1, 884, 100 0 0 73.00 07301 CARDI AC REHAB 0 73. 01 0.000000 0 73.01 07302 WOUND CARE 1, 371 0 73 02 0.000000 73 02 0 0 07303 SLEEP LAB 73.03 0.000000 1,536 0 73.03 03950 DIETARY EDUCATION 0.000000 8,800 0 0 0 73.04 73.04 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0.000000 0 0 0 88 00 0 0 90.00 09000 CLI NI C 0.000000 0 90.00 09001 GERI PSYCH CLINIC 0.000000 0 0 0 0 0 0 0 0 90.01 90.01 09002 ORTHO AND CARDIO CLINIC 0.000000 0 90.02 90.02 0 0 0 09003 GENERAL SURGERY CLINIC 0.000000 90.03 90.03 Ω 0 90.04 09004 GAPC AND #3 CLINIC 0.000000 0 0 0 90.04 09005 ENT AND UROLOGY CLINIC 0 90.05 90.05 0.000000 91.00 09100 EMERGENCY 0.000000 0 0 91.00 11.245 09200 OBSERVATION BEDS (NON-DISTINCT PART 0 0 92.00 92 00 0.000000 26, 251 0 93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER 0.000000 0 0 0 93.00 OTHER REIMBURSABLE COST CENTERS

95.00

0 200. 00

0

0

13, 544, 122

95.00

200.00

09500 AMBULANCE SERVICES

Total (lines 50 through 199)

			T	o 09/30/2023	Date/Time Pro 2/26/2024 10:	
		Title	XVIII	Hospi tal	Cost	
Cost Center Description		PSA Adj. All				
		other Medical				
		ducation Cost				
	Cost					
ANOLUL ARV. OFRIVASE ARRESTS	21.00	24. 00				
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATI NG ROOM 51. 00 05100 RECOVERY ROOM	0	0				50.00
51. 00 05100 RECOVERY ROOM 52. 00 05200 DELIVERY ROOM & LABOR ROOM	0	O O				51. 00 52. 00
53. 00 05300 DELT VERT ROOM & LABOR ROOM 53. 00 05300 ANESTHESI OLOGY		0				53. 00
54. 00 05400 RADI OLOGY		0				54.00
56. 00 05600 RADI OLOGI		0				56.00
60. 00 06000 LABORATORY		0				60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.		0				63.00
64. 00 06400 I NTRAVENOUS THERAPY		0				64. 00
65. 00 06500 RESPIRATORY THERAPY		0				65. 00
66. 00 06600 PHYSI CAL THERAPY		0				66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0	0				67. 00
68. 00 06800 SPEECH PATHOLOGY	o	o				68.00
69. 00 06900 ELECTROCARDI OLOGY	0	o				69. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	o				71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	o				72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	O				73. 00
73. 01 07301 CARDI AC REHAB	0	O				73. 01
73. 02 07302 WOUND CARE	0	O				73. 02
73. 03 07303 SLEEP LAB	0	0				73. 03
73. 04 03950 DIETARY EDUCATION	0	0				73. 04
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0				88. 00
90. 00 09000 CLI NI C	0	0				90.00
90. 01 09001 GERI PSYCH CLINIC	0	0				90. 01
90. 02 09002 ORTHO AND CARDIO CLINIC	0	0				90. 02
90. 03 09003 GENERAL SURGERY CLINIC	0	0				90. 03
90. 04 09004 GAPC AND #3 CLI NI C	0	0				90. 04
90. 05 09005 ENT AND UROLOGY CLINIC	0	0				90. 05
91. 00 09100 EMERGENCY	0	0				91.00
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART	0	0				92.00
93. 00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0				93. 00
OTHER REIMBURSABLE COST CENTERS 95. 00 O9500 AMBULANCE SERVICES						95. 00
95.00 09500 AMBULANCE SERVICES 200.00 Total (lines 50 through 199)	0	0				200. 00
200.00 Total (Titles 30 tillough 199)	١	Οļ				1200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Provider CCN: 14-1317 Peri od: Worksheet D From 10/01/2022 Part V 09/30/2023 Date/Time Prepared: 2/26/2024 10:06 am Title XVIII Hospi tal Cost Charges Costs Cost to Charge PPS Reimbursed PPS Services Cost Center Description Cost Cost Services (see Ratio From Rei mbursed Rei mbursed (see inst.) Worksheet C, inst.) Servi ces Services Not Part I, col. 9 Subject To Subject To Ded. & Coins. Ded. & Coins. (see inst.) (see inst.) 1. 00 2.00 5. 00 3.00 4.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0. 217242 11, 715, 759 0 50.00 51.00 05100 RECOVERY ROOM 0.187340 1, 582, 492 0 0 0 51.00 05200 DELIVERY ROOM & LABOR ROOM 52 00 0.136696 0 52 00 0 05300 ANESTHESI OLOGY 53.00 0.258667 0 625, 032 0 53.00 54. 00 05400 RADI OLOGY-DI AGNOSTI C 0.118037 14, 759, 885 0 54.00 56.00 05600 RADI OI SOTOPE 0.207351 0 0 0 0 0 0 0 0 56.00 655 177 0 06000 LABORATORY 9, 347, 389 60.00 0.140885 0 60.00 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 0.202377 94, 635 0 63.00 06400 I NTRAVENOUS THERAPY 64.00 0. 135295 25, 532 0 64.00 06500 RESPIRATORY THERAPY 65 00 0 261576 623, 731 0 65 00 06600 PHYSI CAL THERAPY 66.00 0.441435 2, 018, 329 0 66.00 06700 OCCUPATIONAL THERAPY 0.362799 308, 702 0 67.00 67.00 06800 SPEECH PATHOLOGY 0.413204 79, 087 68.00 68.00 0 06900 ELECTROCARDI OLOGY 0 69 00 0.044742 732, 537 0 69.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0. 252543 0 3, 144, 105 0 0 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0. 228048 10, 389, 450 0 72.00 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0. 199557 0 8, 310, 655 0 73.00 2, 262 07301 CARDI AC REHAB 0 247.092 73.01 0.412167 0 0 73.01 73.02 07302 WOUND CARE 0.339480 413, 621 0 0 73.02 07303 SLEEP LAB 0 73.03 73.03 0.114889 974, 641 0 03950 DIETARY EDUCATION 73.04 2.861999 0 0 0 0 73.04 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 88.00 90.00 09000 CLI NI C 7. 035361 178 90.00 90.01 09001 GERI PSYCH CLINIC 400, 600 90.01 0.566450 0 0 0 90.02 09002 ORTHO AND CARDIO CLINIC 1.465869 0 980, 758 11, 996 0 90.02 09003 GENERAL SURGERY CLINIC 3. 103055 90, 959 90.03 90.03 0 90.04 09004 GAPC AND #3 CLINIC 0.000000 0 0 90.04 09005 ENT AND UROLOGY CLINIC 90.05 1.539186 0 85. 989 0 90.05 0 91.00 09100 EMERGENCY 0. 207814 0 4, 885, 534 0 0 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 2, 147, 025 92.00 0.355337 C 0 0 92.00 04950 OTHER OUTPATIENT SERVICE COST CENTER 0.757620 105, 187 93.00 93.00 0 OTHER REIMBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 0.569909 95.00 200.00 Subtotal (see instructions) 0 74, 744, 081 14, 258 0 200.00 Less PBP Clinic Lab. Services-Program 201.00 201.00 Only Charges 202.00 Net Charges (line 200 - line 201) 74, 744, 081 14, 258 0 202. 00

Health Financial Systems GIBSON AREA HOSPITAL AND HEALTH SVCS In Lieu of Form CMS-2552-10 APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Provider CCN: 14-1317 Peri od: Worksheet D From 10/01/2022 To 09/30/2023 Part V Date/Time Prepared: 2/26/2024 10:06 am Title XVIII Hospi tal Cost Costs Cost Center Description Cost Cost Rei mbursed Rei mbursed Servi ces Services Not Subject To Subject To Ded. & Coins. Ded. & Coins. (see inst.) (see inst.) 6.00 7.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 2, 545, 155 0 50.00 51.00 05100 RECOVERY ROOM 296, 464 0 51.00 52. 00 05200 DELIVERY ROOM & LABOR ROOM 0 52 00 05300 ANESTHESI OLOGY 53.00 161, 675 0 53.00 54. 00 05400 RADI OLOGY-DI AGNOSTI C 1, 742, 213 54.00 56.00 05600 RADI OI SOTOPE 135.852 0 56.00 06000 LABORATORY 0 60.00 1, 316, 907 60.00 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 19, 152 0 63.00 06400 I NTRAVENOUS THERAPY 0 64.00 3, 454 64.00 06500 RESPIRATORY THERAPY 0 163 153 65 00 65 00 06600 PHYSI CAL THERAPY 66.00 890, 961 0 66.00 67.00 06700 OCCUPATI ONAL THERAPY 111, 997 67.00 68.00 06800 SPEECH PATHOLOGY 32,679 68.00 06900 ELECTROCARDI OLOGY 32, 775 0 69.00 69.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 794,022 0 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 2, 369, 293 72.00 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 1, 658, 449 73.00 451 07301 CARDI AC REHAB 101,843 73.01 0 73.01 73.02 07302 WOUND CARE 140, 416 0 73.02 07303 SLEEP LAB 111, 976 0 73.03 73.03 03950 DIETARY EDUCATION 73.04 0 73.04 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 88.00 90.00 09000 CLI NI C 1, 252 0 90.00 90.01 09001 GERI PSYCH CLINIC 226, 920 90.01 0 09002 ORTHO AND CARDIO CLINIC 90.02 1, 437, 663 17, 585 90.02 09003 GENERAL SURGERY CLINIC 282, 251 90.03 90.03 09004 GAPC AND #3 CLINIC 90. 04 0 90.04 09005 ENT AND UROLOGY CLINIC 90.05 132, 353 90.05 0 91.00 09100 EMERGENCY 1, 015, 282 0 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 762, 917 Ω 92.00

79,692

18, 036

18, 036

16, 566, 766

16, 566, 766

93.00

95.00

200.00

201.00

202.00

93.00

95.00

200.00

201.00

202.00

04950 OTHER OUTPATIENT SERVICE COST CENTER

Less PBP Clinic Lab. Services-Program

Net Charges (line 200 - line 201)

Subtotal (see instructions)

OTHER REIMBURSABLE COST CENTERS

09500 AMBULANCE SERVICES

Only Charges

Heal th	Financial Systems GIBS	ON AREA HOSPITA	L AND HEALTH S	VCS	In Li€	eu of Form CMS-2	2552-10
APPORT	TIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER SH COSTS	VICE OTHER PASS	Component (CCN: 14-5979	Peri od: From 10/01/2022 To 09/30/2023	Worksheet D Part IV Date/Time Pre 2/26/2024 10:	pared:
			Ti tl	e XIX	Skilled Nursing Facility	PPS	
	Cost Center Description	Non Physician Anesthetist Cost	Nursi ng Program Post-Stepdown Adj ustments	Nursi ng Program		Allied Health	
	T	1.00	2A	2. 00	3A	3. 00	
	ANCILLARY SERVICE COST CENTERS	_				1	
50.00	05000 OPERATING ROOM	0	0		0 0	_	
51. 00 52. 00	O5100 RECOVERY ROOM O5200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	0	
52.00	05300 ANESTHESI OLOGY	0	0			0	53.00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	0	0			0	54.00
56. 00	05600 RADI OLOGI - DI AGNOSTI C	0	0			0	56.00
60.00	06000 LABORATORY	0	0			0	60.00
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.		0			0	
64. 00	06400 I NTRAVENOUS THERAPY	0	0			0	64. 00
65. 00	06500 RESPIRATORY THERAPY	0	0			0	65.00
66. 00	06600 PHYSI CAL THERAPY	0	0			0	66.00
67. 00	06700 OCCUPATI ONAL THERAPY	0	0			0	67. 00
68. 00	06800 SPEECH PATHOLOGY		0			Ö	68. 00
69. 00	06900 ELECTROCARDI OLOGY	0	0			Ö	
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 0	Ö	
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	0		0	Ō	73. 00
73. 01	07301 CARDI AC REHAB	0	Ö		0 0	Ō	73. 01
73. 02	07302 WOUND CARE	0	0		0 0	0	73. 02
	07303 SLEEP LAB	0	0		0 0	0	73. 03
	03950 DI ETARY EDUCATION	0	0		0 0	0	73. 04
	OUTPATIENT SERVICE COST CENTERS						
88. 00	08800 RURAL HEALTH CLINIC	0	0		0 0	0	88. 00
90.00	09000 CLI NI C	0	0		0 0	0	90.00
90. 01	09001 GERI PSYCH CLINIC	0	0		0	0	90. 01
90. 02	09002 ORTHO AND CARDIO CLINIC	0	0		0 0	0	90. 02
0U U3	UDUUS CENEDVI SIIDCEDA CLIVIC	1	Ι				0U U3

0 0 0

0

90. 03 0

90. 04

90.05

91.00

92.00 0 0 93.00

95. 00 0 200. 00

0

0

09003 GENERAL SURGERY CLINIC 09004 GAPC AND #3 CLINIC 09005 ENT AND UROLOGY CLINIC

95.00 OTHER REIMBURSABLE COST CENTERS
95.00 O9500 AMBULANCE SERVICES
200.00 Total (lines 50 through 199)

92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART 93. 00 04950 OTHER OUTPATIENT SERVICE COST CENTER

09100 EMERGENCY

90. 03

90.04

90.05

91.00

	IONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEI H COSTS	RVICE OTHER PAS			Peri od: From 10/01/2022 To 09/30/2023	Worksheet D Part IV Date/Time Pre 2/26/2024 10:	pared: 06 am
			Ti tl	e XIX	Skilled Nursing Facility	PPS	
	Cost Center Description	All Other	Total Cost	Total		Ratio of Cost	
		Medi cal	(sum of cols.	Outpatient	(from Wkst. C,	to Charges	
		Education Cost		Cost (sum of		(col. 5 ÷ col.	
			4)	col s. 2, 3, and 4)	8)	7) (see	
				anu 4)		instructions)	
		4.00	5.00	6.00	7. 00	8. 00	
	ANCILLARY SERVICE COST CENTERS	4.00	3.00	0.00	7.00	0.00	
50. 00	05000 OPERATI NG ROOM	0	0		0 47, 606, 129	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	_		0 6, 377, 733	l e	
52. 00	05200 DELIVERY ROOM & LABOR ROOM	0	0		0 3, 654, 556	l	
53. 00	05300 ANESTHESI OLOGY	0	Ö	•	0 2, 514, 789		
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0		0 59, 169, 438	l e	1
56. 00	05600 RADI OI SOTOPE	0	0		0 2, 047, 189		
60.00	06000 LABORATORY	0	0		0 38, 806, 133		
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.	0	O		0 736, 887	0.000000	
64. 00	06400 I NTRAVENOUS THERAPY	0	0		0 212, 026		
65. 00	06500 RESPIRATORY THERAPY	0	0		0 5, 202, 184	0.000000	65.00
66. 00	06600 PHYSI CAL THERAPY	0	0		0 7, 837, 083	0.000000	66.00
67.00	06700 OCCUPATI ONAL THERAPY	0	0		0 2, 056, 912	0.000000	67. 00
68. 00	06800 SPEECH PATHOLOGY	0	0		0 711, 319	0.000000	68. 00
69. 00	06900 ELECTROCARDI OLOGY	0	0		0 2, 502, 624	0. 000000	69. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 12, 155, 977	0. 000000	71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 35, 149, 633		
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0		0 29, 408, 411	0. 000000	
73. 01	07301 CARDI AC REHAB	0	0		0 850, 676	l .	
73. 02	07302 WOUND CARE	0	0		0 1, 855, 554	l	•
73. 03	07303 SLEEP LAB	0			0 3, 772, 266		
73. 04	03950 DI ETARY EDUCATION	0	0		0 32, 920	0. 000000	73. 04
	OUTPATIENT SERVICE COST CENTERS		1	1			
88. 00	08800 RURAL HEALTH CLINIC	0			0 20, 694, 701	0. 000000	
90.00	09000 CLI NI C	0	_		0 59, 360		
90. 01	09001 GERI PSYCH CLINIC	0	0		0 835, 472	l	
90. 02	09002 ORTHO AND CARDIO CLINIC	0	0		0 3, 827, 071	0.000000	
90. 03	09003 GENERAL SURGERY CLINIC	0	0		0 355, 947	0.000000	
90.04	09004 GAPC AND #3 CLINIC 09005 ENT AND UROLOGY CLINIC		0		0 1 220 525	0.000000	
90. 05 91. 00	09100 EMERGENCY		0		0 1, 228, 525 0 23, 831, 822		
91.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1		0 23, 831, 822 0 10, 194, 269	l	
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER		0		0 10, 194, 269	l e	1
7 3. ∪U	OTHER REIMBURSABLE COST CENTERS		ı U		U ₁ 291, 350	0.00000	73.00
95. 00	09500 AMBULANCE SERVICES	T	I				95. 00

Health Financial Systems GIBS	ON AREA HOSPITAL	. AND HEALTH S	SVCS	In Lie	eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER			CN: 14-1317	Peri od:	Worksheet D	
THROUGH COSTS		Component		From 10/01/2022 To 09/30/2023		pared:
		Titl	e XIX	Skilled Nursing Facility		<u> </u>
Cost Center Description	Outpati ent	I npati ent	I npati ent	Outpati ent	Outpati ent	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Through		Pass-Through	
	(col. 6 ÷ col.		Costs (col.	8	Costs (col. 9	
	7)		x col. 10)		x col . 12)	
	9. 00	10. 00	11. 00	12. 00	13. 00	
ANCILLARY SERVICE COST CENTERS					_	
50. 00 05000 OPERATI NG ROOM	0. 000000	C		0	0	
51. 00 05100 RECOVERY ROOM	0. 000000	C		0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000	C	1	0	-	52. 00
53. 00 05300 ANESTHESI OLOGY	0. 000000	C	1	0	0	53. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000	C	1	0	0	54. 00
56. 00 05600 RADI 0I SOTOPE	0. 000000	C	1	0	0	56. 00
60. 00 06000 LABORATORY	0. 000000	C	•	0	0	60.00
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0. 000000	C	1	0	0	63. 00
64. 00 06400 I NTRAVENOUS THERAPY	0. 000000	C	1	0 0	0	64. 00
65. 00 06500 RESPI RATORY THERAPY	0. 000000	C		0 0	0	65. 00
66. 00 06600 PHYSI CAL THERAPY	0. 000000	C	1	0 0	0	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	0. 000000	C		0 0	0	67. 00
68. 00 06800 SPEECH PATHOLOGY	0. 000000	C	1	0 0	0	68. 00
69. 00 06900 ELECTROCARDI OLOGY	0. 000000	C		0	0	69.00
71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT	0. 000000	C	1	0 0	0	71.00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000	C	1	0 0	0	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0. 000000	C	1	0 0	0	73. 00
73. 01 07301 CARDI AC REHAB	0.000000	C	1	0	0	73. 01
73. 02 07302 WOUND CARE	0.000000	C		0	0	73. 02
73. 03 07303 SLEEP LAB	0.000000	C	1	0	0	
73. 04 03950 DI ETARY EDUCATI ON	0. 000000	C	<u>/ </u>	0 0	0	73. 04
0UTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC	0. 000000	C	\	0 0	0	88. 00
90. 00 09000 CLINIC	0. 000000	C		0 0		
90. 01 09001 GERI PSYCH CLINIC	0.000000	C		0 0	1	
90. 02 09002 ORTHO AND CARDI O CLI NI C	0. 000000	C	1	0 0	1	90.01
90. 03 09003 GENERAL SURGERY CLINIC	0. 000000	C	1	0 0	0	90.02
90. 04 09004 GAPC AND #3 CLINIC	0. 000000	C	1	0 0	0	90.03
90. 05 09005 ENT AND #3 CLINIC	0. 000000	C	1	0 0	0	90.04
91. 00 09100 EMERGENCY	0.000000	C		0 0	0	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 000000	C	1	0 0	0	1
93. 00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0. 000000	C	1	0 0	0	
OTHER REIMBURSABLE COST CENTERS	0.000000	<u> </u>	′1	0	U	73.00
95. 00 09500 AMBULANCE SERVI CES						95. 00
200.00 Total (lines 50 through 199)		C		0 0	n	200.00
	ı		1	-1		1-30.00

Health Financial Systems	GIBSON AREA HOSPITAL A	AND HEALTH SVCS	In Lie	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS	ANCILLARY SERVICE OTHER PASS		Peri od: From 10/01/2022	Worksheet D
THROUGH COSTS		Component CCN: 14-5979		Date/Time Prepared: 2/26/2024 10:06 am
		Title XIX	Skilled Nursing	PPS

		11 (1	e xix	Facility	PPS	
Cost Center Description	PSA Adj . Non			Tucitity		
	Physi ci an	Other Medical				
		Education Cost				
	21.00	24.00	-			
ANCILLARY SERVICE COST CENTERS	21.00	24.00				
50. 00 05000 OPERATING ROOM			1			50. 00
51. 00 05100 RECOVERY ROOM		ol o				51.00
52. 00 05200 DELIVERY ROOM & LABOR ROOM						52. 00
53. 00 05300 ANESTHESI OLOGY		ol o	,			53. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C)			54.00
56. 00 05600 RADI 0I SOTOPE		o)			56. 00
60. 00 06000 LABORATORY	l c	o o)			60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.		ol o				63. 00
64.00 06400 INTRAVENOUS THERAPY	C	o o)			64.00
65. 00 06500 RESPIRATORY THERAPY	C	o o)			65. 00
66. 00 06600 PHYSI CAL THERAPY	l c	ol o)			66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	C	o)			67. 00
68. 00 06800 SPEECH PATHOLOGY	C	o)			68. 00
69. 00 06900 ELECTROCARDI OLOGY	C	0)			69. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	C	0)			71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	C	0				72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	C	0				73. 00
73. 01 07301 CARDI AC REHAB	C	0				73. 01
73. 02 07302 WOUND CARE	C	0				73. 02
73. 03 07303 SLEEP LAB	C)			73. 03
73. 04 03950 DIETARY EDUCATION	C	0)			73. 04
OUTPATIENT SERVICE COST CENTERS	1 -		1			
88. 00 08800 RURAL HEALTH CLINIC	C		1			88. 00
90. 00 09000 CLI NI C	C	0				90.00
90. 01 09001 GERI PSYCH CLINIC						90. 01
90. 02 09002 ORTHO AND CARDIO CLINIC						90. 02
90. 03 09003 GENERAL SURGERY CLINIC						90. 03
90. 04 09004 GAPC AND #3 CLINIC						90. 04
90. 05 09005 ENT AND UROLOGY CLINIC 91. 00 09100 EMERGENCY						90. 05 91. 00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART						91.00
93. 00 04950 OTHER OUTPATIENT SERVICE COST CENTER	C		1			92.00
OTHER REIMBURSABLE COST CENTERS		ار ار	1			93.00
95. 00 09500 AMBULANCE SERVI CES					·	95. 00
200.00 Total (lines 50 through 199)	C	0	,			200.00
200.00 10tai (111103 30 till dugil 177)	1	ή ·	T			200.00

Health Financial Systems	GIBSON AREA HOSPITAL A	AND HEALTH SVCS	In Lie	u of Form CMS-2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1317	Peri od: From 10/01/2022	Worksheet D-1
				Date/Time Prepared: 2/26/2024 10:06 am
		Title XVIII	Hospi tal	Cost

		Title XVIII	Hospi tal	2/26/2024 10: Cost	06 am
	Cost Center Description			1. 00	
	PART I - ALL PROVIDER COMPONENTS			1.00	
	I NPATI ENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days			3, 745	1.00
2. 00 3. 00	Inpatient days (including private room days, excluding swing-le Private room days (excluding swing-bed and observation bed day		vate room days	3, 632 do 0	2. 00 3. 00
3.00	not complete this line.	ys). If you have only pri	vate room days,	do 0	3.00
4.00	Semi-private room days (excluding swing-bed and observation be	ed days)		2, 201	4. 00
5.00	Total swing-bed SNF type inpatient days (including private roo	om days) through Decembe	31 of the cost	35	5. 00
	reporting period	d) - -	21 -6 -1	70	/ 00
6. 00	Total swing-bed SNF type inpatient days (including private roor reporting period (if calendar year, enter 0 on this line)	om days) after December .	31 of the cost	78	6. 00
7.00	Total swing-bed NF type inpatient days (including private room	n days) through December	31 of the cost	0	7. 00
	reporting period	3 .			
8. 00	Total swing-bed NF type inpatient days (including private room	n days) after December 3 [°]	1 of the cost	0	8. 00
9. 00	reporting period (if calendar year, enter 0 on this line) Total inpatient days including private room days applicable to	the Drogram (eveluding	swing had and	1, 157	9. 00
9.00	newborn days) (see instructions)	The Frogram (excluding	swifig-bed and	1, 157	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII or	nly (including private ro	oom days) through	33	10. 00
	December 31 of the cost reporting period (see instructions)				
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII or December 31 of the cost reporting period (if calendar year, er		oom days) after	69	11. 00
12. 00	Swing-bed NF type inpatient days applicable to titles V or XI)		e room days)	0	12. 00
.2.00	through December 31 of the cost reporting period	t em y (the daing private	s room days)	· ·	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XI)		e room days) afte	r 0	13. 00
14.00	December 31 of the cost reporting period (if calendar year, er		4	0	14.00
14. 00 15. 00	Medically necessary private room days applicable to the Progra Total nursery days (title V or XIX only)	am (excluding swing-bed o	days)	0	14. 00 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 service	es through December 31 o	f the cost		17. 00
40.00	reporting period	61 5 1 24 6			40.00
18. 00	Medicare rate for swing-bed SNF services applicable to service period	es after December 31 of	the cost reportin	g	18. 00
19. 00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting				19. 00
20. 00	period Medicaid rate for swing-bed NF services applicable to services	s after December 31 of th	ne cost reporting	181. 65	20. 00
21 00	period	-)		0 400 000	21 00
21. 00 22. 00	Total general inpatient routine service cost (see instructions Swing-bed cost applicable to SNF type services through Decembe		ng period (line	9, 480, 008 5 0	21. 00 22. 00
22.00	x line 17)	or or the dost report.	ng perrou (rrne	0	22.00
23. 00	Swing-bed cost applicable to SNF type services after December	31 of the cost reporting	g period (line 6	x 0	23. 00
0.4.00	line 18)	04 6 11			04.00
24. 00	Swing-bed cost applicable to NF type services through December line 19)	" 31 or the cost reportin	ng period (iine /	x 0	24. 00
25. 00	Swing-bed cost applicable to NF type services after December 3 line 20)	31 of the cost reporting	period (line 8 x	0	25. 00
26. 00	Total swing-bed cost (see instructions)			286, 046	26. 00
27. 00	General inpatient routine service cost net of swing-bed cost ((line 21 minus line 26)		9, 193, 962	27. 00
20.00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				20.00
28. 00 29. 00	Private room charges (excluding swing-bed private room charges (excluding swing-bed charges)	and observation bed cha	arges)	0	28. 00 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)	ŕ		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 mir		tions)	0.00	34.00
35. 00 36. 00	Average per diem private room cost differential (line 34 x line Private room cost differential adjustment (line 3 x line 35)	ne 31)		0.00	35. 00 36. 00
37. 00	General inpatient routine service cost net of swing-bed cost a	and private room cost di	fferential (line		37.00
57.00	minus line 36)	p		,, ,, ,,,,	37.30
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		•		
00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU			8 =	00 5-
38. 00 39. 00	Adjusted general inpatient routine service cost per diem (see Program general inpatient routine service cost (line 9 x line	•		2, 531. 38 2, 928, 807	38. 00 39. 00
40. 00	Medically necessary private room cost applicable to the Progra	•		2, 928, 807	40.00
	Total Program general inpatient routine service cost (line 39	,		2, 928, 807	
		*			-

		ON AREA HOSPITA				u of Form CMS-:	
COMPUT	ATION OF INPATIENT OPERATING COST		Provi der Co		Period: From 10/01/2022 To 09/30/2023	Worksheet D-1 Date/Time Pre	pared:
			Title	XVIII	Hospi tal	2/26/2024 10: Cost	<u>06 am</u>
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1	Program Days	Program Cost (col. 3 x col.	
		1.00	2.00	col. 2) 3.00	4. 00	4) 5. 00	
42. 00	NURSERY (title V & XIX only)	0					42. 00
43 00	Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT	260, 133	53	4, 908. 1	7 33	161, 970	43 00
44. 00	CORONARY CARE UNIT	2007 100		1, 700. 1		101,770	44. 00
45.00	BURN INTENSIVE CARE UNIT						45. 00
46. 00 47. 00	SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY)						46. 00 47. 00
47.00	Cost Center Description						47.00
49.00	Program inpatient ancillary service cost (Wks	s+ D 2 col 3	2 Line 200)			1. 00 2, 933, 969	48. 00
	Program inpatient cellular therapy acquisition			III, line 10,	column 1)	2, 733, 707	1
	Total Program inpatient costs (sum of lines				ŕ	6, 024, 746	49. 00
50. 00	PASS THROUGH COST ADJUSTMENTS Pass through costs applicable to Program inpa	atient routine	services (from	Wkst D sum	of Parts I and	0	50.00
30. 00	III)		•				
51. 00	Pass through costs applicable to Program inpa		y services (fr	om Wkst. D, s	um of Parts II a		
52. 00 53. 00	Total Program excludable cost (sum of lines 5 Total Program inpatient operating cost exclud		alated non-nhy	sician anesth	etist and medic	0 :al 0	
33. 00	education costs (line 49 minus line 52)	aring capital re	rated, non phy	31 Clair ancstri	etrst, and meare	.ai 0	33.00
E4 00	TARGET AMOUNT AND LIMIT COMPUTATION					0	54.00
55. 00	Program discharges Target amount per discharge						55.00
55. 01	Permanent adjustment amount per discharge					0.00	1
	Adjustment amount per discharge (contractor ι					0.00	1
56. 00	Target amount (line 54 x sum of lines 55, 55.				50)	0	
57. 00 58. 00	Difference between adjusted inpatient operati Bonus payment (see instructions)	ng cost and ta	arget amount (I	ine 56 minus	line 53)	0	
59. 00	Trended costs (lesser of line 53 ÷ line 54, c	or line 55 from	n the cost repo	rting period	endi ng 1996,	0. 00	1
60. 00	updated and compounded by the market basket) Expected costs (lesser of line 53 ÷ line 54,	or line 55 fro	om prior year c	ost report, u	pdated by the	0. 00	60.00
61. 00	market basket) Continuous improvement bonus payment (if line					0	61. 00
	55.01, or line 59, or line 60, enter the less are less than expected costs (lines 54 x 60), zero. (see instructions)					()	
62. 00	Relief payment (see instructions)					0	62. 00
	Allowable Inpatient cost plus incentive payme	ent (see instru	uctions)			0	63. 00
	PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine cost	ts through Dece	ember 31 of the	cost reporti	ng period (See	83, 536	64. 00
65. 00	instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cost	· ·		·		174, 665	
	instructions)(title XVIII only)						
66. 00	Total Medicare swing-bed SNF inpatient routing see instructions		·				
67. 00 68. 00	Title V or XIX swing-bed NF inpatient routine (line 12 x line 19) Title V or XIX swing-bed NF inpatient routine	· ·				0 ne 0	
	13 x line 20)			•	rting period (ii		
69. 00	Total title V or XIX swing-bed NF inpatient makes the part III - SKILLED NURSING FACILITY, OTHER NU	JRSING FACILITY	, AND ICF/IID	ONLÝ		0	
70. 00 71. 00	Skilled nursing facility/other nursing facili Adjusted general inpatient routine service co						70. 00 71. 00
72. 00	Program routine service cost (line 9 x line 7			-/			72.00
73. 00	Medically necessary private room cost applica	abĺe to Program	•				73. 00
74. 00	Total Program general inpatient routine servi	•					74.00
75. 00	Capital-related cost allocated to inpatient r line 45)	routine service	e costs (from W	orksheet B, P	art II, column 2 	16,	75. 00
76. 00	Per diem capital-related costs (line 75 ÷ lin	ne 2)					76. 00
77. 00	Program capital -related costs (line 9 x line						77. 00
78. 00 79. 00	Inpatient routine service cost (line 74 minus Aggregate charges to beneficiaries for excess		rovider record	e)			78. 00 79. 00
80.00	Total Program routine service costs for compa			*	us line 79)		80.00
	1 3				,		

81.00

Health Financial Systems GIBSON AREA HOSPITAL AND HEALTH SVCS				In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der CC		Peri od:	Worksheet D-1	
				From 10/01/2022 To 09/30/2023	Date/Time Prep 2/26/2024 10:0	
		Title	XVIII	Hospi tal	Cost	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3. 00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital -related cost	562, 116	9, 480, 008	0. 05929	5 3, 622, 405	214, 791	90.00
91.00 Nursing Program cost	0	9, 480, 008	0.00000	0 3, 622, 405	0	91.00
92.00 Allied health cost	0	9, 480, 008	0.00000	0 3, 622, 405	0	92.00
93.00 All other Medical Education	0	9, 480, 008	0. 00000	0 3, 622, 405	0	93. 00

Health Financial Systems	GIBSON AREA HOSPITAL AND HEALTH SVCS	In Lie	u of Form CMS-2552-10
COMPUTATION OF INPATIENT OPERATING COST	Provi der CCN: 14-1317	Peri od: From 10/01/2022	Worksheet D-1
	Component CCN: 14-5979		
	Title XVIII	Skilled Nursing	PPS

		Title XVIII	Skilled Nursing Facility	PPS	
	Cost Center Description				
	PART I - ALL PROVIDER COMPONENTS			1. 00	
	I NPATI ENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days			854	1. 00
2.00	Inpatient days (including private room days, excluding swing-			854	2.00
3.00	Private room days (excluding swing-bed and observation bed day not complete this line.	/s). If you have only pr	ivate room days,	do 0	3. 00
4.00	Semi-private room days (excluding swing-bed and observation be	ed days)		854	4. 00
5. 00	Total swing-bed SNF type inpatient days (including private roo		r 31 of the cost	0	5. 00
	reporting period				
6.00	Total swing-bed SNF type inpatient days (including private roo	om days) after December	31 of the cost	0	6. 00
7.00	reporting period (if calendar year, enter 0 on this line)		21 -6 -1	0	7 00
7. 00	Total swing-bed NF type inpatient days (including private room reporting period	i days) through becember	31 Of the Cost	0	7. 00
8. 00	Total swing-bed NF type inpatient days (including private room	n days) after December 3	1 of the cost	0	8. 00
	reporting period (if calendar year, enter 0 on this line)	3 /			
9.00	Total inpatient days including private room days applicable to	the Program (excluding	swing-bed and	401	9. 00
10.00	newborn days) (see instructions)			0	10.00
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII on December 31 of the cost reporting period (see instructions)	ily (including private r	oom days) through	0	10. 00
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII o	nly (including private r	oom days) after	0	11. 00
	December 31 of the cost reporting period (if calendar year, en		,		
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX	only (including private	e room days)	0	12. 00
12 00	through December 31 of the cost reporting period	/ only (including privat	a maam daya) afta	r 0	13. 00
13. 00	Swing-bed NF type inpatient days applicable to titles V or XIX December 31 of the cost reporting period (if calendar year, en		e room days) arte	0	13.00
14. 00	Medically necessary private room days applicable to the Progra	,	days)	0	14. 00
15. 00	Total nursery days (title V or XIX only)	, 3 3	,	0	15. 00
16. 00	Nursery days (title V or XIX only)			0	16. 00
47.00	SWING BED ADJUSTMENT		C 11 1		17.00
17. 00	Medicare rate for swing-bed SNF services applicable to service reporting period	es through December 31 o	r the cost		17. 00
18. 00	Medicare rate for swing-bed SNF services applicable to service	es after December 31 of	the cost reportin	a	18. 00
	peri od			5	
19. 00	Medicaid rate for swing-bed NF services applicable to services	s through December 31 of	the cost reporti	ng 0.00	19. 00
20.00	period	often December 21 of the	ha aaat ranartind	0.00	20. 00
20. 00	Medicaid rate for swing-bed NF services applicable to services period	s after beceiliber 31 of the	ne cost reporting	0.00	20.00
21. 00	Total general inpatient routine service cost (see instructions	s)		430, 699	21. 00
22. 00	Swing-bed cost applicable to SNF type services through December	er 31 of the cost report	ing period (line	5 0	22. 00
	x line 17)				
23. 00	Swing-bed cost applicable to SNF type services after December line 18)	31 of the cost reporting	g period (line 6	x 0	23. 00
24. 00	Swing-bed cost applicable to NF type services through December	31 of the cost reporti	na period (line 7	x 0	24. 00
	line 19)				
25. 00	Swing-bed cost applicable to NF type services after December 3	31 of the cost reporting	period (line 8 x	0	25. 00
27 00	line 20)			0	27.00
26. 00 27. 00	Total swing-bed cost (see instructions) General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		0 430, 699	26. 00 27. 00
27.00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	(Trile 21 illinius Trile 20)	<u> </u>	430, 077	27.00
28. 00	General inpatient routine service charges (excluding swing-bed	and observation bed ch	arges)	0	28. 00
29. 00	Private room charges (excluding swing-bed charges)			0	29. 00
30. 00	Semi -pri vate room charges (excluding swing-bed charges)			0	
31. 00	General inpatient routine service cost/charge ratio (line 27	- line 28)		0.000000	1
32. 00 33. 00	Average private room per diem charge (line 29 ÷ line 3) Average semi-private room per diem charge (line 30 ÷ line 4)			0. 00 0. 00	1
34. 00	Average per diem private room charge differential (line 32 mi)	nus line 33)(see instruc	tions)	0.00	1
35. 00	Average per diem private room cost differential (line 34 x li	, ,	-,	0.00	1
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 di	fferential (line	27 430, 699	37. 00
	minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU	ISTMENTS			
38. 00	Adjusted general inpatient routine service cost per diem (see				38. 00
39. 00	Program general inpatient routine service cost (line 9 x line				39. 00
40. 00	Medically necessary private room cost applicable to the Progra	,			40. 00
41. 00	Total Program general inpatient routine service cost (line 39	+ line 40)			41. 00

		ON AREA HOSPITAL				u of Form CMS-	
COMPUT	ATION OF INPATIENT OPERATING COST		Provi der C	CCN: 14-1317	Peri od: From 10/01/2022	Worksheet D-1	
			Component	CCN: 14-5979	To 09/30/2023	Date/Time Pre 2/26/2024 10:	
			Title	e XVIII	Skilled Nursing Facility	PPS	00 4111
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost	
		Inpatient Cost	npatient Days	Diem (col. 1 col. 2)	÷	(col. 3 x col. 4)	
		1.00	2. 00	3.00	4. 00	5. 00	
42. 00	NURSERY (title V & XIX only)						42. 00
12 00	Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT			T			43. 00
	CORONARY CARE UNIT						44. 00
15. 00	BURN INTENSIVE CARE UNIT						45. 00
16. 00	SURGICAL INTENSIVE CARE UNIT						46. 00
17. 00	OTHER SPECIAL CARE (SPECIFY)						47. 00
	Cost Center Description					1. 00	_
8. 00	Program inpatient ancillary service cost (Wks	st. D-3, col. 3,	line 200)			1.00	48. 00
	Program inpatient cellular therapy acquisition				, column 1)		48. 01
19. 00	Total Program inpatient costs (sum of lines	41 through 48.01)(see instru	ctions)			49. 00
0.00	PASS THROUGH COST ADJUSTMENTS Pass through costs applicable to Program inpa	atient routine s	services (fro	m Wkst D su	m of Parts I and		50.00
0.00	III)				01 141 15 1 4114		00.00
1. 00	Pass through costs applicable to Program inpa	atient ancillary	services (fi	rom Wkst. D,	sum of Parts II a	ınd	51. 00
2. 00	Total Program excludable cost (sum of lines !	50 and 51)					52. 00
3. 00	Total Program inpatient operating cost exclud	ding capital rel	ated, non-phy	ysician anest	hetist, and medic	al	53. 00
	education costs (line 49 minus line 52) TARGET AMOUNT AND LIMIT COMPUTATION						-
54 00	Program discharges						54.00
	Target amount per discharge						55. 00
55. 01	Permanent adjustment amount per discharge						55. 01
	, , , , , , , , , , , , , , , , , , , ,						55. 02
56. 00 57. 00	Target amount (line 54 x sum of lines 55, 55. Difference between adjusted inpatient operati		act amount (lino 56 minus	lino 52)		56. 00 57. 00
58. 00	Bonus payment (see instructions)	ing cost and tai	get amount (i	illie 50 iiillius	11116 33)		58.00
59. 00	Trended costs (lesser of line 53 ÷ line 54, o	or line 55 from	the cost repo	orting period	endi ng 1996,		59. 00
	updated and compounded by the market basket)		·	0 .			
60.00	Expected costs (lesser of line 53 ÷ line 54,	or line 55 from	n prior year o	cost report,	updated by the		60.00
1. 00	market basket) Continuous improvement bonus payment (if line	e 53 ÷ line 54 i	s less than	the lowest of	lines 55 nlus		61. 00
50	55.01, or line 59, or line 60, enter the less					3)	31.00
	are less than expected costs (lines 54 x 60),	or 1 % of the	target amoun	t (line 56),	otherwise enter		
52. 00	zero. (see instructions) Relief payment (see instructions)						62. 00
	Allowable Inpatient cost plus incentive payme	ent (see instrud	ctions)				63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST	. (222 / 11021 40					1
4. 00	Medicare swing-bed SNF inpatient routine cost	ts through Decem	ber 31 of the	e cost report	ing period (See		64. 00
5. 00	instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cos	ts after Decembe	or 31 of the a	nost renortin	a neriod (See		65. 00
,5. 00	instructions) (title XVIII only)	ts arter becellibe	i si di the (cost reputitifi	g period (see		03.00
6. 00	Total Medicare swing-bed SNF inpatient routin	ne costs (line 6	4 plus line	65)(title XVI	II only); for CAL	Ι,	66. 00
7 00	see instructions Title V or XIX swing-hed NE inpatient routing	a costs through	December 21	of the cost =	enorting period		67.00
7. 00	Title V or XIX swing-bed NF inpatient routine (line 12 x line 19)	e cosis inrough	December 31 (or the cost r	eporting period		67. 00
8. 00	Title V or XIX swing-bed NF inpatient routing	e costs after De	ecember 31 of	the cost rep	orting period (li	ne	68. 00
0.66	13 x line 20)				- '		1000
9. 00	Total title V or XIX swing-bed NF inpatient PART III - SKILLED NURSING FACILITY, OTHER NU						69. 00
0. 00	Skilled nursing facility/other nursing facili)	430, 699	70.00
1. 00	Adjusted general inpatient routine service of	•		•	′		71.00
2. 00	Program routine service cost (line 9 x line 7	•				202, 236	1
3.00	Medically necessary private room cost applica		•	,		0	
74. 00	Total Program general inpatient routine servi	ce costs (line	12 + 1ine 73)		202, 236	74.00

Health Financial Systems GIBS	ON AREA HOSPITA	L AND HEALTH S	VCS	In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der CC		Peri od:	Worksheet D-1	
		Component (CCN: 14-5979	From 10/01/2022 To 09/30/2023	Date/Time Pre 2/26/2024 10:	pared: 06 am
		Title	XVIII	Skilled Nursing	PPS	
				Facility		
Cost Center Description						
					1.00	
89.00 Observation bed cost (line 87 x line 88) (se	ee instructions)				0	89. 00
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2. 00	3. 00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital -related cost	0	0	0.00000	0 0	0	90. 00
91.00 Nursing Program cost	o	o	0.00000	0 0	0	91.00
92.00 Allied health cost	o	0	0.00000	0 0	0	92. 00
93.00 All other Medical Education	o	0	0.00000	0 0	0	93. 00

Health Financial Systems	GIBSON AREA HOSPITAL AND HEALTH SVCS	In Lie	u of Form CMS-2552-10
COMPUTATION OF INPATIENT OPERATING COST	Provi der CCN: 14-1317	Peri od: From 10/01/2022	Worksheet D-1
	Component CCN: 14-5979		
	Title XIX	Skilled Nursing	PPS

		litle XIX	Facility	PPS	
	Cost Center Description				
	PART I - ALL PROVIDER COMPONENTS			1. 00	
	I NPATI ENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days			854	1. 00
2.00	Inpatient days (including private room days, excluding swing-l		luata maam daya	854 do 0	2.00
3.00	Private room days (excluding swing-bed and observation bed day not complete this line.	ys). If you have only pr	ivate room days,	do 0	3. 00
4.00	Semi-private room days (excluding swing-bed and observation be	ed days)		854	4. 00
5.00	Total swing-bed SNF type inpatient days (including private roo	om days) through Decembe	r 31 of the cost	0	5. 00
	reporting period	om daya) after Dagambar	01 of the cost	0	4 00
6. 00	Total swing-bed SNF type inpatient days (including private roof reporting period (if calendar year, enter 0 on this line)	oni days) arter becember :	31 OF the Cost	U	6. 00
7.00	Total swing-bed NF type inpatient days (including private roor	n days) through December	31 of the cost	0	7. 00
	reporting period			_	
8. 00	Total swing-bed NF type inpatient days (including private roor reporting period (if calendar year, enter 0 on this line)	m days) after December 3	1 of the cost	0	8. 00
9. 00	Total inpatient days including private room days applicable to	the Program (excluding	swing-bed and	19	9. 00
	newborn days) (see instructions)	3			
10.00	Swing-bed SNF type inpatient days applicable to title XVIII or	nly (including private r	oom days) through	0	10. 00
11. 00	December 31 of the cost reporting period (see instructions) Swing-bed SNF type inpatient days applicable to title XVIII or	alv (including private r	nom days) after	0	11. 00
11.00	December 31 of the cost reporting period (if calendar year, en		Join days) arter	O	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX		e room days)	0	12. 00
12.00	through December 31 of the cost reporting period	/			10.00
13. 00	Swing-bed NF type inpatient days applicable to titles V or XIX December 31 of the cost reporting period (if calendar year, en		e room days) arte	er 0	13. 00
14. 00	Medically necessary private room days applicable to the Progra		days)	0	14. 00
15. 00	Total nursery days (title V or XIX only)	. 3 3	,	355	15. 00
16. 00	Nursery days (title V or XIX only)			147	16. 00
17. 00	SWING BED ADJUSTMENT Medicare rate for swing-bed SNF services applicable to service	os through Docombor 21 o	f the cost		17. 00
17.00	reporting period	es thi ough beceiliber 31 o	i the cost		17.00
18. 00	Medicare rate for swing-bed SNF services applicable to service	es after December 31 of	the cost reportin	ng	18. 00
40.00	peri od			0.00	40.00
19. 00	Medicaid rate for swing-bed NF services applicable to services period	s through December 31 of	the cost reporti	ng 0.00	19. 00
20. 00	Medicaid rate for swing-bed NF services applicable to services	s after December 31 of t	he cost reporting	0.00	20. 00
	peri od	_	·		
21. 00	Total general inpatient routine service cost (see instructions		ing ported (line	430, 699	21. 00
22. 00	Swing-bed cost applicable to SNF type services through December x line 17)	er 31 of the cost report	ing period (iine	5 0	22. 00
23. 00	Swing-bed cost applicable to SNF type services after December	31 of the cost reporting	g period (line 6	x 0	23. 00
	line 18)			_	
24. 00	Swing-bed cost applicable to NF type services through December line 19)	1 31 of the cost reportion	ng period (line 1	' x 0	24. 00
25. 00	Swing-bed cost applicable to NF type services after December 3	31 of the cost reporting	period (line 8 x	. 0	25. 00
	line 20)	3			
26. 00	Total swing-bed cost (see instructions)	(1: 21 -: 1: 2/)		0	26. 00
27. 00	General inpatient routine service cost net of swing-bed cost PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	(line 21 minus line 26)		430, 699	27.00
28. 00	General inpatient routine service charges (excluding swing-bed	d and observation bed ch	arges)	0	28. 00
29. 00				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 - Average private room per diem charge (line 29 ÷ line 3)	: line 28)		0.000000	31. 00 32. 00
32. 00 33. 00	Average semi-private room per diem charge (line 30 ÷ line 4)			0. 00 0. 00	33. 00
34. 00	Average per diem private room charge differential (line 32 min	nus line 33)(see instruc	tions)	0. 00	
35.00	Average per diem private room cost differential (line 34 x li	ne 31)	,	0.00	•
36.00	Private room cost differential adjustment (line 3 x line 35)		66 11 1 (11	0	36.00
37. 00	General inpatient routine service cost net of swing-bed cost a minus line 36)	and private room cost di	rrerential (line	27 430, 699	37. 00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU				
38. 00	Adjusted general inpatient routine service cost per diem (see				38. 00
39. 00 40. 00	Program general inpatient routine service cost (line 9 x line Medically necessary private room cost applicable to the Program				39. 00 40. 00
	Total Program general inpatient routine service cost (line 39				41. 00
	, 3. 3	/	'	!	

Health Financial Systems
COMPUTATION OF INPATIENT OPERATING COST GIBSON AREA HOSPITAL AND HEALTH SVCS In Lieu of Form CMS-2552-10 Provider CCN: 14-1317 Peri od: From 10/01/2022 To 09/30/2023 Worksheet D-1 Date/Time Prepared: 2/26/2024 10:06 am Component CCN: 14-5979 Skilled Nursing Facility Title XIX PPS Total Total Average Per Inpati ent Cost Inpati ent Days Diem (col. 1 col. 2) Program Cost (col. 3 x col. 4) Program Days Cost Center Description

. 00			2 00		4 00		\n
. 00		1. 00	2. 00	3. 00	4. 00	5. 0	10
	NURSERY (title V & XIX only)						
	Intensive Care Type Inpatient Hospital Units						
. 00	INTENSIVE CARE UNIT						
	CORONARY CARE UNIT						
	BURN INTENSIVE CARE UNIT						
	1						
	SURGICAL INTENSIVE CARE UNIT						
. 00	OTHER SPECIAL CARE (SPECIFY)						
	Cost Center Description			•			
						1. 0	10
00	Drogram inputiont ancillary corving cost (Wks	s+ D 2 col '	2 line 200)			1. 0	,0
	Program inpatient ancillary service cost (Wks						
	Program inpatient cellular therapy acquisition	•			column 1)		
00	Total Program inpatient costs (sum of lines 4	41 through 48.(ე1)(see instru	ctions)			
	PASS THROUGH COST ADJUSTMENTS						
00	Pass through costs applicable to Program inpa	atient routine	services (from	n Wkst D sum	of Parts L and		
00			00. 1. 000 (0.	. moti bi oum	0		
00		ationt oncillo	mu comulação (fi	am Wkat D au	m of Donto II	nd	
00	Pass through costs applicable to Program inpa	atrent andina	ry services (ii	OIII WKSt. D, Su	m of Parts II a	ma	
	IV)						
00	Total Program excludable cost (sum of lines 5	50 and 51)					
00	Total Program inpatient operating cost exclud	ding capital re	elated, non-phy	sician anesthe	tist, and medic	:al	
	education costs (line 49 minus line 52)						
	TARGET AMOUNT AND LIMIT COMPUTATION						
$\cap \cap$	Program di scharges				T		
	Target amount per discharge						
	Permanent adjustment amount per discharge						
	Adjustment amount per discharge (contractor u						
. 00	Target amount (line 54 x sum of lines 55, 55.	01, and 55.02))				
	Difference between adjusted inpatient operati			ine 56 minus I	i ne 53)		
. 00	Bonus payment (see instructions)	J aa tt			,		
	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	or line EE from	m the cost res	orting ported a	ndi ng 1004		
UU	Trended costs (lesser of line 53 ÷ line 54, o	ווופ סט וווו וע	ii tile cost repo	n tring period e	nui ny 1990,		
_	updated and compounded by the market basket)						
00	Expected costs (lesser of line 53 ÷ line 54,	or line 55 fro	om prior year o	ost report, up	dated by the		
	market basket)						
00	Continuous improvement bonus payment (if line	e 53 ÷ line 54	is less than	the lowest of l	ines 55 plus		
	55.01, or line 59, or line 60, enter the less					()	
	are less than expected costs (lines 54 x 60),					,	
		01 1 70 01 1110	c target amoun	. (True 30), ot	iller wir se cirter		
	zero. (see instructions)						
()()	Relief payment (see instructions)						
	Allowable Inpatient cost plus incentive payme	ent (see instru	uctions)				
		ent (see instru	uctions)				
. 00	Allowable Inpatient cost plus incentive payme PROGRAM INPATIENT ROUTINE SWING BED COST	•		cost reportin	a period (See		
	Allowable Inpatient cost plus incentive payme PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine cost	•		e cost reportin	g period (See		
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. 00	Allowable Inpatient cost plus incentive payme PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine cost instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cost	ts through Dece	ember 31 of the	·			
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Health Financial Systems GI	BSON AREA HOSPITAL	_ AND HEALTH S	VCS	In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der CC		Peri od:	Worksheet D-1	
		Component (CCN: 14-5979	From 10/01/2022 To 09/30/2023	Date/Time Pre 2/26/2024 10:	pared: 06 am
		Ti tl	e XIX	Skilled Nursing	PPS	
				Facility		
Cost Center Description						
					1.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)				0	89. 00
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2. 00	3. 00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUG	H COST					
90.00 Capital -related cost	0	0	0.00000	00 0	0	90.00
91.00 Nursing Program cost	O	O	0. 00000	0 0	0	91.00
92.00 Allied health cost	0	0	0. 00000	00	0	92.00
93.00 All other Medical Education	0	o	0. 00000	00	0	93. 00

		ITAL AND HEALTH S			u of Form CMS-2	2552-10
INPAII	ENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der Co		Peri od: From 10/01/2022	Worksheet D-3	
				To 09/30/2023	Date/Time Pre	pared:
					2/26/2024 10:	06 am
		Title	XVIII	Hospi tal	Cost	
	Cost Center Description		Ratio of Cos		Inpatient	
			To Charges		Program Costs	
				Charges	(col. 1 x col.	
			1.00	2. 00	2) 3. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	
30 00	03000 ADULTS & PEDIATRICS			4, 432, 462		30.00
	03100 I NTENSI VE CARE UNI T			147, 228		31.00
	04300 NURSERY			117,220		43.00
.0.00	ANCI LLARY SERVI CE COST CENTERS					10.00
50.00	05000 OPERATI NG ROOM		0. 21724	2 1, 808, 543	392, 891	50.00
51.00	05100 RECOVERY ROOM		0. 18734		30, 810	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		0. 13669	6 9, 362	1, 280	52. 00
53.00	05300 ANESTHESI OLOGY		0. 25866	7 106, 318	27, 501	53. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C		0. 11803	7 1, 355, 095	159, 951	54.00
56.00	05600 RADI 0I SOTOPE		0. 20735	6, 441	1, 336	56. 00
60.00	06000 LABORATORY		0. 14088	5 1, 397, 499	196, 887	60. 00
	06300 BLOOD STORING, PROCESSING & TRANS.		0. 20237	7 171, 239	34, 655	
	06400 I NTRAVENOUS THERAPY		0. 13529		7, 401	
	06500 RESPI RATORY THERAPY		0. 26157		455, 856	
	06600 PHYSI CAL THERAPY		0. 44143		177, 543	
	06700 OCCUPATI ONAL THERAPY		0. 36279		77, 214	
	06800 SPEECH PATHOLOGY		0. 41320		9, 385	
	06900 ELECTROCARDI OLOGY		0. 04474		2, 902	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0. 25254		121, 098	
	07200 I MPL. DEV. CHARGED TO PATIENTS		0. 22804		823, 782	
	07300 DRUGS CHARGED TO PATIENTS		0. 19955		375, 985	
	07301 CARDI AC REHAB		0. 41216		0	
	07302 WOUND CARE		0. 33948		465	
	07303 SLEEP LAB		0. 11488		176	
73. 04	03950 DI ETARY EDUCATI ON		2. 86199	9 8, 800	25, 186	73. 04
	OUTPATIENT SERVICE COST CENTERS			al	_	
	08800 RURAL HEALTH CLINIC		0. 00000 7. 03536			88.00

7.035361

0.566450

1.465869

3.103055

0.000000

1.539186

0.207814

0. 355337

0.757620

11, 245

26, 251

13, 544, 122

13, 544, 122

0

2, 337

9, 328

2, 933, 969 200. 00

90.00

90.01

90. 02

90.03

90.04

90.05

91.00

92.00

93.00

95.00

201.00

202. 00

90.00

90. 01

90.02

90.03

90.04

90.05

91.00

92.00

93.00

201.00

202.00

09000 CLI NI C

09100 EMERGENCY

95. 00 09500 AMBULANCE SERVICES
200. 00 Total (sum of lines

09001 GERI PSYCH CLINIC

09004 GAPC AND #3 CLINIC

09002 ORTHO AND CARDIO CLINIC 09003 GENERAL SURGERY CLINIC

09005 ENT AND UROLOGY CLINIC

OTHER REIMBURSABLE COST CENTERS

09200 OBSERVATION BEDS (NON-DISTINCT PART

04950 OTHER OUTPATIENT SERVICE COST CENTER

Net charges (line 200 minus line 201)

Total (sum of lines 50 through 94 and 96 through 98)

Less PBP Clinic Laboratory Services-Program only charges (line 61)

Health Financial Systems	GIBSON AREA HOSPITAL A	AND HEALTH SVCS	In Lie	u of Form CMS-2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1317	Peri od:	Worksheet D-3

Component CCN: 14-Z317 From 10/01/2022 To 09/30/2023 Date/Time Prepared:

		ooporrorre		.0 07,00,2020	2/26/2024 10:	06 am
		Title	XVIII	Swing Beds - SNF		
	Cost Center Description		Ratio of Cos	t Inpatient	Inpati ent	
	'		To Charges	Program	Program Costs	
				Charges	(col. 1 x col.	
					2)	
			1.00	2. 00	3.00	
LN	NPATIENT ROUTINE SERVICE COST CENTERS		•		•	
30.00 03	3000 ADULTS & PEDIATRICS					30. 00
31.00 03	3100 INTENSIVE CARE UNIT					31.00
43.00 04	4300 NURSERY					43.00
AN	NCILLARY SERVICE COST CENTERS					
50.00 05	5000 OPERATING ROOM		0. 21724	2 0	0	50. 00
51.00 05	5100 RECOVERY ROOM		0. 18734	0 0	0	51.00
52.00 05	5200 DELIVERY ROOM & LABOR ROOM		0. 13669	06	0	52.00
53.00 05	5300 ANESTHESI OLOGY		0. 25866	07	0	53. 00
54.00 05	5400 RADI OLOGY-DI AGNOSTI C		0. 11803	3, 717	439	54.00
56. 00 05	5600 RADI OI SOTOPE		0. 20735		0	56. 00
	6000 LABORATORY		0. 14088		1, 845	60.00
63.00 06	6300 BLOOD STORING, PROCESSING & TRANS.		0. 20237		0	63.00
	5400 I NTRAVENOUS THERAPY		0. 13529		0	64.00
65. 00 06	5500 RESPI RATORY THERAPY		0. 26157	6 15, 202	3, 976	65. 00
	6600 PHYSI CAL THERAPY		0. 44143			66.00
	5700 OCCUPATI ONAL THERAPY		0. 36279			67. 00
	5800 SPEECH PATHOLOGY		0. 41320		187	68. 00
	5900 ELECTROCARDI OLOGY		0. 04474		l e	69. 00
	7100 MEDICAL SUPPLIES CHARGED TO PATIENT		0. 25254		l .	
	7200 IMPL. DEV. CHARGED TO PATIENTS		0. 22804		0	72. 00
	7300 DRUGS CHARGED TO PATIENTS		0. 19955		11, 578	
	7301 CARDI AC REHAB		0. 41216	· ·	0	73. 01
	7302 WOUND CARE		0. 33948		0	73. 02
	7303 SLEEP LAB		0. 11488		0	73. 03
	3950 DI ETARY EDUCATI ON		2. 86199		0	73. 04
	JTPATIENT SERVICE COST CENTERS			- 1		
	3800 RURAL HEALTH CLINIC		0.00000	00	0	88. 00
	9000 CLI NI C		7. 03536		0	90. 00
	9001 GERI PSYCH CLINIC		0. 56645		0	90. 01
	9002 ORTHO AND CARDIO CLINIC		1. 46586		0	90. 02
	9003 GENERAL SURGERY CLINIC		3. 10305		Ö	90. 03
	9004 GAPC AND #3 CLINIC		0. 00000		Ö	90. 04
	9005 ENT AND UROLOGY CLINIC		1. 53918		Ö	90. 05
	9100 EMERGENCY		0. 20781		0	91.00
	9200 OBSERVATION BEDS (NON-DISTINCT PART		0. 35533		Ö	92. 00
	4950 OTHER OUTPATIENT SERVICE COST CENTER		0. 75762		0	93. 00
	THER REIMBURSABLE COST CENTERS		0.70702	.0		70.00
	9500 AMBULANCE SERVICES					95. 00
200.00	Total (sum of lines 50 through 94 and 96 through 98)			163, 961	47, 272	
201.00	Less PBP Clinic Laboratory Services-Program only charges	(line 61)		0.55, 761	, 2, 2	201. 00
202.00	Net charges (line 200 minus line 201)	(163, 961		202. 00
_02.00	1 3 (1 200 1 201)		1	1 .55, 761	ı	

Health Financial Systems GIBSON AREA HOSPITAL	AND HEALTH S	SVCS	In Lie	eu of Form CMS-2	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der C		Peri od:	Worksheet D-3	
	Component		From 10/01/2022		narad.
	Component	CCN: 14-5979	To 09/30/2023	Date/Time Prep 2/26/2024 10:0	
	Titl∈	e XVIII	Skilled Nursing	PPS	
			Facility		
Cost Center Description		Ratio of Cost		Inpati ent	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x col.	
		4 00		2)	
LAIDATI ENT. DOUTLAGE OFFICE COOT. OFFITEDO		1.00	2. 00	3. 00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS					
30. 00 03000 ADULTS & PEDI ATRI CS					30. 00
31. 00 03100 INTENSIVE CARE UNIT					31. 00
43. 00 04300 NURSERY					43. 00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM		0. 21724		0	50. 00
51.00 05100 RECOVERY ROOM		0. 18734		0	
52.00 O5200 DELIVERY ROOM & LABOR ROOM		0. 13669	6 0	0	52. 00
53. 00 05300 ANESTHESI OLOGY		0. 25866	7 0	0	53. 00

0.118037

0.207351

0.140885

0.202377

0.135295

0. 261576

0.441435

0.362799

0.413204

0.044742

0. 252543

0.228048

0.199557

0.412167

0.339480

0. 114889

2.861999

0.000000

7.035361

0.566450

1.465869

3. 103055

0.000000

1. 539186

0.207814

0.355337

0.757620

779

1, 417

29, 954

39, 421

6, 431

757

0 72.00

0 73.00

0

0 73.02

0 73.03

0 73.04

0

0

0 90.02

0 90.04

0

0

0 92.00

0 93.00

0

0 64.00

0 65.00

54.00

60.00

0 63.00

66,00

67.00

68.00

69.00

71.00

73.01

88.00

90.00

90.01

0 90.03

90. 05

91.00

95. 00 78, 759 200. 00

201.00

202. 00

6,603

10,061

67,857

108, 658

15, 564

2, 999

0

0

0

0

0 0 0

0

211, 742

211, 742

05400 RADI OLOGY-DI AGNOSTI C

06400 I NTRAVENOUS THERAPY

06500 RESPIRATORY THERAPY

06700 OCCUPATIONAL THERAPY

06600 PHYSI CAL THERAPY

06800 SPEECH PATHOLOGY

07301 CARDI AC REHAB

07302 WOUND CARE

07303 SLEEP LAB

09000 CLI NI C

09100 EMERGENCY

06900 ELECTROCARDI OLOGY

03950 DIETARY EDUCATION

09001 GERI PSYCH CLINIC

09004 GAPC AND #3 CLINIC

09500 AMBULANCE SERVICES

08800 RURAL HEALTH CLINIC

06300 BLOOD STORING, PROCESSING & TRANS.

07100 MEDICAL SUPPLIES CHARGED TO PATIENT

09200 OBSERVATION BEDS (NON-DISTINCT PART

04950 OTHER OUTPATIENT SERVICE COST CENTER

Net charges (line 200 minus line 201)

Total (sum of lines 50 through 94 and 96 through 98)

Less PBP Clinic Laboratory Services-Program only charges (line 61)

07200 IMPL. DEV. CHARGED TO PATIENTS

07300 DRUGS CHARGED TO PATIENTS

OUTPATIENT SERVICE COST CENTERS

09002 ORTHO AND CARDIO CLINIC

09003 GENERAL SURGERY CLINIC

09005 ENT AND UROLOGY CLINIC

OTHER REIMBURSABLE COST CENTERS

05600 RADI OI SOTOPE

06000 LABORATORY

54.00

60.00

63.00

64.00

65.00

66.00

67.00

68.00

69.00

71.00

72.00

73.00

73.01

73.02

73.03

73.04

88.00

90.00

90.01

90.02

90.03

90.04

90.05

91.00

92.00

93.00

95.00

200.00

201.00

202.00

PART 8 MCDLCAL MSD OTHER HEALTH SERVICES 1.00		Title William Heavitel	2/26/2024 10:	06 am
Next C. Notice Note		Title XVIII Hospital	Cost	
New Color and other services (see instructions)			1, 00	
Modical and other services resinuesed under OPPS (see instructions)		PART B - MEDICAL AND OTHER HEALTH SERVICES		
DPPS or Rith payments 0 3.00 4.00 0.00		· · · · · · · · · · · · · · · · · · ·	1	
0.01 cross payment (see Instructions)				
Out				
Linter the hospit all specific payment for cost ratio (see instructions) 0.000 5.000 1				
Line 2 Times Line 5		, ,		
1.00 Comparison of the payment (see Instructions) 0.00 0.		Line 2 times line 5		6. 00
Ancil lary service other pass through costs from West. D. Pt. IV, col. 13. line 200 0.			1	
10.00 Organ acquisit ons 16,884,892 11.00 Total cost (sum of lines 1 and 10) (see instructions) 16,884,892 11.00 Total cost (sum of lines 1 and 10) (see instructions) 12,00 12,00 13,00 14,00			•	
1.00				
COMPUTATION OF ITSSER OF COST OR CHARGES				
12.00				
13.00 Organ acquisition charges (from Wist. D-4, Pt. III, col. 4, line 69) 013.00 13.00 14.00 Interesponded charges (sum of Tines 12 and 13) 014.00 Interesponded charges (sum of Tines 12 and 13) 015.00 Aggregate amount actually collected from patients liable for payment for services on a chargebasis 015.00 Aggregate amount actually collected from patients liable for payment for services on a chargebasis 016.00 Amounts that would have been realized from patients liable for payment for services on a chargebasis 016.00 16.0				
14.00				
Eustomary charges				
15.00 Aggregate amount actually collected from patients Hable for payment for services on a charge basis 0 15.00	14.00		0	14.00
16.00 mounts that would have been realized from patients I liable for payment for services on a chargebasis and supposed beam made in accordance with 42 CFR \$413.13(e) 0.000000 17.00 17.00 18.00 19.00	15. 00		0	15. 00
17.00 Ratio of line 15 to line 16 (not to exceed 1.0000000) 17.00 18.00 19.00 19.00 19.00 18.00 19.00 18.00 19.00 18.00 19.00 18.00 19.00 18.00 19.00 18.00 19.00 18.00 19.00 18.00 19.00 18.00 19.00 18.00 19.0		1 00 0		
18.00 Total customery charges (see instructions) 0 18.00 19.				
19.00 Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see 0 19.00				
Instructions				
20. 00 Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see 0 20. 00	19.00			19.00
Instructions	20.00		0	20. 00
22.00 Interns and residents (see instructions) 0 22.00 0 23.00 0 24.00 0 7 24.00 0 7 24.00 0 24.00		instructions)		
23.00 Cost of physicians' services in a teaching hospital (see instructions) 0.24.00 0.2				
24.00 Computation for Entimognment (sum of lines 3, 4, 4.01, 8 and 9)				
COMPUTATION OF RELIMBURSEMENT SETTLEMENT 116,139 25,00 26,00				
26.00 Deductible sand Coinsurance amounts relating to amount on line 24 (for CAH, see instructions) 13, 113, 059 26.00 10 10 10 10 10 10 10				
27.00 Subtotal ((lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23) (see 3,521,452 27.00 instructions) 0 28.00				
Instructions				
28. 00 Direct graduate medical education payments (From Wkst. E-4, Line 50) 28. 00 28. 00 28. 50 28. 50 28. 50 28. 50 29. 00 28. 50 28. 50 29. 00 28. 50 29. 00 28. 50 29. 00 28. 50 29. 00 28. 50 29. 00 28. 50 29. 00 28. 50 29. 00 29	27.00		3, 521, 452	27.00
28.50 REHF facility payment amount 28.50 20.00 ESRD direct medical education costs (from Wkst. E-4, line 36) 0.9	28. 00		0	28. 00
Subtotal (sum of lines 27, 28, 28.50 and 29) 3,521, 452 30.00 Primary payer payments 412 31.00 30.00 Subtotal (line 30 minus line 31) 3,521, 404 32.00 ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) 3,521, 040 33.00 Composite rate ESRD (from West. 1-5, line 11) 0 33.00 34.00 Allowable bad debts (see instructions) 1,012, 392 34.00 35.00 Allowable bad debts (see instructions) 666, 138 36.00 Allowable bad debts for dual eligible beneficiaries (see instructions) 606, 138 36.00 37.00 Subtotal (see instructions) 4,179,095 37.00 38.00 MSP-LCC recordiciliation amount from PS&R 6,581,095 39.00 07HER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 0 39.00 39.00 07HER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 0 39.00 39				
31.00	29. 00	ESRD direct medical education costs (from Wkst. E-4, line 36)		
3.521,040 32.00 ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) 33.00 Composite rate ESRD (from Wkst. 1-5, line 11) 0 33.00 34.00 Allowable bad debts (see instructions) 658,055 35.00 Adjusted reimbursable bad debts (see instructions) 606,138 36.00 37.00 38.00 Allowable bad debts for dual eligible beneficiaries (see instructions) 606,138 36.00 37.00 38.00 Allowable bad debts for dual eligible beneficiaries (see instructions) 606,138 36.00 39.00				
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) Composite rate ESRD (from Wkst. I -5, line 11) 0 33.00 33.00 Allowable bad debts (see instructions) 1,012,392 34.00 35.00 Adjusted reimbursable bad debts (see instructions) 658,055 35.00 37.00 Subtotal (see instructions) 658,055 35.00 38.00 MI-lowable bad debts for dual eligible beneficiaries (see instructions) 668,055 35.00 39.00 MSP-LCC reconciliation amount from PS&R 0 38.00 39.00 MSP-LCC reconciliation amount from PS&R 0 38.00 39.00 MSP-LCC reconciliation amount from PS&R 0 38.00 39.50 Pioneer ACO demonstration payment adjustment (see instructions) 0 39.00 39.51 N95 respirator payment adjustment amount before sequestration 0 39.75 39.97 Pomonstration payment adjustment amount before sequestration 0 39.97 39.98 Partial or full credits received from manufacturers for replaced devices (see instructions) 0 39.99 40.00 Subtotal (see instructions) 0 39.99 40.00 Subtotal (see instructions) 0 39.99 40.01 Sequestration adjustment amount after sequestration 0 4, 179,095 40.00 40.02 Demonstration payment adjustment amount after sequestration 0 4, 179,095 40.00 40.02 Demonstration payment adjustment amount after sequestration 0 4, 557,206 41.00 41.00 Interim payments 4, 557,206 41.00 42.01 Tentative settlement (for contractors use only) 42.01 43.01 Balance due provider/program (see instructions) -461,693 43.01 43.01 Balance due provider/program (see instructions) -461,693 43.01 44.00 Protested amounts (nonal lowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 0 44.00 To BE COMPLETED BY CONTRACTOR 0 90.00 49.00 Time Value of Money (see instructions) 0 93.00 49.00 Time Value of Money (see instructions) 0 93.00 49.00 Time Value of Money (see instructions) 0 93.00 40.01 Time Value of Money (see instructions) 0 93.00				
33.00 Composite rate ESRD (from Wkst. 1-5, line 11) 0 33.00 33.00 34.00 Allowable bad debts (see instructions) 1,012,392 34.00 35.00 Allowable bad debts (see instructions) 658,055 35.00 36.00 Allowable bad debts (see instructions) 606,138 36.00 37.00 38.00 MIDWAM Subtotal (see instructions) 606,138 36.00 38.00 MSP-LCC reconciliation amount from PS&R 0 38.00 39.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 0 39.00 39.50 3	32.00		3, 321, 040	32.00
34.00 All owable bad debts (see instructions) 1,012,392 34.00 30.00	33.00		0	33. 00
36.00	34.00		1, 012, 392	34.00
37. 00 Subtotal (see instructions) 4,177,095 37. 00 38. 00 MSP-LCC reconciliation amount from PS&R 0 38. 00 MSP-LCC reconciliation amount from PS&R 0 38. 00 39. 97 39. 98 Partial or full credits received from manufacturers for replaced devices (see instructions) 0 39. 97 39. 98 39. 99 RECOVERY OF ACCELERATED DEPRECIATION 0 39. 99 39. 99 39. 90 39. 9		, ,		
38.00 MSP-LCC reconciliation amount from PS&R 0 38.00 39.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 0 39.00 39.00 39.50 3				
39.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 0 39.00 39.50 39.50 39.50 39.50 39.75				
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 4,179,095 40.00 40.01 Sequestration adjustment (see instructions) 83,582 40.01 40.02 Demonstration payment adjustment amount after sequestration 40.02 Sequestration adjustment (see instructions) 45,57,206 41.00 41.01 Interim payments 4,557,206 41.00 42.00 42.00 43.00 Balance due provider/program (see instructions) 42.01 43.00 Balance due provider/program (see instructions) 43.01 44.00 44				
39. 97 39. 98 39. 99 Partial or full credits received from manufacturers for replaced devices (see instructions) 39. 99 39. 99 RECOVERY OF ACCELERATED DEPRECIATION 39. 98 30. 99 Subtotal (see instructions) 40. 00 Subtotal (see instructions) 40. 01 Sequestration adjustment (see instructions) 40. 02 Demonstration payment adjustment amount after sequestration 40. 02 Demonstration payment adjustment amount after sequestration 40. 03 Sequestration adjustment-PARHM pass-throughs 41. 00 Interim payments 41. 01 Interim payments 42. 00 Interim payments 43. 01 Bal ance due provider/program (see instructions) 43. 01 Bal ance due provider/program-PARHM (see instructions) 43. 01 Protested amounts (nonal lowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115. 2 01 To BE COMPLETED BY CONTRACTOR 90. 00 Ti per tate used to calculate the Time Value of Money Time Value of Money (see instructions) 0 39. 98 39. 99 39. 90 Time Value of Money (see instructions) 0 39. 98 4, 179, 095 40. 00 39. 98 4, 179, 095 40. 00 44, 10. 00 45. 01 47. 02 47. 05 47. 07 48. 08 49. 07 49. 00 40. 02 40. 02 40. 02 40. 03 41. 00 42. 00 42. 00 42. 00 42. 00 42. 00 43. 01 44. 00 45. 01 46. 693 43. 01 44. 00 46. 693 47. 00 47. 00 48. 01 49. 00 40. 01 40. 01 40. 01 40. 01 40. 02 40. 01 40. 02 40. 01 40. 01 40. 01 41. 00 42. 00 42. 00 43. 01 44. 00 45. 01 46. 01 47. 01 47. 01 48. 01 49. 02 49. 02 40. 01 40. 02 40. 02 40. 01 41. 00 42. 00 43. 01 44. 00 45. 01 46. 01 47. 01 47. 01 48. 01 49. 02 49. 01 49. 01 40. 02 40. 02 40. 01 40. 02 40. 02 40. 01 41. 00 42. 01 43. 01 44. 00 44. 00 45. 01 46. 01 47. 01 47. 01 48. 01 49. 02 49. 02 40. 02 40. 02 40. 02 40. 03 41. 00 41. 00 42. 00 42. 00 43. 01 44. 00 45. 01 46. 02 47. 01 47. 01 48. 02 49. 02 49.				
39. 98 Partial or full credits received from manufacturers for replaced devices (see instructions) 39. 98 RECOVERY OF ACCELERATED DEPRECIATION 40. 00 Subtotal (see instructions) 40. 01 Sequestration adjustment (see instructions) 40. 02 Demonstration payment adjustment amount after sequestration 50 Sequestration adjustment-PARHM pass-throughs 41. 00 Interim payments 41. 01 Interim payments-PARHM 42. 00 Tentative settlement (for contractors use only) 43. 00 Bal ance due provider/program (see instructions) 43. 01 Bal ance due provider/program-PARHM (see instructions) 44. 00 Protested amounts (nonal lowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115. 2 90. 00 Tig inal outlier amount (see instructions) 91. 00 Outlier reconciliation adjustment amount (see instructions) 92. 00 The rate used to calculate the Time Value of Money 10 Sequestration adjustment amount after sequestration 11 Available (see instructions) 12 Available (see instructions) 13 Available (see instructions) 14 Available (see instructions) 15 Available (see instructions) 16 Available (see instructions) 17 BE COMPLETED BY CONTRACTOR 18 Available (see instructions) 19 Available (see instructions) 20 Ottlier reconciliation adjustment amount (see instructions) 21 Available (see instructions) 22 Available (see instructions) 23 Available (see instructions) 44 Available (see instructions) 45 Available (see instructions) 46 Available (see instructions) 47 Available (see instructions) 48 Available (see instructions) 49 Available (see instructions) 40 Available (see instructions) 40 Available (see instructions) 41 Available (see instructions) 42 Available (see instructions) 43 Available (see instructions) 44 Available (see instructions) 45 Available (see instructions) 46 Available (see instructions) 47 Available (see instructions) 48 Available (see instructions) 49 Available (see instructions) 40 Available (see instructions) 41 Available (see instructions) 42 Available (see instructions)		N95 respirator payment adjustment amount (see instructions)		39. 75
RECOVERY OF ACCELERATED DEPRECIATION 0 39.99				
40.00 Subtotal (see instructions) 4, 179, 095 40. 00 40.01 Sequestration adjustment (see instructions) 83, 582 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 4, 557, 206 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) -461, 693 43. 00 44.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115. 2 0 44. 00 90.00 Original outlier amount (see instructions) 0 90. 00 91.00 Outlier reconciliation adjustment amount (see instructions) 0 91. 00 92.00 The rate used to calculate the Time Value of Money 0. 00 92. 00 93.00 Time Value of Money (see instructions) 0 93. 00		· · · · · · · · · · · · · · · · · · ·	•	
40.01 Sequestration adjustment (see instructions) 40.02 Demonstration payment adjustment amount after sequestration 5 Sequestration adjustment-PARHM pass-throughs 6 Interim payments 1 Interim payments 1 Interim payments-PARHM 1 Interim payments-PARHM 1 Interim payments-PARHM 1 Interim payments-PARHM 1 Interim payments (for contractors use only) 1 Interim payments-PARHM 2 Interim payments-PARHM 3 Interim payments-PARHM 4 Interim payments-PARHM				
40.02 Demonstration payment adjustment amount after sequestration Sequestration adjustment-PARHM pass-throughs 41.00 Interim payments Interim payments-PARHM 1.00 Tentative settlement (for contractors use only) Tentative settlement (for contractor use only) 42.01 Tentative settlement-PARHM (for contractor use only) Balance due provider/program (see instructions) Balance due provider/program-PARHM (see instructions) Protested amounts (nonal lowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 0 TO BE COMPLETED BY CONTRACTOR 90.00 Original outlier amount (see instructions) Original outlier amount (see instructions) 10 Outlier reconciliation adjustment amount (see instructions) The rate used to calculate the Time Value of Money Time Value of Money (see instructions) Time Value of Money (see instructions) O 93.00				
41.00 Interim payments				
41. 01 Interim payments-PARHM 42. 00 Tentative settlement (for contractors use only) 42. 01 Tentative settlement-PARHM (for contractor use only) 43. 00 Bal ance due provider/program (see instructions) 43. 01 Bal ance due provider/program-PARHM (see instructions) 44. 00 To BE COMPLETED BY CONTRACTOR 90. 00 Original outlier amount (see instructions) 91. 00 Outlier reconciliation adjustment amount (see instructions) 92. 00 The rate used to calculate the Time Value of Money 93. 00 Time Value of Money (see instructions) 10 41. 01 42. 00 42. 00 42. 01 43. 00 43. 00 43. 01 44. 00 64. 00 65. Chapter 1, §115. 2 67. Open Completed and the contractor use only) 44. 00 67. Open Completed and the contractor use only) 45. 01 46. 00 47. 00 48. 00 49. 00 90. 00 91. 00 92. 00 93. 00 94. 00 94. 00 95. 00 96. 00 97. 00 97. 00 98. 00 99. 00 99. 00	40. 03	Sequestration adjustment-PARHM pass-throughs		40. 03
42.00 Tentative settlement (for contractors use only) 42.01 Tentative settlement-PARHM (for contractor use only) 43.00 Balance due provider/program (see instructions) 43.01 Balance due provider/program-PARHM (see instructions) 44.00 Protested amounts (nonal lowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 0 44.00 Original outlier amount (see instructions) 90.00 Original outlier amount (see instructions) 91.00 Outlier reconciliation adjustment amount (see instructions) 92.00 The rate used to calculate the Time Value of Money 93.00 Time Value of Money (see instructions) 0 93.00			4, 557, 206	
42.01 Tentative settlement-PARHM (for contractor use only) 43.00 Balance due provider/program (see instructions) 43.01 Balance due provider/program-PARHM (see instructions) 44.00 Protested amounts (nonal lowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 0 44.00 Original outlier amount (see instructions) 90.00 Outlier reconciliation adjustment amount (see instructions) 91.00 Outlier reconciliation adjustment amount (see instructions) 92.00 The rate used to calculate the Time Value of Money 93.00 Time Value of Money (see instructions) 0 93.00				
43.00 Balance due provider/program (see instructions) 43.01 Balance due provider/program-PARHM (see instructions) 44.00 Protested amounts (nonal lowable 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) 91.00 Outlier reconciliation adjustment amount (see instructions) 92.00 The rate used to calculate the Time Value of Money 93.00 Time Value of Money (see instructions) 94.00 O 93.00		, , , , , , , , , , , , , , , , , , , ,	0	
43.01 Balance due provider/program-PARHM (see instructions) 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) 91.00 Outlier reconciliation adjustment amount (see instructions) 92.00 The rate used to calculate the Time Value of Money 93.00 Time Value of Money (see instructions) 93.00 O 93.00			-461, 693	
TO BE COMPLETED BY CONTRACTOR 90.00 Original outlier amount (see instructions) 91.00 Outlier reconciliation adjustment amount (see instructions) 92.00 The rate used to calculate the Time Value of Money 93.00 Time Value of Money (see instructions) 10 90.00 91.00 92.00 93.00 Time Value of Money (see instructions) 10 93.00	43. 01			
90.00 Original outlier amount (see instructions) 91.00 Outlier reconciliation adjustment amount (see instructions) 92.00 The rate used to calculate the Time Value of Money 93.00 Time Value of Money (see instructions) 0 90.00 91.00 92.00 93.00	44. 00		2 0	44. 00
91.00 Outlier reconciliation adjustment amount (see instructions) 92.00 The rate used to calculate the Time Value of Money 93.00 Time Value of Money (see instructions) 0 91.00 92.00 93.00	00.05		1 -	00.00
92.00 The rate used to calculate the Time Value of Money 93.00 Time Value of Money (see instructions) 0.00 92.00 93.00		, ,		
93.00 Time Value of Money (see instructions) 0 93.00		· · · · · · · · · · · · · · · · · · ·		

Health Financial Systems	GIBSON AREA HOSPITAL A	AND HEALTH SVCS	In Lie	u of Form CMS-	2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317	Peri od:	Worksheet E	
			From 10/01/2022	Part B	
			To 09/30/2023	Date/Time Pre	pared:
				2/26/2024 10:	
		Title XVIII	Hospi tal	Cost	
				Overri des	
				1. 00	
WORKSHEET OVERRIDE VALUES					
112.00 Override of Ancillary service charges	(line 12)			0	112. 00
				1. 00	
MEDICARE PART B ANCILLARY COSTS					
200.00 Part B Combined Billed Days				0	200. 00

Number

1 00

06101

2 00

8.00

0

National Government Services

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED Provider CCN: 14-1317 Peri od: Worksheet E-1 From 10/01/2022 Part I 09/30/2023 Date/Time Prepared: 2/26/2024 10:06 am Title XVIII Hospi tal Cost Part B Inpatient Part A mm/dd/yyyy mm/dd/yyyy Amount Amount 1.00 2.00 3.00 4.00 1.00 Total interim payments paid to provider 6, 095, 601 4, 139, 660 1. 00 2.00 Interim payments payable on individual bills, either 2.00 submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero 3.00 List separately each retroactive lump sum adjustment amount 3.00 based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, <u>write "NONE" or enter a zero. (1)</u> Program to Provider 3.01 ADJUSTMENTS TO PROVIDER 09/12/2023 26, 885 06/05/2023 1, 283, 483 3.01 3.02 3.02 3.03 0 0 3.03 3.04 0 Ω 3.04 3.05 0 0 3.05 Provider to Program 3.50 ADJUSTMENTS TO PROGRAM 06/05/2023 137, 555 09/12/2023 865, 937 3.50 3.51 Ω 3.51 0 3.52 0 3.52 0 3.53 0 3.53 3.54 \cap Λ 3.54 3.99 Subtotal (sum of lines 3.01-3.49 minus sum of lines -110, 670 417, 546 3.99 3.50-3.98) 4.00 Total interim payments (sum of lines 1, 2, and 3.99) 5, 984, 931 4, 557, 206 4.00 (transfer to Wkst. E or Wkst. E-3, line and column as appropri ate) TO BE COMPLETED BY CONTRACTOR 5.00 List separately each tentative settlement payment after desk 5.00 review. Also show date of each payment. If none, write "NONE" <u>or enter a zero. (1)</u> 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 TENTATI VE TO PROGRAM 0 0 5.50 5.51 0 0 5. 51 0 5.52 0 5.52 0 5.99 Subtotal (sum of lines 5.01-5.49 minus sum of lines 0 5.99 5.50-5.98) 6.00 Determined net settlement amount (balance due) based on the 6.00 cost report. (1) SETTLEMENT TO PROVIDER 6.01 0 6.01 461, 693 6 02 SETTLEMENT TO PROGRAM 414, 347 6.02 7.00 Total Medicare program liability (see instructions) 5, 570, 584 4, 095, 513 7.00 Contractor NPR Date (Mo/Day/Yr)

8.00

Name of Contractor

(Mo/Day/Yr)

2 00

8.00

Number 1 00

06101

National Government Services

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED Provider CCN: 14-1317 Peri od: Worksheet E-1 From 10/01/2022 To 09/30/2023 Part I Component CCN: 14-Z317 Date/Time Prepared: 2/26/2024 10:06 am Title XVIII Swing Beds - SNF Cost Inpatient Part A Part B mm/dd/yyyy mm/dd/yyyy Amount Amount 1.00 2.00 3.00 4.00 1.00 Total interim payments paid to provider 293, 180 1. 00 0 2.00 Interim payments payable on individual bills, either 2.00 submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero 3.00 List separately each retroactive lump sum adjustment amount 3.00 based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, <u>write "NONE" or enter a zero. (1)</u> Program to Provider 3.01 ADJUSTMENTS TO PROVIDER 06/05/2023 16,064 0 3.01 3.02 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 09/12/2023 36, 159 0 3.50 3.51 0 3.51 0 0 3.52 3.52 0 3.53 0 3.53 3.54 \cap 0 3.54 3.99 Subtotal (sum of lines 3.01-3.49 minus sum of lines -20, 095 0 3.99 3.50-3.98) 4.00 Total interim payments (sum of lines 1, 2, and 3.99) 273, 085 0 4.00 (transfer to Wkst. E or Wkst. E-3, line and column as appropri ate) TO BE COMPLETED BY CONTRACTOR 5.00 List separately each tentative settlement payment after desk 5.00 review. Also show date of each payment. If none, write "NONE" <u>or enter a zero. (1)</u> 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 TENTATI VE TO PROGRAM 0 0 5.50 5.51 0 0 5. 51 0 5.52 0 5.52 0 5.99 Subtotal (sum of lines 5.01-5.49 minus sum of lines 0 5. 99 5.50-5.98) 6.00 Determined net settlement amount (balance due) based on the 6.00 cost report. (1) SETTLEMENT TO PROVIDER 6.01 29, 272 0 6.01 6.02 SETTLEMENT TO PROGRAM 0 6.02 7.00 Total Medicare program liability (see instructions) 302, 357 7.00 Contractor NPR Date

8.00

Name of Contractor

Health Financial Systems

In Lieu of Form CMS-2552-10 Worksheet E-1

From 10/01/2022 Part I Component CCN: 14-5979 09/30/2023 Date/Time Prepared: To 2/26/2024 10:06 am Title XVIII Skilled Nursing PPS Facility Part B Inpatient Part A mm/dd/yyyy mm/dd/yyyy Amount Amount 1.00 3. 00 180, 788 1.00 1.00 Total interim payments paid to provider 2.00 Interim payments payable on individual bills, either 0 2.00 submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero 3.00 List separately each retroactive lump sum adjustment amount 3.00 based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider 3.01 ADJUSTMENTS TO PROVIDER 0 0 3. 01 0 3.02 0 3.02 0 3 03 3.03 0 3.04 0 3.04 3.05 0 0 3.05 Provider to Program 3 50 ADJUSTMENTS TO PROGRAM 0 3.50 0 0 3.51 0 3.51 3.52 0 0 3. 52 0 3.53 0 3.53 0 3.54 0 3.54 3.99 Subtotal (sum of lines 3.01-3.49 minus sum of lines 0 0 3.99 3.50-3.98) 4.00 Total interim payments (sum of lines 1, 2, and 3.99) 180, 788 0 4.00 (transfer to Wkst. E or Wkst. E-3, line and column as appropri ate) TO BE COMPLETED BY CONTRACTOR 5.00 List separately each tentative settlement payment after desk 5.00 review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider 5.01 TENTATI VE TO PROVIDER 0 0 5.01 0 0 5.02 5.02 5.03 5.03 0 0 Provider to Program 5.50 TENTATI VE TO PROGRAM 0 0 5.50 5.51 0 0 5.51 0 5 52 0 5 52 5.99 Subtotal (sum of lines 5.01-5.49 minus sum of lines 0 0 5.99 5.50-5.98) 6.00 Determined net settlement amount (balance due) based on the 6.00 cost report. (1) SETTLEMENT TO PROVIDER 6.01 0 0 6.01 SETTLEMENT TO PROGRAM 6.02 0 0 6.02 7.00 Total Medicare program liability (see instructions) 180, 788 7.00 Contractor NPR Date (Mo/Day/Yr) Number

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National Government Services

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8.00

8.00

Name of Contractor

Heal th	lealth Financial Systems GIBSON AREA HOSPITAL AND HEALTH SVCS In Lieu of				
CALCUL	ALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT Provider CCN: 14-1317 Period: W				
			To 09/30/2023		
		T		2/26/2024 10:	<u>06 am</u>
		Title XVIII	Hospi tal	Cost	
					4
				1. 00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				4
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				1.00
1.00	I.OO Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14				
2.00	2.00 Medicare days (see instructions)				
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 I	ine 20			6. 00
7.00	CAH only - The reasonable cost incurred for the purchase of c	ertified HIT technology	Wkst. S-2, Pt. I		7. 00
	line 168				
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	-			Ī
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 l	ine 31) (see instruction	is)		32. 00

Overri des 1.00

108. 00

CONTRACTOR OVERRIDES

108.00 Override of HIT payment

Health Financial Systems	GIBSON AREA HOSPITAL AND HEALTH SVCS		In Lieu of Form CMS-2552-10		
CALCULATION OF DELMBURGEMENT SETTLEMENT	CWLNC DEDC	Dravidor CCN, 14 1217	Dani ad.	Washabaat F 3	

Peri od: From 10/01/2022 To 09/30/2023 ALCULATION OF REIMBURSEMENT SETTLEMENT -Provider CCN: 14-1317 Worksheet E-2 Component CCN: 14-Z317 Date/Time Prepared: 2/26/2024 10:06 am Title XVIII Swing Beds - SNF Cost Part A Part B 1.00 2.00 COMPUTATION OF NET COST OF COVERED SERVICES 1.00 Inpatient routine services - swing bed-SNF (see instructions) 260, 783 1.00 2.00 Inpatient routine services - swing bed-NF (see instructions) 2.00 Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, 3.00 47, 745 Ω 3.00 Part V, cols. 6 and 7, line 202, for Part B) (For CAH and swing-bed pass-through, see 3.01 Nursing and allied health payment-PARHM (see instructions) 3.01 4.00 Per diem cost for interns and residents not in approved teaching program (see 0.00 4.00 instructions) 5.00 Program days 102 Λ 5.00 6.00 Interns and residents not in approved teaching program (see instructions) 0 6.00 7.00 Utilization review - physician compensation - SNF optional method only 7.00 8 00 Subtotal (sum of lines 1 through 3 plus lines 6 and 7) 308 528 0 8 00 9.00 Primary payer payments (see instructions) 0 9.00 10.00 Subtotal (line 8 minus line 9) 308, 528 10.00 Deductibles billed to program patients (exclude amounts applicable to physician 11.00 11.00 0 professional services) 12 00 Subtotal (line 10 minus line 11) 308, 528 0 12 00 Coinsurance billed to program patients (from provider records) (exclude coinsurance for 13.00 13.00 0 physician professional services) 80% of Part B costs (line 12 x 80%) 14.00 14.00 0 15.00 Subtotal (see instructions) 308, 528 0 15.00 16.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 16.00 16, 50 Pioneer ACO demonstration payment adjustment (see instructions) 16.50 16.55 Rural community hospital demonstration project (§410A Demonstration) payment adjustment 0 16.55 (see instructions) 16.99 Demonstration payment adjustment amount before sequestration 16.99 0 0 17.00 Allowable bad debts (see instructions) 0 0 17.00 17.01 Adjusted reimbursable bad debts (see instructions) 0 17.01 Allowable bad debts for dual eligible beneficiaries (see instructions) 18.00 18.00 0 0 19.00 Total (see instructions) 308 528 Ω 19.00 19.01 Sequestration adjustment (see instructions) 6, 171 19.01 19. 02 Demonstration payment adjustment amount after sequestration) 19.02 19.03 Sequestration adjustment-PARHM pass-throughs 19.03 19. 25 Sequestration for non-claims based amounts (see instructions) 0 19. 25 20.00 Interim payments 273, 085 20.00 20.01 Interim payments-PARHM 20.01 21 00 Tentative settlement (for contractor use only) 0 21 00 21.01 Tentative settlement-PARHM (for contractor use only) 21.01 22.00 Balance due provider/program (line 19 minus lines 19.01, 19.02, 19.25, 20, and 21) 29 272 22.00 Balance due provider/program-PARHM (see instructions) 22.01 22.01 23.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, 0 Λ 23.00 chapter 1, §115.2 Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 200.00 Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no. 200.00 Cost Reimbursement 201.00 Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 201.00 (title XVIII hospital)) 202.00 Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 202.00 200 (title XVIII swing-bed SNF)) 203.00 Total (sum of lines 201 and 202) 203 00 204.00 Medicare swing-bed SNF discharges (see instructions) 204.00 Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration peri od) 205.00 Medicare swing-bed SNF target amount 205. 00 206.00 Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204) 206.00 Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement 207.00 Program reimbursement under the §410A Demonstration (see instructions) 207.00 208.00 Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 208. 00 and 3) 209.00 Adjustment to Medicare swing-bed SNF PPS payments (see instructions) 209.00 210.00 Reserved for future use 210.00 Comparision of PPS versus Cost Reimbursement 215.00 Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see 215.00

instructions)

Health Financial Systems	GIBSON AREA HOSPITAL A	ND HEALTH SVCS	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317	Peri od: From 10/01/2022 To 09/30/2023	Worksheet E-3 Part V Date/Time Prepared:

PART V.—CALCILIATION OF REINBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REINBURSEMENT					2/26/2024 10:0	06 am_
PART V - CALCULATION OF BEI MURISSEMENT STITLEMENT FOR MEDICARE PART A SERVICES - COST REINBURSEMENT			Title XVIII	Hospi tal	Cost	
PART V - CALCULATION OF BEI MURISSEMENT STITLEMENT FOR MEDICARE PART A SERVICES - COST REINBURSEMENT						
Impatient services					1. 00	
Nursing and Allied Health Managed Care payment (see instructions) 0 2.00 0 2.00 0 2.00 0 2.00 0 2.00 0 3.00 0 2.00 0 3.00 0 2.00 0 3.0		PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PA	ART A SERVICES - COST	REIMBURSEMENT		
0 0 0 0 0 0 0 0 0 0	1.00	Inpatient services			6, 024, 746	1. 00
Cell Ular Therapy acquisition cost (see instructions)	2.00	Nursing and Allied Health Managed Care payment (see instructions	s)		0	2. 00
Subtotal (sum of lines 1 through 3.01)	3.00	Organ acqui si ti on			0	3.00
4.00 Subtotal (sum of lines 1 through 3.01) 6.024,746 7.00 7.0	3. 01				0	3. 01
Primary payer payments					6, 024, 746	
COMPUTATION OF LESSER OF COST OR CHARGES						
Reasonable charges	0.00				0,001,770	0.00
Routine service charges						
Ancil I ary service charges 0 0.80 0.00 0	7 00				0	7 00
0.00 Total customary charges (see instructions) 0.00		1				
10. 00 Total reasonable charges 0 10. 00 Customary charges 3 10. 00 Customary charges 3 3 10. 00 3 10. 00 10.		1				
Customary charges						
11.00 Aggregate amount actually collected from patients liable for payment for services on a charge basis 0 11.00	10.00				U	10.00
12.00 Amounts that would have been realized from patients liable for payment for services on a charge basis 0 12.00 had such payment been made in accordance with 42 CFR 413.13(e) 0.000000 13.00 14.00 10.1	11 00			k k! - T	0	11 00
had such payment been made in accordance with 42 CFR 413.13(e)						
13.00 Ratio of line 11 to line 12 (not to exceed 1.000000) 13.00 14.00 14.00 14.00 14.00 15.00	12.00		payment for services of	n a charge basis	0	12.00
14. 00 Total customary charges (see instructions) 14. 00 Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions) 15. 00 Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions) 17. 00 Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions) 17. 00 Cost of physicians' services in a teaching hospital (see instructions) 0 17. 00 Cost of covered services (sum of lines 6, 17 and 18) 0 18. 00 19. 00 Cost of covered services (sum of lines 6, 17 and 18) 6, 084, 993 19. 00 20. 00 Deductibles (exclude professional component) 433, 852 20. 00 20. 0	40.00	1 3				40.00
15.00 Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions) 16.00 Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions) 17.00 17.00 17.00 17.00 18.00 18.00 19.0						
Instructions						
16.00 Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions) 17.00 Cost of physicians' services in a teaching hospital (see instructions) 17.00 COMPUTATION OF REIMBURSEMENT SETTLEMENT	15. 00		if line 14 exceeds lin	ne 6) (see	0	15.00
Instructions Cost of physicians' services in a teaching hospital (see instructions) Computation of Reimbursement Settlement					_	
17.00	16. 00		if line 6 exceeds line	e 14) (see	0	16.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT 18.00 10 17 17 17 18.00 17 19.00 18.00 1					_	
18. 00 Direct graduate medical education payments (from Worksheet E-4, line 49) 0 0.0	17. 00		ctions)		0	17.00
19.00 Cost of covered services (sum of lines 6, 17 and 18) 6,084,993 19.00 20.00 2						
20.00 Deductibles (exclude professional component) 433, 852 20.00			line 49)			
21.00 Excess reasonable cost (from line 16) 0 21.00 22.00 Subtotal (line 19 minus line 20 and 21) 5.651, 141 22.00 23.00 Coinsurance 3, 134 23.00 24.00 Subtotal (line 22 minus line 23) 5.648, 007 24.00 25.00 All owable bad debts (exclude bad debts for professional services) (see instructions) 35, 787 25.00 26.00 Adjusted reimbursable bad debts (see instructions) 36, 262 26.00 27.00 All owable bad debts for dual eligible beneficiaries (see instructions) 41, 117 27.00 28.00 Subtotal (sum of lines 24 and 25, or line 26) 5, 684, 269 28.00 29.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 0 29.50 Pioneer ACO demonstration payment adjustment (see instructions) 0 29.50 29.98 Recovery of accelerated depreciation. 0 29.99 29.99 Demonstration payment adjustment amount before sequestration 0 29.99 29.99 29.90 Subtotal (see instructions) 5, 684, 269 30.00 30.01 Sequestration adjustment (see instructions) 5, 684, 269 30.00 30.01 Sequestration adjustment amount after sequestration 0 30.02 30.03 31.00 Interim payments 31.00 11 Interim payments 5, 984, 931 31.00 32.00 32.00 33.00 34						
22.00 Subtotal (line 19 minus line 20 and 21) 5,651,141 22.00 3,134 23.00 Coinsurance 5,648,007 24.00 3,134 23.00 25.00 Allowable bad debts (exclude bad debts for professional services) (see instructions) 5,648,007 24.00 24.00 25.00 Allowable bad debts (exclude bad debts for professional services) (see instructions) 55,787 25.00 26.00 Adjusted reimbursable bad debts (see instructions) 36,262 26.00 27.00 Allowable bad debts for dual eligible beneficiaries (see instructions) 41,117 27.00 28.00 Subtotal (sum of lines 24 and 25, or line 26) 5,684,269 28.00 29.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 0 29.00 29.00 29.90						
23.00 Coinsurance 24.00 Subtotal (line 22 minus line 23) 25.00 Allowable bad debts (exclude bad debts for professional services) (see instructions) 25.00 Allowable bad debts (see instructions) 26.00 Allowable bad debts (see instructions) 27.00 Allowable bad debts for dual eligible beneficiaries (see instructions) 28.00 Subtotal (sum of lines 24 and 25, or line 26) 29.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 29.50 Pioneer ACO demonstration payment adjustment (see instructions) 29.98 Recovery of accelerated depreciation. 29.99 Demonstration payment adjustment amount before sequestration 3, 134 23.00 5, 648, 007 24.00 5, 648, 007 24.00 5, 684, 269 26.00 6, 684, 269 28.00 7, 90 00 7					- 1	
24.00 Subtotal (line 22 minus line 23) 5,648,007 24.00 25.00 Allowable bad debts (exclude bad debts for professional services) (see instructions) 55,787 25.00 26.00 Adjusted reimbursable bad debts (see instructions) 36,262 26.00 27.00 Allowable bad debts for dual eligible beneficiaries (see instructions) 41,117 27.00 28.00 Subtotal (sum of lines 24 and 25, or line 26) 5,684,269 28.00 29.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 0 29.00 29.50 Pioneer ACO demonstration payment adjustment (see instructions) 0 29.50 29.98 Recovery of accelerated depreciation. 0 29.99 30.00 Subtotal (see instructions) 0 29.99 30.01 Sequestration payment adjustment amount before sequestration 0 29.99 30.02 Sequestration adjustment (see instructions) 113,685 30.01 30.03 Sequestration adjustment amount after sequestration 0 30.02 31.01 Interim payments 5,984,931 31.00 31.01 Tentative settlement (for contractor use only) 31.01 3		Subtotal (line 19 minus line 20 and 21)			5, 651, 141	
25.00 Allowable bad debts (exclude bad debts for professional services) (see instructions) 55,787 25.00 26.00 Adjusted reimbursable bad debts (see instructions) 36,262 26.00 27.00 Allowable bad debts for dual eligible beneficiaries (see instructions) 41,117 27.00 28.00 Subtotal (sum of lines 24 and 25, or line 26) 5,684,269 28.00 29.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 0 29.00 29.50 Pioneer ACO demonstration payment adjustment (see instructions) 0 29.90 29.99 Demonstration payment adjustment amount before sequestration 0 29.99 30.01 Sequestration adjustment (see instructions) 5,684,269 30.00 30.01 Sequestration adjustment amount after sequestration 0 29.99 30.02 Sequestration adjustment amount after sequestration 0 30.02 31.01 Interim payments 5,984,931 31.00 31.01 Tentative settlement (for contractor use only) 31.01 32.00 Balance due provider/program (line 30 minus lines 30.01, 30.02, 31, and 32) -414,347 33.00 33.01	23. 00	Coi nsurance			3, 134	
26. 00 Adjusted reimbursable bad debts (see instructions) 27. 00 Allowable bad debts for dual eligible beneficiaries (see instructions) 28. 00 Subtotal (sum of lines 24 and 25, or line 26) 29. 00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 29. 50 Pioneer ACO demonstration payment adjustment (see instructions) 29. 98 Recovery of accelerated depreciation. 29. 99 Demonstration payment adjustment amount before sequestration 29. 99 Subtotal (see instructions) 30. 00 Subtotal (see instructions) 30. 01 Sequestration adjustment (see instructions) 30. 02 Demonstration payment adjustment amount after sequestration 30. 02 Sequestration adjustment (see instructions) 31. 00 Interim payments 31. 01 Interim payments 31. 01 Tentative settlement (for contractor use only) 32. 01 Tentative settlement -PARHM (for contractor use only) 33. 00 Bal ance due provider/program (line 30 minus lines 30. 01, 30. 02, 31, and 32) 33. 01 Bal ance due provider/program-PARHM (lines 2, 3, 18, and 26, minus lines 30. 03, 31. 01, and 32. 01)	24.00	Subtotal (line 22 minus line 23)			5, 648, 007	24. 00
27. 00 Allowable bad debts for dual eligible beneficiaries (see instructions) 28. 00 Subtotal (sum of lines 24 and 25, or line 26) 29. 00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 29. 50 Pi oneer ACO demonstration payment adjustment (see instructions) 29. 98 Recovery of accelerated depreciation. 29. 99 Demonstration payment adjustment amount before sequestration 30. 00 Subtotal (see instructions) 30. 01 Sequestration adjustment (see instructions) 30. 02 Demonstration payment adjustment amount after sequestration 30. 02 Sequestration adjustment (see instructions) 31. 01 Interim payments 31. 01 Interim payments 32. 00 Tentative settlement (for contractor use only) 32. 01 Tentative settlement-PARHM (for contractor use only) 33. 00 Balance due provider/program (line 30 minus lines 30. 01, 30. 02, 31, and 32) 33. 01 Balance due provider/program-PARHM (lines 2, 3, 18, and 26, minus lines 30. 03, 31. 01, and 32. 01)	25.00	Allowable bad debts (exclude bad debts for professional services	s) (see instructions)		55, 787	25. 00
28.00 Subtotal (sum of lines 24 and 25, or line 26) 29.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 29.50 Pioneer ACO demonstration payment adjustment (see instructions) 29.98 Recovery of accelerated depreciation. 29.99 Demonstration payment adjustment amount before sequestration 30.00 Subtotal (see instructions) 30.01 Sequestration adjustment (see instructions) 30.02 Demonstration payment adjustment amount after sequestration 30.03 Sequestration adjustment (see instructions) 31.00 Interim payments 31.01 Interim payments 32.00 Tentative settlement (for contractor use only) 32.01 Tentative settlement-PARHM (for contractor use only) 33.00 Balance due provider/program (line 30 minus lines 30.01, 30.02, 31, and 32) 33.01 Balance due provider/program-PARHM (lines 2, 3, 18, and 26, minus lines 30.03, 31.01, and 32.01) 35.06 Subtotal (see INSTRUCTIONS) (SPECIFY) 0 29.00 0 29.00 0 29.90 0 29.	26.00	Adjusted reimbursable bad debts (see instructions)			36, 262	26. 00
29.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 0 29.00 29.50 Pi oneer ACO demonstration payment adjustment (see instructions) 0 29.50 29.98 Recovery of accelerated depreciation. 0 29.98 29.99 Demonstration payment adjustment amount before sequestration 0 29.99 30.01 Sequestration adjustment (see instructions) 5,684,269 30.00 30.02 Demonstration payment adjustment amount after sequestration 0 30.02 30.03 Sequestration adjustment-PARHM 0 30.03 31.00 Interim payments 5,984,931 31.00 31.01 Interim payments-PARHM 5,984,931 31.00 32.00 Tentative settlement (for contractor use only) 32.01 32.01 Tentative settlement-PARHM (for contractor use only) 32.01 33.01 Balance due provider/program (line 30 minus lines 30.01, 30.02, 31, and 32) -414,347 33.00 33.01 Balance due provider/program-PARHM (lines 2, 3, 18, and 26, minus lines 30.03, 31.01, and 32.01) 33.01	27.00	Allowable bad debts for dual eligible beneficiaries (see instruc	ctions)		41, 117	27. 00
29. 50 Pi oneer ACO demonstration payment adjustment (see instructions) 0 29. 50 29. 98 Recovery of accelerated depreciation. 0 29. 98 29. 99 Demonstration payment adjustment amount before sequestration 0 29. 99 30. 00 Subtotal (see instructions) 5, 684, 269 30. 00 30. 01 Demonstration payment (see instructions) 113, 685 30. 01 30. 02 Demonstration payment adjustment amount after sequestration 0 30. 02 30. 03 Sequestration adjustment-PARHM 30. 03 31. 00 Interim payments 5, 984, 931 31. 00 31. 01 Interim payments-PARHM 5, 984, 931 31. 00 32. 00 Tentative settlement (for contractor use only) 32. 01 32. 01 Tentative settlement-PARHM (for contractor use only) 32. 01 33. 01 Balance due provider/program (line 30 minus lines 30.01, 30.02, 31, and 32) -414, 347 33. 00 33. 01 Balance due provider/program-PARHM (lines 2, 3, 18, and 26, minus lines 30.03, 31. 01, and 32.01) 33. 01	28.00	Subtotal (sum of lines 24 and 25, or line 26)			5, 684, 269	28. 00
29. 50 Pi oneer ACO demonstration payment adjustment (see instructions) 0 29. 50 29. 98 Recovery of accel erated depreciation. 0 29. 98 29. 99 Demonstration payment adjustment amount before sequestration 0 29. 99 30. 01 Subtotal (see instructions) 5, 684, 269 30. 00 30. 02 Demonstration payment adjustment (see instructions) 113, 685 30. 01 30. 03 Sequestration adjustment-PARHM 0 30. 02 31. 00 Interim payments 5, 984, 931 31. 00 31. 01 Interim payments-PARHM 5, 984, 931 31. 00 32. 00 Tentative settlement (for contractor use only) 32. 01 32. 01 Tentative settlement-PARHM (for contractor use only) 32. 01 33. 01 Balance due provider/program (line 30 minus lines 30.01, 30.02, 31, and 32) -414, 347 33. 00 33. 01 Balance due provider/program-PARHM (lines 2, 3, 18, and 26, minus lines 30.03, 31. 01, and 32.01) 33. 01	29. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	29. 00
29. 98 Recovery of accel erated depreciation. 0 29. 98 29. 99 Demonstration payment adjustment amount before sequestration 0 29. 99 30. 00 Subtotal (see instructions) 5, 684, 269 30. 00 30. 01 Sequestration adjustment (see instructions) 113, 685 30. 01 30. 02 Sequestration adjustment amount after sequestration 0 30. 02 31. 00 Interim payments 30. 03 31. 01 Interim payments-PARHM 5, 984, 931 31. 00 32. 00 Tentative settlement (for contractor use only) 0 32. 00 32. 01 Tentative settlement-PARHM (for contractor use only) 32. 01 33. 00 Balance due provider/program (line 30 minus lines 30.01, 30.02, 31, and 32) -414, 347 33. 00 33. 01 Balance due provider/program-PARHM (lines 2, 3, 18, and 26, minus lines 30.03, 31.01, and 32.01) 33. 01	29. 50				0	29. 50
29. 99 Demonstration payment adjustment amount before sequestration 0 29. 99 30. 00 Subtotal (see instructions) 5, 684, 269 30. 00 30. 01 Sequestration adjustment (see instructions) 113, 685 30. 01 30. 02 Demonstration payment adjustment amount after sequestration 0 30. 02 30. 03 Sequestration adjustment-PARHM 30. 03 31. 00 Interim payments 5, 984, 931 31. 00 31. 01 Interim payments-PARHM 31. 01 32. 00 Tentative settlement (for contractor use only) 32. 01 32. 01 Tentative settlement-PARHM (for contractor use only) 32. 01 33. 00 Balance due provider/program (line 30 minus lines 30.01, 30.02, 31, and 32) -414, 347 33. 00 33. 01 Balance due provider/program-PARHM (lines 2, 3, 18, and 26, minus lines 30.03, 31.01, and 32.01) 33. 01	29. 98				0	
30.00 Subtotal (see instructions) 30.01 Sequestration adjustment (see instructions) 30.02 Demonstration payment adjustment amount after sequestration 30.03 Sequestration adjustment amount after sequestration 30.03 Sequestration adjustment-PARHM 30.03 Interim payments 31.01 Interim payments-PARHM 32.00 Tentative settlement (for contractor use only) 32.01 Tentative settlement-PARHM (for contractor use only) 33.00 Balance due provider/program (line 30 minus lines 30.01, 30.02, 31, and 32) 33.01 Balance due provider/program-PARHM (lines 2, 3, 18, and 26, minus lines 30.03, 31.01, and 32.01) 35.684, 269 30.00 30.02 30.02 30.02 30.02 30.02 30.02 30.02 30.02 30.02 30.03 30.02 30.03						
30. 01 Sequestration adjustment (see instructions) 30. 02 Demonstration payment adjustment amount after sequestration 30. 03 Sequestration adjustment-PARHM 30. 03 Sequestration adjustment-PARHM Interim payments Interim payments-PARHM 31. 01 Tentative settlement (for contractor use only) 32. 00 Tentative settlement-PARHM (for contractor use only) 33. 00 Balance due provider/program (line 30 minus lines 30.01, 30.02, 31, and 32) 33. 01 Balance due provider/program-PARHM (lines 2, 3, 18, and 26, minus lines 30.03, 31.01, and 32.01) 113, 685 30. 01 30. 02 30. 03 5, 984, 931 31. 00 31. 01 32. 01 32. 01 32. 01 33. 00 33. 01 33. 00 33. 01					- 1	
30. 02 Demonstration payment adjustment amount after sequestration 30. 02 Sequestration adjustment-PARHM 30. 03 30. 03 31. 00 Interim payments 31. 01 Interim payments-PARHM 32. 00 Tentative settlement (for contractor use only) 32. 01 Tentative settlement-PARHM (for contractor use only) 33. 00 Balance due provider/program (line 30 minus lines 30.01, 30.02, 31, and 32) 33. 01 Balance due provider/program-PARHM (lines 2, 3, 18, and 26, minus lines 30.03, 31.01, and 32.01) 30. 02 30. 02 30. 03 31. 00 5, 984, 931 31. 00 31. 01 32. 00 32. 01 32. 01 33. 00 33. 01						
30. 03 Sequestration adjustment-PARHM 30. 03 31. 00 Interim payments 5, 984, 931 31. 00 31. 01 Interim payments-PARHM 5, 984, 931 31. 00 31. 01 Tentative settlement (for contractor use only) 0 32. 01 33. 00 Balance due provider/program (line 30 minus lines 30. 01, 30. 02, 31, and 32) 33. 01 Balance due provider/program-PARHM (lines 2, 3, 18, and 26, minus lines 30. 03, 31. 01, and 32. 01) 33. 01						
31. 00 Interim payments 5, 984, 931 31. 00 31. 01 Interim payments - PARHM 31. 01 32. 00 32. 01 Tentative settlement (for contractor use only) 0 32. 01 33. 00 Balance due provider/program (line 30 minus lines 30. 01, 30. 02, 31, and 32) 33. 01 Balance due provider/program - PARHM (lines 2, 3, 18, and 26, minus lines 30. 03, 31. 01, and 32. 01) 33. 01		, , ,			Ŭ.	
31. 01 Interim payments-PARHM 31. 01 32. 00 32. 01 Tentative settlement (for contractor use only) 0 32. 01 33. 00 Balance due provider/program (line 30 minus lines 30. 01, 30. 02, 31, and 32) 33. 01 Balance due provider/program-PARHM (lines 2, 3, 18, and 26, minus lines 30. 03, 31. 01, and 32. 01) 33. 01		1 '			5 084 031	
32.00 Tentative settlement (for contractor use only) 32.01 Tentative settlement-PARHM (for contractor use only) 33.00 Balance due provider/program (line 30 minus lines 30.01, 30.02, 31, and 32) 33.01 Balance due provider/program-PARHM (lines 2, 3, 18, and 26, minus lines 30.03, 31.01, and 32.01) 32.00 32.00 32.00 32.01 32.01					5, 704, 751	
32.01 Tentative settlement-PARHM (for contractor use only) 33.00 Balance due provider/program (line 30 minus lines 30.01, 30.02, 31, and 32) 33.01 Balance due provider/program-PARHM (lines 2, 3, 18, and 26, minus lines 30.03, 31.01, and 32.01) 32.01 32.01 32.01 33.00 33.01		1				
33.00 Balance due provider/program (line 30 minus lines 30.01, 30.02, 31, and 32) -414, 347 33.00 33.01 Balance due provider/program-PARHM (lines 2, 3, 18, and 26, minus lines 30.03, 31.01, and 32.01)					٥	
33.01 Balance due provider/program-PARHM (lines 2, 3, 18, and 26, minus lines 30.03, 31.01, and 32.01)		,	21 and 22)		414 047	
				22 01)	-414, 34/	
34.00 Protested amounts (nonallowable cost report Items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 0 34.00						
	34. UU	Triotested amounts (nonarrowable cost report items) in accordance	e with two Pub. 15-2, (.παρτει 1, §115	. 0	34.00

SI S	AND UEALTH OVER		C.E. ONC.	NEED 40
· · · · · · · · · · · · · · · · · · ·	Provider CCN: 14-1317 Component CCN: 14-5979	Peri od: From 10/01/2022 To 09/30/2023	Worksheet E-3 Part VI Date/Time Pre	pared:
	Title XVIII	Skilled Nursing Facility	PPS	
			1. 00	
SERVI CES	ER HEALTH SERVICES FOR T	ITLE XVIII PART A	PPS SNF	
			214, 714	1. 00
			0	2. 00
				3. 00
4.00 Subtotal (sum of lines 1 through 3)				4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
	costs are included in lin	e 1 of W/S E, Par	t	5. 00
Deducti bl e			0	6. 00
Coinsurance			30, 237	7. 00
Allowable bad debts (see instructions)			0	8. 00
Reimbursable bad debts for dual eligible beneficiaries (see i	nstructions)		0	9. 00
Adjusted reimbursable bad debts (see instructions)			0	10.00
Utilization review			0	11.00
Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 1	0 and 11)(see instruction	ns)	184, 477	12.00
			0	13.00
			1	14.00
	ıs)		0	14. 50
			0	14. 98
			0	14. 99
· ·				
	PART VI - CALCULATION OF REIMBURSEMENT SETTLEMEMENT - ALL OTH SERVICES PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS) Resource Utilization Group Payment (RUGS) Routine service other pass through costs Ancillary service other pass through costs Subtotal (sum of lines 1 through 3) COMPUTATION OF NET COST OF COVERED SERVICES Medical and other services (Do not use this line as vaccine of B. This line is now shaded.) Deductible Coinsurance Allowable bad debts (see instructions) Reimbursable bad debts for dual eligible beneficiaries (see i Adjusted reimbursable bad debts (see instructions) Utilization review Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 1 Inpatient primary payer payments	PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT Title XVIII PART VI - CALCULATION OF REIMBURSEMENT SETTLEMEMENT - ALL OTHER HEALTH SERVICES FOR T SERVICES PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS) Resource Utilization Group Payment (RUGS) Routine service other pass through costs Ancillary service other pass through costs Subtotal (sum of lines 1 through 3) CCOMPUTATION OF NET COST OF COVERED SERVICES Medical and other services (Do not use this line as vaccine costs are included in lin B. This line is now shaded.) Deductible Coinsurance Allowable bad debts (see instructions) Reimbursable bad debts for dual eligible beneficiaries (see instructions) Adjusted reimbursable bad debts (see instructions) Utilization review Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructio Inpatient primary payer payments ROUNDING Pioneer ACO demonstration payment adjustment (see instructions) Recovery of accelerated depreciation. Demonstration payment adjustment (see instructions) Sequestration adjustment (see instructions)	ATION OF REIMBURSEMENT SETTLEMENT Provider CCN: 14-1317 Component CCN: 14-5979 To 09/30/2023 Title XVIII Skilled Nursing Facility	ATION OF REIMBURSEMENT SETTLEMENT Provider CCN: 14-1317 Component CCN: 14-5979 Component CC

15.02 Demonstration payment adjustment amount after sequestration

16.00 Interim payments
17.00 Tentative settlement (for contractor use only)

§115. 2

15.75 | Sequestration for non-claims based amounts (see instructions)

18.00 Balance due provider/program (line 15 minus lines 15.01, 15.02, 15.75, 16, and 17)
19.00 Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1,

15. 02 15. 75

16. 00 17. 00

0

0

0 18.00 0 19.00

180, 788 0

Heal th	Financial Systems GIBSON AREA HOSPITAL	AND HEALTH SVCS	In Lie	u of Form CMS-2	2552-10
	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-1317	Peri od:	Worksheet E-3	
			From 10/01/2022	Part VII	
			To 09/30/2023		
		Title XIX	Hospi tal	2/26/2024 10: Cost	uo alli
		THE ALX	Inpatient	Outpati ent	
			1. 00	2. 00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SE	RVICES FOR TITLES V OR XI		21.00	
	COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2. 00
3.00	Organ acquisition (certified transplant programs only)		0	I	3. 00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4. 00
5.00	Inpatient primary payer payments		0	I	5. 00
6.00	Outpatient primary payer payments			0	6. 00
7. 00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7. 00
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonabl e Charges		1		
8.00	Routine service charges		0		8. 00
9.00	Ancillary service charges		0	0	•
10.00	Organ acquisition charges, net of revenue		0	l	10.00
11. 00	Incentive from target amount computation		0	0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11) CUSTOMARY CHARGES		U	0	12. 00
13. 00	Amount actually collected from patients liable for payment fo	or services on a charge ha	as s 0	0	13. 00
14. 00	Amounts that would have been realized from patients liable fo	ğ		Ö	•
	charge basis had such payment been made in accordance with 42		. [ı	
15. 00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0. 000000	0. 000000	15. 00
16.00	Total customary charges (see instructions)		0	0	1
17.00	Excess of customary charges over reasonable cost (complete on	nly if line 16 exceeds lir	ne 0	0	17. 00
	4) (see instructions)			I	
18. 00	Excess of reasonable cost over customary charges (complete on	nly if line 4 exceeds line	9 0	0	18. 00
40.00	16) (see instructions)				40.00
19. 00	Interns and Residents (see instructions)		0	0	
20.00	Cost of physicians' services in a teaching hospital (see inst		0	0	20.00
21. 00	Cost of covered services (enter the lesser of line 4 or line	,	lors 0	0	21. 00
22. 00	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be Other than outlier payments	compreted for FF3 provid	0	0	22. 00
23. 00	Outlier payments		0	Ö	•
24. 00	Program capital payments		0	ı	24. 00
25. 00			0	I	25. 00
26.00	Routine and Ancillary service other pass through costs		0	0	26. 00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27. 00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28. 00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29. 00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
	Excess of reasonable cost (from line 18)		0	0	
31. 00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6	o)	0	0	•
32. 00	Deducti bl es		0	0	
33. 00	Coinsurance		0	0	1
34. 00			0	0	
	Utilization review	od 22)	0		35. 00
	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 an OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	iu 33)	0	0 0	•
38.00	1 7 7 7		0	0	
	Direct graduate medical education payments (from Wkst. E-4)		0	ı	39.00
40. 00	, , , , , , , , , , , , , , , , , , , ,		0	0	•
41. 00	, ,		o o	Ö	1
42. 00	, ,		0	Ö	1
43. 00		nce with CMS Pub 15-2.	Ö	Ö	1
	chapter 1, §115.2				
	OVERRI DES				
109.00	Override Ancillary service charges (line 9)		0	0	109. 00

Health Financial Systems	GIBSON AREA HOSPITAL A	ND HEALTH SVCS	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317		Worksheet E-3
			From 10/01/2022	
		Component CCN: 14-5979	To 09/30/2023	Date/Time Prepared:
				2/26/2024 10:06 am
		Title XIX	Skilled Nursing	PPS

		litle XIX	Skilled Nursing	PPS	
			Facility	0+no+: on+	
			I npati ent 1.00	Outpati ent	
	DADT VILL CALCULATION OF DEIMBUDGEMENT ALL OTHER HEALTH CERVIC	SEC FOR TITLES V OR VIV		2. 00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICE	ES FUR ITILES V UR XIX	SERVI CES		1
1 00	COMPUTATION OF NET COST OF COVERED SERVICES		2/2		1 00
1.00	Inpatient hospital/SNF/NF services		363	0	1.00
2.00	Medical and other services			0	1
3.00	Organ acquisition (certified transplant programs only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		363	0	
5.00	Inpatient primary payer payments		0		5. 00
6.00	Outpatient primary payer payments			0	
7.00	Subtotal (line 4 less sum of lines 5 and 6)		363	0	7. 00
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonable Charges				
8.00	Routine service charges		0		8. 00
9.00	Ancillary service charges		0	0	
	Organ acquisition charges, net of revenue		0		10. 00
	Incentive from target amount computation		0		11. 00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12. 00
	CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for se	ervices on a charge bas	is 0	0	13. 00
14.00	Amounts that would have been realized from patients liable for pa	nyment for services on	a 0	0	14. 00
	charge basis had such payment been made in accordance with 42 CFF	§413. 13(e)			
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0. 000000	0.000000	15. 00
16.00	Total customary charges (see instructions)		0	0	16. 00
17.00	Excess of customary charges over reasonable cost (complete only i	f line 16 exceeds line	0	0	17. 00
	4) (see instructions)				
18.00	Excess of reasonable cost over customary charges (complete only i	f line 4 exceeds line	363	0	18. 00
	16) (see instructions)				
19.00	Interns and Residents (see instructions)		0	0	19. 00
20.00	Cost of physicians' services in a teaching hospital (see instruct	i ons)	0	0	20. 00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21. 00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be com	pleted for PPS provide	rs.		
22.00	Other than outlier payments		0	0	22. 00
23.00	Outlier payments		0	0	23. 00
24.00	Program capital payments		0		24. 00
25.00	Capital exception payments (see instructions)		0		25. 00
26.00	Routine and Ancillary service other pass through costs		0	0	26. 00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27. 00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28. 00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29. 00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		363	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deducti bl es		0	0	32. 00
33.00	Coi nsurance		0	0	33. 00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		o		35. 00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33	3)	o	0	36.00
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	,	O	0	37. 00
	Subtotal (line 36 ± line 37)		0	0	
	Direct graduate medical education payments (from Wkst. E-4)		0		39. 00
	Total amount payable to the provider (sum of lines 38 and 39)		O	0	1
	Interim payments		o	0	1
42. 00	Balance due provider/program (line 40 minus line 41)			0	1
43. 00	Protested amounts (nonallowable cost report items) in accordance	with CMS Pub 15-2	0	0	
10.00	chapter 1, §115.2		١	O	10.00
	OVERRI DES		· ·		1
109.00	Override Ancillary service charges (line 9)		0	0	109. 00
	· · · · · · · · · · · · · · · · · · ·		١	ŭ	

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

Provider CCN: 14-1317

Peri od: Worksheet G From 10/01/2022 To 09/30/2023 Date/Time Prepared:

			'	10 09/30/2023	2/26/2024 10:	
		General Fund	Specific Purpose Fund	Endowment Fund		
		1. 00	2.00	3. 00	4. 00	
	CURRENT ASSETS			-T		
1.00	Cash on hand in banks	237, 715		0	0	
2. 00 3. 00	Temporary investments Notes receivable	10, 390, 657	l .	0 0	0	
4. 00	Accounts recei vable	62, 856, 993			0	
5. 00	Other recei vable	612, 585			Ö	
6. 00	Allowances for uncollectible notes and accounts receivable	-37, 532, 764		0	Ō	
7.00	Inventory	2, 295, 934		0	0	7. 00
8.00	Prepai d expenses	2, 236, 312	1	0	0	
9. 00	Other current assets	0		0	0	
10.00	Due from other funds	41 007 422	1	0		
11. 00	Total current assets (sum of lines 1-10) FIXED ASSETS	41, 097, 432		0	0	11. 00
12. 00	Land	1, 544, 841		0	0	12. 00
13. 00	Land improvements	3, 329, 015		0	Ō	1
14.00	Accumulated depreciation	0	(0	0	14. 00
15. 00	9	61, 120, 909		0	0	15. 00
16. 00	Accumul ated depreciation	-62, 829, 795		0	0	
17. 00	· •	0	1	0	0	
18. 00 19. 00	· ·	0		0	0	
20. 00		0	1		0	1
21. 00	Automobiles and trucks	0	1		0	1
22. 00		0		0	Ō	1
23.00	Major movable equipment	39, 546, 017	(0	0	23. 00
	Accumulated depreciation	0	1	0	0	
25. 00	Mi nor equi pment depreci able	0		0	0	
26. 00	·	0		0 0	0	
27. 00 28. 00	HIT designated Assets Accumulated depreciation	0	1		0	
29. 00	Mi nor equi pment-nondepreci abl e	2, 675, 598	1		0	1
	Total fixed assets (sum of lines 12-29)	45, 386, 585	1	o o		
	OTHER ASSETS					
31. 00	Investments	1, 458, 942	l .	0		
32. 00	Deposits on Leases	0		0	0	
33. 00 34. 00	Due from owners/officers Other assets	4 07E 140		0 0	0	
35. 00	Total other assets (sum of lines 31-34)	4, 975, 160 6, 434, 102	1			1
36. 00	Total assets (sum of lines 11, 30, and 35)	92, 918, 119	1	o o		1
	CURRENT LIABILITIES					
37. 00	Accounts payable	11, 399, 257	1	0	0	
38. 00	1 1 1	6, 456, 510	1	0	0	
39. 00	, ,	0 242 027	1	0	0	
40. 00 41. 00	Notes and Loans payable (short term) Deferred income	9, 263, 937			0	
42. 00	Accel erated payments	0)			42.00
43. 00		0		0	0	1
44.00	Other current liabilities	961, 336		0	0	
45. 00	Total current liabilities (sum of lines 37 thru 44)	28, 081, 040	(0	0	45. 00
	LONG TERM LIABILITIES		1	J .		
46. 00	Mortgage payable	21 002 022	l .	0 0	0 0	
47. 00 48. 00	Notes payable Unsecured Loans	21, 882, 822	1	0 0		
49. 00	Other long term liabilities	7, 259, 954	1		0	
50. 00	Total long term liabilities (sum of lines 46 thru 49)	29, 142, 776	1	o o		1
51.00	Total liabilities (sum of lines 45 and 50)	57, 223, 816		0	0	
	CAPI TAL ACCOUNTS					
52. 00	General fund balance	35, 694, 303	1			52. 00
53.00	Specific purpose fund Donor created - endowment fund balance - restricted		(53.00
54. 00 55. 00	Donor created - endowment fund balance - restricted Donor created - endowment fund balance - unrestricted			0 0		54. 00 55. 00
56. 00	Governing body created - endowment fund balance		•	0		56.00
57. 00	Plant fund balance - invested in plant				О	1
58. 00	Plant fund balance - reserve for plant improvement,				Ö	1
	repl acement, and expansion					
	Total fund balances (sum of lines 52 thru 58)	35, 694, 303	1		0	
60.00	Total liabilities and fund balances (sum of lines 51 and 59) 92, 918, 119	l (0	0	60.00

Health Financial Systems
STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-1317

					10 09/30/2023	2/26/2024 10:0	
		General	Fund	Speci al	Purpose Fund	Endowment Fund	90 diii
		1.00	2.00	3. 00	4. 00	5. 00	
1. 00	Fund balances at beginning of period	1.00	2. 00 34, 187, 538		4.00	5.00	1. 00
2.00	Net income (loss) (from Wkst. G-3, line 29)	1	1, 506, 765				2. 00
3.00	Total (sum of line 1 and line 2)	•	35, 694, 303		0		3. 00
4. 00	Additions (credit adjustments) (specify)	0	00, 071, 000		0	0	4. 00
5. 00	That it one (or our i day as imente) (opening)				o	0	5. 00
6.00		O			0	0	6. 00
7.00		o			0	0	7. 00
8.00		O			0	0	8. 00
9.00		O			0	0	9. 00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		35, 694, 303		0		11. 00
12.00	Deductions (debit adjustments) (specify)	0			0	0	12.00
13.00		0			0	0	13.00
14.00		0			0	0	14.00
15.00		0			0	0	15.00
16. 00		0			0	0	16. 00
17. 00		0			0	0	17. 00
18. 00	Total deductions (sum of lines 12-17)		0		0		18. 00
19. 00	Fund balance at end of period per balance		35, 694, 303		0		19. 00
	sheet (line 11 minus line 18)	Endowment Fund	PI ant	Eund			
		LIIdowillett Turid	TTAITE	i unu			
		6.00	7. 00	8. 00			
1.00	Fund balances at beginning of period	0			0		1. 00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2. 00
3.00	Total (sum of line 1 and line 2)	0			0		3.00
4.00	Additions (credit adjustments) (specify)		0				4. 00
5.00			0				5.00
6.00			0				6. 00
7.00			0				7. 00
8.00			0				8. 00
9.00			0				9. 00
10.00	Total additions (sum of line 4-9)	0			0		10.00
11.00	Subtotal (line 3 plus line 10)	ų o	0		O		11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13. 00 14. 00			0				13. 00 14. 00
15. 00			0				15. 00
16. 00		1	0				16. 00
17. 00			0				17. 00
18. 00	Total deductions (sum of lines 12-17)		o l		0		18. 00
19. 00	Fund balance at end of period per balance				0		19. 00
	sheet (line 11 minus line 18)						
				•	1	'	

Worksheet G-2 From 10/01/2022 Parts I & II Date/Time Prepared: 09/30/2023 2/26/2024 10:06 am Cost Center Description Inpati ent Outpati ent Total 1.00 2. 00 3.00 PART I - PATIENT REVENUES General Inpatient Routine Services 24, 445, 036 1.00 Hospi tal 24, 445, 036 1.00 2.00 SUBPROVIDER - IPF 2.00 SUBPROVIDER - IRF 3.00 3.00 4.00 SUBPROVI DER 4.00 Swing bed - SNF Swing bed - NF 5.00 167, 571 167, 571 5.00 6.00 6.00 0 SKILLED NURSING FACILITY 7.00 421, 077 421, 077 7.00 8.00 NURSING FACILITY 8.00 9.00 OTHER LONG TERM CARE 3, 177, 802 3, 177, 802 9.00 10.00 Total general inpatient care services (sum of lines 1-9) 28, 211, 486 10 00 28, 211, 486 Intensive Care Type Inpatient Hospital Services 11.00 INTENSIVE CARE UNIT 234, 860 234, 860 11.00 12.00 CORONARY CARE UNIT 12.00 BURN INTENSIVE CARE UNIT 13.00 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) 234, 860 234, 860 16, 00 17.00 28, 446, 346 17.00 Total inpatient routine care services (sum of lines 10 and 16) 28, 446, 346 18.00 Ancillary services 28, 397, 042 254, 137, 769 282, 534, 811 18.00 Outpatient services 2, 869, 857 53, 808, 962 56, 678, 819 19.00 19.00 21, 326, 144 RURAL HEALTH CLINIC 20.00 0 21, 326, 144 20.00 21.00 FEDERALLY QUALIFIED HEALTH CENTER 0 0 21.00 HOME HEALTH AGENCY 22.00 22.00 23.00 AMBULANCE SERVICES 0 23.00 8.764.465 8, 764, 465 24.00 CMHC 24.00 25.00 AMBULATORY SURGICAL CENTER (D. P.) 25.00 HOSPI CE 26.00 26.00 OTHER NRCC 27.00 10, 556, 447 10, 556, 447 27.00 28.00 Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. 59, 713, 245 348, 593, 787 408, 307, 032 28.00 line 1) PART II - OPERATING EXPENSES 29.00 Operating expenses (per Wkst. A, column 3, line 200) 154, 855, 743 29.00 30 00 ADD (SPECIFY) 30 00 0 31.00 31.00 32.00 0 32.00 33.00 0 33.00 0 34.00 34.00 0 35.00 35.00 36.00 Total additions (sum of lines 30-35) 0 36.00 37.00 DEDUCT (SPECIFY) 0 37 00 0 38.00 38.00 39.00 39.00 40.00 0 40.00 0 41 00 41.00 42.00 Total deductions (sum of lines 37-41) 42.00 43.00 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer 154, 855, 743 43.00

Provider CCN: 14-1317

Peri od:

to Wkst. G-3, line 4)

Health Financial Systems	GIBSON AREA HOSPITAL AND HEALTH SVCS	In Li	In Lieu of Form CMS-2552-10		
STATEMENT OF REVENUES AND EXPENSES	Provi der CCN: 14-1317	Peri od:	Worksheet G-3		

Heal th	Financial Systems GIBSON AREA HOSPITAL	AND HEALTH SVCS	In Lie	u of Form CMS-2	2552-10
STATEM	ENT OF REVENUES AND EXPENSES	Provider CCN: 14-1317	Peri od:	Worksheet G-3	
			From 10/01/2022		
			To 09/30/2023		
				2/26/2024 10:0	Jo alli
				1. 00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, lir	ne 28)		408, 307, 032	1. 00
2.00	Less contractual allowances and discounts on patients' accour	,		262, 467, 893	2. 00
3.00	Net patient revenues (line 1 minus line 2)			145, 839, 139	3. 00
4. 00	Less total operating expenses (from Wkst. G-2, Part II, line	43)		154, 855, 743	4. 00
5. 00	Net income from service to patients (line 3 minus line 4)	.5)		-9, 016, 604	5. 00
	OTHER I NCOME			.,, 5.15, 55.1	
6.00	Contributions, donations, bequests, etc			744, 899	6. 00
7.00	Income from investments			2, 072, 495	7. 00
8.00	Revenues from telephone and other miscellaneous communication	ı servi ces		o	8. 00
9.00	Revenue from television and radio service			o	9. 00
10.00	Purchase di scounts			o	10.00
11.00	Rebates and refunds of expenses			ol	11.00
12.00	Parking lot receipts			o	12.00
13.00	Revenue from Laundry and Linen service			0	13.00
14.00	Revenue from meals sold to employees and guests			0	14.00
15.00	Revenue from rental of living quarters			ol	15.00
16.00	Revenue from sale of medical and surgical supplies to other t	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
	Rental of vending machines			0	21.00
22. 00	Rental of hospital space			0	22.00
23.00	Governmental appropriations			ol	23.00
24.00	OTHER REVENUE			4, 722, 312	24.00
24. 01	GRANT I NCOME			1, 039, 239	24. 01
24. 02	OTHER (SPECIFY)			0	24. 02
24. 03	RETAIL AND 340B PHARMACY			2, 177, 541	24.03
24. 04	UNREALI ZED LOSSES			-515, 517	24.04
24. 05	GAIN ON DISPOSAL OF ASSETS			300	24. 05
	COVI D-19 PHE Fundi ng			282, 100	
	Total other income (sum of lines 6-24)			10, 523, 369	
	Total (line 5 plus line 25)			1, 506, 765	
	OTHER EXPENSES (SPECIFY)			0	27. 00
	Total other expenses (sum of line 27 and subscripts)			0	28. 00
29. 00	Net income (or loss) for the period (line 26 minus line 28)			1, 506, 765	29. 00

alth Financial Systems	GIBSON AREA HOSPITAL A	ND HEALTH SVCS	In Lie	u of Form CMS-2552-10

Heal th	Financial Systems GIBSC	N AREA HOSPITAI	L AND HEALTH S			u of Form CMS-2	2552-10
ANALYS	IS OF HOSPITAL-BASED RHC/FQHC COSTS		Provider C	CN: 14-1317	Peri od:	Worksheet M-1	
			Component	CCN: 14-3408	From 10/01/2022 To 09/30/2023	Date/Time Pre	narod:
			Component	CCN. 14-3400	10 07/30/2023	2/26/2024 10:	
					RHC I	Cost	
		Compensation	Other Costs	Total (col.	1 Reclassi ficati	Recl assi fi ed	
				+ col . 2)	ons	Trial Balance	
						(col. 3 + col.	
		1.00	2.00	2.00	4. 00	4) 5. 00	
	FACILITY HEALTH CARE STAFF COSTS	1.00	2. 00	3. 00	4.00	5.00	
1. 00	Physician	4, 503, 581	0	4, 503, 58	570, 774	5, 074, 355	1.00
2.00	Physician Assistant	350, 231	0	1			2.00
3.00	Nurse Practitioner	1, 830, 063	0	1, 830, 06		2, 333, 682	3.00
4. 00	Vi si ti ng Nurse	0	0	1,000,00	0 000,017	0	4.00
5. 00	Other Nurse	o	0		0 0	0	5. 00
6.00	Clinical Psychologist	ol	109, 699	109, 69	99 0	109, 699	6.00
7.00	Clinical Social Worker	311, 232	0	311, 23		311, 232	7. 00
8.00	Laboratory Techni ci an	o	0		0 0	0	8.00
9.00	Other Facility Health Care Staff Costs	2, 912, 179	0	2, 912, 17	79 0	2, 912, 179	9. 00
10.00	Subtotal (sum of lines 1 through 9)	9, 907, 286	109, 699	10, 016, 98	1, 155, 468	11, 172, 453	10.00
11.00	Physician Services Under Agreement	0	0)	0 0	0	11. 00
12.00	Physician Supervision Under Agreement	0	0)	0	0	12. 00
13.00	Other Costs Under Agreement	0	0	1	0	0	13. 00
14. 00	Subtotal (sum of lines 11 through 13)	0	0)	0	0	14. 00
15. 00	Medical Supplies	0	1, 024, 944	1, 024, 94	14 0	1, 024, 944	
16. 00	Transportation (Health Care Staff)	0	0	1	0 0	0	16. 00
17. 00	Depreciation-Medical Equipment	0	0	1	0	0	17. 00
18.00	Professional Liability Insurance	0	0	040.0	0	0	18.00
19.00	Other Health Care Costs	212, 846	0	212, 84	16	212, 846	
20. 00 21. 00	Allowable GME Costs Subtotal (sum of lines 15 through 20)	212, 846	1, 024, 944	1, 237, 79	0	1, 237, 790	20.00
21.00	Total Cost of Health Care Services (sum of	10, 120, 132	1, 134, 643				21.00
22.00	lines 10, 14, and 21)	10, 120, 132	1, 134, 043	11, 254, 7	1, 155, 406	12, 410, 243	22.00
	COSTS OTHER THAN RHC/FQHC SERVICES			l			
23. 00	Pharmacy	0	0		0 0	0	23. 00
24.00	Dental	О	0)	0 0	0	24. 00
25.00	Optometry	o	0	1	0 0	0	25. 00
25. 01	Tel eheal th	154, 815	37, 226	192, 04	11 0	192, 041	25. 01
25. 02	Chronic Care Management	0	0)	0 0	0	25. 02
26.00	All other nonreimbursable costs	0	0)	0	0	26. 00
27. 00	Nonallowable GME costs						27. 00
28. 00	Total Nonreimbursable Costs (sum of lines 23	154, 815	37, 226	192, 04	11 0	192, 041	28. 00
	through 27)						
00.00	FACILITY OVERHEAD		0/4 /40		110 070	474 000	00.00
29. 00	Facility Costs	0	361, 610				29. 00
30.00	Administrative Costs	1, 712, 933	955, 398				30.00
31. 00	Total Facility Overhead (sum of lines 29 and 30)	1, 712, 933	1, 317, 008	3, 029, 94	11 286, 288	3, 316, 229	31. 00
32. 00	Total facility costs (sum of lines 22, 28 and	11, 987, 880	2, 488, 877	14, 476, 75	1, 441, 756	15, 918, 513	32. 00
JZ. 00	31)	. 11, 707, 000	2,400,077	17,470,7	1, 441, 750	15, 710, 513	32.00
	1/	1		I .	T .	1	1

			33.14			2/26/2024 10:	06 am
					RHC I	Cost	
		Adjustments	Net Expenses				
			for Allocation				
			(col. 5 + col.				
			6)				
		6. 00	7. 00				
	FACILITY HEALTH CARE STAFF COSTS						
1.00	Physi ci an	-204, 764	4, 869, 591				1.00
2.00	Physician Assistant	0	431, 306				2. 00
3.00	Nurse Practitioner	0	2, 333, 682				3. 00
4.00	Visiting Nurse	0	0				4. 00
5.00	Other Nurse	0	0				5. 00
6.00	Clinical Psychologist	0	109, 699				6. 00
7.00	Clinical Social Worker	0	311, 232				7. 00
8.00	Laboratory Techni ci an	0	0				8. 00
9.00	Other Facility Health Care Staff Costs	0	2, 912, 179				9.00
10.00	Subtotal (sum of lines 1 through 9)	-204, 764	10, 967, 689				10.00
11. 00	Physician Services Under Agreement	0	0	i			11.00
12. 00	Physician Supervision Under Agreement	0	0				12.00
13.00	Other Costs Under Agreement	0	0				13.00
14. 00	Subtotal (sum of lines 11 through 13)	0	0				14.00
15. 00	Medical Supplies	0	1, 024, 944				15. 00
16. 00	Transportation (Health Care Staff)	0	0				16, 00
17. 00	Depreciation-Medical Equipment	0	Ö				17. 00
18. 00	Professional Liability Insurance	0	0				18. 00
19. 00	Other Health Care Costs	0	212, 846				19. 00
20. 00	Allowable GME Costs	_	,				20.00
21. 00	Subtotal (sum of lines 15 through 20)	0	1, 237, 790				21. 00
22. 00	Total Cost of Health Care Services (sum of	-204, 764					22. 00
	lines 10, 14, and 21)		,,				
	COSTS OTHER THAN RHC/FQHC SERVICES			•			1
23.00	Pharmacy	0	0				23. 00
24.00	Dental	0	0				24. 00
25.00	Optometry	0	0				25. 00
25. 01	Tel eheal th	0	192, 041				25. 01
25. 02	Chronic Care Management	0	0				25. 02
26.00	All other nonreimbursable costs	0	0				26. 00
27.00	Nonallowable GME costs						27. 00
28. 00	Total Nonreimbursable Costs (sum of lines 23)	0	192, 041				28. 00
	through 27)						
	FACILITY OVERHEAD						1
29. 00	Facility Costs	-10, 252	461, 630				29. 00
30.00	Administrative Costs	0	2, 844, 347				30.00
31.00	Total Facility Overhead (sum of lines 29 and	-10, 252	3, 305, 977				31. 00
	30)						
32.00	Total facility costs (sum of lines 22, 28 and	-215, 016	15, 703, 497				32. 00
	31)						

		N AREA HOSPITA	L AND HEALTH S	VCS	In Lie	eu of Form CMS-2	2552-10
ALLOCA	TION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC S	ERVI CES	Provi der Co		Peri od:	Worksheet M-2	
			Component (From 10/01/2022	Doto/Time Drou	aanad.
			Component	CCN: 14-3408	To 09/30/2023	Date/Time Prep 2/26/2024 10:0	
					RHC I	Cost	<u> </u>
		Number of FTE	Total Visits	Producti vi tv	Minimum Visits		
		Personnel		_	(col. 1 x col.		
				,	3)	4	
		1.00	2.00	3.00	4. 00	5. 00	
	VISITS AND PRODUCTIVITY						
	Posi ti ons						
1.00	Physi ci an	5. 72	25, 990	4, 20	0 24, 024		1.00
2.00	Physician Assistant	1. 11	4, 666	2, 10	0 2, 331		2. 00
3.00	Nurse Practitioner	7. 98	23, 762	2, 10	0 16, 758		3. 00
4.00	Subtotal (sum of lines 1 through 3)	14. 81	54, 418		43, 113	54, 418	4.00
5.00	Visiting Nurse	0. 00	0			0	5.00
6.00	Clinical Psychologist	0. 40	887			887	6.00
7.00	Clinical Social Worker	3. 23	3, 594			3, 594	7. 00
7. 01	Medical Nutrition Therapist (FQHC only)	0. 00	0			0	7. 01
7.02	Diabetes Self Management Training (FQHC only)		0			0	7. 02
8.00	Total FTEs and Visits (sum of lines 4 through	n 18. 44	58, 899			58, 899	8. 00
	7)						
9. 00	Physician Services Under Agreements		0			0	9. 00
						1.00	
	DETERMINATION OF ALLOWABLE COST APPLICABLE TO			VI CES			
10. 00	Total costs of health care services (from Wks					12, 205, 479	
11. 00	Total nonreimbursable costs (from Wkst. M-1,	·	,			192, 041	
12. 00	Cost of all services (excluding overhead) (su					12, 397, 520	
13. 00	Ratio of hospital -based RHC/FQHC services (Ii			0.43		0. 984510	
14.00	Total hospital-based RHC/FQHC overhead - (fro			ne 31)		3, 305, 977	
15.00	Parent provider overhead allocated to facility	ty (see instruc	tions)			6, 472, 248	

9, 778, 225 16. 00

9, 778, 225 18. 00 9, 626, 760 19. 00 21, 832, 239 20. 00

0

17.00

16.00 Total overhead (sum of lines 14 and 15)

17.00 Allowable GME overhead (see instructions)
18.00 Enter the amount from line 16

19.00 Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)
20.00 Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)

Heal th	Financial Systems GIBSON AREA HOSPITAL A	AND HEALTH SVCS	In Lie	u of Form CMS-2	2552-10
	ATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC	Provider CCN: 14-1317	Peri od:	Worksheet M-3	
SERVI (EES	Component CCN: 14-3408	From 10/01/2022 To 09/30/2023	Date/Time Pre 2/26/2024 10:	
		Title XVIII	RHC I	Cost	
	DETERMINATION OF DATE FOR HOSPITAL DASER DUC/FOUG SERVICES			1. 00	
1. 00	DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FOHC SERVICES Total Allowable Cost of hospital-based RHC/FOHC Services (from	m Wkst M 2 line 20)		21, 832, 239	1.00
2.00	Cost of injections/infusions and their administration (from W			684, 833	2.00
3.00	Total allowable cost excluding injections/infusions (line 1 mi			21, 147, 406	3. 00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)	,		58, 899	4. 00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, I	ine 9)		0	5. 00
6.00	Total adjusted visits (line 4 plus line 5)			58, 899	
7. 00	Adjusted cost per visit (line 3 divided by line 6)			359.05	7. 00
			Cal cul ati on	of Limit (1)	
				Rate Period 2	
			(10/01/2022	(01/01/2023	
			through	through 09/30/2023)	
			12/31/2022)	2. 00	
8. 00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.	6 or your contractor)	341. 78		8. 00
9.00	Rate for Program covered visits (see instructions)		341. 78	354.77	9. 00
	CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from	•	2, 774		10.00
11.00	Program cost excluding costs for mental health services (line	•	948, 098		
12. 00 13. 00	Program covered visits for mental health services (from contra Program covered cost from mental health services (line 9 x line		115 39, 305		12.00
14. 00	Limit adjustment for mental health services (see instructions)		39, 305		
15. 00	Graduate Medical Education Pass Through Cost (see instructions		07,000	122,700	15. 00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2		0	4, 061, 839	16. 00
16. 01	Total program charges (see instructions)(from contractor's real	•		2, 945, 550	
16. 02	Total program preventive charges (see instructions) (from provi	•		260, 813	1
16. 03	Total program preventive costs ((line 16.02/line 16.01) times		.1.00	359, 656	
16. 04	Total Program non-preventive costs ((line 16 minus lines 16.0%) V and XIX see instructions.)	and 18) times .80) (11	.i es	2, 787, 747	16.04
16. 05	Total program cost (see instructions)		0	3, 147, 403	16. 05
17. 00	Primary payer amounts			0	1
18.00	Less: Beneficiary deductible for RHC only (see instructions)	(from contractor records	5)	217, 499	18. 00
19. 00	Beneficiary coinsurance for RHC/FQHC services (see instruction records)	ns) (from contractor		491, 421	19. 00
20.00	Net Medicare cost excluding vaccines (see instructions)			3, 147, 403	20. 00
21. 00	Program cost of vaccines and their administration (from Wkst.	M-4, line 16)		145, 244	1
22. 00	Total reimbursable Program cost (line 20 plus line 21)			3, 292, 647	1
23. 00 23. 01	,			82, 045	
	Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see insti	ructions)		53, 329 69, 742	1
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	4017 0113)		09, 742	1
	Pioneer ACO demonstration payment adjustment (see instructions	s)			25. 50
25. 99				0	25. 99
26. 00	Net reimbursable amount (see instructions)			3, 345, 976	
26. 01	Sequestration adjustment (see instructions)				26. 01
26. 02	, , , , , , , , , , , , , , , , , , , ,			0	
27. 00	Interim payments Tentative settlement (for contractor use only)			3, 056, 831 0	
29. 00	,	02. 27. and 28)		222, 225	
	Protested amounts (nonallowable cost report items) in accordance chapter I, §115.2	•		0	1

28.00 Tentative settlement (for contractor use only)
29.00 Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)
30.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2

2.00 Ratio of injection/infusion staff time to total health care staff time 0.000592 0.001613 0.000207 0.000000 2. staff time 3.00 Injection/infusion health care staff cost (line 1 x line 2) 6, 493 17, 691 2, 270 0 3. 4.00 Injections/infusions and related medical supplies costs (from your records) 5.00 Direct cost of injections/infusions (line 3 plus line 4) 267, 126 66, 273 49, 462 0 5. Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22) 7.00 Total overhead (from Wkst. M-2, line 19) 9, 626, 760 9, 626, 760 9, 626, 760 7.	2-10	-255	eu of Form CMS-2	In Lie	VCS	AND HEALTH S	n Financial Systems GIBSON AREA HOSPITA
Title XVIII RHC Cost		epar	Date/Time Pre	rom 10/01/2022	F		TATION OF HOSPITAL-BASED RHC/FQHC VACCINE COST
PNEUMOCOCCAL VACCINES VACCINE				RHC I	XVIII	Title	
1.00 Health care staff cost (from Wkst. M-1, col. 7, line 10) 10, 967, 689			ANTI BODY				
2.00 Ratio of injection/infusion staff time to total health care staff time 0.000592 0.001613 0.000207 0.000000 2. 3.00 Injection/infusion health care staff cost (line 1 x line 2) 6, 493 17, 691 2, 270 0 3. 4.00 Injections/infusions and related medical supplies costs (from your records) 260, 633 48, 582 47, 192 0 4. 5.00 Direct cost of injections/infusions (line 3 plus line 4) 267, 126 66, 273 49, 462 0 5. 6.00 Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22) 7.00 Total overhead (from Wkst. M-2, line 19) 9, 626, 760 9, 626, 760 9, 626, 760 7.			2. 02	2. 01	2.00	1. 00	
staff time 3.00 Injection/infusion health care staff cost (line 1 x line 2) 6,493 17,691 2,270 0 3. 4.00 Injections/infusions and related medical supplies costs (from your records) 5.00 Direct cost of injections/infusions (line 3 plus line 4) 267,126 66,273 49,462 0 5. 6.00 Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22) 7.00 Total overhead (from Wkst. M-2, line 19) 9,626,760 9,626,760 9,626,760 9,626,760 7.	1. 00	9	10, 967, 689	10, 967, 689	10, 967, 689	10, 967, 689	Health care staff cost (from Wkst. M-1, col. 7, line 10)
4.00 Injections/infusions and related medical supplies costs (from your records) 5.00 Direct cost of injections/infusions (line 3 plus line 4) 6.00 Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22) 7.00 Total overhead (from Wkst. M-2, line 19) 4. 526, 633	2. 00	: c	0.000000	0. 000207	0. 001613	0. 000592	
(from your records) 5.00 Direct cost of injections/infusions (line 3 plus line 4) 6.00 Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22) 7.00 Total overhead (from Wkst. M-2, line 19) 267, 126 66, 273 12, 205, 479 12, 205, 479 12, 205, 479 12, 205, 479 9, 626, 760 9, 626, 760 9, 626, 760 9, 626, 760 9, 626, 760 7.	3.00	o :			17, 691	6, 493	
6.00 Total direct cost of the hospital-based RHC/FQHC (from 12,205,479 12,205,479 12,205,479 12,205,479 6. Worksheet M-1, col. 7, line 22) 7.00 Total overhead (from Wkst. M-2, line 19) 9,626,760 9,626,760 9,626,760 9,626,760 7.	4. 00		0		·	260, 633	(from your records)
Worksheet M-1, col. 7, line 22) 7.00 Total overhead (from Wkst. M-2, line 19) 9,626,760 9,626,760 9,626,760 9,626,760 7.	5. 00) i	. 0			267, 126	
	6. 00						Worksheet M-1, col. 7, line 22)
	7. 00						
(line 5 divided by line 6)	8. 00						
	9. 00	o ه	•	•			
costs (sum of lines 5 and 9)	0. 00						costs (sum of lines 5 and 9)
11.00 Total number of injections/infusions (from your records) 991 2,699 347 0 11.					, , ,		
12.00 Cost per injection/infusion (line 10/line 11) 482.16 43.92 254.96 0.00 12.							
benefi ci ari es	3. 00			130	719		benefi ci ari es
13.01 Number of COVID-19 vaccine injections/infusions administered 0 0 13. to MA enrollees							to MA enrollees
14.00 Program cost of injections/infusions and their 80,521 31,578 33,145 0 14. administration costs (line 12 times the sum of lines 13 and 13.01, as applicable)	4. 00) 14		33, 145	31, 578	80, 521	administration costs (line 12 times the sum of lines 13 and
COST OF INJECTIONS / INFUSIONS AND ADMINISTRATION			INJECTIONS / INFUSIONS AND				
1.00 2.00							
	5. 00	3 1!			columns 1, 2,		
16.00 Total Program cost of injections/infusions and their administration costs (sum of columns 145, 244 16. 1, 2, 2.01, and 2.02, line 14) (transfer this amount to Wkst. M-3, line 21)	6 00	4 1	145, 244	ns	(sum of colum		

Health Financial Systems	GIBSON AREA HOSPITAL AND HEALTH SVCS	In Lie	u of Form CMS-2552-10
ANALYCIC OF DAYMENTS TO HOSDITAL	DACED DUO (FOUR DEDUU DED FOR CEDIU DED 1 1 00N 44 4047	D . I	W 1 1 1 M 5

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICE\$ Provider CCN: 14-1317
RENDERED TO PROGRAM BENEFICIARIES

Component CCN: 14-3408

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

Date/Time Prepared:
2/26/2024 10: 06 am

				2/26/2024 10:0	06 aı
			RHC I	Cost	
	·		Par	t B	
			mm/dd/yyyy	Amount	
			1. 00	2. 00	
00	Total interim payments paid to hospital-based RHC/FQHC			3, 028, 296	1.
00	Interim payments payable on individual bills, either submi	tted or to be submitted to th	ne	o	2.
	contractor for services rendered in the cost reporting peri	iod. If none, write "NONE" o	or		
	enter a zero				
00	List separately each retroactive lump sum adjustment amoun-	t based on subsequent revision	on		3.
	of the interim rate for the cost reporting period. Also sho	ow date of each payment. If			
	none, write "NONE" or enter a zero. (1)				
	Program to Provider				
01			06/05/2023	28, 535	3.
02				0	3.
03				0	3
04				0	3
05				0	3
	Provider to Program				
50				0	3
51				0	3
52				0	3
53				0	3
54				0	3
99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.	. 98)		28, 535	3
00	Total interim payments (sum of lines 1, 2, and 3.99) (trans	sfer to Worksheet M-3, line 2	27)	3, 056, 831	4
	TO BE COMPLETED BY CONTRACTOR				
00	List separately each tentative settlement payment after des	sk review. Also show date of			5
	each payment. If none, write "NONE" or enter a zero. (1)				
	Program to Provider				
01				0	5
02				0	5
23				0	5
	Provider to Program				
50				0	5
51				0	5
52				0	5
99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.			0	5
00	Determined net settlement amount (balance due) based on the	e cost report. (1)			6
)1	SETTLEMENT TO PROVIDER			222, 225	6
)2	SETTLEMENT TO PROGRAM			0	6
00	Total Medicare program liability (see instructions)			3, 279, 056	7
			Contractor	NPR Date	
			Number	(Mo/Day/Yr)	
		0	1. 00	2.00	
00	Name of Contractor	National Government Services	, 06101		8.
		Inc.	1		