

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

Provider CCN: 14-1317

Period:
From 10/01/2022
To 09/30/2023Worksheet 5
Parts I-III
Date/Time Prepared:
2/27/2024 1:32 pm

PART I - COST REPORT STATUS


Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 2/27/2024	Time: 1:32 pm
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input checked="" type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.		
Contractor use only	5. <input checked="" type="checkbox"/> Cost Report Status	6. Date Received:	10. NPR Date:
	(1) As Submitted	7. Contractor No. 06101	11. Contractor's Vendor Code: 4
	(2) Settled without Audit	8. <input checked="" type="checkbox"/> Initial Report for this Provider CCN	12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.
	(3) Settled with Audit	9. <input checked="" type="checkbox"/> Final Report for this Provider CCN	
	(4) Reopened		
	(5) Amended		

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by 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	
1	2		
	<input checked="" type="checkbox"/>	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2 Signatory Printed Name			2
3 Signatory Title			3
4 Date			4

Encryption Information

ECR: Date: 2/27/2024 Time: 1:32 pm

E8XY0ltgkQHjwofwGkFt59vva11ld0

mANAW0P9Yw1hnbjkmANYfFyvbrokHf

CX2s1hzvx50Foh1q

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 HOSPITAL	0	-414,347	-461,693	0	0	1.00
2.00 SUBPROVIDER - IPF	0	0	0		0	2.00
3.00 SUBPROVIDER - IRF	0	0	0		0	3.00
5.00 SWING BED - SNF	0	29,272	0		0	5.00
6.00 SWING BED - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
10.00 RURAL HEALTH CLINIC I	0		222,225		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.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 14-1317		Period: From 10/01/2022 To 09/30/2023		Worksheet S-2 Part I Date/Time Prepared: 2/26/2024 10:06 am		
1.00 Hospital and Hospital Health Care Complex Address:			2.00			3.00			4.00		
1.00	Street: 1120 N. MELVIN			PO Box:						1.00	
2.00	City: GIBSON CITY			State: IL		Zip Code: 60936-		County: FORD		2.00	
			Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital			GIBSON AREA HOSPITAL AND HEALTH SVCS	141317	99914	1	01/03/2002	N	O	O
4.00	Subprovider - IPF										
5.00	Subprovider - IRF										
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF			GIBSON COMMUNITY SWING BEDS	14Z317	99914		12/31/2002	N	O	N
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF			GIBSON HOSPITAL ANNEX SNF	145979	99914		05/19/1999	N	P	P
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA										
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC			THE PAXTON CLINIC	143408	99914		01/01/1996	N	O	O
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis										
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2022		09/30/2023		20.00
21.00	Type of Control (see instructions)						2				21.00
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N	N			22.00	
22.01	Did this hospital receive interim UCPs, including supplemental UCPs, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N			22.01	
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									22.04	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2	N			23.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-1317

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

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	0	0	0	0	0	0	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00
					Urban/Rural Status	Date of Geographic	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	N	
57.00 For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.					N		
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1317		Period: From 10/01/2022 To 09/30/2023		Worksheet S-2 Part I Date/Time Prepared: 2/26/2024 10:06 am	
				V	XVIII	XIX	
				1.00	2.00	3.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.			N			59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	N				63.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-1317

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

			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

Health Financial Systems		GIBSON AREA HOSPITAL AND HEALTH SVCS		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1317	Period: From 10/01/2022 To 09/30/2023	Worksheet S-2 Part I Date/Time Prepared: 2/26/2024 10:06 am	
			1.00		
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?				68.00
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N	70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N	75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
			1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.			N	0
			Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge
			1.00	2.00	3.00
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.			0.00	0
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	Y
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1317	Period: From 10/01/2022 To 09/30/2023	Worksheet S-2 Part I Date/Time Prepared: 2/26/2024 10:06 am
		V 1.00	XIX 2.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06
Rural Providers				
105.00	Does this hospital qualify as a CAH?	Y		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	Y		106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	Y	N	107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00
		Physical 1.00	Occupational 2.00	Speech 3.00
		Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1317	Period: From 10/01/2022 To 09/30/2023	Worksheet S-2 Part I Date/Time Prepared: 2/26/2024 10:06 am	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	936,068	0	0	118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.02		122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.	Y	Y		123.00
Certified Transplant Center Information					
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	Removed and reserved				133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N			140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
		1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1317		Period: From 10/01/2022 To 09/30/2023		Worksheet S-2 Part I Date/Time Prepared: 2/26/2024 10:06 am		
						1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	Y	Y	N	N		155.00	
156.00	Subprovider - IPF	N	N	N	N		156.00	
157.00	Subprovider - IRF	N	N	N	N		157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF	N	N	N	N		159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N		160.00	
161.00	CMHC		N	N	N		161.00	
						1.00		
Multicampus								
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	
						1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00
				Beginning	Ending			
				1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
				1.00	2.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-1317		Period: From 10/01/2022 To 09/30/2023		Worksheet S-2 Part II Date/Time Prepared: 2/26/2024 10:06 am	
				Y/N	Date		
				1.00	2.00		
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y		A			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N			15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/27/2023	Y	11/27/2023		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-1317

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

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		Y		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		Y		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		Y		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		Y		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		Y		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		Y		33.00
Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		Y		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MATTHEW	ERTEL		41.00
42.00	Enter the employer/company name of the cost report preparer	GIBSON AREA HOSPITAL AND HEALTH SERV			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	217-784-2601	MATTHEW_ERTEL@GIBSONHOSPITAL.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-1317

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

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

HFS Supplemental Information

Provider CCN: 14-1317

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

		Title V	Title XIX	
		1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	N	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	N	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	N	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 S-3, Part I, column 7, sum of lines 2, 3, and 4 to Worksheet E-4, column 2, line 26?		Y	3.02
		Inpatient	Outpatient	
		1.00	2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	N	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	N	Y	7.00
RHC				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00
FQHC				
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	9.00
		State		
		1.00		
STATE MEDICAID FORMS				
10.00	Select the state when using state Medicaid forms.			10.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-1317

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

Component	Worksheet A	No. of Beds	Bed Days	CAH/REH Hours	I/P Days / O/P		
	Line No.		Avai lable		Vi si ts / Tri ps		
	1.00	2.00	3.00	4.00	5.00		
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	23	8,395	56,468.00	0	1.00
2.00	HMO and other (see instructions)						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		23	8,395	56,468.00	0	7.00
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	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	44.00	5	1,825		0	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE	46.00	37	13,505			21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RHC (CONSOLIDATED)	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		67				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-1317

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

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
	PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	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	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	102	0	113			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	1,259	15	2,314			7.00
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	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						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	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RHC (CONSOLIDATED)	11,555	651	58,899	0.74	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	Ambulance Trips	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 outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0			34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-1317

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

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
PART I - STATISTICAL DATA						
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	337	8	769	1.00
2.00 HMO and other (see instructions)			60	143		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	337	8	769	14.00
15.00 CAH visits						15.00
15.10 REH hours and visits						15.10
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	0.00				22	21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RHC (CONSOLIDATED)	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01
34.00 Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA			Provider CCN: 14-1317 Component CCN: 14-3408		Period: From 10/01/2022 To 09/30/2023		Worksheet S-8 Date/Time Prepared: 2/26/2024 10:06 am	
			RHC I		Cost			
			1.00					
1.00	Clinic Address and Identification							
	Street				225 MARKET STREET			
					City		State	
					1.00		2.00	
2.00	City, State, ZIP Code, County				PAXTON		IL 60957	
							1.00	
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban						0	
					Grant Award		Date	
					1.00		2.00	
4.00	Source of Federal Funds							
5.00	Community Health Center (Section 330(d), PHS Act)							
6.00	Migrant Health Center (Section 329(d), PHS Act)							
7.00	Health Services for the Homeless (Section 340(d), PHS Act)							
8.00	Appalachian Regional Commission							
9.00	Look-Alikes							
9.00	OTHER (SPECIFY)							
					1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)				N		0	
					Sunday		Monday	
					from		to	
					1.00		2.00	
					from		to	
					3.00		4.00	
					from		to	
					5.00			
11.00	Facility hours of operations (1)							
	CLINIC				08:00		12:00	
					07:30		17:00	
					07:30			
					1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?				N			
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below				Y		11	
					Provider name		CCN	
					1.00		2.00	
14.00	RHC/FQHC name, CCN				THE PAXTON CLINIC		143408	
14.01					THE ONARGA CLINIC		143440	
14.02					PRAIRIE FAMILY MEDICINE & OB		148505	
14.03					HOOPESTON CLINIC		148515	
14.04					FARMER CITY CLINIC		148517	
14.05					GIBSON AREA MEDICAL CLINIC		148546	
14.06					GIBSON CITY CLINIC		148559	
14.07					FAMILY HEALTH CARE OF CISSNA PARK		148593	
14.08					FAMILY HEALTH CARE OF MAHOMET		148600	
14.09					GIBSON COMMUNITY HOSPITAL ASSOC		148609	
14.10					GIBSON AREA PRIMARY CARE		148516	
					Y/N		V	
					1.00		2.00	
					XVIII		XIX	
					3.00		4.00	
							Total Visits	
							5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)							

MCRI F32 - 21. 3. 178. 2

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-1317	Period: From 10/01/2022 To 09/30/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 2/26/2024 10:06 am	
				1.00	
PART I - HOSPITAL AND HOSPITAL COMPLEX DATA					
Uncompensated and Indigent Care Cost-to-Charge Ratio					
1.00	Cost to charge ratio (see instructions)		0.312504		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		2,492,524		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		2,555,895		5.00
6.00	Medicaid charges		59,890,521		6.00
7.00	Medicaid cost (line 1 times line 6)		18,716,027		7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)		13,667,608		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		6,988		9.00
10.00	Stand-alone CHIP charges		28,727		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		8,977		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)		1,989		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)		0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		13,669,597		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated care cost (see instructions for each line)					
20.00	Charity care charges and uninsured discounts (see instructions)	1,254,952	1,180,959	2,435,911	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	392,178	1,180,959	1,573,137	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (see instructions)	392,178	1,180,959	1,573,137	23.00
				1.00	
24.00	Does the amount on line 20 col. 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0		25.00
25.01	Charges for insured patients' liability (see instructions)		0		25.01
26.00	Bad debt amount (see instructions)		3,445,998		26.00
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
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
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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-1317	Period: From 10/01/2022 To 09/30/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 2/26/2024 10:06 am
				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 supplemental payments from Medicaid?			4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			5.00
6.00	Medicaid charges			6.00
7.00	Medicaid cost (line 1 times line 6)			7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)			8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP			9.00
10.00	Stand-alone CHIP charges			10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)			12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			14.00
15.00	State or local indigent care program cost (line 1 times line 14)			15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)			16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care			17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated care cost (see instructions for each line)				
20.00	Charity care charges and uninsured discounts (see instructions)			20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)			21.00
22.00	Payments received from patients for amounts previously written off as charity care			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 days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			25.00
25.01	Charges for insured patients' liability (see instructions)			25.01
26.00	Bad debt amount (see instructions)			26.00
27.00	Medicare reimbursable bad debts (see instructions)			27.00
27.01	Medicare allowable bad debts (see instructions)			27.01
28.00	Non-Medicare bad debt amount (see instructions)			28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)			29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)			30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1317

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

Worksheet A

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

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		4,977,181	4,977,181	-3,198,655	1,778,526	1.00
1.01	00101	OB UNIT - BLDG & FIXT		0	0	294,633	294,633	1.01
1.02	00102	B&F - ONARGA RHC		0	0	8,407	8,407	1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN		0	0	12,975	12,975	1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC		0	0	177,962	177,962	1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC		0	0	15,724	15,724	1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC		0	0	145,889	145,889	1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC		0	0	47,718	47,718	1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC		0	0	0	0	1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER		0	0	413	413	1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION		0	0	6,900	6,900	1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE		0	0	6,836	6,836	1.15
1.16	00116	B&F - AMBULANCE BUILDING		0	0	23,843	23,843	1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK		0	0	31,237	31,237	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE		0	0	6,685	6,685	1.18
1.19	00119	B&F - ANESTHESIA HOUSE		0	0	9,790	9,790	1.19
1.20	00120	B&F - #7 DOCTOR'S PARK		0	0	9,448	9,448	1.20
1.21	00121	B&F - #4 DOCTOR'S PARK		0	0	1,350	1,350	1.21
1.22	00122	B&F - #8 DOCTOR'S PARK		0	0	16,984	16,984	1.22
1.25	00125	B&F - HARMS HOUSE/IT		0	0	14,832	14,832	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE		0	0	13,612	13,612	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE		0	0	8,486	8,486	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED		0	0	12,878	12,878	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	3,584,332	3,584,332	2.00
3.00	00300	OTHER CAP REL COSTS		118,014	118,014	0	118,014	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	490,935	23,872,315	23,872,250	-1,448,988	22,423,262	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,261,251	2,511,608	4,772,859	-573,888	4,198,971	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	6,318,498	10,122,699	16,441,197	636,928	17,078,125	5.02
7.00	00700	OPERATION OF PLANT	735,261	1,661,663	2,396,924	-370,629	2,026,295	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	47,122	103,273	150,395	370,629	521,024	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	372,574	87,865	460,439	0	460,439	8.00
9.00	00900	HOUSEKEEPING	780,799	124,576	905,375	0	905,375	9.00
10.00	01000	DIETARY	661,268	572,101	1,233,369	-574,740	658,629	10.00
11.00	01100	CAFETERIA	0	0	0	501,981	501,981	11.00
13.00	01300	NURSING ADMINISTRATION	212,091	4,166	216,257	0	216,257	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	509,688	509,688	0	509,688	14.00
15.00	01500	PHARMACY	778,957	2,565,162	3,344,119	0	3,344,119	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	377,891	178,872	556,763	0	556,763	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	148,804	148,804	0	148,804	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,063,655	461,638	5,525,293	-836,655	4,688,638	30.00
31.00	03100	INTENSIVE CARE UNIT	107,171	8,418	115,589	681	116,270	31.00
43.00	04300	NURSERY	0	0	0	641,192	641,192	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	200,856	200,856	44.00
46.00	04600	OTHER LONG TERM CARE	1,892,034	471,906	2,363,940	-171,152	2,192,788	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,519,678	2,421,299	5,940,977	27,134	5,968,111	50.00
51.00	05100	RECOVERY ROOM	520,635	59,762	580,397	0	580,397	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	232,996	232,996	52.00
53.00	05300	ANESTHESIOLOGY	3,577,605	312,454	3,890,059	181,419	4,071,478	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,040,553	2,087,504	4,128,057	-97,971	4,030,086	54.00
56.00	05600	RADIOISOTOPE	0	110,515	110,515	97,971	208,486	56.00
60.00	06000	LABORATORY	1,396,473	1,886,212	3,282,685	0	3,282,685	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	113,660	113,660	0	113,660	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	647,746	127,035	774,781	-53,932	720,849	65.00
66.00	06600	PHYSICAL THERAPY	1,531,329	156,543	1,687,872	10,781	1,698,653	66.00
67.00	06700	OCCUPATIONAL THERAPY	381,453	9,998	391,451	0	391,451	67.00
68.00	06800	SPEECH PATHOLOGY	145,330	11,336	156,666	0	156,666	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,334	1,334	53,932	55,266	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,206,966	2,206,966	0	2,206,966	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,755,559	5,755,559	0	5,755,559	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,105,864	3,105,864	0	3,105,864	73.00
73.01	07301	CARDIAC REHAB	154,376	12,710	167,086	0	167,086	73.01
73.02	07302	WOUND CARE	517,588	102,771	620,359	25,776	646,135	73.02
73.03	07303	SLEEP LAB	157,132	56,969	214,101	0	214,101	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	72,759	72,759	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	11,987,880	2,488,877	14,476,757	1,441,756	15,918,513	88.00
90.00	09000	CLINIC	192,574	17,659	210,233	490	210,723	90.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1317

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

Worksheet A

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

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.01	09001	GERI PSYCH CLINIC	175,350	140,786	316,136	6,896	323,032	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	7,425,280	4,551,485	11,976,765	368,665	12,345,430	90.02
90.03	09003	GENERAL SURGERY CLINIC	1,753,429	282,300	2,035,729	97,322	2,133,051	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC	1,752,653	1,002,682	2,755,335	75,949	2,831,284	90.05
91.00	09100	EMERGENCY	1,619,266	2,657,279	4,276,545	1,764	4,278,309	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	2,557,529	251,528	2,809,057	108,565	2,917,622	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST 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	236,222	142,374,168	118.00
NONREIMBURSABLE 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	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	181,710	18,296	200,006	556	200,562	194.02
194.03	07953	WELLNESS CENTER	161,720	13,487	175,207	0	175,207	194.03
194.04	07954	PSYCH CLINIC	1,845,701	311,771	2,157,472	18,115	2,175,587	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	164,276	30,851	195,127	3,900	199,027	194.07
194.08	07958	LINE NOT UTILIZED	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	156,553	7,860	164,413	0	164,413	194.10
194.11	07961	OPC SPECIALTY CLINIC	60,429	15,753	76,182	2,503	78,685	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	640,395	149,220	789,615	8,138	797,753	194.16
194.17	07967	ELITE PERFORMANCE	1,735,149	303,560	2,038,709	-283,546	1,755,163	194.17
194.18	07968	GAFM	875,593	200,112	1,075,705	10,881	1,086,586	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	97,026	21,028	118,054	6,881	124,935	194.20
194.21	07971	FAMILY H. C. FAIRBURY	738,624	201,412	940,036	11,374	951,410	194.21
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	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	406,215	697,237	1,103,452	0	1,103,452	194.26
194.27	07977	RETAIL PHARMACY	564,200	1,985,910	2,550,110	-15,024	2,535,086	194.27
194.28	07978	CP THERAPY	217,823	75,470	293,293	0	293,293	194.28
194.29	07979	SCHOOL NURSE	499,067	10,261	509,328	0	509,328	194.29
200.00		TOTAL (SUM OF LINES 118 through 199)	70,570,477	84,285,266	154,855,743	0	154,855,743	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1317

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

Worksheet A

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

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-40,550	1,737,976	1.00
1.01	00101	OB UNIT - BLDG & FIXT	-4,437	290,196	1.01
1.02	00102	B&F - ONARGA RHC	0	8,407	1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN	0	12,975	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	1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER	0	413	1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	0	6,900	1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	6,836	1.15
1.16	00116	B&F - AMBULANCE BUILDING	0	23,843	1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK	0	31,237	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	0	6,685	1.18
1.19	00119	B&F - ANESTHESIA HOUSE	0	9,790	1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	0	9,448	1.20
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	3,560,620	2.00
3.00	00300	OTHER CAP REL COSTS	-118,014	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,457,101	20,966,161	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	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	2,026,295	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	521,024	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	460,439	8.00
9.00	00900	HOUSEKEEPING	0	905,375	9.00
10.00	01000	DIETARY	0	658,629	10.00
11.00	01100	CAFETERIA	-40,785	461,196	11.00
13.00	01300	NURSING ADMINISTRATION	0	216,257	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	509,688	14.00
15.00	01500	PHARMACY	-2,096,847	1,247,272	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,902	553,861	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	148,804	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-455,017	4,233,621	30.00
31.00	03100	INTENSIVE CARE UNIT	-8,268	108,002	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	ANESTHESIOLOGY	-3,667,455	404,023	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-863,836	3,166,250	54.00
56.00	05600	RADIOISOTOPE	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	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	720,849	65.00
66.00	06600	PHYSICAL THERAPY	0	1,698,653	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	391,451	67.00
68.00	06800	SPEECH PATHOLOGY	0	156,666	68.00
69.00	06900	ELECTROCARDIOLOGY	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	73.00
73.01	07301	CARDIAC 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	DIETARY EDUCATION	0	72,759	73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	-215,016	15,703,497	88.00
90.00	09000	CLINIC	0	210,723	90.00
90.01	09001	GERI PSYCH CLINIC	-28,650	294,382	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	-9,159,240	3,186,190	90.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1317

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

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
90.03	09003	GENERAL SURGERY CLINIC	-1,525,460	607,591	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC	-1,818,042	1,013,242	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					
95.00	09500	AMBULANCE SERVICES	-233,475	2,684,147	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-27,991,244	114,382,924	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.01	19201	GAH - MSO	0	0	192.01
192.02	19202	GAH FOUNDATION	0	331,088	192.02
194.00	07950	FALCON POINT RENTAL	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	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 CARDIOLOGY	0	0	194.09
194.10	07960	WIC	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	PODIATRY	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	194.15
194.16	07966	FHGC	0	797,753	194.16
194.17	07967	ELITE 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	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	GIBSON HEALTH OF MAHOMET	0	0	194.25
194.26	07976	DENTAL CLINIC	0	1,103,452	194.26
194.27	07977	RETAIL PHARMACY	0	2,535,086	194.27
194.28	07978	CP THERAPY	0	293,293	194.28
194.29	07979	SCHOOL NURSE	0	509,328	194.29
200.00		TOTAL (SUM OF LINES 118 through 199)	-27,991,244	126,864,499	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 14-1317

Period:
From 10/01/2022
To 09/30/2023Worksheet Non-CMS Wo
Date/Time Prepared:
2/26/2024 10:06 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
1.01	OB UNIT - BLDG & FIXT	00101		1.01
1.02	B&F - ONARGA RHC	00102		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	B&F - FORREST RURAL HEALTH CLINIC	00107		1.07
1.09	B&F - PAXTON RURAL HEALTH CLINIC	00109		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	B&F - PAXTON AMBULANCE STATION	00114		1.14
1.15	B&F - AMBULANCE STAFF RESIDENCE	00115		1.15
1.16	B&F - AMBULANCE BUILDING	00116		1.16
1.17	B&F - # 10 DOCTOR'S PARK	00117		1.17
1.18	B&F - COSMETOLOGY OFFICE	00118		1.18
1.19	B&F - ANESTHESIA HOUSE	00119		1.19
1.20	B&F - #7 DOCTOR'S PARK	00120		1.20
1.21	B&F - #4 DOCTOR'S PARK	00121		1.21
1.22	B&F - #8 DOCTOR'S PARK	00122		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	B&F - 2012 NEW STORAGE SHED	00128		1.28
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.01
5.02	ALL OTHER ADMIN & GENERAL	00591		5.02
7.00	OPERATION OF PLANT	00700		7.00
7.01	OPERATION OF PLANT-OUTSIDE PROPERTY	00701		7.01
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	02200		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
43.00	NURSERY	04300		43.00
44.00	SKILLED NURSING FACILITY	04400		44.00
46.00	OTHER LONG TERM CARE	04600		46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
56.00	RADIOISOTOPE	05600		56.00
60.00	LABORATORY	06000		60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
73.01	CARDIAC REHAB	07301		73.01
73.02	WOUND CARE	07302		73.02
73.03	SLEEP LAB	07303		73.03
73.04	DIETARY EDUCATION	03950		73.04
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	08800		88.00

COST CENTERS USED IN COST REPORT

Provider CCN: 14-1317

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

Worksheet Non-CMS Wo

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

Cost Center Description		CMS Code	Standard Label For 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
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.01	GAH - MSO	19201		192.01
192.02	GAH FOUNDATION	19202		192.02
194.00	FALCON POINT RENTAL	07950		194.00
194.01	PHYSICIAN OFFICE	07951		194.01
194.02	PLASTIC SURG & DR. CHUNG	07952		194.02
194.03	WELLNESS CENTER	07953		194.03
194.04	PSYCH CLINIC	07954		194.04
194.05	MAHOMET SPECIALTY CLINIC	07955		194.05
194.06	LASER CLINIC	07956		194.06
194.07	PAIN CLINIC	07957		194.07
194.08	LINE NOT UTILIZED	07958		194.08
194.09	GAH CARDIOLOGY	07959		194.09
194.10	WIC	07960		194.10
194.11	OPC SPECIALTY CLINIC	07961		194.11
194.12	FAMILY HEALTHCARE OF POTOMAC	07962		194.12
194.13	PODIATRY	07963		194.13
194.14	9TH STREET CLINIC	07964		194.14
194.15	ORTHO CLINIC	07965		194.15
194.16	FHGC	07966		194.16
194.17	ELITE PERFORMANCE	07967		194.17
194.18	GAFM	07968		194.18
194.19	GAPC	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
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

RECLASSIFICATIONS

Provider CCN: 14-1317

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

Worksheet A-6

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

		Increases				
	Cost Center	Line #	Salary	Other		
	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	5.02	0	989,372		6.00
	TOTALS		0	2,044,544		
	B - CAFETERIA					
1.00	CAFETERIA	11.00	269,136	232,845		1.00
	TOTALS		269,136	232,845		
	C - OBSTETRICS					
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
	TOTALS		761,745	112,443		
	D - SNF DIRECT CARE COST					
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		0	918		
	F - MME, OB, & OFFSITE BLDG DEPR					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,058,801		1.00
2.00	OB UNIT - BLDG & FIXT	1.01	0	203,056		2.00
	TOTALS		0	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 SALARY					
1.00	RADIOISOTOPE	56.00	97,971	0		1.00
2.00	ELECTROCARDIOLOGY	69.00	53,932	0		2.00
	TOTALS		151,903	0		
	I - AMBULANCE BILLING COST					
1.00	AMBULANCE SERVICES	95.00	0	103,414		1.00
	TOTALS		0	103,414		
	J - RHC PHYSICIAN RECRUITMENT					
1.00	RURAL HEALTH CLINIC	88.00	0	50,488		1.00
	TOTALS		0	50,488		
	K - DIETARY EDUCATION					
1.00	DIETARY EDUCATION	73.04	0	72,759		1.00
	TOTALS		0	72,759		
	L - PRACTITIONERS BENEFITS					
1.00	ADULTS & PEDIATRICS	30.00	0	37,533		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	681		2.00
3.00	OPERATING ROOM	50.00	0	27,134		3.00
4.00	ANESTHESIOLOGY	53.00	0	181,419		4.00
5.00	PHYSICAL THERAPY	66.00	0	10,781		5.00
6.00	WOUND CARE	73.02	0	25,776		6.00
7.00	RURAL HEALTH CLINIC	88.00	0	1,142,180		7.00
8.00	ORTHO AND CARDIO CLINIC	90.02	0	227,812		8.00
9.00	GENERAL SURGERY CLINIC	90.03	0	59,795		9.00
10.00	ENT AND UROLOGY CLINIC	90.05	0	53,504		10.00
11.00	EMERGENCY	91.00	0	1,764		11.00
	TOTALS		0	1,768,379		
	M - OFFSITE UTILITIES					
1.00	OPERATION OF PLANT-OUTSIDE PROPERTY	7.01	0	370,629		1.00
	TOTALS		0	370,629		
	N - FITNESS CENTER EXPENSE FOR EMPLOYEES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	292,613	26,778		1.00
	TOTALS		292,613	26,778		
	O - OFFSITE BLDG DEPR					
1.00	B&F - FARMER CITY RURAL HEALTH CLINIC	1.04	0	12,975		1.00
2.00	B&F - HOOPESTON RURAL HEALTH CLINIC	1.05	0	177,962		2.00
3.00	B&F - FORREST RURAL HEALTH CLINIC	1.07	0	15,724		3.00
4.00	B&F - PAXTON RURAL HEALTH CLINIC	1.09	0	145,889		4.00
5.00	B&F - MAHOMET SPECIALTY CLINIC	1.10	0	47,718		5.00
6.00	B&F - PAXTON WELLNESS CENTER	1.12	0	413		6.00

RECLASSIFICATIONS

Provider CCN: 14-1317

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

Worksheet A-6

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

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
7.00	B&F - PAXTON AMBULANCE STATION	1.14	0	6,900	7.00
8.00	B&F - AMBULANCE STAFF RESIDENCE	1.15	0	6,836	8.00
9.00	B&F - AMBULANCE BUILDING	1.16	0	23,843	9.00
10.00	B&F - # 10 DOCTOR'S PARK	1.17	0	31,237	10.00
11.00	B&F - COSMETOLOGY OFFICE	1.18	0	6,685	11.00
12.00	B&F - ANESTHESIA HOUSE	1.19	0	9,790	12.00
13.00	B&F - #7 DOCTOR'S PARK	1.20	0	9,448	13.00
14.00	B&F - #4 DOCTOR'S PARK	1.21	0	1,350	14.00
15.00	B&F - #8 DOCTOR'S PARK	1.22	0	16,984	15.00
16.00	B&F - HARMS HOUSE/IT	1.25	0	14,832	16.00
17.00	B&F - 9TH 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 - 2012 NEW STORAGE SHED	1.28	0	12,878	19.00
20.00	ALL OTHER ADMIN & GENERAL	5.02	0	41,632	20.00
21.00	B&F - ONARGA RHC	1.02	0	8,407	21.00
22.00	RURAL HEALTH CLINIC	88.00	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
26.00		0.00	0	0	26.00
	TOTALS		0	659,881	
P - 340B PURCHASED SERVICES					
1.00	ALL OTHER ADMIN & GENERAL	5.02	0	16,762	1.00
	TOTALS		0	16,762	
T - RHC/ SNF BILLING/COLLECTIONS					
1.00	OTHER LONG TERM CARE	46.00	8,559	21,145	1.00
2.00	RURAL HEALTH CLINIC	88.00	50,717	125,299	2.00
3.00	CLINIC	90.00	141	349	3.00
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
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	FAMILY H.C. FAIRBURY	194.21	3,277	8,097	15.00
	TOTALS		135,561	334,913	
W - PHYSICIAN ADMINISTRATION EXPENSE					
1.00	ALL OTHER ADMIN & GENERAL	5.02	37,200	0	1.00
	TOTALS		37,200	0	
500.00	Grand Total : Increases		1,808,918	9,494,256	500.00

RECLASSIFICATIONS

Provider CCN: 14-1317

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

Worksheet A-6

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

		Decreases				Wkst. A-7 Ref.	
		Cost Center	Line #	Salary	Other		
		6.00	7.00	8.00	9.00	10.00	
A - INTEREST RECLASS							
1.00	INTEREST EXPENSE	113.00	0	2,044,544	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	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	0		6.00
	TOTALS		0	2,044,544			
B - CAFETERIA							
1.00	DIETARY	10.00	269,136	232,845	0		1.00
	TOTALS		269,136	232,845			
C - OBSTETRICS							
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		160,760	40,096			
E - BOND AMORT COST							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	918	14		1.00
	TOTALS		0	918			
F - MME, OB, & OFFSITE BLDG DEPR							
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	0	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	12		2.00
	TOTALS		0	397,550			
H - NUCLEAR MED & EKG TECH SALARY							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	97,971	0	0		1.00
2.00	RESPIRATORY THERAPY	65.00	53,932	0	0		2.00
	TOTALS		151,903	0			
I - AMBULANCE BILLING COST							
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.01	0	103,414	0		1.00
	TOTALS		0	103,414			
J - RHC PHYSICIAN RECRUITMENT							
1.00	ALL OTHER ADMIN & GENERAL	5.02	0	50,488	0		1.00
	TOTALS		0	50,488			
K - DIETARY EDUCATION							
1.00	DIETARY	10.00	0	72,759	0		1.00
	TOTALS		0	72,759			
L - PRACTITIONERS BENEFITS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,768,379	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
	TOTALS		0	1,768,379			
M - OFFSITE UTILITIES							
1.00	OPERATION OF PLANT	7.00	0	370,629	0		1.00
	TOTALS		0	370,629			
N - FITNESS CENTER EXPENSE FOR EMPLOYEES							
1.00	ELITE PERFORMANCE	194.17	292,613	26,778	0		1.00
	TOTALS		292,613	26,778			
O - OFFSITE BLDG DEPR							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	659,881	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
7.00		0.00	0	0	9		7.00
8.00		0.00	0	0	9		8.00
9.00		0.00	0	0	9		9.00
10.00		0.00	0	0	9		10.00
11.00		0.00	0	0	9		11.00

RECLASSIFICATIONS

Provider CCN: 14-1317

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

Worksheet A-6

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

	Decreases						
	Cost Center	Line #	Salary	Other	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			0	659,881			
P - 340B PURCHASED SERVICES							
1.00	RETAIL PHARMACY	194.27	0	16,762	0		1.00
TOTALS			0	16,762			
T - RHC/ SNF BILLING/COLLECTIONS							
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.01	135,561	334,913	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
TOTALS			135,561	334,913			
W - PHYSICIAN ADMINISTRATION EXPENSE							
1.00	RURAL HEALTH CLINIC	88.00	37,200	0	0		1.00
TOTALS			37,200	0			
500.00	Grand Total: Decreases		1,808,918	9,494,256			500.00

RECLASSIFICATIONS

Provider CCN: 14-1317

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

Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
A - INTEREST RECLASS									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	361,626	INTEREST EXPENSE	113.00	0	2,044,544	1.00
2.00	OB UNIT - BLDG & FIXT	1.01	0	91,577		0.00	0	0	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	489,438		0.00	0	0	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 & GENERAL	5.02	0	989,372		0.00	0	0	6.00
	TOTALS		0	2,044,544	TOTALS		0	2,044,544	
B - CAFETERIA									
1.00	CAFETERIA	11.00	269,136	232,845	DIETARY	10.00	269,136	232,845	1.00
	TOTALS		269,136	232,845	TOTALS		269,136	232,845	
C - OBSTETRICS									
1.00	NURSERY	43.00	558,718	82,474	ADULTS & PEDIATRICS	30.00	761,745	112,443	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	203,027	29,969		0.00	0	0	2.00
	TOTALS		761,745	112,443	TOTALS		761,745	112,443	
D - SNF DIRECT CARE COST									
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 EQUIP	2.00	0	918	CAP REL COSTS-BLDG & FIXT	1.00	0	918	1.00
	TOTALS		0	918	TOTALS		0	918	
F - MME, OB, & OFFSITE BLDG DEPR									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,058,801	CAP REL COSTS-BLDG & FIXT	1.00	0	3,058,801	1.00
2.00	OB UNIT - BLDG & FIXT	1.01	0	203,056	CAP REL COSTS-BLDG & FIXT	1.00	0	203,056	2.00
	TOTALS		0	3,261,857	TOTALS		0	3,261,857	
G - CAPITAL INSURANCE EXP									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	362,375	ALL OTHER ADMIN & GENERAL	5.02	0	397,550	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	35,175		0.00	0	0	2.00
	TOTALS		0	397,550	TOTALS		0	397,550	
H - NUCLEAR MED & EKG TECH SALARY									
1.00	RADIOISOTOPE	56.00	97,971	0	RADIOLOGY-DIAGNOSTIC	54.00	97,971	0	1.00
2.00	ELECTROCARDIOLOGY	69.00	53,932	0	RESPIRATORY THERAPY	65.00	53,932	0	2.00
	TOTALS		151,903	0	TOTALS		151,903	0	
I - AMBULANCE BILLING COST									
1.00	AMBULANCE SERVICES	95.00	0	103,414	CASHIERING/ACCOUNTS RECEIVABLE	5.01	0	103,414	1.00
	TOTALS		0	103,414	TOTALS		0	103,414	
J - RHC PHYSICIAN RECRUITMENT									
1.00	RURAL HEALTH CLINIC	88.00	0	50,488	ALL OTHER ADMIN & GENERAL	5.02	0	50,488	1.00
	TOTALS		0	50,488	TOTALS		0	50,488	
K - DIETARY EDUCATION									
1.00	DIETARY EDUCATION	73.04	0	72,759	DIETARY	10.00	0	72,759	1.00
	TOTALS		0	72,759	TOTALS		0	72,759	
L - PRACTITIONERS BENEFITS									
1.00	ADULTS & PEDIATRICS	30.00	0	37,533	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,768,379	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	681		0.00	0	0	2.00
3.00	OPERATING ROOM	50.00	0	27,134		0.00	0	0	3.00
4.00	ANESTHESIOLOGY	53.00	0	181,419		0.00	0	0	4.00
5.00	PHYSICAL THERAPY	66.00	0	10,781		0.00	0	0	5.00
6.00	WOUND CARE	73.02	0	25,776		0.00	0	0	6.00
7.00	RURAL HEALTH CLINIC	88.00	0	1,142,180		0.00	0	0	7.00
8.00	ORTHO AND CARDIO CLINIC	90.02	0	227,812		0.00	0	0	8.00
9.00	GENERAL SURGERY CLINIC	90.03	0	59,795		0.00	0	0	9.00
10.00	ENT AND UROLOGY CLINIC	90.05	0	53,504		0.00	0	0	10.00
11.00	EMERGENCY	91.00	0	1,764		0.00	0	0	11.00
	TOTALS		0	1,768,379	TOTALS		0	1,768,379	
M - OFFSITE UTILITIES									
1.00	OPERATION OF PLANT-OUTSIDE PROPERTY	7.01	0	370,629	OPERATION OF PLANT	7.00	0	370,629	1.00
	TOTALS		0	370,629	TOTALS		0	370,629	

RECLASSIFICATIONS

Provider CCN: 14-1317

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

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
N - FITNESS CENTER EXPENSE FOR EMPLOYEES									
1.00	EMPLOYEE BENEFITS	4.00	292,613	26,778	ELITE PERFORMANCE	194.17	292,613	26,778	1.00
	DEPARTMENT								
	TOTALS		292,613	26,778	TOTALS		292,613	26,778	
O - OFFSITE BLDG DEPR									
1.00	B&F - FARMER CITY	1.04	0	12,975	CAP REL COSTS-BLDG & FIXT	1.00	0	659,881	1.00
	RURAL HEALTH CLINIC								
2.00	B&F - HOOPESTON RURAL	1.05	0	177,962		0.00	0	0	2.00
	HEALTH CLINIC								
3.00	B&F - FORREST RURAL	1.07	0	15,724		0.00	0	0	3.00
	HEALTH CLINIC								
4.00	B&F - PAXTON RURAL	1.09	0	145,889		0.00	0	0	4.00
	HEALTH CLINIC								
5.00	B&F - MAHOMET	1.10	0	47,718		0.00	0	0	5.00
	SPECIALTY CLINIC								
6.00	B&F - PAXTON WELLNESS	1.12	0	413		0.00	0	0	6.00
	CENTER								
7.00	B&F - PAXTON AMBULANCE	1.14	0	6,900		0.00	0	0	7.00
	STATION								
8.00	B&F - AMBULANCE STAFF	1.15	0	6,836		0.00	0	0	8.00
	RESIDENCE								
9.00	B&F - AMBULANCE	1.16	0	23,843		0.00	0	0	9.00
	BUILDING								
10.00	B&F - # 10 DOCTOR'S	1.17	0	31,237		0.00	0	0	10.00
	PARK								
11.00	B&F - COSMETOLOGY	1.18	0	6,685		0.00	0	0	11.00
	OFFICE								
12.00	B&F - ANESTHESIA HOUSE	1.19	0	9,790		0.00	0	0	12.00
13.00	B&F - #7 DOCTOR'S PARK	1.20	0	9,448		0.00	0	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	1.22	0	16,984		0.00	0	0	15.00
16.00	B&F - HARMS HOUSE/IT	1.25	0	14,832		0.00	0	0	16.00
17.00	B&F - 9TH ST.	1.26	0	13,612		0.00	0	0	17.00
	EDUCATION HOUSE								
18.00	B&F - FALCON POINT	1.27	0	8,486		0.00	0	0	18.00
	RESIDENCE								
19.00	B&F - 2012 NEW STORAGE	1.28	0	12,878		0.00	0	0	19.00
	SHED								
20.00	ALL OTHER ADMIN & GENERAL	5.02	0	41,632		0.00	0	0	20.00
21.00	B&F - ONARGA RHC	1.02	0	8,407		0.00	0	0	21.00
22.00	RURAL HEALTH CLINIC	88.00	0	2,892		0.00	0	0	22.00
23.00	ELITE PERFORMANCE	194.17	0	35,845		0.00	0	0	23.00
24.00	FHCF	194.20	0	5,805		0.00	0	0	24.00
25.00	RETAIL PHARMACY	194.27	0	1,738		0.00	0	0	25.00
	TOTALS		0	659,881	TOTALS		0	659,881	
P - 340B PURCHASED SERVICES									
1.00	ALL OTHER ADMIN & GENERAL	5.02	0	16,762	RETAIL PHARMACY	194.27	0	16,762	1.00
	TOTALS		0	16,762	TOTALS		0	16,762	
T - RHC/ SNF BILLING/COLLECTIONS									
1.00	OTHER LONG TERM CARE	46.00	8,559	21,145	CASHIERING/ACCOUNTS RECEIVABLE	5.01	135,561	334,913	1.00
2.00	RURAL HEALTH CLINIC	88.00	50,717	125,299		0.00	0	0	2.00
3.00	CLINIC	90.00	141	349		0.00	0	0	3.00
4.00	GERI PSYCH CLINIC	90.01	1,987	4,909		0.00	0	0	4.00
5.00	ORTHO AND CARDIO CLINIC	90.02	40,585	100,268		0.00	0	0	5.00
6.00	GENERAL SURGERY CLINIC	90.03	10,813	26,714		0.00	0	0	6.00
7.00	ENT AND UROLOGY CLINIC	90.05	6,467	15,978		0.00	0	0	7.00
8.00	PLASTIC SURG & DR. CHUNG	194.02	160	396		0.00	0	0	8.00
9.00	PSYCH CLINIC	194.04	5,220	12,895		0.00	0	0	9.00
10.00	PAIN CLINIC	194.07	1,124	2,776		0.00	0	0	10.00
11.00	OPC SPECIALTY CLINIC	194.11	721	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	0	13.00
14.00	FHCF	194.20	310	766		0.00	0	0	14.00
15.00	FAMILY H.C. FAIRBURY	194.21	3,277	8,097		0.00	0	0	15.00
	TOTALS		135,561	334,913	TOTALS		135,561	334,913	
W - PHYSICIAN ADMINISTRATION EXPENSE									
1.00	ALL OTHER ADMIN & GENERAL	5.02	37,200	0	RURAL HEALTH CLINIC	88.00	37,200	0	1.00
	TOTALS		37,200	0	TOTALS		37,200	0	
500.00	Grand Total: Increases		1,808,918	9,494,256	Grand Total: Decreases		1,808,918	9,494,256	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1317

Period:
From 10/01/2022
To 09/30/2023Worksheet A-7
Part I
Date/Time Prepared:
2/26/2024 10:06 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00	4.00	5.00
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,374,466	170,375	0	170,375	0	1.00
2.00	Land Improvements	2,982,992	346,023	0	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
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
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	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1317

Period:
From 10/01/2022
To 09/30/2023Worksheet A-7
Part II
Date/Time Prepared:
2/26/2024 10:06 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	4,977,181		0	0	0	1.00
1.01	OB UNIT - BLDG & FIXT	0	0	0	0	0	1.01
1.02	B&F - ONARGA RHC	0	0	0	0	0	1.02
1.04	B&F - FARMER CITY RURAL HEALTH CLIN	0	0	0	0	0	1.04
1.05	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0	0	0	0	1.05
1.07	B&F - FORREST RURAL HEALTH CLINIC	0	0	0	0	0	1.07
1.09	B&F - PAXTON RURAL HEALTH CLINIC	0	0	0	0	0	1.09
1.10	B&F - MAHOMET SPECIALTY CLINIC	0	0	0	0	0	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	1.12
1.14	B&F - PAXTON AMBULANCE STATION	0	0	0	0	0	1.14
1.15	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0	0	1.15
1.16	B&F - AMBULANCE BUILDING	0	0	0	0	0	1.16
1.17	B&F - # 10 DOCTOR'S PARK	0	0	0	0	0	1.17
1.18	B&F - COSMETOLOGY OFFICE	0	0	0	0	0	1.18
1.19	B&F - ANESTHESIA HOUSE	0	0	0	0	0	1.19
1.20	B&F - #7 DOCTOR'S PARK	0	0	0	0	0	1.20
1.21	B&F - #4 DOCTOR'S PARK	0	0	0	0	0	1.21
1.22	B&F - #8 DOCTOR'S PARK	0	0	0	0	0	1.22
1.25	B&F - HARMS HOUSE/IT	0	0	0	0	0	1.25
1.26	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0	1.26
1.27	B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1.27
1.28	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0	1.28
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,977,181	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	4,977,181				1.00
1.01	OB UNIT - BLDG & FIXT	0	0				1.01
1.02	B&F - ONARGA RHC	0	0				1.02
1.04	B&F - FARMER CITY RURAL HEALTH CLIN	0	0				1.04
1.05	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0				1.05
1.07	B&F - FORREST RURAL HEALTH CLINIC	0	0				1.07
1.09	B&F - PAXTON RURAL HEALTH CLINIC	0	0				1.09
1.10	B&F - MAHOMET SPECIALTY CLINIC	0	0				1.10
1.11	B&F - POTOMAC RURAL HEALTH CLINIC	0	0				1.11
1.12	B&F - PAXTON WELLNESS CENTER	0	0				1.12
1.14	B&F - PAXTON AMBULANCE STATION	0	0				1.14
1.15	B&F - AMBULANCE STAFF RESIDENCE	0	0				1.15
1.16	B&F - AMBULANCE BUILDING	0	0				1.16
1.17	B&F - # 10 DOCTOR'S PARK	0	0				1.17
1.18	B&F - COSMETOLOGY OFFICE	0	0				1.18
1.19	B&F - ANESTHESIA HOUSE	0	0				1.19
1.20	B&F - #7 DOCTOR'S PARK	0	0				1.20
1.21	B&F - #4 DOCTOR'S PARK	0	0				1.21
1.22	B&F - #8 DOCTOR'S PARK	0	0				1.22
1.25	B&F - HARMS HOUSE/IT	0	0				1.25
1.26	B&F - 9TH ST. EDUCATION HOUSE	0	0				1.26
1.27	B&F - FALCON POINT RESIDENCE	0	0				1.27
1.28	B&F - 2012 NEW STORAGE SHED	0	0				1.28
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	4,977,181				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1317

Period:
From 10/01/2022
To 09/30/2023Worksheet A-7
Part III
Date/Time Prepared:
2/26/2024 10:06 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	64,449,924	0	64,449,924	0.594250	0	1.00
1.01	OB UNIT - BLDG & FIXT	0	0	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	0.000000	0	1.04
1.05	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0	0	0.000000	0	1.05
1.07	B&F - FORREST RURAL HEALTH CLINIC	0	0	0	0.000000	0	1.07
1.09	B&F - PAXTON RURAL HEALTH CLINIC	0	0	0	0.000000	0	1.09
1.10	B&F - MAHOMET SPECIALTY CLINIC	0	0	0	0.000000	0	1.10
1.11	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	0.000000	0	1.11
1.12	B&F - PAXTON WELLNESS CENTER	0	0	0	0.000000	0	1.12
1.14	B&F - PAXTON AMBULANCE STATION	0	0	0	0.000000	0	1.14
1.15	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0.000000	0	1.15
1.16	B&F - AMBULANCE BUILDING	0	0	0	0.000000	0	1.16
1.17	B&F - # 10 DOCTOR'S PARK	0	0	0	0.000000	0	1.17
1.18	B&F - COSMETOLOGY OFFICE	0	0	0	0.000000	0	1.18
1.19	B&F - ANESTHESIA HOUSE	0	0	0	0.000000	0	1.19
1.20	B&F - #7 DOCTOR'S PARK	0	0	0	0.000000	0	1.20
1.21	B&F - #4 DOCTOR'S PARK	0	0	0	0.000000	0	1.21
1.22	B&F - #8 DOCTOR'S PARK	0	0	0	0.000000	0	1.22
1.25	B&F - HARMS HOUSE/IT	0	0	0	0.000000	0	1.25
1.26	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0.000000	0	1.26
1.27	B&F - FALCON POINT RESIDENCE	0	0	0	0.000000	0	1.27
1.28	B&F - 2012 NEW STORAGE SHED	0	0	0	0.000000	0	1.28
2.00	CAP REL COSTS-MVBLE EQUIP	44,005,947	0	44,005,947	0.405750	0	2.00
3.00	Total (sum of lines 1-2)	108,455,871	0	108,455,871	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,032,413	0	1.00
1.01	OB UNIT - BLDG & FIXT	0	0	0	203,056	0	1.01
1.02	B&F - ONARGA RHC	0	0	0	8,407	0	1.02
1.04	B&F - FARMER CITY RURAL HEALTH CLIN	0	0	0	12,975	0	1.04
1.05	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0	0	177,962	0	1.05
1.07	B&F - FORREST RURAL HEALTH CLINIC	0	0	0	15,724	0	1.07
1.09	B&F - PAXTON RURAL HEALTH CLINIC	0	0	0	145,889	0	1.09
1.10	B&F - MAHOMET SPECIALTY CLINIC	0	0	0	47,718	0	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	413	0	1.12
1.14	B&F - PAXTON AMBULANCE STATION	0	0	0	6,900	0	1.14
1.15	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	6,836	0	1.15
1.16	B&F - AMBULANCE BUILDING	0	0	0	23,843	0	1.16
1.17	B&F - # 10 DOCTOR'S PARK	0	0	0	31,237	0	1.17
1.18	B&F - COSMETOLOGY OFFICE	0	0	0	6,685	0	1.18
1.19	B&F - ANESTHESIA HOUSE	0	0	0	9,790	0	1.19
1.20	B&F - #7 DOCTOR'S PARK	0	0	0	9,448	0	1.20
1.21	B&F - #4 DOCTOR'S PARK	0	0	0	1,350	0	1.21
1.22	B&F - #8 DOCTOR'S PARK	0	0	0	16,984	0	1.22
1.25	B&F - HARMS HOUSE/IT	0	0	0	14,832	0	1.25
1.26	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	13,612	0	1.26
1.27	B&F - FALCON POINT RESIDENCE	0	0	0	8,486	0	1.27
1.28	B&F - 2012 NEW STORAGE SHED	0	0	0	12,878	0	1.28
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,058,801	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,866,239	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1317

Period:
From 10/01/2022
To 09/30/2023Worksheet A-7
Part III
Date/Time Prepared:
2/26/2024 10:06 am

Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	344,106	362,375	0	-918	1,737,976	1.00
1.01	OB UNIT - BLDG & FIXT	87,140	0	0	0	290,196	1.01
1.02	B&F - ONARGA RHC	0	0	0	0	8,407	1.02
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	177,962	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 - MAHOMET SPECIALTY CLINIC	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	6,900	1.14
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	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	6,685	1.18
1.19	B&F - ANESTHESIA 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	0	12,878	1.28
2.00	CAP REL COSTS-MVBLE EQUIP	465,726	35,175	0	918	3,560,620	2.00
3.00	Total (sum of lines 1-2)	896,972	397,550	0	0	6,160,761	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1317

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

Worksheet A-8

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

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - OB UNIT - BLDG & FIXT (chapter 2)			OB UNIT - BLDG & FIXT	1.01	0	1.01
1.02	Investment income - B&F - ONARGA RHC (chapter 2)			OB&F - ONARGA RHC	1.02	0	1.02
1.04	Investment income - B&F - FARMER CITY RURAL HEALTH CLIN (chapter 2)			OB&F - FARMER CITY RURAL HEALTH CLIN	1.04	0	1.04
1.05	Investment income - B&F - HOOPESTON RURAL HEALTH CLINIC (chapter 2)			OB&F - HOOPESTON RURAL HEALTH CLINIC	1.05	0	1.05
1.07	Investment income - B&F - FORREST RURAL HEALTH CLINIC (chapter 2)			OB&F - FORREST RURAL HEALTH CLINIC	1.07	0	1.07
1.09	Investment income - B&F - PAXTON RURAL HEALTH CLINIC (chapter 2)			OB&F - PAXTON RURAL HEALTH CLINIC	1.09	0	1.09
1.10	Investment income - B&F - MAHOMET SPECIALTY CLINIC (chapter 2)			OB&F - MAHOMET SPECIALTY CLINIC	1.10	0	1.10
1.11	Investment income - B&F - POTOMAC RURAL HEALTH CLINIC (chapter 2)			OB&F - POTOMAC RURAL HEALTH CLINIC	1.11	0	1.11
1.12	Investment income - B&F - PAXTON WELLNESS CENTER (chapter 2)			OB&F - PAXTON WELLNESS CENTER	1.12	0	1.12
1.14	Investment income - B&F - PAXTON AMBULANCE STATION (chapter 2)			OB&F - PAXTON AMBULANCE STATION	1.14	0	1.14
1.15	Investment income - B&F - AMBULANCE STAFF RESIDENCE (chapter 2)			OB&F - AMBULANCE STAFF RESIDENCE	1.15	0	1.15
1.16	Investment income - B&F - AMBULANCE BUILDING (chapter 2)			OB&F - AMBULANCE BUILDING	1.16	0	1.16
1.17	Investment income - B&F - # 10 DOCTOR'S PARK (chapter 2)			OB&F - # 10 DOCTOR'S PARK	1.17	0	1.17
1.18	Investment income - B&F - COSMETOLOGY OFFICE (chapter 2)			OB&F - COSMETOLOGY OFFICE	1.18	0	1.18
1.19	Investment income - B&F - ANESTHESIA HOUSE (chapter 2)			OB&F - ANESTHESIA HOUSE	1.19	0	1.19
1.20	Investment income - B&F - #7 DOCTOR'S PARK (chapter 2)			OB&F - #7 DOCTOR'S PARK	1.20	0	1.20
1.21	Investment income - B&F - #4 DOCTOR'S PARK (chapter 2)			OB&F - #4 DOCTOR'S PARK	1.21	0	1.21
1.22	Investment income - B&F - #8 DOCTOR'S PARK (chapter 2)			OB&F - #8 DOCTOR'S PARK	1.22	0	1.22
1.25	Investment income - B&F - HARMS HOUSE/IT (chapter 2)			OB&F - HARMS HOUSE/IT	1.25	0	1.25
1.26	Investment income - B&F - 9TH ST. EDUCATION HOUSE (chapter 2)			OB&F - 9TH ST. EDUCATION HOUSE	1.26	0	1.26
1.27	Investment income - B&F - FALCON POINT RESIDENCE (chapter 2)			OB&F - FALCON POINT RESIDENCE	1.27	0	1.27
1.28	Investment income - B&F - 2012 NEW STORAGE SHED (chapter 2)			OB&F - 2012 NEW STORAGE SHED	1.28	0	1.28
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-17,438	ALL OTHER ADMIN & GENERAL	5.02	0	7.00
8.00	Television and radio service (chapter 21)	A	-11,084	ALL OTHER ADMIN & GENERAL	5.02	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1317

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

Worksheet A-8

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

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
10.00	Provider-based physician adjustment	A-8-2	-16,684,283			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - OB UNIT - BLDG & FIXT		0	OB UNIT - BLDG & FIXT	1.01	0	26.01
26.02	Depreciation - B&F - ONARGA RHC		0	B&F - ONARGA RHC	1.02	0	26.02
26.04	Depreciation - B&F - FARMER CITY RURAL HEALTH CLINIC		0	B&F - FARMER CITY RURAL HEALTH CLINIC	1.04	0	26.04
26.05	Depreciation - B&F - HOOPESTON RURAL HEALTH CLINIC		0	B&F - HOOPESTON RURAL HEALTH CLINIC	1.05	0	26.05
26.07	Depreciation - B&F - FORREST RURAL HEALTH CLINIC		0	B&F - FORREST RURAL HEALTH CLINIC	1.07	0	26.07
26.09	Depreciation - B&F - PAXTON RURAL HEALTH CLINIC		0	B&F - PAXTON RURAL HEALTH CLINIC	1.09	0	26.09
26.10	Depreciation - B&F - MAHOMET SPECIALTY CLINIC		0	B&F - MAHOMET SPECIALTY CLINIC	1.10	0	26.10
26.11	Depreciation - B&F - POTOMAC RURAL HEALTH CLINIC		0	B&F - POTOMAC RURAL HEALTH CLINIC	1.11	0	26.11
26.12	Depreciation - B&F - PAXTON WELLNESS CENTER		0	B&F - PAXTON WELLNESS CENTER	1.12	0	26.12
26.14	Depreciation - B&F - PAXTON AMBULANCE STATION		0	B&F - PAXTON AMBULANCE STATION	1.14	0	26.14
26.15	Depreciation - B&F - AMBULANCE STAFF RESIDENCE		0	B&F - AMBULANCE STAFF RESIDENCE	1.15	0	26.15
26.16	Depreciation - B&F - AMBULANCE BUILDING		0	B&F - AMBULANCE BUILDING	1.16	0	26.16
26.17	Depreciation - B&F - # 10 DOCTOR' S PARK		0	B&F - # 10 DOCTOR' S PARK	1.17	0	26.17
26.18	Depreciation - B&F - COSMETOLOGY OFFICE		0	B&F - COSMETOLOGY OFFICE	1.18	0	26.18
26.19	Depreciation - B&F - ANESTHESIA HOUSE		0	B&F - ANESTHESIA HOUSE	1.19	0	26.19
26.20	Depreciation - B&F - #7 DOCTOR' S PARK		0	B&F - #7 DOCTOR' S PARK	1.20	0	26.20
26.21	Depreciation - B&F - #4 DOCTOR' S PARK		0	B&F - #4 DOCTOR' S PARK	1.21	0	26.21

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1317

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

Worksheet A-8

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

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
26.22	Depreciation - B&F - #8 DOCTOR'S PARK			OB&F - #8 DOCTOR'S PARK	1.22	0	26.22
26.25	Depreciation - B&F - HARMS HOUSE/IT			OB&F - HARMS HOUSE/IT	1.25	0	26.25
26.26	Depreciation - B&F - 9TH ST. EDUCATION HOUSE			OB&F - 9TH ST. EDUCATION HOUSE	1.26	0	26.26
26.27	Depreciation - B&F - FALCON POINT RESIDENCE			OB&F - FALCON POINT RESIDENCE	1.27	0	26.27
26.28	Depreciation - B&F - 2012 NEW STORAGE SHED			OB&F - 2012 NEW STORAGE SHED	1.28	0	26.28
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	9	32.00
33.00	A&G MISC REV	B	-70,110	ALL OTHER ADMIN & GENERAL	5.02	0	33.00
33.01	DIRECTOR FEES	B	-12,000	RURAL HEALTH CLINIC	88.00	0	33.01
33.02	PROPERTY TAX - NONALLOWABLE	A	-13,108	ALL OTHER ADMIN & GENERAL	5.02	0	33.02
33.03	A&G MISC REV	B	-8,341	ALL OTHER ADMIN & GENERAL	5.02	0	33.03
33.04	SCHOOL NURSING INCOME	B		ALL OTHER ADMIN & GENERAL	5.02	0	33.04
33.05	AHEC INCOME	B	-2,289	ALL OTHER ADMIN & GENERAL	5.02	0	33.05
33.06	CAFE MISC REV	B	-40,785	CAFETERIA	11.00	0	33.06
33.07	MAKO SURGICAL REBATES	B	-123,000	OPERATING ROOM	50.00	0	33.07
33.08	MED RECORDS MISC REV	B	-2,902	MEDICAL RECORDS & LIBRARY	16.00	0	33.08
33.09	RENTAL INC - OPC	B	-23,030	CAP REL COSTS-BLDG & FIXT	1.00	9	33.09
33.10	INVEST INCOME - B&F	B	-17,520	CAP REL COSTS-BLDG & FIXT	1.00	11	33.10
33.11	INVEST INCOME - OB B&F	B	-4,437	OB UNIT - BLDG & FIXT	1.01	11	33.11
33.12	INVEST INCOME - MME	B	-23,712	CAP REL COSTS-MVBLE EQUIP	2.00	11	33.12
33.13	INVEST INCOME - A&G	B	-47,932	ALL OTHER ADMIN & GENERAL	5.02	0	33.13
33.14	HEALTH INSURANCE OFFSET	B	-1,809	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.14
33.15	INVEST INCOME - RHCS	B	-5,202	RURAL HEALTH CLINIC	88.00	0	33.15
33.16	INVEST INCOME - AMBULANCE	B	-250	AMBULANCE SERVICES	95.00	0	33.16
33.17	AMBULANCE CONTRACT REVENUE	B	-233,225	AMBULANCE SERVICES	95.00	0	33.17
33.18	AMORTIZATION OF GOODWILL	A	-118,014	OTHER CAP REL COSTS	3.00	0	33.18
33.19	INTERNALLY ALLOCATED RENT EXP - RHC	A	-5,050	RURAL HEALTH CLINIC	88.00	0	33.19
33.20	LOBBYING DUES	A	-27,456	ALL OTHER ADMIN & GENERAL	5.02	0	33.20
33.21	STATE PROVIDER TAX EXP	A	-2,173,531	ALL OTHER ADMIN & GENERAL	5.02	0	33.21
33.22	340B DIRECT EXPENSE	A	-2,096,847	PHARMACY	15.00	0	33.22
33.23	CRNA SALARIES	A	-3,577,605	ANESTHESIOLOGY	53.00	0	33.23
33.24	CRNA BENEFITS	A	-281,713	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.24
33.25	PUBLIC RELATIONS OFFSET	A	-238,315	ALL OTHER ADMIN & GENERAL	5.02	0	33.25
33.26	340B OVERHEAD EXPENSE	A	-29,607	ALL OTHER ADMIN & GENERAL	5.02	0	33.26
33.27	MISC DONATIONS (COMM ED)	A	-461,304	ALL OTHER ADMIN & GENERAL	5.02	0	33.27
33.28	PT B PHYSICIAN BENEFITS	A	-1,173,579	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.28
33.29	RHC DRS HOSP VISIT	A	-192,764	RURAL HEALTH CLINIC	88.00	0	33.29
33.30	PHYSICIAN RECRUITMENT	A	-103,589	ALL OTHER ADMIN & GENERAL	5.02	0	33.30
33.31	NONALLOWABLE EMPLOYEE EXPENSE	A	-149,000	ALL OTHER ADMIN & GENERAL	5.02	0	33.31
33.32	NONALLOWABLE ADMIN	A	-4,163	ALL OTHER ADMIN & GENERAL	5.02	0	33.32
33.33	NONALLOWABLE LTC FINE	A	-16,250	OTHER LONG TERM CARE	46.00	0	33.33
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-27,991,244				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-1317

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

Worksheet A-8-2

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

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	455,017	455,017	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	8,268	8,268	0	0	0	2.00
3.00	50.00	OPERATING ROOM	850,009	850,009	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	89,850	89,850	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	863,836	863,836	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	312,505	0	0	0	7.00
8.00	90.01	GERI PSYCH CLINIC	28,650	28,650	0	0	0	8.00
9.00	90.02	ORTHO AND CARDIO CLINIC	9,159,240	9,159,240	0	0	0	9.00
10.00	90.03	GENERAL SURGERY CLINIC	1,525,460	1,525,460	0	0	0	10.00
11.00	90.05	ENT AND UROLOGY CLINIC	1,818,042	1,818,042	0	0	0	11.00
12.00	91.00	EMERGENCY	2,531,333	1,573,406	957,927	0	0	12.00
200.00			17,666,210	16,684,283	981,927		0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	0	0	0	0	0	6.00
7.00	73.02	WOUND CARE	0	0	0	0	0	7.00
8.00	90.01	GERI PSYCH CLINIC	0	0	0	0	0	8.00
9.00	90.02	ORTHO AND CARDIO CLINIC	0	0	0	0	0	9.00
10.00	90.03	GENERAL SURGERY CLINIC	0	0	0	0	0	10.00
11.00	90.05	ENT AND UROLOGY CLINIC	0	0	0	0	0	11.00
12.00	91.00	EMERGENCY	0	0	0	0	0	12.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	455,017		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	8,268		2.00
3.00	50.00	OPERATING ROOM	0	0	0	850,009		3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	89,850		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	863,836		5.00
6.00	60.00	LABORATORY	0	0	0	0		6.00
7.00	73.02	WOUND CARE	0	0	0	312,505		7.00
8.00	90.01	GERI PSYCH CLINIC	0	0	0	28,650		8.00
9.00	90.02	ORTHO AND CARDIO CLINIC	0	0	0	9,159,240		9.00
10.00	90.03	GENERAL SURGERY CLINIC	0	0	0	1,525,460		10.00
11.00	90.05	ENT AND UROLOGY CLINIC	0	0	0	1,818,042		11.00
12.00	91.00	EMERGENCY	0	0	0	1,573,406		12.00
200.00			0	0	0	16,684,283		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

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

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	OB UNIT - BLDG & FIXT	B&F - ONARGA RHC	B&F - FARMER CITY RURAL HEALTH CLIN	
		0	1.00	1.01	1.02	1.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,737,976	1,737,976			1.00
1.01	00101	OB UNIT - BLDG & FIXT	290,196	0	290,196		1.01
1.02	00102	B&F - ONARGA RHC	8,407	0	0	8,407	1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN	12,975	0	0	0	1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC	177,962	0	0	0	1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC	15,724	0	0	0	1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC	145,889	0	0	0	1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC	47,718	0	0	0	1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	0	1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER	413	0	0	0	1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	6,900	0	0	0	1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	6,836	0	0	0	1.15
1.16	00116	B&F - AMBULANCE BUILDING	23,843	0	0	0	1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK	31,237	0	0	0	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	6,685	0	0	0	1.18
1.19	00119	B&F - ANESTHESIA HOUSE	9,790	0	0	0	1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	9,448	0	0	0	1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	1,350	0	0	0	1.21
1.22	00122	B&F - #8 DOCTOR'S PARK	16,984	0	0	0	1.22
1.25	00125	B&F - HARMS HOUSE/IT	14,832	0	0	0	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	13,612	0	0	0	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	8,486	0	0	0	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	12,878	0	0	0	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,560,620				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	20,966,161	8,799	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,198,971	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	13,720,858	345,892	9,078	0	5.02
7.00	00700	OPERATION OF PLANT	2,026,295	121,852	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	521,024	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	460,439	22,315	0	0	8.00
9.00	00900	HOUSEKEEPING	905,375	9,896	2,387	0	9.00
10.00	01000	DIETARY	658,629	26,661	0	0	10.00
11.00	01100	CAFETERIA	461,196	13,952	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	216,257	1,268	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	509,688	47,893	0	0	14.00
15.00	01500	PHARMACY	1,247,272	16,184	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	553,861	6,381	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	148,804	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,233,621	159,175	216,130	0	30.00
31.00	03100	INTENSIVE CARE UNIT	108,002	11,719	0	0	31.00
43.00	04300	NURSERY	641,192	0	18,185	0	43.00
44.00	04400	SKILLED NURSING FACILITY	200,856	8,442	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	2,176,538	165,345	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,995,102	136,120	12,998	0	50.00
51.00	05100	RECOVERY ROOM	580,397	19,421	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	232,996	0	18,450	0	52.00
53.00	05300	ANESTHESIOLOGY	404,023	1,176	12,968	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,166,250	88,413	0	0	54.00
56.00	05600	RADIOISOTOPE	208,486	4,294	0	0	56.00
60.00	06000	LABORATORY	3,282,685	23,768	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	113,660	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	720,849	4,466	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,698,653	72,427	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	391,451	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	156,666	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	55,266	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,206,966	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,755,559	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,105,864	0	0	0	73.00
73.01	07301	CARDIAC REHAB	167,086	0	0	0	73.01
73.02	07302	WOUND CARE	333,630	12,327	0	0	73.02
73.03	07303	SLEEP LAB	214,101	9,473	0	0	73.03
73.04	03950	DIETARY EDUCATION	72,759	0	0	0	73.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

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

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	OB UNIT - BLDG & FIXT	B&F - ONARGA RHC	B&F - FARMER CITY RURAL HEALTH CLIN	
				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	88.00
90.00	09000	CLINIC	210,723	12,881	0	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	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	607,591	35,672	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	1,013,242	74,012	0	0	0	90.05
91.00	09100	EMERGENCY	2,704,903	68,186	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	2,684,147	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	114,382,924	1,638,081	290,196	8,407	12,975	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,004	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	331,088	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	200,562	0	0	0	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	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	199,027	0	0	0	0	194.07
194.08	07958	LINE NOT UTILIZED	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	164,413	0	0	0	0	194.10
194.11	07961	OPC SPECIALTY CLINIC	78,685	17,955	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	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	0	194.17
194.18	07968	GAFM	1,086,586	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	124,935	14,203	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	951,410	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	0	0	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	0	0	0	194.25
194.26	07976	DENTAL CLINIC	1,103,452	43,480	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	2,535,086	23,253	0	0	0	194.27
194.28	07978	CP THERAPY	293,293	0	0	0	0	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		0	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	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

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

Cost Center Description		CAPITAL RELATED COSTS					
		B&F - HOOPESTON RURAL HEALTH CLINIC	B&F - FORREST RURAL HEALTH CLINIC	B&F - PAXTON RURAL HEALTH CLINIC	B&F - MAHOMET SPECIALTY CLINIC	B&F - POTOMAC RURAL HEALTH CLINIC	
		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	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	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	0	145,889		1. 09
1. 10	00110	B&F - MAHOMET SPECIALTY CLINIC	0	0	0	47,718	1. 10
1. 11	00111	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	0	1. 11
1. 12	00112	B&F - PAXTON WELLNESS CENTER	0	0	0	0	1. 12
1. 14	00114	B&F - PAXTON AMBULANCE STATION	0	0	0	0	1. 14
1. 15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0	1. 15
1. 16	00116	B&F - AMBULANCE BUILDING	0	0	0	0	1. 16
1. 17	00117	B&F - # 10 DOCTOR'S PARK	0	0	0	0	1. 17
1. 18	00118	B&F - COSMETOLOGY OFFICE	0	0	0	0	1. 18
1. 19	00119	B&F - ANESTHESIA HOUSE	0	0	0	0	1. 19
1. 20	00120	B&F - #7 DOCTOR'S PARK	0	0	0	0	1. 20
1. 21	00121	B&F - #4 DOCTOR'S PARK	0	0	0	0	1. 21
1. 22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	0	1. 22
1. 25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	1. 25
1. 26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	1. 26
1. 27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	1. 27
1. 28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	1. 28
2. 00	00200	CAP REL COSTS-MVBLE EQUIP					2. 00
4. 00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4. 00
5. 01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5. 01
5. 02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	5. 02
7. 00	00700	OPERATION OF PLANT	0	0	0	0	7. 00
7. 01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	7. 01
8. 00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8. 00
9. 00	00900	HOUSEKEEPING	0	0	0	0	9. 00
10. 00	01000	DIETARY	0	0	0	0	10. 00
11. 00	01100	CAFETERIA	0	0	0	0	11. 00
13. 00	01300	NURSING ADMINISTRATION	0	0	0	0	13. 00
14. 00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14. 00
15. 00	01500	PHARMACY	0	0	0	0	15. 00
16. 00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16. 00
21. 00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21. 00
22. 00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	22. 00
INPATIENT ROUTINE SERVICE COST CENTERS							
30. 00	03000	ADULTS & PEDIATRICS	0	0	0	0	30. 00
31. 00	03100	INTENSIVE CARE UNIT	0	0	0	0	31. 00
43. 00	04300	NURSERY	0	0	0	0	43. 00
44. 00	04400	SKILLED NURSING FACILITY	0	0	0	0	44. 00
46. 00	04600	OTHER LONG TERM CARE	0	0	0	0	46. 00
ANCILLARY SERVICE COST CENTERS							
50. 00	05000	OPERATING ROOM	0	0	0	0	50. 00
51. 00	05100	RECOVERY ROOM	0	0	0	0	51. 00
52. 00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52. 00
53. 00	05300	ANESTHESIOLOGY	0	0	0	0	53. 00
54. 00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54. 00
56. 00	05600	RADIOISOTOPE	0	0	0	0	56. 00
60. 00	06000	LABORATORY	0	0	0	0	60. 00
63. 00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63. 00
64. 00	06400	INTRAVENOUS THERAPY	0	0	0	0	64. 00
65. 00	06500	RESPIRATORY THERAPY	0	0	0	0	65. 00
66. 00	06600	PHYSICAL THERAPY	0	0	0	0	66. 00
67. 00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67. 00
68. 00	06800	SPEECH PATHOLOGY	0	0	0	0	68. 00
69. 00	06900	ELECTROCARDIOLOGY	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	0	0	0	0	72. 00
73. 00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73. 00
73. 01	07301	CARDIAC REHAB	0	0	0	0	73. 01
73. 02	07302	WOUND CARE	0	0	0	0	73. 02
73. 03	07303	SLEEP LAB	0	0	0	0	73. 03
73. 04	03950	DIETARY EDUCATION	0	0	0	0	73. 04
OUTPATIENT SERVICE COST CENTERS							
88. 00	08800	RURAL HEALTH CLINIC	177,962	15,724	145,889	47,718	88. 00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

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

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - HOOPESTON RURAL HEALTH CLINIC	B&F - FORREST RURAL HEALTH CLINIC	B&F - PAXTON RURAL HEALTH CLINIC	B&F - MAHOMET SPECIALTY CLINIC	B&F - POTOMAC RURAL HEALTH CLINIC	
			1. 05	1. 07	1. 09	1. 10	1. 11	
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	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	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	177,962	15,724	145,889	47,718	0	118.00
NONREIMBURSABLE 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	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	LINE NOT UTILIZED	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	OPC SPECIALTY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	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	0	0	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	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	0	194.27
194.28	07978	CP THERAPY	0	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	0	201.00
202.00		TOTAL (sum lines 118 through 201)	177,962	15,724	145,889	47,718	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

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

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - PAXTON WELLNESS CENTER	B&F - PAXTON AMBULANCE STATION	B&F - AMBULANCE STAFF RESIDENCE	B&F - AMBULANCE BUI LDING	B&F - # 10 DOCTOR' S PARK	
			1. 12	1. 14	1. 15	1. 16	1. 17	
GENERAL SERVICE COST CENTERS								
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	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	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	413					1. 12
1. 14	00114	B&F - PAXTON AMBULANCE STATION	0	6, 900				1. 14
1. 15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	0	6, 836			1. 15
1. 16	00116	B&F - AMBULANCE BUI LDING	0	0	0	23, 843		1. 16
1. 17	00117	B&F - # 10 DOCTOR' S PARK	0	0	0	0	31, 237	1. 17
1. 18	00118	B&F - COSMETOLOGY OFFICE	0	0	0	0	0	1. 18
1. 19	00119	B&F - ANESTHESIA HOUSE	0	0	0	0	0	1. 19
1. 20	00120	B&F - #7 DOCTOR' S PARK	0	0	0	0	0	1. 20
1. 21	00121	B&F - #4 DOCTOR' S PARK	0	0	0	0	0	1. 21
1. 22	00122	B&F - #8 DOCTOR' S PARK	0	0	0	0	0	1. 22
1. 25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	0	1. 25
1. 26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0	1. 26
1. 27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1. 27
1. 28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0	1. 28
2. 00	00200	CAP REL COSTS-MVBLE EQUIP						2. 00
4. 00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4. 00
5. 01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5. 01
5. 02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	0	5. 02
7. 00	00700	OPERATION OF PLANT	0	0	0	0	0	7. 00
7. 01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7. 01
8. 00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8. 00
9. 00	00900	HOUSEKEEPING	0	0	0	0	29	9. 00
10. 00	01000	DIETARY	0	0	0	0	0	10. 00
11. 00	01100	CAFETERIA	0	0	0	0	0	11. 00
13. 00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13. 00
14. 00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14. 00
15. 00	01500	PHARMACY	0	0	0	0	0	15. 00
16. 00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16. 00
21. 00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21. 00
22. 00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22. 00
INPATIENT ROUTINE SERVICE COST CENTERS								
30. 00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30. 00
31. 00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31. 00
43. 00	04300	NURSERY	0	0	0	0	0	43. 00
44. 00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44. 00
46. 00	04600	OTHER LONG TERM CARE	0	0	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	0	0	0	52. 00
53. 00	05300	ANESTHESIOLOGY	0	0	0	0	0	53. 00
54. 00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54. 00
56. 00	05600	RADIOISOTOPE	0	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	0	0	0	0	63. 00
64. 00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64. 00
65. 00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65. 00
66. 00	06600	PHYSICAL THERAPY	0	0	0	0	0	66. 00
67. 00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67. 00
68. 00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68. 00
69. 00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69. 00
71. 00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71. 00
72. 00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72. 00
73. 00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73. 00
73. 01	07301	CARDIAC REHAB	0	0	0	0	6, 804	73. 01
73. 02	07302	WOUND CARE	0	0	0	0	0	73. 02
73. 03	07303	SLEEP LAB	0	0	0	0	0	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

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

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - PAXTON WELLNESS CENTER	B&F - PAXTON AMBULANCE STATION	B&F - AMBULANCE STAFF RESIDENCE	B&F - AMBULANCE BUILDING	B&F - # 10 DOCTOR'S PARK	
			1. 12	1. 14	1. 15	1. 16	1. 17	
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	8,814	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	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
NONREIMBURSABLE 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	413	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	15,590	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	LINE NOT UTILIZED	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	OPC SPECIALTY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	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	0	0	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	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	0	194.27
194.28	07978	CP THERAPY	0	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	0	201.00
202.00		TOTAL (sum lines 118 through 201)	413	6,900	6,836	23,843	31,237	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

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

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - COSMETOLOGY OFFICE	B&F - ANESTHESIA HOUSE	B&F - #7 DOCTOR' S PARK	B&F - #4 DOCTOR' S PARK	B&F - #8 DOCTOR' S PARK	
			1. 18	1. 19	1. 20	1. 21	1. 22	
GENERAL SERVICE COST CENTERS								
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	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	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. 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	6, 685					1. 18
1. 19	00119	B&F - ANESTHESIA HOUSE	0	9, 790				1. 19
1. 20	00120	B&F - #7 DOCTOR' S PARK	0	0	9, 448			1. 20
1. 21	00121	B&F - #4 DOCTOR' S PARK	0	0	0	1, 350		1. 21
1. 22	00122	B&F - #8 DOCTOR' S PARK	0	0	0	0	16, 984	1. 22
1. 25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	0	1. 25
1. 26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0	1. 26
1. 27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1. 27
1. 28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0	1. 28
2. 00	00200	CAP REL COSTS-MVBLE EQUIP						2. 00
4. 00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4. 00
5. 01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5. 01
5. 02	00591	ALL OTHER ADMIN & GENERAL	0	9, 790	0	202	0	5. 02
7. 00	00700	OPERATION OF PLANT	0	0	0	0	0	7. 00
7. 01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7. 01
8. 00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8. 00
9. 00	00900	HOUSEKEEPING	0	0	0	0	0	9. 00
10. 00	01000	DIETARY	0	0	0	0	0	10. 00
11. 00	01100	CAFETERIA	0	0	0	0	0	11. 00
13. 00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13. 00
14. 00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14. 00
15. 00	01500	PHARMACY	0	0	0	0	0	15. 00
16. 00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16. 00
21. 00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21. 00
22. 00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22. 00
INPATIENT ROUTINE SERVICE COST CENTERS								
30. 00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30. 00
31. 00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31. 00
43. 00	04300	NURSERY	0	0	0	0	0	43. 00
44. 00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44. 00
46. 00	04600	OTHER LONG TERM CARE	0	0	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	0	0	0	52. 00
53. 00	05300	ANESTHESIOLOGY	0	0	0	0	0	53. 00
54. 00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54. 00
56. 00	05600	RADIOISOTOPE	0	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	0	0	0	0	63. 00
64. 00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64. 00
65. 00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65. 00
66. 00	06600	PHYSICAL THERAPY	0	0	0	0	0	66. 00
67. 00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67. 00
68. 00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68. 00
69. 00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69. 00
71. 00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71. 00
72. 00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72. 00
73. 00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73. 00
73. 01	07301	CARDIAC REHAB	0	0	0	0	0	73. 01
73. 02	07302	WOUND CARE	0	0	0	0	0	73. 02
73. 03	07303	SLEEP LAB	0	0	0	0	0	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	16, 984	88. 00
90. 00	09000	CLINIC	0	0	0	0	0	90. 00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

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

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - COSMETOLOGY OFFICE	B&F - ANESTHESIA HOUSE	B&F - #7 DOCTOR'S PARK	B&F - #4 DOCTOR'S PARK	B&F - #8 DOCTOR'S PARK	
			1. 18	1. 19	1. 20	1. 21	1. 22	
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	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	1,115	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	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	9,790	0	1,317	16,984	118.00
NONREIMBURSABLE 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	6,685	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	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	LINE NOT UTILIZED	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	OPC SPECIALTY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	9,448	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	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	0	0	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	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	0	194.27
194.28	07978	CP THERAPY	0	0	0	0	0	194.28
194.29	07979	SCHOOL NURSE	0	0	0	33	0	194.29
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,685	9,790	9,448	1,350	16,984	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

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

Cost Center Description			CAPITAL RELATED COSTS					
			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	
GENERAL SERVICE COST CENTERS								
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	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	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. 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. 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
1. 22	00122	B&F - #8 DOCTOR' S PARK						1. 22
1. 25	00125	B&F - HARMS HOUSE/IT	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	0	8, 486			1. 27
1. 28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	12, 878		1. 28
2. 00	00200	CAP REL COSTS-MVBLE EQUIP					3, 560, 620	2. 00
4. 00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4, 164	4. 00
5. 01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	4, 215	5. 01
5. 02	00591	ALL OTHER ADMIN & GENERAL	14, 832	13, 612	0	12, 878	786, 993	5. 02
7. 00	00700	OPERATION OF PLANT	0	0	0	0	27, 667	7. 00
7. 01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7. 01
8. 00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	14, 653	8. 00
9. 00	00900	HOUSEKEEPING	0	0	0	0	15, 015	9. 00
10. 00	01000	DIETARY	0	0	0	0	3, 031	10. 00
11. 00	01100	CAFETERIA	0	0	0	0	0	11. 00
13. 00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13. 00
14. 00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	3, 255	14. 00
15. 00	01500	PHARMACY	0	0	0	0	0	15. 00
16. 00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16. 00
21. 00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21. 00
22. 00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22. 00
INPATIENT ROUTINE SERVICE COST CENTERS								
30. 00	03000	ADULTS & PEDIATRICS	0	0	0	0	43, 437	30. 00
31. 00	03100	INTENSIVE CARE UNIT	0	0	0	0	2, 825	31. 00
43. 00	04300	NURSERY	0	0	0	0	0	43. 00
44. 00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44. 00
46. 00	04600	OTHER LONG TERM CARE	0	0	0	0	14, 489	46. 00
ANCILLARY SERVICE COST CENTERS								
50. 00	05000	OPERATING ROOM	0	0	0	0	932, 349	50. 00
51. 00	05100	RECOVERY ROOM	0	0	0	0	0	51. 00
52. 00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52. 00
53. 00	05300	ANESTHESIOLOGY	0	0	0	0	36, 877	53. 00
54. 00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	836, 239	54. 00
56. 00	05600	RADIOISOTOPE	0	0	0	0	53, 409	56. 00
60. 00	06000	LABORATORY	0	0	0	0	89, 339	60. 00
63. 00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63. 00
64. 00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64. 00
65. 00	06500	RESPIRATORY THERAPY	0	0	0	0	20, 061	65. 00
66. 00	06600	PHYSICAL THERAPY	0	0	0	0	2, 378	66. 00
67. 00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67. 00
68. 00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68. 00
69. 00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69. 00
71. 00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71. 00
72. 00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72. 00
73. 00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73. 00
73. 01	07301	CARDIAC REHAB	0	0	0	0	10, 785	73. 01
73. 02	07302	WOUND CARE	0	0	0	0	0	73. 02
73. 03	07303	SLEEP LAB	0	0	0	0	100	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	41, 275	88. 00
90. 00	09000	CLINIC	0	0	0	0	3, 671	90. 00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

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

Cost Center Description			CAPITAL RELATED COSTS					
			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	
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	140,035	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	69,282	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	73,275	90.05
91.00	09100	EMERGENCY	0	0	0	0	13,596	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	0	0	0	209,032	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,832	13,612	0	12,878	3,451,447	118.00
NONREIMBURSABLE 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	8,486	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	1,124	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	LINE NOT UTILIZED	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	OPC SPECIALTY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	58,099	194.17
194.18	07968	GAFM	0	0	0	0	1,397	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	0	0	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	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	45,227	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	3,326	194.27
194.28	07978	CP THERAPY	0	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	0	201.00
202.00		TOTAL (sum lines 118 through 201)	14,832	13,612	8,486	12,878	3,560,620	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

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

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	ALL OTHER ADMIN & GENERAL	
			4.00	4A	5.01	5A.01	5.02	
GENERAL SERVICE COST CENTERS								
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	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	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						1.12
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						1.18
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
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 EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	20,979,124					4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	969,910	5,173,096	5,173,096			5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	2,899,962	17,814,097	0	17,814,097	17,814,097	5.02
7.00	00700	OPERATION OF PLANT	335,485	2,511,299	0	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	0	667,405	109,025	8.00
9.00	00900	HOUSEKEEPING	356,263	1,288,965	0	1,288,965	210,561	9.00
10.00	01000	DIETARY	178,922	867,243	0	867,243	141,670	10.00
11.00	01100	CAFETERIA	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 SERVICES & SUPPLY	0	560,836	0	560,836	91,616	14.00
15.00	01500	PHARMACY	355,422	1,618,878	0	1,618,878	264,455	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	172,424	732,666	0	732,666	119,686	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	148,804	0	148,804	24,308	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
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	102,393	1,016,702	166,085	43.00
44.00	04400	SKILLED NURSING FACILITY	73,352	282,650	0	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	05000	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	ANESTHESIOLOGY	0	455,044	50,960	506,004	82,659	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	886,361	4,977,263	557,404	5,534,667	904,127	54.00
56.00	05600	RADIOISOTOPE	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	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	270,945	1,016,321	113,818	1,130,139	184,616	65.00
66.00	06600	PHYSICAL THERAPY	639,074	2,412,532	270,179	2,682,711	438,240	66.00
67.00	06700	OCCUPATIONAL 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	ELECTROCARDIOLOGY	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	CARDIAC 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	33,078	328,448	53,654	73.03
73.04	03950	DIETARY EDUCATION	0	72,759	8,148	80,907	13,217	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	2,404,399	18,574,830	0	18,574,830	3,034,281	88.00
90.00	09000	CLINIC	87,932	315,207	0	315,207	51,491	90.00
90.01	09001	GERI PSYCH CLINIC	80,915	384,111	0	384,111	62,747	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	886,941	4,322,837	0	4,322,837	706,166	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

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

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	ALL OTHER ADMIN & GENERAL	
			4.00	4A	5.01	5A.01	5.02	
90.03	09003	GENERAL SURGERY CLINIC	115,339	827,884	0	827,884	135,241	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC	254,041	1,415,685	0	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	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,166,949	4,097,707	0	4,097,707	669,389	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,854,832	112,008,909	5,129,120	111,964,933	15,380,148	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,004	0	1,004	164	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	33,140	364,228	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	0	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	0	249,410	40,743	194.03
194.04	07954	PSYCH CLINIC	348,238	2,540,539	0	2,540,539	415,015	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	749	199,776	0	199,776	32,635	194.07
194.08	07958	LINE NOT UTILIZED	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	71,432	235,845	0	235,845	38,527	194.10
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	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	128,806	936,007	0	936,007	152,903	194.16
194.17	07967	ELITE PERFORMANCE	658,200	2,471,462	0	2,471,462	403,731	194.17
194.18	07968	GAFM	139,822	1,227,805	0	1,227,805	200,571	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	15,811	154,949	0	154,949	25,312	194.20
194.21	07971	FAMILY H.C. FAIRBURY	96,613	1,048,023	0	1,048,023	171,202	194.21
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	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	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	0	2,819,098	460,519	194.27
194.28	07978	CP THERAPY	99,388	392,681	43,976	436,657	71,331	194.28
194.29	07979	SCHOOL NURSE	0	509,361	0	509,361	83,208	194.29
200.00		Cross Foot Adjustments		0		0		200.00
201.00		Negative Cost Centers	0	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

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

Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT-OUTSIDE PROPERTY	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			7.00	7.01	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
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	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	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						1.12
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						1.18
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
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 EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00591	ALL OTHER ADMIN & GENERAL						5.02
7.00	00700	OPERATION OF PLANT	2,921,537					7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	631,150				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	47,007	0	823,437			8.00
9.00	00900	HOUSEKEEPING	23,100	56	114,558	1,637,240		9.00
10.00	01000	DIETARY	56,164	0	14,513	30,584	1,110,174	10.00
11.00	01100	CAFETERIA	29,390	0	20,184	16,004	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,672	0	0	1,455	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	100,889	0	0	54,939	0	14.00
15.00	01500	PHARMACY	34,093	0	0	18,566	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,443	0	0	7,320	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	539,397	0	117,404	293,734	205,735	30.00
31.00	03100	INTENSIVE CARE UNIT	24,686	0	1,324	13,443	1,410	31.00
43.00	04300	NURSERY	17,172	0	2,286	9,351	0	43.00
44.00	04400	SKILLED NURSING FACILITY	17,784	0	23,773	9,684	45,360	44.00
46.00	04600	OTHER LONG TERM CARE	348,309	0	108,607	189,674	488,528	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	299,020	0	72,986	162,833	0	50.00
51.00	05100	RECOVERY ROOM	40,912	0	0	22,279	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,422	0	7,050	9,487	0	52.00
53.00	05300	ANESTHESIOLOGY	14,723	0	0	8,017	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	186,247	0	21,856	101,422	0	54.00
56.00	05600	RADIOISOTOPE	9,045	0	0	4,926	0	56.00
60.00	06000	LABORATORY	50,069	0	0	27,265	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	9,407	0	0	5,123	0	65.00
66.00	06600	PHYSICAL THERAPY	152,571	0	33,614	83,084	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	13,152	0	0	0	73.01
73.02	07302	WOUND CARE	25,967	0	0	14,140	0	73.02
73.03	07303	SLEEP LAB	19,955	0	0	10,867	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	80,154	265,557	0	43,648	0	88.00
90.00	09000	CLINIC	27,136	0	0	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

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

Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT-OUTSIDE PROPERTY	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			7.00	7.01	8.00	9.00	10.00	
90.03	09003	GENERAL SURGERY CLINIC	75,145	0	0	40,920	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC	99,803	22,824	0	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						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	23,486	6,933	84,478	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,736,347	342,113	579,561	1,536,394	741,033	118.00
NONREIMBURSABLE COST CENTERS								
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	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	53,659	0	0	29,220	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	6,636	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	29,891	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	30,135	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	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	LINE NOT UTILIZED	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	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	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	17,217	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	170,394	0	0	0	194.17
194.18	07968	GAFM	0	7,908	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	4,590	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	12,811	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	0	0	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	0	0	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	0	0	194.27
194.28	07978	CP THERAPY	0	1,516	0	0	0	194.28
194.29	07979	SCHOOL NURSE	0	423	0	0	0	194.29
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,921,537	631,150	823,437	1,637,240	1,110,174	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

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

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
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						1.07
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						1.12
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						1.18
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
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 EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE						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						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	761,206					11.00
13.00	01300	NURSING ADMINISTRATION	3,014	372,782				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	808,280			14.00
15.00	01500	PHARMACY	18,519	0	2,747	1,957,258		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,925	0	177	0	891,217	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	101,225	106,186	14,661	4,237	57,470	30.00
31.00	03100	INTENSIVE CARE UNIT	776	814	0	104	667	31.00
43.00	04300	NURSERY	13,564	14,228	0	0	2,051	43.00
44.00	04400	SKILLED NURSING FACILITY	5,275	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	56,926	0	3,518	51	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	81,930	85,945	55,791	11,633	135,201	50.00
51.00	05100	RECOVERY ROOM	13,609	14,277	2,192	165	18,113	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,932	5,174	0	0	10,379	52.00
53.00	05300	ANESTHESIOLOGY	20,939	0	1,999	9,009	7,142	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,181	0	2,903	11,662	168,125	54.00
56.00	05600	RADIOISOTOPE	2,215	0	117	187	5,814	56.00
60.00	06000	LABORATORY	52,953	0	9,473	13	110,209	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	2,093	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	16,212	0	485	12	14,774	65.00
66.00	06600	PHYSICAL THERAPY	46,377	0	531	174	22,257	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,837	0	12	0	5,842	67.00
68.00	06800	SPEECH PATHOLOGY	3,448	0	0	0	2,020	68.00
69.00	06900	ELECTROCARDIOLOGY	1,530	0	7	0	7,107	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	180,360	0	34,523	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	470,365	0	99,825	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,767,266	83,520	73.00
73.01	07301	CARDIAC REHAB	4,932	0	95	0	2,416	73.01
73.02	07302	WOUND CARE	10,093	0	2,809	457	5,270	73.02
73.03	07303	SLEEP LAB	4,727	4,959	68	0	10,713	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	93	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	27,363	66,809	0	88.00
90.00	09000	CLINIC	7,581	0	193	1,065	169	90.00
90.01	09001	GERI PSYCH CLINIC	6,896	0	88	0	2,373	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	104,877	0	9,610	50,010	10,869	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

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

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
90.03	09003	GENERAL SURGERY CLINIC	17,240	0	316	75	1,011	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC	29,091	0	731	8,442	3,489	90.05
91.00	09100	EMERGENCY	33,955	35,619	7,790	1,126	67,682	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	105,580	1,026	6,345	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	742,779	372,782	795,427	1,938,842	891,217	118.00
NONREIMBURSABLE 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	2,283	0	1	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	13	1,537	0	194.02
194.03	07953	WELLNESS CENTER	0	0	109	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	2,183	7,026	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	LINE NOT UTILIZED	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	25	0	0	194.10
194.11	07961	OPC SPECIALTY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	16,144	0	3,143	1,139	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	392	0	0	194.17
194.18	07968	GAFM	0	0	2,756	1,351	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	199	26	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	3,293	7,063	0	194.21
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	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	562	272	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	109	2	0	194.27
194.28	07978	CP THERAPY	0	0	68	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	0	201.00
202.00		TOTAL (sum lines 118 through 201)	761,206	372,782	808,280	1,957,258	891,217	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

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

Cost Center Description			INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS				
			21.00	22.00				
GENERAL SERVICE COST CENTERS								
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	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	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						1.12
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						1.18
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
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 EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE						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						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
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	03000	ADULTS & PEDIATRICS	0	216	9,729,431	-249,423	9,480,008	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	260,133	0	260,133	31.00
43.00	04300	NURSERY	0	0	1,241,439	0	1,241,439	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	430,699	0	430,699	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	4,860,447	0	4,860,447	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	10,342,059	0	10,342,059	50.00
51.00	05100	RECOVERY ROOM	0	0	1,194,807	0	1,194,807	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	499,564	0	499,564	52.00
53.00	05300	ANESTHESIOLOGY	0	0	650,492	0	650,492	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	6,984,190	0	6,984,190	54.00
56.00	05600	RADIOISOTOPE	0	0	424,486	0	424,486	56.00
60.00	06000	LABORATORY	0	0	5,467,205	0	5,467,205	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	149,129	0	149,129	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	28,686	28,686	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,360,768	0	1,360,768	65.00
66.00	06600	PHYSICAL THERAPY	0	0	3,459,559	0	3,459,559	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	746,245	0	746,245	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	293,920	0	293,920	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	111,972	0	111,972	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	3,069,905	0	3,069,905	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	8,015,819	0	8,015,819	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	5,868,660	0	5,868,660	73.00
73.01	07301	CARDIAC REHAB	0	0	350,621	0	350,621	73.01
73.02	07302	WOUND CARE	0	2,590	629,923	0	629,923	73.02
73.03	07303	SLEEP LAB	0	0	433,391	0	433,391	73.03
73.04	03950	DIETARY EDUCATION	0	0	94,217	0	94,217	73.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

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

Cost Center Description			INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS				
			21.00	22.00				
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	83,103	22,175,745	0	22,175,745	88.00
90.00	09000	CLINIC	0	0	417,619	0	417,619	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	473,253	0	473,253	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	48,782	5,609,986	0	5,609,986	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	6,691	1,104,523	0	1,104,523	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC	0	25,254	1,890,929	0	1,890,929	90.05
91.00	09100	EMERGENCY	0	1,943	4,952,585	0	4,952,585	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	220,737	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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	168,579	108,288,665	0	108,288,665	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	617,452	0	617,452	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	426,011	0	426,011	192.02
194.00	07950	FALCON POINT RENTAL	0	0	92,751	0	92,751	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	266,418	0	266,418	194.02
194.03	07953	WELLNESS CENTER	0	0	320,153	0	320,153	194.03
194.04	07954	PSYCH CLINIC	0	4,533	2,999,431	0	2,999,431	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	232,411	0	232,411	194.07
194.08	07958	LINE NOT UTILIZED	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	274,397	0	274,397	194.10
194.11	07961	OPC SPECIALTY CLINIC	0	0	171,775	0	171,775	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	1,126,553	0	1,126,553	194.16
194.17	07967	ELITE PERFORMANCE	0	0	3,045,979	0	3,045,979	194.17
194.18	07968	GAFM	0	0	1,440,391	0	1,440,391	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	185,076	0	185,076	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	1,242,392	0	1,242,392	194.21
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	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	1,744,836	0	1,744,836	194.26
194.27	07977	RETAIL PHARMACY	0	0	3,287,244	0	3,287,244	194.27
194.28	07978	CP THERAPY	0	0	509,572	0	509,572	194.28
194.29	07979	SCHOOL NURSE	0	0	592,992	0	592,992	194.29
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	173,112	126,864,499	0	126,864,499	202.00

COST ALLOCATION STATISTICS

Provider CCN: 14-1317

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

Worksheet Non-CMS Wo

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

Cost Center Description		Statistics Code	Statistics Description	
		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 - ANESTHESIA 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	CASHIERING/ACCOUNTS RECEIVABLE	-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	HOUSEKEEPING	20	SQUARE FEET	9.00
10.00	DIETARY	6	MEALS SERVED	10.00
11.00	CAFETERIA	7	FTE'S	11.00
13.00	NURSING ADMINISTRATION	8	DIRECT NRSING	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 SERVICES-OTHER PRGM. COSTS APPRVD	22	ASSIGNED TIME	22.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

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

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	OB UNIT - BLDG & FIXT	B&F - ONARGA RHC	B&F - FARMER CITY RURAL HEALTH CLIN	
			0	1. 00	1. 01	1. 02	1. 04	
GENERAL SERVICE COST CENTERS								
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	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	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. 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. 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
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 EQUIP						2. 00
4. 00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	8,799	0	0	0	4. 00
5. 01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5. 01
5. 02	00591	ALL OTHER ADMIN & GENERAL	0	345,892	9,078	0	0	5. 02
7. 00	00700	OPERATION OF PLANT	0	121,852	0	0	0	7. 00
7. 01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7. 01
8. 00	00800	LAUNDRY & LINEN SERVICE	0	22,315	0	0	0	8. 00
9. 00	00900	HOUSEKEEPING	0	9,896	2,387	0	0	9. 00
10. 00	01000	DIETARY	0	26,661	0	0	0	10. 00
11. 00	01100	CAFETERIA	0	13,952	0	0	0	11. 00
13. 00	01300	NURSING ADMINISTRATION	0	1,268	0	0	0	13. 00
14. 00	01400	CENTRAL SERVICES & SUPPLY	0	47,893	0	0	0	14. 00
15. 00	01500	PHARMACY	0	16,184	0	0	0	15. 00
16. 00	01600	MEDICAL RECORDS & LIBRARY	0	6,381	0	0	0	16. 00
21. 00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21. 00
22. 00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22. 00
INPATIENT ROUTINE SERVICE COST CENTERS								
30. 00	03000	ADULTS & PEDIATRICS	0	159,175	216,130	0	0	30. 00
31. 00	03100	INTENSIVE CARE UNIT	0	11,719	0	0	0	31. 00
43. 00	04300	NURSERY	0	0	18,185	0	0	43. 00
44. 00	04400	SKILLED NURSING FACILITY	0	8,442	0	0	0	44. 00
46. 00	04600	OTHER LONG TERM CARE	0	165,345	0	0	0	46. 00
ANCILLARY SERVICE COST CENTERS								
50. 00	05000	OPERATING ROOM	0	136,120	12,998	0	0	50. 00
51. 00	05100	RECOVERY ROOM	0	19,421	0	0	0	51. 00
52. 00	05200	DELIVERY ROOM & LABOR ROOM	0	0	18,450	0	0	52. 00
53. 00	05300	ANESTHESIOLOGY	0	1,176	12,968	0	0	53. 00
54. 00	05400	RADIOLOGY-DIAGNOSTIC	0	88,413	0	0	0	54. 00
56. 00	05600	RADIOISOTOPE	0	4,294	0	0	0	56. 00
60. 00	06000	LABORATORY	0	23,768	0	0	0	60. 00
63. 00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63. 00
64. 00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64. 00
65. 00	06500	RESPIRATORY THERAPY	0	4,466	0	0	0	65. 00
66. 00	06600	PHYSICAL THERAPY	0	72,427	0	0	0	66. 00
67. 00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67. 00
68. 00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68. 00
69. 00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69. 00
71. 00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71. 00
72. 00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72. 00
73. 00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73. 00
73. 01	07301	CARDIAC REHAB	0	0	0	0	0	73. 01
73. 02	07302	WOUND CARE	0	12,327	0	0	0	73. 02
73. 03	07303	SLEEP LAB	0	9,473	0	0	0	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	8,407	12,975	88. 00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

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

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	OB UNIT - BLDG & FIXT	B&F - ONARGA RHC	B&F - FARMER CITY RURAL HEALTH CLIN	
				1.00	1.01	1.02	1.04	
90.00	09000	CLINIC	0	12,881	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	109,671	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	35,672	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	74,012	0	0	0	90.05
91.00	09100	EMERGENCY	0	68,186	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	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,638,081	290,196	8,407	12,975	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,004	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	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	LINE NOT UTILIZED	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	OPC SPECIALTY CLINIC	0	17,955	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	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	14,203	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	0	0	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	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	43,480	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	0	23,253	0	0	0	194.27
194.28	07978	CP THERAPY	0	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)	0	1,737,976	290,196	8,407	12,975	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

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

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - HOOPESTON RURAL HEALTH CLINIC	B&F - FORREST RURAL HEALTH CLINIC	B&F - PAXTON RURAL HEALTH CLINIC	B&F - MAHOMET SPECIALTY CLINIC	B&F - POTOMAC RURAL HEALTH CLINIC	
			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	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. 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. 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. 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
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 EQUIP						2. 00
4. 00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4. 00
5. 01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5. 01
5. 02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	0	5. 02
7. 00	00700	OPERATION OF PLANT	0	0	0	0	0	7. 00
7. 01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7. 01
8. 00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8. 00
9. 00	00900	HOUSEKEEPING	0	0	0	0	0	9. 00
10. 00	01000	DIETARY	0	0	0	0	0	10. 00
11. 00	01100	CAFETERIA	0	0	0	0	0	11. 00
13. 00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13. 00
14. 00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14. 00
15. 00	01500	PHARMACY	0	0	0	0	0	15. 00
16. 00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16. 00
21. 00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21. 00
22. 00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22. 00
INPATIENT ROUTINE SERVICE COST CENTERS								
30. 00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30. 00
31. 00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31. 00
43. 00	04300	NURSERY	0	0	0	0	0	43. 00
44. 00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44. 00
46. 00	04600	OTHER LONG TERM CARE	0	0	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	0	0	0	52. 00
53. 00	05300	ANESTHESIOLOGY	0	0	0	0	0	53. 00
54. 00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54. 00
56. 00	05600	RADIOISOTOPE	0	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	0	0	0	0	63. 00
64. 00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64. 00
65. 00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65. 00
66. 00	06600	PHYSICAL THERAPY	0	0	0	0	0	66. 00
67. 00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67. 00
68. 00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68. 00
69. 00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69. 00
71. 00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71. 00
72. 00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72. 00
73. 00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73. 00
73. 01	07301	CARDIAC REHAB	0	0	0	0	0	73. 01
73. 02	07302	WOUND CARE	0	0	0	0	0	73. 02
73. 03	07303	SLEEP LAB	0	0	0	0	0	73. 03
73. 04	03950	DIETARY EDUCATION	0	0	0	0	0	73. 04
OUTPATIENT SERVICE COST CENTERS								
88. 00	08800	RURAL HEALTH CLINIC	177, 962	15, 724	145, 889	47, 718	0	88. 00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

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

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - HOOPESTON RURAL HEALTH CLINIC	B&F - FORREST RURAL HEALTH CLINIC	B&F - PAXTON RURAL HEALTH CLINIC	B&F - MAHOMET SPECIALTY CLINIC	B&F - POTOMAC RURAL HEALTH CLINIC	
			1. 05	1. 07	1. 09	1. 10	1. 11	
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	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	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	177,962	15,724	145,889	47,718	0	118.00
NONREIMBURSABLE 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	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	LINE NOT UTILIZED	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	OPC SPECIALTY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	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	0	0	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	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	0	194.27
194.28	07978	CP THERAPY	0	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	0	201.00
202.00		TOTAL (sum lines 118 through 201)	177,962	15,724	145,889	47,718	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

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

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - PAXTON WELLNESS CENTER	B&F - PAXTON AMBULANCE STATION	B&F - AMBULANCE STAFF RESIDENCE	B&F - AMBULANCE BUI LDING	B&F - # 10 DOCTOR' S PARK	
			1. 12	1. 14	1. 15	1. 16	1. 17	
GENERAL SERVICE COST CENTERS								
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	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	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. 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 BUI LDING						1. 16
1. 17	00117	B&F - # 10 DOCTOR' S PARK						1. 17
1. 18	00118	B&F - COSMETOLOGY OFFICE						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
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 EQUIP						2. 00
4. 00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4. 00
5. 01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5. 01
5. 02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	0	5. 02
7. 00	00700	OPERATION OF PLANT	0	0	0	0	0	7. 00
7. 01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7. 01
8. 00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8. 00
9. 00	00900	HOUSEKEEPING	0	0	0	0	29	9. 00
10. 00	01000	DIETARY	0	0	0	0	0	10. 00
11. 00	01100	CAFETERIA	0	0	0	0	0	11. 00
13. 00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13. 00
14. 00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14. 00
15. 00	01500	PHARMACY	0	0	0	0	0	15. 00
16. 00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16. 00
21. 00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21. 00
22. 00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22. 00
INPATIENT ROUTINE SERVICE COST CENTERS								
30. 00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30. 00
31. 00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31. 00
43. 00	04300	NURSERY	0	0	0	0	0	43. 00
44. 00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44. 00
46. 00	04600	OTHER LONG TERM CARE	0	0	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	0	0	0	52. 00
53. 00	05300	ANESTHESIOLOGY	0	0	0	0	0	53. 00
54. 00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54. 00
56. 00	05600	RADIOISOTOPE	0	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	0	0	0	0	63. 00
64. 00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64. 00
65. 00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65. 00
66. 00	06600	PHYSICAL THERAPY	0	0	0	0	0	66. 00
67. 00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67. 00
68. 00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68. 00
69. 00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69. 00
71. 00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71. 00
72. 00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72. 00
73. 00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73. 00
73. 01	07301	CARDIAC REHAB	0	0	0	0	6, 804	73. 01
73. 02	07302	WOUND CARE	0	0	0	0	0	73. 02
73. 03	07303	SLEEP LAB	0	0	0	0	0	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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

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

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - PAXTON WELLNESS CENTER	B&F - PAXTON AMBULANCE STATION	B&F - AMBULANCE STAFF RESIDENCE	B&F - AMBULANCE BUILDING	B&F - # 10 DOCTOR'S PARK	
			1. 12	1. 14	1. 15	1. 16	1. 17	
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	8,814	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	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
NONREIMBURSABLE 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	413	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	15,590	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	LINE NOT UTILIZED	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	OPC SPECIALTY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	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	0	0	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	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	0	194.27
194.28	07978	CP THERAPY	0	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	0	201.00
202.00		TOTAL (sum lines 118 through 201)	413	6,900	6,836	23,843	31,237	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

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

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - COSMETOLOGY OFFICE	B&F - ANESTHESIA HOUSE	B&F - #7 DOCTOR' S PARK	B&F - #4 DOCTOR' S PARK	B&F - #8 DOCTOR' S PARK	
			1. 18	1. 19	1. 20	1. 21	1. 22	
GENERAL SERVICE COST CENTERS								
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	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	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. 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. 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
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 EQUIP						2. 00
4. 00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4. 00
5. 01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5. 01
5. 02	00591	ALL OTHER ADMIN & GENERAL	0	9,790	0	202	0	5. 02
7. 00	00700	OPERATION OF PLANT	0	0	0	0	0	7. 00
7. 01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7. 01
8. 00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8. 00
9. 00	00900	HOUSEKEEPING	0	0	0	0	0	9. 00
10. 00	01000	DIETARY	0	0	0	0	0	10. 00
11. 00	01100	CAFETERIA	0	0	0	0	0	11. 00
13. 00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13. 00
14. 00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14. 00
15. 00	01500	PHARMACY	0	0	0	0	0	15. 00
16. 00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16. 00
21. 00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21. 00
22. 00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22. 00
INPATIENT ROUTINE SERVICE COST CENTERS								
30. 00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30. 00
31. 00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31. 00
43. 00	04300	NURSERY	0	0	0	0	0	43. 00
44. 00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44. 00
46. 00	04600	OTHER LONG TERM CARE	0	0	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	0	0	0	52. 00
53. 00	05300	ANESTHESIOLOGY	0	0	0	0	0	53. 00
54. 00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54. 00
56. 00	05600	RADIOISOTOPE	0	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	0	0	0	0	63. 00
64. 00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64. 00
65. 00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65. 00
66. 00	06600	PHYSICAL THERAPY	0	0	0	0	0	66. 00
67. 00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67. 00
68. 00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68. 00
69. 00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69. 00
71. 00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71. 00
72. 00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72. 00
73. 00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73. 00
73. 01	07301	CARDIAC REHAB	0	0	0	0	0	73. 01
73. 02	07302	WOUND CARE	0	0	0	0	0	73. 02
73. 03	07303	SLEEP LAB	0	0	0	0	0	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	16,984	88. 00
90. 00	09000	CLINIC	0	0	0	0	0	90. 00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

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

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - COSMETOLOGY OFFICE	B&F - ANESTHESIA HOUSE	B&F - #7 DOCTOR'S PARK	B&F - #4 DOCTOR'S PARK	B&F - #8 DOCTOR'S PARK	
			1. 18	1. 19	1. 20	1. 21	1. 22	
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	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	1,115	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	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	9,790	0	1,317	16,984	118.00
NONREIMBURSABLE 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	6,685	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	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	LINE NOT UTILIZED	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	OPC SPECIALTY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	9,448	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	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	0	0	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	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	0	194.27
194.28	07978	CP THERAPY	0	0	0	0	0	194.28
194.29	07979	SCHOOL NURSE	0	0	0	33	0	194.29
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,685	9,790	9,448	1,350	16,984	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

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

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - HARMS HOUSE/I T	B&F - 9TH ST. EDUCATION HOUSE	B&F - FALCON POINT RESI DENCE	B&F - 2012 NEW STORAGE SHED	MVBLE EQUIP	
			1. 25	1. 26	1. 27	1. 28	2. 00	
GENERAL SERVICE COST CENTERS								
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	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	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. 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. 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
1. 22	00122	B&F - #8 DOCTOR' S PARK						1. 22
1. 25	00125	B&F - HARMS HOUSE/I T						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 EQUIP						2. 00
4. 00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4, 164	4. 00
5. 01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	4, 215	5. 01
5. 02	00591	ALL OTHER ADMIN & GENERAL	14, 832	13, 612	0	12, 878	786, 993	5. 02
7. 00	00700	OPERATION OF PLANT	0	0	0	0	27, 667	7. 00
7. 01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7. 01
8. 00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	14, 653	8. 00
9. 00	00900	HOUSEKEEPING	0	0	0	0	15, 015	9. 00
10. 00	01000	DIETARY	0	0	0	0	3, 031	10. 00
11. 00	01100	CAFETERIA	0	0	0	0	0	11. 00
13. 00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13. 00
14. 00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	3, 255	14. 00
15. 00	01500	PHARMACY	0	0	0	0	0	15. 00
16. 00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16. 00
21. 00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21. 00
22. 00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22. 00
INPATIENT ROUTINE SERVICE COST CENTERS								
30. 00	03000	ADULTS & PEDIATRICS	0	0	0	0	43, 437	30. 00
31. 00	03100	INTENSIVE CARE UNIT	0	0	0	0	2, 825	31. 00
43. 00	04300	NURSERY	0	0	0	0	0	43. 00
44. 00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44. 00
46. 00	04600	OTHER LONG TERM CARE	0	0	0	0	14, 489	46. 00
ANCILLARY SERVICE COST CENTERS								
50. 00	05000	OPERATING ROOM	0	0	0	0	932, 349	50. 00
51. 00	05100	RECOVERY ROOM	0	0	0	0	0	51. 00
52. 00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52. 00
53. 00	05300	ANESTHESIOLOGY	0	0	0	0	36, 877	53. 00
54. 00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	836, 239	54. 00
56. 00	05600	RADIOISOTOPE	0	0	0	0	53, 409	56. 00
60. 00	06000	LABORATORY	0	0	0	0	89, 339	60. 00
63. 00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63. 00
64. 00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64. 00
65. 00	06500	RESPIRATORY THERAPY	0	0	0	0	20, 061	65. 00
66. 00	06600	PHYSICAL THERAPY	0	0	0	0	2, 378	66. 00
67. 00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67. 00
68. 00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68. 00
69. 00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69. 00
71. 00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71. 00
72. 00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72. 00
73. 00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73. 00
73. 01	07301	CARDIAC REHAB	0	0	0	0	10, 785	73. 01
73. 02	07302	WOUND CARE	0	0	0	0	0	73. 02
73. 03	07303	SLEEP LAB	0	0	0	0	100	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	41, 275	88. 00
90. 00	09000	CLINIC	0	0	0	0	3, 671	90. 00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

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

Cost Center Description			CAPITAL RELATED COSTS					
			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	
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	140,035	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	69,282	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	73,275	90.05
91.00	09100	EMERGENCY	0	0	0	0	13,596	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	0	0	0	209,032	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,832	13,612	0	12,878	3,451,447	118.00
NONREIMBURSABLE 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	8,486	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	1,124	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	LINE NOT UTILIZED	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	OPC SPECIALTY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	58,099	194.17
194.18	07968	GAFM	0	0	0	0	1,397	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	0	0	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	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	45,227	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	3,326	194.27
194.28	07978	CP THERAPY	0	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	0	201.00
202.00		TOTAL (sum lines 118 through 201)	14,832	13,612	8,486	12,878	3,560,620	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

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

Cost Center Description			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACC OUNTS RECEIVABLE	ALL OTHER ADMIN & GENERAL	OPERATION OF PLANT	
			2A	4.00	5.01	5.02	7.00	
GENERAL SERVICE COST CENTERS								
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	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	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						1.12
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						1.18
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
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 EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	12,963	12,963				4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,215	599	4,814			5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	1,193,277	1,789	0	1,195,066		5.02
7.00	00700	OPERATION OF PLANT	149,519	207	0	27,521	177,247	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	13	0	5,946	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	36,968	105	0	7,314	2,852	8.00
9.00	00900	HOUSEKEEPING	27,327	220	0	14,126	1,401	9.00
10.00	01000	DIETARY	29,692	111	0	9,504	3,407	10.00
11.00	01100	CAFETERIA	13,952	76	0	6,553	1,783	11.00
13.00	01300	NURSING ADMINISTRATION	1,268	60	0	3,444	162	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	51,148	0	0	6,146	6,121	14.00
15.00	01500	PHARMACY	16,184	220	0	17,741	2,068	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,381	107	0	8,029	816	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	1,631	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	418,742	1,085	666	78,085	32,726	30.00
31.00	03100	INTENSIVE CARE UNIT	14,544	28	17	2,043	1,498	31.00
43.00	04300	NURSERY	18,185	158	95	11,142	1,042	43.00
44.00	04400	SKILLED NURSING FACILITY	8,442	45	0	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								
50.00	05000	OPERATING ROOM	1,081,467	753	767	88,895	18,141	50.00
51.00	05100	RECOVERY ROOM	19,421	147	87	10,204	2,482	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,450	57	36	4,193	1,057	52.00
53.00	05300	ANESTHESIOLOGY	51,021	0	47	5,545	893	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	924,652	548	518	60,654	11,299	54.00
56.00	05600	RADIOISOTOPE	57,703	28	32	3,789	549	56.00
60.00	06000	LABORATORY	113,107	394	419	49,147	3,038	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	12	1,385	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	24,527	167	106	12,385	571	65.00
66.00	06600	PHYSICAL THERAPY	74,805	395	251	29,400	9,256	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	108	59	6,891	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	41	23	2,717	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15	8	973	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	230	26,895	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	599	70,139	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	323	37,849	0	73.00
73.01	07301	CARDIAC REHAB	17,589	44	27	3,109	0	73.01
73.02	07302	WOUND CARE	12,327	58	46	5,356	1,575	73.02
73.03	07303	SLEEP LAB	9,573	44	31	3,599	1,211	73.03
73.04	03950	DIETARY EDUCATION	0	0	8	887	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	466,934	1,486	0	203,548	4,863	88.00
90.00	09000	CLINIC	16,552	54	0	3,454	1,646	90.00
90.01	09001	GERI PSYCH CLINIC	8,814	50	0	4,209	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	249,706	548	0	47,374	14,016	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

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

Cost Center Description			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACC OUNTS RECEIVABLE	ALL OTHER ADMIN & GENERAL	OPERATION OF PLANT	
			2A	4.00	5.01	5.02	7.00	
90.03	09003	GENERAL SURGERY CLINIC	104,954	71	0	9,073	4,559	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC	148,402	157	0	15,514	6,055	90.05
91.00	09100	EMERGENCY	81,782	451	366	42,844	8,714	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	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	246,611	721	0	44,907	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,911,038	11,651	4,773	1,031,781	166,012	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,004	0	0	11	128	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	20	0	3,992	0	192.02
194.00	07950	FALCON POINT RENTAL	8,486	0	0	93	3,255	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	6,685	9	0	2,433	0	194.02
194.03	07953	WELLNESS CENTER	413	46	0	2,733	0	194.03
194.04	07954	PSYCH CLINIC	16,714	215	0	27,842	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	2,189	0	194.07
194.08	07958	LINE NOT UTILIZED	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	44	0	2,585	0	194.10
194.11	07961	OPC SPECIALTY CLINIC	17,955	0	0	1,068	2,295	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	9,448	80	0	10,258	0	194.16
194.17	07967	ELITE PERFORMANCE	58,099	407	0	27,085	0	194.17
194.18	07968	GAFM	1,397	86	0	13,456	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	14,203	10	0	1,698	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	60	0	11,485	0	194.21
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	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	88,707	115	0	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	0	61	41	4,785	0	194.28
194.29	07979	SCHOOL NURSE	33	0	0	5,582	0	194.29
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,160,761	12,963	4,814	1,195,066	177,247	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

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

Cost Center Description			OPERATION OF PLANT-OUTSIDE PROPERTY	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			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	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						1.07
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						1.12
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						1.18
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
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 EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE						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	HOUSEKEEPING	1	6,572	49,647			9.00
10.00	01000	DIETARY	0	833	927	44,474		10.00
11.00	01100	CAFETERIA	0	1,158	485	0	24,007	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	44	0	95	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,666	0	0	14.00
15.00	01500	PHARMACY	0	0	563	0	584	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	222	0	565	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	6,735	8,905	8,242	3,192	30.00
31.00	03100	INTENSIVE CARE UNIT	0	76	408	56	24	31.00
43.00	04300	NURSERY	0	131	284	0	428	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,364	294	1,817	166	44.00
46.00	04600	OTHER LONG TERM CARE	0	6,231	5,752	19,571	1,795	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	4,187	4,938	0	2,584	50.00
51.00	05100	RECOVERY ROOM	0	0	676	0	429	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	404	288	0	156	52.00
53.00	05300	ANESTHESIOLOGY	0	0	243	0	660	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,254	3,075	0	1,677	54.00
56.00	05600	RADIOISOTOPE	0	0	149	0	70	56.00
60.00	06000	LABORATORY	0	0	827	0	1,670	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	155	0	511	65.00
66.00	06600	PHYSICAL THERAPY	0	1,928	2,519	0	1,463	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	279	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	109	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	48	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	124	0	0	0	156	73.01
73.02	07302	WOUND CARE	0	0	429	0	318	73.02
73.03	07303	SLEEP LAB	0	0	330	0	149	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	2,506	0	1,324	0	0	88.00
90.00	09000	CLINIC	0	0	448	0	239	90.00
90.01	09001	GERI PSYCH CLINIC	161	0	0	0	217	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	3,815	0	3,310	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

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

Cost Center Description			OPERATION OF PLANT-OUTSIDE PROPERTY	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
90.03	09003	GENERAL SURGERY CLINIC	0	0	1,241	0	544	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC	215	0	1,648	0	917	90.05
91.00	09100	EMERGENCY	0	1,978	2,372	0	1,071	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	222	398	2,562	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,229	33,249	46,589	29,686	23,426	118.00
NONREIMBURSABLE 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	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	72	192.02
194.00	07950	FALCON POINT RENTAL	0	0	886	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	63	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	282	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	285	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	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	LINE NOT UTILIZED	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	OPC SPECIALTY CLINIC	0	0	625	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	163	0	0	0	509	194.16
194.17	07967	ELITE PERFORMANCE	1,609	0	0	0	0	194.17
194.18	07968	GAFM	75	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	43	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	121	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	0	0	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	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	1,512	0	0	194.26
194.27	07977	RETAIL PHARMACY	71	0	0	0	0	194.27
194.28	07978	CP THERAPY	14	0	0	0	0	194.28
194.29	07979	SCHOOL NURSE	4	0	0	0	0	194.29
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,959	47,239	49,647	44,474	24,007	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

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

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
			13.00	14.00	15.00	16.00	21.00	
GENERAL SERVICE COST CENTERS								
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	00104	B&F - FARMER CITY RURAL HEALTH CLINIC						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	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						1.12
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						1.18
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
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 EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE						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						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	5,073					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	65,081				14.00
15.00	01500	PHARMACY	0	221	37,581			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	14	0	16,134		16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,445	1,180	81	1,032		30.00
31.00	03100	INTENSIVE CARE UNIT	11	0	2	12		31.00
43.00	04300	NURSERY	194	0	0	37		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
46.00	04600	OTHER LONG TERM CARE	0	283	1	0		46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,170	4,492	223	2,428		50.00
51.00	05100	RECOVERY ROOM	194	176	3	325		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	70	0	0	186		52.00
53.00	05300	ANESTHESIOLOGY	0	161	173	128		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	234	224	3,149		54.00
56.00	05600	RADIOISOTOPE	0	9	4	104		56.00
60.00	06000	LABORATORY	0	763	0	1,979		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	38		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	39	0	265		65.00
66.00	06600	PHYSICAL THERAPY	0	43	3	400		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1	0	105		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	36		68.00
69.00	06900	ELECTROCARDIOLOGY	0	1	0	128		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,522	0	620		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	37,874	0	1,793		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	33,933	1,500		73.00
73.01	07301	CARDIAC REHAB	0	8	0	43		73.01
73.02	07302	WOUND CARE	0	226	9	95		73.02
73.03	07303	SLEEP LAB	67	5	0	192		73.03
73.04	03950	DIETARY EDUCATION	0	0	0	2		73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	2,203	1,283	0		88.00
90.00	09000	CLINIC	0	16	20	3		90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

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

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES	
			13.00	14.00	15.00	16.00	21.00	
90.01	09001	GERI PSYCH CLINIC	0	7	0	43		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						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	0	0	0	0		190.00
192.01	19201	GAH - MSO	0	0	0	0		192.01
192.02	19202	GAH FOUNDATION	0	0	0	0		192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0		194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0		194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	1	30	0		194.02
194.03	07953	WELLNESS CENTER	0	9	0	0		194.03
194.04	07954	PSYCH CLINIC	0	176	135	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	0	0	0	0		194.07
194.08	07958	LINE NOT UTILIZED	0	0	0	0		194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0		194.09
194.10	07960	WIC	0	2	0	0		194.10
194.11	07961	OPC SPECIALTY CLINIC	0	0	0	0		194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0		194.12
194.13	07963	PODIATRY	0	0	0	0		194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0		194.14
194.15	07965	ORTHO CLINIC	0	0	0	0		194.15
194.16	07966	FHGC	0	253	22	0		194.16
194.17	07967	ELITE PERFORMANCE	0	32	0	0		194.17
194.18	07968	GAFM	0	222	26	0		194.18
194.19	07969	GAPC	0	0	0	0		194.19
194.20	07970	FHCF	0	16	1	0		194.20
194.21	07971	FAMILY H. C. FAIRBURY	0	265	136	0		194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0		194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0		194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0		194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0		194.25
194.26	07976	DENTAL CLINIC	0	45	5	0		194.26
194.27	07977	RETAIL PHARMACY	0	9	0	0		194.27
194.28	07978	CP THERAPY	0	5	0	0		194.28
194.29	07979	SCHOOL NURSE	0	0	0	0		194.29
200.00		Cross Foot Adjustments						0200.00
201.00		Negative Cost Centers	0	0	0	0		0201.00
202.00		TOTAL (sum lines 118 through 201)	5,073	65,081	37,581	16,134	0	0202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

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

Cost Center Description			INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			SERVICES-OTHER					
			PRGM. COSTS					
			22.00	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS								
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	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	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						1.12
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						1.18
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
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 EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE						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						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
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 & PEDIATRICS		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	ANESTHESIOLOGY		58,871	0	58,871		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,007,284	0	1,007,284		54.00
56.00	05600	RADIOISOTOPE		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	INTRAVENOUS THERAPY		0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY		38,726	0	38,726		65.00
66.00	06600	PHYSICAL THERAPY		120,463	0	120,463		66.00
67.00	06700	OCCUPATIONAL THERAPY		7,443	0	7,443		67.00
68.00	06800	SPEECH PATHOLOGY		2,926	0	2,926		68.00
69.00	06900	ELECTROCARDIOLOGY		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	CARDIAC 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	DIETARY EDUCATION		897	0	897		73.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

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

Cost Center Description			INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			SERVICES-OTHER PRGM. COSTS					
			22.00					
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC		684,147	0	684,147		88.00
90.00	09000	CLINIC		22,432	0	22,432		90.00
90.01	09001	GERI PSYCH CLINIC		13,501	0	13,501		90.01
90.02	09002	ORTHO AND CARDIO CLINIC		320,698	0	320,698		90.02
90.03	09003	GENERAL SURGERY CLINIC		120,486	0	120,486		90.03
90.04	09004	GAPC AND #3 CLINIC		0	0	0		90.04
90.05	09005	ENT AND UROLOGY CLINIC		173,192	0	173,192		90.05
91.00	09100	EMERGENCY		141,927	0	141,927		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER		0	0	0		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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	5,696,997	0	5,696,997		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		29,956	0	29,956		190.00
192.01	19201	GAH - MSO		0	0	0		192.01
192.02	19202	GAH FOUNDATION		4,084	0	4,084		192.02
194.00	07950	FALCON POINT RENTAL		12,720	0	12,720		194.00
194.01	07951	PHYSICIAN OFFICE		0	0	0		194.01
194.02	07952	PLASTIC SURG & DR. CHUNG		9,221	0	9,221		194.02
194.03	07953	WELLNESS CENTER		3,483	0	3,483		194.03
194.04	07954	PSYCH CLINIC		45,367	0	45,367		194.04
194.05	07955	MAHOMET SPECIALTY CLINIC		0	0	0		194.05
194.06	07956	LASER CLINIC		0	0	0		194.06
194.07	07957	PAIN CLINIC		2,189	0	2,189		194.07
194.08	07958	LINE NOT UTILIZED		0	0	0		194.08
194.09	07959	GAH CARDIOLOGY		0	0	0		194.09
194.10	07960	WIC		2,631	0	2,631		194.10
194.11	07961	OPC SPECIALTY CLINIC		21,943	0	21,943		194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC		0	0	0		194.12
194.13	07963	PODIATRY		0	0	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		20,733	0	20,733		194.16
194.17	07967	ELITE PERFORMANCE		87,232	0	87,232		194.17
194.18	07968	GAFM		15,262	0	15,262		194.18
194.19	07969	GAPC		0	0	0		194.19
194.20	07970	FHCF		15,971	0	15,971		194.20
194.21	07971	FAMILY H.C. FAIRBURY		12,067	0	12,067		194.21
194.22	07972	GIBSON HEALTH OF WATSEKA		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		194.24
194.25	07975	GIBSON HEALTH OF MAHOMET		0	0	0		194.25
194.26	07976	DENTAL CLINIC		111,037	0	111,037		194.26
194.27	07977	RETAIL PHARMACY		57,712	0	57,712		194.27
194.28	07978	CP THERAPY		4,906	0	4,906		194.28
194.29	07979	SCHOOL NURSE		5,619	0	5,619		194.29
200.00		Cross Foot Adjustments	1,631	1,631	0	1,631		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	1,631	6,160,761	0	6,160,761		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

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

Worksheet B-1

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

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	OB UNIT - BLDG & FIXT (SQUARE FEET)	B&F - ONARGA RHC (SQUARE FEET)	B&F - FARMER CITY RURAL HEALTH CLIN (SQUARE FEET)	B&F - HOOPESTON RURAL HEALTH CLINIC (SQUARE FEET)	
			1.00	1.01	1.02	1.04	1.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	131,548					1.00
1.01	00101	OB UNIT - BLDG & FIXT	0	9,846				1.01
1.02	00102	B&F - ONARGA RHC	0	0	4,652			1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN	0	0	0	2,160		1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0	0	0	4,721	1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC	0	0	0	0	0	1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC	0	0	0	0	0	1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC	0	0	0	0	0	1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	0	0	1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER	0	0	0	0	0	1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	0	0	0	0	0	1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0	0	1.15
1.16	00116	B&F - AMBULANCE BUILDING	0	0	0	0	0	1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK	0	0	0	0	0	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	0	0	0	0	0	1.18
1.19	00119	B&F - ANESTHESIA HOUSE	0	0	0	0	0	1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	0	0	0	0	0	1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	0	0	0	1.21
1.22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	0	0	1.22
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	0	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	666	0	0	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	26,181	308	0	0	0	5.02
7.00	00700	OPERATION OF PLANT	9,223	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,689	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	749	81	0	0	0	9.00
10.00	01000	DIETARY	2,018	0	0	0	0	10.00
11.00	01100	CAFETERIA	1,056	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	96	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,625	0	0	0	0	14.00
15.00	01500	PHARMACY	1,225	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	483	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,048	7,333	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	887	0	0	0	0	31.00
43.00	04300	NURSERY	0	617	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	639	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	12,515	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,303	441	0	0	0	50.00
51.00	05100	RECOVERY ROOM	1,470	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	626	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	89	440	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,692	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	325	0	0	0	0	56.00
60.00	06000	LABORATORY	1,799	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	338	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	5,482	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	933	0	0	0	0	73.02
73.03	07303	SLEEP LAB	717	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

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

Worksheet B-1

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

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	OB UNIT - BLDG & FIXT (SQUARE FEET)	B&F - ONARGA RHC (SQUARE FEET)	B&F - FARMER CITY RURAL HEALTH CLIN (SQUARE FEET)	B&F - HOOPESTON RURAL HEALTH CLINIC (SQUARE FEET)	
			1.00	1.01	1.02	1.04	1.05	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	4,652	2,160	4,721	88.00
90.00	09000	CLINIC	975	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	8,301	0	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	2,700	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	5,602	0	0	0	0	90.05
91.00	09100	EMERGENCY	5,161	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	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	123,987	9,846	4,652	2,160	4,721	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	76	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	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	LINE NOT UTILIZED	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	OPC SPECIALTY CLINIC	1,359	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	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	1,075	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	0	0	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	0	0	0	194.25
194.26	07976	DENTAL CLINIC	3,291	0	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	1,760	0	0	0	0	194.27
194.28	07978	CP THERAPY	0	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						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,737,976	290,196	8,407	12,975	177,962	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.211725	29.473492	1.807180	6.006944	37.695827	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

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

Worksheet B-1

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

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - FORREST	B&F - PAXTON	B&F - MAHOMET	B&F - POTOMAC	B&F - PAXTON	
			RURAL HEALTH	RURAL HEALTH	SPECIALTY	RURAL HEALTH	WELLNESS	
			CLINIC	CLINIC	CLINIC	CLINIC	CENTER	
			(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	
			1. 07	1. 09	1. 10	1. 11	1. 12	
GENERAL SERVICE COST CENTERS								
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	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	3, 284					1. 07
1. 09	00109	B&F - PAXTON RURAL HEALTH CLINIC	0	28, 574				1. 09
1. 10	00110	B&F - MAHOMET SPECIALTY CLINIC	0	0	2, 130			1. 10
1. 11	00111	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	0		1. 11
1. 12	00112	B&F - PAXTON WELLNESS CENTER	0	0	0	0	7, 000	1. 12
1. 14	00114	B&F - PAXTON AMBULANCE STATION	0	0	0	0	0	1. 14
1. 15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0	0	1. 15
1. 16	00116	B&F - AMBULANCE BUILDING	0	0	0	0	0	1. 16
1. 17	00117	B&F - # 10 DOCTOR'S PARK	0	0	0	0	0	1. 17
1. 18	00118	B&F - COSMETOLOGY OFFICE	0	0	0	0	0	1. 18
1. 19	00119	B&F - ANESTHESIA HOUSE	0	0	0	0	0	1. 19
1. 20	00120	B&F - #7 DOCTOR'S PARK	0	0	0	0	0	1. 20
1. 21	00121	B&F - #4 DOCTOR'S PARK	0	0	0	0	0	1. 21
1. 22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	0	0	1. 22
1. 25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	0	1. 25
1. 26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0	1. 26
1. 27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1. 27
1. 28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0	1. 28
2. 00	00200	CAP REL COSTS-MVBLE EQUIP						2. 00
4. 00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4. 00
5. 01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5. 01
5. 02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	0	5. 02
7. 00	00700	OPERATION OF PLANT	0	0	0	0	0	7. 00
7. 01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7. 01
8. 00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8. 00
9. 00	00900	HOUSEKEEPING	0	0	0	0	0	9. 00
10. 00	01000	DIETARY	0	0	0	0	0	10. 00
11. 00	01100	CAFETERIA	0	0	0	0	0	11. 00
13. 00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13. 00
14. 00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14. 00
15. 00	01500	PHARMACY	0	0	0	0	0	15. 00
16. 00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16. 00
21. 00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21. 00
22. 00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22. 00
INPATIENT ROUTINE SERVICE COST CENTERS								
30. 00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30. 00
31. 00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31. 00
43. 00	04300	NURSERY	0	0	0	0	0	43. 00
44. 00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44. 00
46. 00	04600	OTHER LONG TERM CARE	0	0	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	0	0	0	52. 00
53. 00	05300	ANESTHESIOLOGY	0	0	0	0	0	53. 00
54. 00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54. 00
56. 00	05600	RADIOISOTOPE	0	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	0	0	0	0	63. 00
64. 00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64. 00
65. 00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65. 00
66. 00	06600	PHYSICAL THERAPY	0	0	0	0	0	66. 00
67. 00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67. 00
68. 00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68. 00
69. 00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69. 00
71. 00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71. 00
72. 00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72. 00
73. 00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73. 00
73. 01	07301	CARDIAC REHAB	0	0	0	0	0	73. 01
73. 02	07302	WOUND CARE	0	0	0	0	0	73. 02
73. 03	07303	SLEEP LAB	0	0	0	0	0	73. 03
73. 04	03950	DIETARY EDUCATION	0	0	0	0	0	73. 04
OUTPATIENT SERVICE COST CENTERS								
88. 00	08800	RURAL HEALTH CLINIC	3, 284	28, 574	2, 130	0	0	88. 00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

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

Worksheet B-1

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

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - FORREST RURAL HEALTH CLINIC (SQUARE FEET)	B&F - PAXTON RURAL HEALTH CLINIC (SQUARE FEET)	B&F - MAHOMET SPECIALTY CLINIC (SQUARE FEET)	B&F - POTOMAC RURAL HEALTH CLINIC (SQUARE FEET)	B&F - PAXTON WELLNESS CENTER (SQUARE FEET)	
			1. 07	1. 09	1. 10	1. 11	1. 12	
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	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	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,284	28,574	2,130	0	0	118.00
NONREIMBURSABLE 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	7,000	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	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	LINE NOT UTILIZED	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	OPC SPECIALTY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	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	0	0	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	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	0	194.27
194.28	07978	CP THERAPY	0	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						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	15,724	145,889	47,718	0	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 II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

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

Worksheet B-1

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

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - PAXTON AMBULANCE STATION (SQUARE FEET)	B&F - AMBULANCE STAFF RESIDENCE (SQUARE FEET)	B&F - AMBULANCE BUILDING (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	
GENERAL SERVICE COST CENTERS								
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	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	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						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	4,500					1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	2,346				1.15
1.16	00116	B&F - AMBULANCE BUILDING	0	0	3,228			1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK	0	0	0	14,140		1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	0	0	0	0	1,554	1.18
1.19	00119	B&F - ANESTHESIA HOUSE	0	0	0	0	0	1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	0	0	0	0	0	1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	0	0	0	1.21
1.22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	0	0	1.22
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	0	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	0	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	13	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	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	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	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	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	3,080	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

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

Worksheet B-1

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

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - PAXTON AMBULANCE STATION (SQUARE FEET)	B&F - AMBULANCE STAFF RESI DENCE (SQUARE FEET)	B&F - AMBULANCE BUI LDING (SQUARE FEET)	B&F - # 10 DOCTOR' S PARK (SQUARE FEET)	B&F - COSMETOLOGY OFFI CE (SQUARE FEET)	
			1. 14	1. 15	1. 16	1. 17	1. 18	
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	3,990	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	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	4,500	2,346	3,228	0	0	95.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,500	2,346	3,228	7,083	0	118.00
	NONREIMBURSABLE 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	1,554	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	7,057	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	LINE NOT UTILIZED	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	OPC SPECIALTY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	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	0	0	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	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	0	194.27
194.28	07978	CP THERAPY	0	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						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,900	6,836	23,843	31,237	6,685	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.533333	2.913896	7.386307	2.209123	4.301802	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

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

Worksheet B-1

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

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - ANESTHESIA HOUSE (SQUARE FEET)	B&F - #7 DOCTOR' S PARK (SQUARE FEET)	B&F - #4 DOCTOR' S PARK (SQUARE FEET)	B&F - #8 DOCTOR' S PARK (SQUARE FEET)	B&F - HARMS HOUSE/IT (SQUARE FEET)	
			1. 19	1. 20	1. 21	1. 22	1. 25	
GENERAL SERVICE COST CENTERS								
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	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	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. 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. 18
1. 19	00119	B&F - ANESTHESIA HOUSE	4, 052					1. 19
1. 20	00120	B&F - #7 DOCTOR' S PARK	0	4, 032				1. 20
1. 21	00121	B&F - #4 DOCTOR' S PARK	0	0	4, 032			1. 21
1. 22	00122	B&F - #8 DOCTOR' S PARK	0	0	0	5, 760		1. 22
1. 25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	3, 952	1. 25
1. 26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0	1. 26
1. 27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1. 27
1. 28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0	1. 28
2. 00	00200	CAP REL COSTS-MVBLE EQUIP						2. 00
4. 00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4. 00
5. 01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5. 01
5. 02	00591	ALL OTHER ADMIN & GENERAL	4, 052	0	604	0	3, 952	5. 02
7. 00	00700	OPERATION OF PLANT	0	0	0	0	0	7. 00
7. 01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7. 01
8. 00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8. 00
9. 00	00900	HOUSEKEEPING	0	0	0	0	0	9. 00
10. 00	01000	DIETARY	0	0	0	0	0	10. 00
11. 00	01100	CAFETERIA	0	0	0	0	0	11. 00
13. 00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13. 00
14. 00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14. 00
15. 00	01500	PHARMACY	0	0	0	0	0	15. 00
16. 00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16. 00
21. 00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21. 00
22. 00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22. 00
INPATIENT ROUTINE SERVICE COST CENTERS								
30. 00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30. 00
31. 00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31. 00
43. 00	04300	NURSERY	0	0	0	0	0	43. 00
44. 00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44. 00
46. 00	04600	OTHER LONG TERM CARE	0	0	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	0	0	0	52. 00
53. 00	05300	ANESTHESIOLOGY	0	0	0	0	0	53. 00
54. 00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54. 00
56. 00	05600	RADIOISOTOPE	0	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	0	0	0	0	63. 00
64. 00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64. 00
65. 00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65. 00
66. 00	06600	PHYSICAL THERAPY	0	0	0	0	0	66. 00
67. 00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67. 00
68. 00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68. 00
69. 00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69. 00
71. 00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71. 00
72. 00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72. 00
73. 00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73. 00
73. 01	07301	CARDIAC REHAB	0	0	0	0	0	73. 01
73. 02	07302	WOUND CARE	0	0	0	0	0	73. 02
73. 03	07303	SLEEP LAB	0	0	0	0	0	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	5, 760	0	88. 00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

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

Worksheet B-1

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

Cost Center Description		CAPITAL RELATED COSTS					
		B&F - ANESTHESIA HOUSE (SQUARE FEET)	B&F - #7 DOCTOR'S PARK (SQUARE FEET)	B&F - #4 DOCTOR'S PARK (SQUARE FEET)	B&F - #8 DOCTOR'S PARK (SQUARE FEET)	B&F - HARMS HOUSE/IT (SQUARE FEET)	
		1. 19	1. 20	1. 21	1. 22	1. 25	
90.00	09000	CLINIC	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	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	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	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	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,052	0	3,933	5,760	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	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	0	0	0	0	194.07
194.08	07958	LINE NOT UTILIZED	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	194.10
194.11	07961	OPC SPECIALTY CLINIC	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	194.15
194.16	07966	FHGC	0	4,032	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	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	99	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 I)	9,790	9,448	1,350	16,984	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.416091	2.343254	0.334821	2.948611	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)					204.00
205.00		Unit cost multiplier (Wkst. B, Part II)					205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

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

Worksheet B-1

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

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		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)		
		1.26	1.27	1.28	2.00	4.00	
GENERAL SERVICE COST CENTERS							
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	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	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					1.12
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					1.18
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
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	4,175				1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	1,928			1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	4,224		1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP				3,058,802	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	3,577	45,978,665
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	3,621	2,125,690
5.02	00591	ALL OTHER ADMIN & GENERAL	4,175	0	4,224	676,078	6,355,698
7.00	00700	OPERATION OF PLANT	0	0	0	23,768	735,261
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	47,122
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	12,588	372,574
9.00	00900	HOUSEKEEPING	0	0	0	12,899	780,799
10.00	01000	DIETARY	0	0	0	2,604	392,132
11.00	01100	CAFETERIA	0	0	0	0	269,136
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	212,091
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2,796	0
15.00	01500	PHARMACY	0	0	0	0	778,957
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	377,891
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	37,315	3,846,893
31.00	03100	INTENSIVE CARE UNIT	0	0	0	2,427	98,903
43.00	04300	NURSERY	0	0	0	0	558,718
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	160,760
46.00	04600	OTHER LONG TERM CARE	0	0	0	12,447	1,739,833
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	800,945	2,669,669
51.00	05100	RECOVERY ROOM	0	0	0	0	520,635
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	203,027
53.00	05300	ANESTHESIOLOGY	0	0	0	31,680	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	718,383	1,942,582
56.00	05600	RADIOISOTOPE	0	0	0	45,882	97,971
60.00	06000	LABORATORY	0	0	0	76,748	1,396,473
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	17,234	593,814
66.00	06600	PHYSICAL THERAPY	0	0	0	2,043	1,400,619
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	381,453
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	145,330
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	53,932
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	CARDIAC REHAB	0	0	0	9,265	154,376
73.02	07302	WOUND CARE	0	0	0	0	205,083
73.03	07303	SLEEP LAB	0	0	0	86	157,132
73.04	03950	DIETARY EDUCATION	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

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

Worksheet B-1

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

Cost Center Description			CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
			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)		
			1. 26	1. 27	1. 28	2. 00	4. 00	
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	35,458	5,269,569	88.00
90.00	09000	CLINIC	0	0	0	3,154	192,715	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	177,337	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	120,299	1,943,853	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	59,518	252,782	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	62,948	556,765	90.05
91.00	09100	EMERGENCY	0	0	0	11,680	1,597,881	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	0	0	179,572	2,557,529	95.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,175	0	4,224	2,965,015	41,322,985	118.00
	NONREIMBURSABLE 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	72,630	192.02
194.00	07950	FALCON POINT RENTAL	0	1,928	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	32,270	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	161,720	194.03
194.04	07954	PSYCH CLINIC	0	0	0	966	763,211	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	1,642	194.07
194.08	07958	LINE NOT UTILIZED	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	156,553	194.10
194.11	07961	OPC SPECIALTY CLINIC	0	0	0	0	1,750	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	0	0	282,297	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	49,911	1,442,536	194.17
194.18	07968	GAFM	0	0	0	1,200	306,439	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	34,653	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	211,741	194.21
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	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	38,853	406,215	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	2,857	564,200	194.27
194.28	07978	CP THERAPY	0	0	0	0	217,823	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						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	13,612	8,486	12,878	3,560,620	20,979,124	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.260359	4.401452	3.048769	1.164057	0.456280	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)					12,963	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)					0.000282	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

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

Worksheet B-1

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

Cost Center Description		Reconciliation	CASHIERING/ACCOUNTS RECEIVABLE (ACCUM. COST)	Reconciliation	ALL OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5A.01	5.01	5A.02	5.02	7.00	
GENERAL SERVICE COST CENTERS							
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	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	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					1.12
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					1.18
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
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 EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	-5,173,096	46,192,395			5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	-17,814,097	0	-17,814,097	109,050,402	5.02
7.00	00700	OPERATION OF PLANT	-2,511,299	0	0	2,511,299	104,973
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	-542,525	0	0	542,525	0
8.00	00800	LAUNDRY & LINEN SERVICE	-667,405	0	0	667,405	1,689
9.00	00900	HOUSEKEEPING	-1,288,965	0	0	1,288,965	830
10.00	01000	DIETARY	-867,243	0	0	867,243	2,018
11.00	01100	CAFETERIA	-597,949	0	0	597,949	1,056
13.00	01300	NURSING ADMINISTRATION	-314,298	0	0	314,298	96
14.00	01400	CENTRAL SERVICES & SUPPLY	-560,836	0	0	560,836	3,625
15.00	01500	PHARMACY	-1,618,878	0	0	1,618,878	1,225
16.00	01600	MEDICAL RECORDS & LIBRARY	-732,666	0	0	732,666	483
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	-148,804	0	0	148,804	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	6,407,623	0	7,125,213	19,381
31.00	03100	INTENSIVE CARE UNIT	0	167,673	0	186,451	887
43.00	04300	NURSERY	0	914,309	0	1,016,702	617
44.00	04400	SKILLED NURSING FACILITY	-282,650	0	0	282,650	639
46.00	04600	OTHER LONG TERM CARE	-3,150,223	0	0	3,150,223	12,515
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	7,294,686	0	8,111,629	10,744
51.00	05100	RECOVERY ROOM	0	837,373	0	931,150	1,470
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	344,083	0	382,617	626
53.00	05300	ANESTHESIOLOGY	0	455,044	0	506,004	529
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,977,263	0	5,534,667	6,692
56.00	05600	RADIOISOTOPE	0	310,891	0	345,708	325
60.00	06000	LABORATORY	0	4,032,975	0	4,484,628	1,799
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	113,660	0	126,389	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	1,016,321	0	1,130,139	338
66.00	06600	PHYSICAL THERAPY	0	2,412,532	0	2,682,711	5,482
67.00	06700	OCCUPATIONAL THERAPY	0	565,500	0	628,830	0
68.00	06800	SPEECH PATHOLOGY	0	222,977	0	247,948	0
69.00	06900	ELECTROCARDIOLOGY	0	79,874	0	88,819	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,206,966	0	2,454,124	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,755,559	0	6,400,124	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,105,864	0	3,453,690	0
73.01	07301	CARDIAC REHAB	0	255,114	0	283,684	0
73.02	07302	WOUND CARE	0	439,532	0	488,755	933
73.03	07303	SLEEP LAB	0	295,370	0	328,448	717
73.04	03950	DIETARY EDUCATION	0	72,759	0	80,907	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	-18,574,830	0	0	18,574,830	2,880
90.00	09000	CLINIC	-315,207	0	0	315,207	975
90.01	09001	GERI PSYCH CLINIC	-384,111	0	0	384,111	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

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

Worksheet B-1

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

Cost Center Description			Reconciliation	CASHIERING/ACCOUNTS RECEIVABLE (ACCUM. COST)	Reconciliation	ALL OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5A.01	5.01	5A.02	5.02	7.00	
90.02	09002	ORTHO AND CARDIO CLINIC	-4,322,837	0	0	4,322,837	8,301	90.02
90.03	09003	GENERAL SURGERY CLINIC	-827,884	0	0	827,884	2,700	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC	-1,415,685	0	0	1,415,685	3,586	90.05
91.00	09100	EMERGENCY	0	3,515,766	0	3,909,497	5,161	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	-4,097,707	0	0	4,097,707	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-66,209,195	45,799,714	-17,814,097	94,150,836	98,319	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-1,004	0	0	1,004	76	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	-364,228	0	0	364,228	0	192.02
194.00	07950	FALCON POINT RENTAL	-8,486	0	0	8,486	1,928	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	-221,971	0	0	221,971	0	194.02
194.03	07953	WELLNESS CENTER	-249,410	0	0	249,410	0	194.03
194.04	07954	PSYCH CLINIC	-2,540,539	0	0	2,540,539	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	-199,776	0	0	199,776	0	194.07
194.08	07958	LINE NOT UTILIZED	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	-235,845	0	0	235,845	0	194.10
194.11	07961	OPC SPECIALTY CLINIC	-97,438	0	0	97,438	1,359	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	-936,007	0	0	936,007	0	194.16
194.17	07967	ELITE PERFORMANCE	-2,471,462	0	0	2,471,462	0	194.17
194.18	07968	GAFM	-1,227,805	0	0	1,227,805	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	-154,949	0	0	154,949	0	194.20
194.21	07971	FAMILY H. C. FAIRBURY	-1,048,023	0	0	1,048,023	0	194.21
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	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	-1,377,507	0	0	1,377,507	3,291	194.26
194.27	07977	RETAIL PHARMACY	-2,819,098	0	0	2,819,098	0	194.27
194.28	07978	CP THERAPY	0	392,681	0	436,657	0	194.28
194.29	07979	SCHOOL NURSE	-509,361	0	0	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 I)		5,173,096		17,814,097	2,921,537	202.00
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 II)		4,814		1,195,066	177,247	204.00
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 (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

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

Worksheet B-1

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

Cost Center Description		OPERATION OF PLANT-OUTSIDE PROPERTY (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		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	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					1.07
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					1.12
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					1.18
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
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 EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE					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	147,803				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	577,710			8.00
9.00	00900	HOUSEKEEPING	13	80,372	108,028		9.00
10.00	01000	DIETARY	0	10,182	2,018	62,973	10.00
11.00	01100	CAFETERIA	0	14,161	1,056	0	33,336
13.00	01300	NURSING ADMINISTRATION	0	0	96	0	132
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	3,625	0	0
15.00	01500	PHARMACY	0	0	1,225	0	811
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	483	0	785
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	82,369	19,381	11,670	4,433
31.00	03100	INTENSIVE CARE UNIT	0	929	887	80	34
43.00	04300	NURSERY	0	1,604	617	0	594
44.00	04400	SKILLED NURSING FACILITY	0	16,679	639	2,573	231
46.00	04600	OTHER LONG TERM CARE	0	76,197	12,515	27,711	2,493
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	51,206	10,744	0	3,588
51.00	05100	RECOVERY ROOM	0	0	1,470	0	596
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,946	626	0	216
53.00	05300	ANESTHESIOLOGY	0	0	529	0	917
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	15,334	6,692	0	2,329
56.00	05600	RADIOISOTOPE	0	0	325	0	97
60.00	06000	LABORATORY	0	0	1,799	0	2,319
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	338	0	710
66.00	06600	PHYSICAL THERAPY	0	23,583	5,482	0	2,031
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	387
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	151
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	67
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	CARDIAC REHAB	3,080	0	0	0	216
73.02	07302	WOUND CARE	0	0	933	0	442
73.03	07303	SLEEP LAB	0	0	717	0	207
73.04	03950	DIETARY EDUCATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	62,188	0	2,880	0	0
90.00	09000	CLINIC	0	0	975	0	332
90.01	09001	GERI PSYCH CLINIC	3,990	0	0	0	302

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

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

Worksheet B-1

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

Cost Center Description			OPERATION OF PLANT-OUTSIDE PROPERTY (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
			7.01	8.00	9.00	10.00	11.00	
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	8,301	0	4,593	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	2,700	0	755	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC	5,345	0	3,586	0	1,274	90.05
91.00	09100	EMERGENCY	0	24,186	5,161	0	1,487	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	5,500	4,864	5,574	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	80,116	406,612	101,374	42,034	32,529	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	171,098	76	20,939	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	100	192.02
194.00	07950	FALCON POINT RENTAL	0	0	1,928	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	1,554	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	7,000	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	7,057	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	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	LINE NOT UTILIZED	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	OPC SPECIALTY CLINIC	0	0	1,359	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	4,032	0	0	0	707	194.16
194.17	07967	ELITE PERFORMANCE	39,903	0	0	0	0	194.17
194.18	07968	GAFM	1,852	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	1,075	0	0	0	0	194.20
194.21	07971	FAMILY H. C. FAIRBURY	3,000	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	0	0	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	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	3,291	0	0	194.26
194.27	07977	RETAIL PHARMACY	1,760	0	0	0	0	194.27
194.28	07978	CP THERAPY	355	0	0	0	0	194.28
194.29	07979	SCHOOL NURSE	99	0	0	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 I)	631,150	823,437	1,637,240	1,110,174	761,206	202.00
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 II)	5,959	47,239	49,647	44,474	24,007	204.00
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 (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

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

Worksheet B-1

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

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	21.00	
GENERAL SERVICE COST CENTERS							
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	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	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					1.12
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					1.18
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
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 EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE					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					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION	323,704				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9,890,466			14.00
15.00	01500	PHARMACY	0	33,609	3,439,759		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,171	0	313,779,521	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	92,206	179,398	7,446	20,235,806	0 30.00
31.00	03100	INTENSIVE CARE UNIT	707	1	183	234,860	0 31.00
43.00	04300	NURSERY	12,355	0	0	722,245	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
46.00	04600	OTHER LONG TERM CARE	0	43,050	89	0	0 46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	74,630	682,688	20,444	47,606,129	0 50.00
51.00	05100	RECOVERY ROOM	12,397	26,819	290	6,377,733	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,493	0	0	3,654,556	0 52.00
53.00	05300	ANESTHESIOLOGY	0	24,457	15,832	2,514,789	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	35,527	20,496	59,169,438	0 54.00
56.00	05600	RADIOISOTOPE	0	1,435	328	2,047,189	0 56.00
60.00	06000	LABORATORY	0	115,921	22	38,806,133	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	736,887	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	5,939	21	5,202,184	0 65.00
66.00	06600	PHYSICAL THERAPY	0	6,502	305	7,837,083	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	145	0	2,056,912	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	711,319	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	82	0	2,502,624	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,206,966	0	12,155,977	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,755,559	0	35,149,633	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,105,864	29,408,411	0 73.00
73.01	07301	CARDIAC REHAB	0	1,159	0	850,676	0 73.01
73.02	07302	WOUND CARE	0	34,370	803	1,855,554	0 73.02
73.03	07303	SLEEP LAB	4,306	832	0	3,772,266	0 73.03
73.04	03950	DIETARY EDUCATION	0	0	0	32,920	0 73.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

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

Worksheet B-1

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

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	21.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	334,824	117,412	0	0	88.00
90.00	09000 CLINIC	0	2,361	1,871	59,360	0	90.00
90.01	09001 GERI PSYCH CLINIC	0	1,074	0	835,472	0	90.01
90.02	09002 ORTHO AND CARDIO CLINIC	0	117,590	87,890	3,827,071	0	90.02
90.03	09003 GENERAL SURGERY CLINIC	0	3,872	132	355,947	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	8,950	14,836	1,228,525	0	90.05
91.00	09100 EMERGENCY	30,930	95,327	1,979	23,831,822	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	91,680	12,555	11,151	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	323,704	9,733,183	3,407,394	313,779,521	0	118.00
NONREIMBURSABLE 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	13	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	158	2,701	0	0	194.02
194.03	07953 WELLNESS CENTER	0	1,329	0	0	0	194.03
194.04	07954 PSYCH CLINIC	0	26,713	12,347	0	0	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956 LASER CLINIC	0	0	0	0	0	194.06
194.07	07957 PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958 LINE NOT UTILIZED	0	0	0	0	0	194.08
194.09	07959 GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960 WIC	0	310	0	0	0	194.10
194.11	07961 OPC SPECIALTY CLINIC	0	0	0	0	0	194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963 PODIATRY	0	0	0	0	0	194.13
194.14	07964 9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965 ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966 FHGC	0	38,464	2,002	0	0	194.16
194.17	07967 ELITE PERFORMANCE	0	4,800	0	0	0	194.17
194.18	07968 GAFM	0	33,727	2,374	0	0	194.18
194.19	07969 GAPC	0	0	0	0	0	194.19
194.20	07970 FHCF	0	2,433	46	0	0	194.20
194.21	07971 FAMILY H.C. FAIRBURY	0	40,298	12,413	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	0	0	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	0	0	0	194.25
194.26	07976 DENTAL CLINIC	0	6,873	478	0	0	194.26
194.27	07977 RETAIL PHARMACY	0	1,334	4	0	0	194.27
194.28	07978 CP THERAPY	0	831	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						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	372,782	808,280	1,957,258	891,217	0	202.00
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 II)	5,073	65,081	37,581	16,134	0	204.00
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 (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

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

Worksheet B-1

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

Cost Center Description			INTERNS & RESIDENTS		
			SERVICES-OTHER		
			PRGM. COSTS (ASSIGNED TIME)		
			22.00		
GENERAL SERVICE COST CENTERS					
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	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	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			1.12
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			1.18
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
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 EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE			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			7.01
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			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	4		30.00
31.00	03100	INTENSIVE CARE UNIT	0		31.00
43.00	04300	NURSERY	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0		44.00
46.00	04600	OTHER LONG TERM CARE	0		46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0		50.00
51.00	05100	RECOVERY ROOM	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		52.00
53.00	05300	ANESTHESIOLOGY	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		54.00
56.00	05600	RADIOISOTOPE	0		56.00
60.00	06000	LABORATORY	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0		64.00
65.00	06500	RESPIRATORY THERAPY	0		65.00
66.00	06600	PHYSICAL THERAPY	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0		67.00
68.00	06800	SPEECH PATHOLOGY	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		73.00
73.01	07301	CARDIAC REHAB	0		73.01
73.02	07302	WOUND CARE	48		73.02
73.03	07303	SLEEP LAB	0		73.03
73.04	03950	DIETARY EDUCATION	0		73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	1,540		88.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

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

Worksheet B-1

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

Cost Center Description			INTERNS & RESIDENTS SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)	
			22.00	
90.00	09000	CLINIC	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	904	90.02
90.03	09003	GENERAL SURGERY CLINIC	124	90.03
90.04	09004	GAPC AND #3 CLINIC	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC	468	90.05
91.00	09100	EMERGENCY	36	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,124	118.00
NONREIMBURSABLE COST CENTERS				
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	PHYSICIAN OFFICE	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	194.02
194.03	07953	WELLNESS CENTER	0	194.03
194.04	07954	PSYCH CLINIC	84	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	194.05
194.06	07956	LASER CLINIC	0	194.06
194.07	07957	PAIN CLINIC	0	194.07
194.08	07958	LINE NOT UTILIZED	0	194.08
194.09	07959	GAH CARDIOLOGY	0	194.09
194.10	07960	WIC	0	194.10
194.11	07961	OPC SPECIALTY CLINIC	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	194.12
194.13	07963	PODIATRY	0	194.13
194.14	07964	9TH STREET CLINIC	0	194.14
194.15	07965	ORTHO CLINIC	0	194.15
194.16	07966	FHGC	0	194.16
194.17	07967	ELITE PERFORMANCE	0	194.17
194.18	07968	GAFM	0	194.18
194.19	07969	GAPC	0	194.19
194.20	07970	FHCF	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	194.25
194.26	07976	DENTAL CLINIC	0	194.26
194.27	07977	RETAIL PHARMACY	0	194.27
194.28	07978	CP THERAPY	0	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 I)	173,112	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	53.962594	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,631	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.508416	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		207.00

Provider CCN: 14-1317

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

Worksheet B-2

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

		Description	Worksheet		Amount	
			CODE	Line No.		
			1.00	2.00	3.00	4.00
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS		1	74.00	0
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM		1	94.00	0
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1	74.00	0
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM		1	94.00	0
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS		1	74.00	0
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1	94.00	0
7.00		IV THERAPY RECLASS		1	30.00	-28,686
8.00		IV THERAPY RECLASS		1	64.00	28,686
9.00		BLOOD ADMIN AND RECOVERY RECLASS		1	30.00	-220,737
10.00		BLOOD ADMIN AND RECOVERY RECLASS		1	93.00	220,737

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1317

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

				Title XVIII		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE	Total Costs		
						Disallowance			
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	9,480,008		9,480,008	0	9,480,008	30.00	
31.00	03100	INTENSIVE CARE UNIT	260,133		260,133	0	260,133	31.00	
43.00	04300	NURSERY	1,241,439		1,241,439	0	1,241,439	43.00	
44.00	04400	SKILLED NURSING FACILITY	430,699		430,699	0	430,699	44.00	
46.00	04600	OTHER LONG TERM CARE	4,860,447		4,860,447	0	4,860,447	46.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	10,342,059		10,342,059	0	10,342,059	50.00	
51.00	05100	RECOVERY ROOM	1,194,807		1,194,807	0	1,194,807	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	499,564		499,564	0	499,564	52.00	
53.00	05300	ANESTHESIOLOGY	650,492		650,492	0	650,492	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,984,190		6,984,190	0	6,984,190	54.00	
56.00	05600	RADIOISOTOPE	424,486		424,486	0	424,486	56.00	
60.00	06000	LABORATORY	5,467,205		5,467,205	0	5,467,205	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	149,129		149,129	0	149,129	63.00	
64.00	06400	INTRAVENOUS THERAPY	28,686		28,686	0	28,686	64.00	
65.00	06500	RESPIRATORY THERAPY	1,360,768	0	1,360,768	0	1,360,768	65.00	
66.00	06600	PHYSICAL THERAPY	3,459,559	0	3,459,559	0	3,459,559	66.00	
67.00	06700	OCCUPATIONAL THERAPY	746,245	0	746,245	0	746,245	67.00	
68.00	06800	SPEECH PATHOLOGY	293,920	0	293,920	0	293,920	68.00	
69.00	06900	ELECTROCARDIOLOGY	111,972		111,972	0	111,972	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,069,905		3,069,905	0	3,069,905	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,015,819		8,015,819	0	8,015,819	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	5,868,660		5,868,660	0	5,868,660	73.00	
73.01	07301	CARDIAC REHAB	350,621		350,621	0	350,621	73.01	
73.02	07302	WOUND CARE	629,923		629,923	0	629,923	73.02	
73.03	07303	SLEEP LAB	433,391		433,391	0	433,391	73.03	
73.04	03950	DIETARY EDUCATION	94,217		94,217	0	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	
90.00	09000	CLINIC	417,619		417,619	0	417,619	90.00	
90.01	09001	GERI PSYCH CLINIC	473,253		473,253	0	473,253	90.01	
90.02	09002	ORTHO AND CARDIO CLINIC	5,609,986		5,609,986	0	5,609,986	90.02	
90.03	09003	GENERAL SURGERY CLINIC	1,104,523		1,104,523	0	1,104,523	90.03	
90.04	09004	GAPC AND #3 CLINIC	0		0	0	0	90.04	
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	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,622,405		3,622,405	0	3,622,405	92.00	
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	220,737		220,737	0	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	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	111,911,070	0	111,911,070	0	111,911,070	200.00	
201.00		Less Observation Beds	3,622,405		3,622,405		3,622,405	201.00	
202.00		Total (see instructions)	108,288,665	0	108,288,665	0	108,288,665	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1317

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

			Title XVIII		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,538,155		9,538,155		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
46.00	04600	OTHER LONG TERM CARE	2,859,946		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
51.00	05100	RECOVERY ROOM	419,513	5,958,220	6,377,733	0.187340	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,316,504	338,052	3,654,556	0.136696	0.000000
53.00	05300	ANESTHESIOLOGY	277,622	2,237,167	2,514,789	0.258667	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,530,567	56,638,871	59,169,438	0.118037	0.000000
56.00	05600	RADIOISOTOPE	9,848	2,037,341	2,047,189	0.207351	0.000000
60.00	06000	LABORATORY	2,692,147	36,113,986	38,806,133	0.140885	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	250,952	485,935	736,887	0.202377	0.000000
64.00	06400	INTRAVENOUS THERAPY	73,462	138,564	212,026	0.135295	0.000000
65.00	06500	RESPIRATORY THERAPY	2,895,287	2,306,897	5,202,184	0.261576	0.000000
66.00	06600	PHYSICAL THERAPY	891,845	6,945,238	7,837,083	0.441435	0.000000
67.00	06700	OCCUPATIONAL THERAPY	787,212	1,269,700	2,056,912	0.362799	0.000000
68.00	06800	SPEECH PATHOLOGY	52,467	658,852	711,319	0.413204	0.000000
69.00	06900	ELECTROCARDIOLOGY	102,376	2,400,248	2,502,624	0.044742	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,317,658	10,838,319	12,155,977	0.252543	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,715,671	29,433,962	35,149,633	0.228048	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	4,226,358	25,182,053	29,408,411	0.199557	0.000000
73.01	07301	CARDIAC REHAB	0	850,676	850,676	0.412167	0.000000
73.02	07302	WOUND CARE	18,122	1,837,432	1,855,554	0.339480	0.000000
73.03	07303	SLEEP LAB	1,536	3,770,730	3,772,266	0.114889	0.000000
73.04	03950	DIETARY EDUCATION	20,361	12,559	32,920	2.861999	0.000000
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
90.01	09001	GERI PSYCH CLINIC	0	835,472	835,472	0.566450	0.000000
90.02	09002	ORTHO AND CARDIO CLINIC	3,282	3,823,789	3,827,071	1.465869	0.000000
90.03	09003	GENERAL SURGERY CLINIC	0	355,947	355,947	3.103055	0.000000
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0.000000	0.000000
90.05	09005	ENT AND UROLOGY CLINIC	0	1,228,525	1,228,525	1.539186	0.000000
91.00	09100	EMERGENCY	1,370,395	22,461,427	23,831,822	0.207814	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	36,566	10,157,703	10,194,269	0.355337	0.000000
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	2,302	289,054	291,356	0.757620	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	8,764,465	8,764,465	0.569909	0.000000
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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1317

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

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.217242			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	ANESTHESIOLOGY	0.258667			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.118037			54.00
56.00	05600	RADIOISOTOPE	0.207351			56.00
60.00	06000	LABORATORY	0.140885			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.202377			63.00
64.00	06400	INTRAVENOUS THERAPY	0.135295			64.00
65.00	06500	RESPIRATORY THERAPY	0.261576			65.00
66.00	06600	PHYSICAL THERAPY	0.441435			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.362799			67.00
68.00	06800	SPEECH PATHOLOGY	0.413204			68.00
69.00	06900	ELECTROCARDIOLOGY	0.044742			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.252543			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
73.01	07301	CARDIAC REHAB	0.412167			73.01
73.02	07302	WOUND CARE	0.339480			73.02
73.03	07303	SLEEP LAB	0.114889			73.03
73.04	03950	DIETARY EDUCATION	2.861999			73.04
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
90.00	09000	CLINIC	7.035361			90.00
90.01	09001	GERI PSYCH CLINIC	0.566450			90.01
90.02	09002	ORTHO AND CARDIO CLINIC	1.465869			90.02
90.03	09003	GENERAL SURGERY CLINIC	3.103055			90.03
90.04	09004	GAPC AND #3 CLINIC	0.000000			90.04
90.05	09005	ENT AND UROLOGY CLINIC	1.539186			90.05
91.00	09100	EMERGENCY	0.207814			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.355337			92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.757620			93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.569909			95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1317

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

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,480,008		9,480,008	0	9,480,008	30.00
31.00	03100	INTENSIVE CARE UNIT	260,133		260,133	0	260,133	31.00
43.00	04300	NURSERY	1,241,439		1,241,439	0	1,241,439	43.00
44.00	04400	SKILLED NURSING FACILITY	430,699		430,699	0	430,699	44.00
46.00	04600	OTHER LONG TERM CARE	4,860,447		4,860,447	0	4,860,447	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,342,059		10,342,059	0	10,342,059	50.00
51.00	05100	RECOVERY ROOM	1,194,807		1,194,807	0	1,194,807	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	499,564		499,564	0	499,564	52.00
53.00	05300	ANESTHESIOLOGY	650,492		650,492	0	650,492	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,984,190		6,984,190	0	6,984,190	54.00
56.00	05600	RADIOISOTOPE	424,486		424,486	0	424,486	56.00
60.00	06000	LABORATORY	5,467,205		5,467,205	0	5,467,205	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	149,129		149,129	0	149,129	63.00
64.00	06400	INTRAVENOUS THERAPY	28,686		28,686	0	28,686	64.00
65.00	06500	RESPIRATORY THERAPY	1,360,768	0	1,360,768	0	1,360,768	65.00
66.00	06600	PHYSICAL THERAPY	3,459,559	0	3,459,559	0	3,459,559	66.00
67.00	06700	OCCUPATIONAL THERAPY	746,245	0	746,245	0	746,245	67.00
68.00	06800	SPEECH PATHOLOGY	293,920	0	293,920	0	293,920	68.00
69.00	06900	ELECTROCARDIOLOGY	111,972		111,972	0	111,972	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,069,905		3,069,905	0	3,069,905	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,015,819		8,015,819	0	8,015,819	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,868,660		5,868,660	0	5,868,660	73.00
73.01	07301	CARDIAC REHAB	350,621		350,621	0	350,621	73.01
73.02	07302	WOUND CARE	629,923		629,923	0	629,923	73.02
73.03	07303	SLEEP LAB	433,391		433,391	0	433,391	73.03
73.04	03950	DIETARY EDUCATION	94,217		94,217	0	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
90.00	09000	CLINIC	417,619		417,619	0	417,619	90.00
90.01	09001	GERI PSYCH CLINIC	473,253		473,253	0	473,253	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	5,609,986		5,609,986	0	5,609,986	90.02
90.03	09003	GENERAL SURGERY CLINIC	1,104,523		1,104,523	0	1,104,523	90.03
90.04	09004	GAPC AND #3 CLINIC	0		0	0	0	90.04
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
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,622,405		3,622,405	0	3,622,405	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	220,737		220,737	0	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	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	111,911,070	0	111,911,070	0	111,911,070	200.00
201.00		Less Observation Beds	3,622,405		3,622,405	0	3,622,405	201.00
202.00		Total (see instructions)	108,288,665	0	108,288,665	0	108,288,665	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1317

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

			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,538,155		9,538,155			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
46.00	04600	OTHER LONG TERM CARE	2,859,946		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
51.00	05100	RECOVERY ROOM	419,513	5,958,220	6,377,733	0.187340	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,316,504	338,052	3,654,556	0.136696	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	277,622	2,237,167	2,514,789	0.258667	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,530,567	56,638,871	59,169,438	0.118037	0.000000	54.00
56.00	05600	RADIOISOTOPE	9,848	2,037,341	2,047,189	0.207351	0.000000	56.00
60.00	06000	LABORATORY	2,692,147	36,113,986	38,806,133	0.140885	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	250,952	485,935	736,887	0.202377	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	73,462	138,564	212,026	0.135295	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	2,895,287	2,306,897	5,202,184	0.261576	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	891,845	6,945,238	7,837,083	0.441435	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	787,212	1,269,700	2,056,912	0.362799	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	52,467	658,852	711,319	0.413204	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	102,376	2,400,248	2,502,624	0.044742	0.000000	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	CARDIAC REHAB	0	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
73.04	03950	DIETARY EDUCATION	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
90.01	09001	GERI PSYCH CLINIC	0	835,472	835,472	0.566450	0.000000	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	3,282	3,823,789	3,827,071	1.465869	0.000000	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	355,947	355,947	3.103055	0.000000	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0.000000	0.000000	90.04
90.05	09005	ENT AND UROLOGY CLINIC	0	1,228,525	1,228,525	1.539186	0.000000	90.05
91.00	09100	EMERGENCY	1,370,395	22,461,427	23,831,822	0.207814	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
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	2,302	289,054	291,356	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1317

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

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
46.00	04600 OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
56.00	05600 RADIOISOTOPE	0.000000			56.00
60.00	06000 LABORATORY	0.000000			60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
73.01	07301 CARDIAC REHAB	0.000000			73.01
73.02	07302 WOUND CARE	0.000000			73.02
73.03	07303 SLEEP LAB	0.000000			73.03
73.04	03950 DIETARY EDUCATION	0.000000			73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000			88.00
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 GERI PSYCH CLINIC	0.000000			90.01
90.02	09002 ORTHO AND CARDIO CLINIC	0.000000			90.02
90.03	09003 GENERAL SURGERY CLINIC	0.000000			90.03
90.04	09004 GAPC AND #3 CLINIC	0.000000			90.04
90.05	09005 ENT AND UROLOGY CLINIC	0.000000			90.05
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.000000			93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0.000000			95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-1317

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

Cost Center Description		Title XVIII			Hospital		Cost	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,210,045	47,606,129	0.025418	1,808,543	45,970	50.00
51.00	05100	RECOVERY ROOM	34,144	6,377,733	0.005354	164,459	881	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,897	3,654,556	0.006813	9,362	64	52.00
53.00	05300	ANESTHESIOLOGY	58,871	2,514,789	0.023410	106,318	2,489	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,007,284	59,169,438	0.017024	1,355,095	23,069	54.00
56.00	05600	RADIOISOTOPE	62,437	2,047,189	0.030499	6,441	196	56.00
60.00	06000	LABORATORY	171,344	38,806,133	0.004415	1,397,499	6,170	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,435	736,887	0.001947	171,239	333	63.00
64.00	06400	INTRAVENOUS THERAPY	0	212,026	0.000000	54,700	0	64.00
65.00	06500	RESPIRATORY THERAPY	38,726	5,202,184	0.007444	1,742,728	12,973	65.00
66.00	06600	PHYSICAL THERAPY	120,463	7,837,083	0.015371	402,195	6,182	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,443	2,056,912	0.003619	212,829	770	67.00
68.00	06800	SPEECH PATHOLOGY	2,926	711,319	0.004113	22,712	93	68.00
69.00	06900	ELECTROCARDIOLOGY	1,173	2,502,624	0.000469	64,865	30	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	42,267	12,155,977	0.003477	479,516	1,667	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	110,405	35,149,633	0.003141	3,612,318	11,346	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73,605	29,408,411	0.002503	1,884,100	4,716	73.00
73.01	07301	CARDIAC REHAB	21,100	850,676	0.024804	0	0	73.01
73.02	07302	WOUND CARE	20,439	1,855,554	0.011015	1,371	15	73.02
73.03	07303	SLEEP LAB	15,201	3,772,266	0.004030	1,536	6	73.03
73.04	03950	DIETARY EDUCATION	897	32,920	0.027248	8,800	240	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	684,147	20,694,701	0.033059	0	0	88.00
90.00	09000	CLINIC	22,432	59,360	0.377898	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	13,501	835,472	0.016160	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	320,698	3,827,071	0.083797	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	120,486	355,947	0.338494	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0.000000	0	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC	173,192	1,228,525	0.140976	0	0	90.05
91.00	09100	EMERGENCY	141,927	23,831,822	0.005955	11,245	67	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	214,791	10,194,269	0.021070	26,251	553	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	291,356	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	4,716,276	323,978,962		13,544,122	117,830	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-1317

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

Cost Center Description			Title XVIII			Hospital		Cost
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	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	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	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
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	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	0	0	0	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	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-1317

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

				Title XVIII		Hospital	Cost	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	47,606,129	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	6,377,733	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,654,556	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	2,514,789	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	59,169,438	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	2,047,189	0.000000	56.00
60.00	06000	LABORATORY	0	0	0	38,806,133	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	736,887	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	212,026	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	5,202,184	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,837,083	0.000000	66.00
67.00	06700	OCCUPATIONAL 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	ELECTROCARDIOLOGY	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	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	29,408,411	0.000000	73.00
73.01	07301	CARDIAC REHAB	0	0	0	850,676	0.000000	73.01
73.02	07302	WOUND CARE	0	0	0	1,855,554	0.000000	73.02
73.03	07303	SLEEP LAB	0	0	0	3,772,266	0.000000	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	32,920	0.000000	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	20,694,701	0.000000	88.00
90.00	09000	CLINIC	0	0	0	59,360	0.000000	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	835,472	0.000000	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	3,827,071	0.000000	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	355,947	0.000000	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0.000000	90.04
90.05	09005	ENT AND UROLOGY CLINIC	0	0	0	1,228,525	0.000000	90.05
91.00	09100	EMERGENCY	0	0	0	23,831,822	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,194,269	0.000000	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	291,356	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	323,978,962		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-1317

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

				Title XVIII		Hospital		Cost		
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
				9.00	10.00	11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	1,808,543	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	164,459	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	9,362	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	106,318	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,355,095	0	0	0	0	54.00	
56.00	05600	RADIOISOTOPE	0.000000	6,441	0	0	0	0	56.00	
60.00	06000	LABORATORY	0.000000	1,397,499	0	0	0	0	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	171,239	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	54,700	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	1,742,728	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	402,195	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	212,829	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	22,712	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	64,865	0	0	0	0	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	479,516	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,612,318	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,884,100	0	0	0	0	73.00	
73.01	07301	CARDIAC REHAB	0.000000	0	0	0	0	0	73.01	
73.02	07302	WOUND CARE	0.000000	1,371	0	0	0	0	73.02	
73.03	07303	SLEEP LAB	0.000000	1,536	0	0	0	0	73.03	
73.04	03950	DIETARY EDUCATION	0.000000	8,800	0	0	0	0	73.04	
	OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	0	88.00	
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00	
90.01	09001	GERI PSYCH CLINIC	0.000000	0	0	0	0	0	90.01	
90.02	09002	ORTHO AND CARDIO CLINIC	0.000000	0	0	0	0	0	90.02	
90.03	09003	GENERAL SURGERY CLINIC	0.000000	0	0	0	0	0	90.03	
90.04	09004	GAPC AND #3 CLINIC	0.000000	0	0	0	0	0	90.04	
90.05	09005	ENT AND UROLOGY CLINIC	0.000000	0	0	0	0	0	90.05	
91.00	09100	EMERGENCY	0.000000	11,245	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	26,251	0	0	0	0	92.00	
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	0	93.00	
	OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00	
200.00	Total (lines 50 through 199)			13,544,122	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-1317

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

				Title XVIII		Hospital		Cost	
Cost Center Description			PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost					
			21.00	24.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
56.00	05600	RADIOISOTOPE	0	0					56.00
60.00	06000	LABORATORY	0	0					60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
64.00	06400	INTRAVENOUS THERAPY	0	0					64.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
73.01	07301	CARDIAC REHAB	0	0					73.01
73.02	07302	WOUND CARE	0	0					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	CLINIC	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 CLINIC	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	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0					93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)	0	0					200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-1317		Period: From 10/01/2022 To 09/30/2023		Worksheet D Part V Date/Time Prepared: 2/26/2024 10:06 am	
			Title XVIII		Hospital		Cost	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.217242	0	11,715,759	0	0	50.00
51.00	05100	RECOVERY ROOM	0.187340	0	1,582,492	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.136696	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.258667	0	625,032	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.118037	0	14,759,885	0	0	54.00
56.00	05600	RADIOISOTOPE	0.207351	0	655,177	0	0	56.00
60.00	06000	LABORATORY	0.140885	0	9,347,389	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.202377	0	94,635	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.135295	0	25,532	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.261576	0	623,731	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.441435	0	2,018,329	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.362799	0	308,702	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.413204	0	79,087	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.044742	0	732,537	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.252543	0	3,144,105	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.228048	0	10,389,450	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.199557	0	8,310,655	2,262	0	73.00
73.01	07301	CARDIAC REHAB	0.412167	0	247,092	0	0	73.01
73.02	07302	WOUND CARE	0.339480	0	413,621	0	0	73.02
73.03	07303	SLEEP LAB	0.114889	0	974,641	0	0	73.03
73.04	03950	DIETARY EDUCATION	2.861999	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
90.00	09000	CLINIC	7.035361	0	178	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0.566450	0	400,600	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	1.465869	0	980,758	11,996	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	3.103055	0	90,959	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0.000000	0	0	0	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC	1.539186	0	85,989	0	0	90.05
91.00	09100	EMERGENCY	0.207814	0	4,885,534	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.355337	0	2,147,025	0	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.757620	0	105,187	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.569909		0			95.00
200.00		Subtotal (see instructions)		0	74,744,081	14,258	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	74,744,081	14,258	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-1317		Period: From 10/01/2022 To 09/30/2023	Worksheet D Part V Date/Time Prepared: 2/26/2024 10:06 am
			Title XVIII		Hospital	Cost
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,545,155	0		50.00
51.00	05100	RECOVERY ROOM	296,464	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	161,675	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,742,213	0		54.00
56.00	05600	RADIOISOTOPE	135,852	0		56.00
60.00	06000	LABORATORY	1,316,907	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	19,152	0		63.00
64.00	06400	INTRAVENOUS THERAPY	3,454	0		64.00
65.00	06500	RESPIRATORY THERAPY	163,153	0		65.00
66.00	06600	PHYSICAL THERAPY	890,961	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	111,997	0		67.00
68.00	06800	SPEECH PATHOLOGY	32,679	0		68.00
69.00	06900	ELECTROCARDIOLOGY	32,775	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	794,022	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,369,293	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,658,449	451		73.00
73.01	07301	CARDIAC REHAB	101,843	0		73.01
73.02	07302	WOUND CARE	140,416	0		73.02
73.03	07303	SLEEP LAB	111,976	0		73.03
73.04	03950	DIETARY EDUCATION	0	0		73.04
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
90.00	09000	CLINIC	1,252	0		90.00
90.01	09001	GERI PSYCH CLINIC	226,920	0		90.01
90.02	09002	ORTHO AND CARDIO CLINIC	1,437,663	17,585		90.02
90.03	09003	GENERAL SURGERY CLINIC	282,251	0		90.03
90.04	09004	GAPC AND #3 CLINIC	0	0		90.04
90.05	09005	ENT AND UROLOGY CLINIC	132,353	0		90.05
91.00	09100	EMERGENCY	1,015,282	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	762,917	0		92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	79,692	0		93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	16,566,766	18,036		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	16,566,766	18,036		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-1317 Component CCN: 14-5979		Period: From 10/01/2022 To 09/30/2023		Worksheet D Part IV Date/Time Prepared: 2/26/2024 10:06 am	
				Title XIX		Skilled Nursing Facility		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC	0	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-1317 Component CCN: 14-5979		Period: From 10/01/2022 To 09/30/2023		Worksheet D Part IV Date/Time Prepared: 2/26/2024 10:06 am	
				Title XIX		Skilled Nursing Facility		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of col.s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col.s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	47,606,129	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	6,377,733	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	3,654,556	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	2,514,789	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	59,169,438	0.000000	54.00
56.00	05600	RADIOISOTOPE		0	0	0	2,047,189	0.000000	56.00
60.00	06000	LABORATORY		0	0	0	38,806,133	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	736,887	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	212,026	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	5,202,184	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	7,837,083	0.000000	66.00
67.00	06700	OCCUPATIONAL 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	ELECTROCARDIOLOGY		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	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	29,408,411	0.000000	73.00
73.01	07301	CARDIAC REHAB		0	0	0	850,676	0.000000	73.01
73.02	07302	WOUND CARE		0	0	0	1,855,554	0.000000	73.02
73.03	07303	SLEEP LAB		0	0	0	3,772,266	0.000000	73.03
73.04	03950	DIETARY EDUCATION		0	0	0	32,920	0.000000	73.04
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	20,694,701	0.000000	88.00
90.00	09000	CLINIC		0	0	0	59,360	0.000000	90.00
90.01	09001	GERI PSYCH CLINIC		0	0	0	835,472	0.000000	90.01
90.02	09002	ORTHO AND CARDIO CLINIC		0	0	0	3,827,071	0.000000	90.02
90.03	09003	GENERAL SURGERY CLINIC		0	0	0	355,947	0.000000	90.03
90.04	09004	GAPC AND #3 CLINIC		0	0	0	0	0.000000	90.04
90.05	09005	ENT AND UROLOGY CLINIC		0	0	0	1,228,525	0.000000	90.05
91.00	09100	EMERGENCY		0	0	0	23,831,822	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	10,194,269	0.000000	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER		0	0	0	291,356	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0			95.00
200.00		Total (lines 50 through 199)		0	0	0	323,978,962		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-1317 Component CCN: 14-5979		Period: From 10/01/2022 To 09/30/2023		Worksheet D Part IV Date/Time Prepared: 2/26/2024 10:06 am	
				Title XIX		Skilled Nursing Facility		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
60.00	06000	LABORATORY		0.000000	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB		0.000000	0	0	0	0	73.01
73.02	07302	WOUND CARE		0.000000	0	0	0	0	73.02
73.03	07303	SLEEP LAB		0.000000	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION		0.000000	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000	0	0	0	0	88.00
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC		0.000000	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC		0.000000	0	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC		0.000000	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC		0.000000	0	0	0	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC		0.000000	0	0	0	0	90.05
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER		0.000000	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-1317 Component CCN: 14-5979		Period: From 10/01/2022 To 09/30/2023	Worksheet D Part IV Date/Time Prepared: 2/26/2024 10:06 am
			Title XIX		Skilled Nursing Facility	PPS
Cost Center Description			PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
			21.00	24.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00	
56.00	05600	RADIOISOTOPE	0	0	56.00	
60.00	06000	LABORATORY	0	0	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00	
73.01	07301	CARDIAC REHAB	0	0	73.01	
73.02	07302	WOUND CARE	0	0	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	CLINIC	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 CLINIC	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	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00	
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	93.00	
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES			95.00	
200.00		Total (lines 50 through 199)	0	0	200.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1317	Period: From 10/01/2022 To 09/30/2023	Worksheet D-1 Date/Time Prepared: 2/26/2024 10:06 am	
		Title XVIII	Hospital	Cost	
Cost Center Description				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,745	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,632	2.00	
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00	
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,201	4.00	
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		35	5.00	
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		78	6.00	
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00	
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00	
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,157	9.00	
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		33	10.00	
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		69	11.00	
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00	
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00	
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00	
15.00	Total nursery days (title V or XIX only)		0	15.00	
16.00	Nursery days (title V or XIX only)		0	16.00	
	SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			17.00	
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			18.00	
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		175.00	19.00	
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		181.65	20.00	
21.00	Total general inpatient routine service cost (see instructions)		9,480,008	21.00	
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00	
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00	
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00	
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00	
26.00	Total swing-bed cost (see instructions)		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	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00	
29.00	Private room charges (excluding swing-bed charges)		0	29.00	
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00	
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00	
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00	
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00	
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00	
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00	
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00	
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		9,193,962	37.00	
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		2,531.38	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,928,807	39.00	
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00	
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,928,807	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-1317

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

Worksheet D-1

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

		Title XVIII		Hospital	Cost	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	260,133	53	4,908.17	33	161,970
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,933,969
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					6,024,746
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00	Total Program excludable cost (sum of lines 50 and 51)					0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
55.01	Permanent adjustment amount per discharge					0.00
55.02	Adjustment amount per discharge (contractor use only)					0.00
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					83,536
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					174,665
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					258,201
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					1,431
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,531.38
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,622,405

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-1317

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

Worksheet D-1

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

Cost Center Description		Title XVIII		Hospital		Cost	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	562,116	9,480,008	0.059295	3,622,405	214,791	90.00
91.00	Nursing Program cost	0	9,480,008	0.000000	3,622,405	0	91.00
92.00	Allied health cost	0	9,480,008	0.000000	3,622,405	0	92.00
93.00	All other Medical Education	0	9,480,008	0.000000	3,622,405	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2022 To 09/30/2023	Worksheet D-1 Date/Time Prepared: 2/26/2024 10:06 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		854	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		854	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		854	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		401	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		430,699	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		430,699	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		430,699	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2022 To 09/30/2023	Worksheet D-1 Date/Time Prepared: 2/26/2024 10:06 am	
				Title XVIII		Skilled Nursing Facility	PPS
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)						48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
55.01	Permanent adjustment amount per discharge						55.01
55.02	Adjustment amount per discharge (contractor use only)						55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)						59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)						60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					430,699	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					504.33	71.00
72.00	Program routine service cost (line 9 x line 71)					202,236	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					202,236	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					202,236	83.00
84.00	Program inpatient ancillary services (see instructions)					78,759	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					280,995	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-1317 Component CCN: 14-5979		Period: From 10/01/2022 To 09/30/2023		Worksheet D-1 Date/Time Prepared: 2/26/2024 10:06 am	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description								1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)							0	89.00
Cost Center Description				Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
				1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
90.00	Capital-related cost			0	0	0.000000	0	0	90.00
91.00	Nursing Program cost			0	0	0.000000	0	0	91.00
92.00	Allied health cost			0	0	0.000000	0	0	92.00
93.00	All other Medical Education			0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2022 To 09/30/2023	Worksheet D-1 Date/Time Prepared: 2/26/2024 10:06 am
		Title XIX	Skilled Nursing Facility	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		854	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		854	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		854	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		19	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		355	15.00
16.00	Nursery days (title V or XIX only)		147	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		430,699	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		430,699	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		430,699	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2022 To 09/30/2023	Worksheet D-1 Date/Time Prepared: 2/26/2024 10:06 am	
				Title XIX		Skilled Nursing Facility	PPS
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)						48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
55.01	Permanent adjustment amount per discharge						55.01
55.02	Adjustment amount per discharge (contractor use only)						55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)						59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)						60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						430,699 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						504.33 71.00
72.00	Program routine service cost (line 9 x line 71)						9,582 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						9,582 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						16,305 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						19.09 76.00
77.00	Program capital-related costs (line 9 x line 76)						363 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						9,219 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						9,219 80.00
81.00	Inpatient routine service cost per diem limitation						0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)						363 83.00
84.00	Program inpatient ancillary services (see instructions)						0 84.00
85.00	Utilization review - physician compensation (see instructions)						0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						363 86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00 88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-1317	Period: From 10/01/2022	Worksheet D-1
	Component CCN: 14-5979	To 09/30/2023	
	Title XIX	Skilled Nursing Facility	Date/Time Prepared: 2/26/2024 10:06 am
			PPS

Cost Center Description						1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing Program cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1317	Period: From 10/01/2022 To 09/30/2023	Worksheet D-3 Date/Time Prepared: 2/26/2024 10:06 am	
		Title XVIII	Hospital	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		4,432,462		30.00
31.00	03100 INTENSIVE CARE UNIT		147,228		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.217242	1,808,543	392,891	50.00
51.00	05100 RECOVERY ROOM	0.187340	164,459	30,810	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.136696	9,362	1,280	52.00
53.00	05300 ANESTHESIOLOGY	0.258667	106,318	27,501	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.118037	1,355,095	159,951	54.00
56.00	05600 RADIOISOTOPE	0.207351	6,441	1,336	56.00
60.00	06000 LABORATORY	0.140885	1,397,499	196,887	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.202377	171,239	34,655	63.00
64.00	06400 INTRAVENOUS THERAPY	0.135295	54,700	7,401	64.00
65.00	06500 RESPIRATORY THERAPY	0.261576	1,742,728	455,856	65.00
66.00	06600 PHYSICAL THERAPY	0.441435	402,195	177,543	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.362799	212,829	77,214	67.00
68.00	06800 SPEECH PATHOLOGY	0.413204	22,712	9,385	68.00
69.00	06900 ELECTROCARDIOLOGY	0.044742	64,865	2,902	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.252543	479,516	121,098	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.228048	3,612,318	823,782	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.199557	1,884,100	375,985	73.00
73.01	07301 CARDIAC REHAB	0.412167	0	0	73.01
73.02	07302 WOUND CARE	0.339480	1,371	465	73.02
73.03	07303 SLEEP LAB	0.114889	1,536	176	73.03
73.04	03950 DIETARY EDUCATION	2.861999	8,800	25,186	73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
90.00	09000 CLINIC	7.035361	0	0	90.00
90.01	09001 GERI PSYCH CLINIC	0.566450	0	0	90.01
90.02	09002 ORTHO AND CARDIO CLINIC	1.465869	0	0	90.02
90.03	09003 GENERAL SURGERY CLINIC	3.103055	0	0	90.03
90.04	09004 GAPC AND #3 CLINIC	0.000000	0	0	90.04
90.05	09005 ENT AND UROLOGY CLINIC	1.539186	0	0	90.05
91.00	09100 EMERGENCY	0.207814	11,245	2,337	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.355337	26,251	9,328	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.757620	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		13,544,122	2,933,969	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		13,544,122		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1317 Component CCN: 14-Z317	Period: From 10/01/2022 To 09/30/2023	Worksheet D-3 Date/Time Prepared: 2/26/2024 10:06 am	
Cost Center Description		Title XVIII	Swing Beds - SNF	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.217242	0	50.00
51.00	05100	RECOVERY ROOM	0.187340	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.136696	0	52.00
53.00	05300	ANESTHESIOLOGY	0.258667	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.118037	3,717	54.00
56.00	05600	RADIOISOTOPE	0.207351	0	56.00
60.00	06000	LABORATORY	0.140885	13,094	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.202377	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.135295	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.261576	15,202	65.00
66.00	06600	PHYSICAL THERAPY	0.441435	42,128	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.362799	25,726	67.00
68.00	06800	SPEECH PATHOLOGY	0.413204	452	68.00
69.00	06900	ELECTROCARDIOLOGY	0.044742	495	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.252543	5,129	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.228048	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.199557	58,018	73.00
73.01	07301	CARDIAC REHAB	0.412167	0	73.01
73.02	07302	WOUND CARE	0.339480	0	73.02
73.03	07303	SLEEP LAB	0.114889	0	73.03
73.04	03950	DIETARY EDUCATION	2.861999	0	73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
90.00	09000	CLINIC	7.035361	0	90.00
90.01	09001	GERI PSYCH CLINIC	0.566450	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	1.465869	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	3.103055	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0.000000	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC	1.539186	0	90.05
91.00	09100	EMERGENCY	0.207814	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.355337	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.757620	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		163,961	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		163,961	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2022 To 09/30/2023	Worksheet D-3 Date/Time Prepared: 2/26/2024 10:06 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.217242	0	0	50.00
51.00	05100 RECOVERY ROOM	0.187340	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.136696	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.258667	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.118037	6,603	779	54.00
56.00	05600 RADIOISOTOPE	0.207351	0	0	56.00
60.00	06000 LABORATORY	0.140885	10,061	1,417	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.202377	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.135295	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.261576	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.441435	67,857	29,954	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.362799	108,658	39,421	67.00
68.00	06800 SPEECH PATHOLOGY	0.413204	15,564	6,431	68.00
69.00	06900 ELECTROCARDIOLOGY	0.044742	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.252543	2,999	757	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.228048	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.199557	0	0	73.00
73.01	07301 CARDIAC REHAB	0.412167	0	0	73.01
73.02	07302 WOUND CARE	0.339480	0	0	73.02
73.03	07303 SLEEP LAB	0.114889	0	0	73.03
73.04	03950 DIETARY EDUCATION	2.861999	0	0	73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
90.00	09000 CLINIC	7.035361	0	0	90.00
90.01	09001 GERI PSYCH CLINIC	0.566450	0	0	90.01
90.02	09002 ORTHO AND CARDIO CLINIC	1.465869	0	0	90.02
90.03	09003 GENERAL SURGERY CLINIC	3.103055	0	0	90.03
90.04	09004 GAPC AND #3 CLINIC	0.000000	0	0	90.04
90.05	09005 ENT AND UROLOGY CLINIC	1.539186	0	0	90.05
91.00	09100 EMERGENCY	0.207814	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.355337	0	0	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.757620	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		211,742	78,759	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		211,742		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317	Period: From 10/01/2022 To 09/30/2023	Worksheet E Part B Date/Time Prepared: 2/26/2024 10:06 am
		Title XVIII	Hospital	Cost
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		16,584,802	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS or REH payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		16,584,802	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		16,750,650	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		116,139	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		13,113,059	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		3,521,452	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
28.50	REH facility payment amount		0	28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		3,521,452	30.00
31.00	Primary payer payments		412	31.00
32.00	Subtotal (line 30 minus line 31)		3,521,040	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,012,392	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		658,055	35.00
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 reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		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		0	40.03
41.00	Interim payments		4,557,206	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-461,693	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317	Period: From 10/01/2022 To 09/30/2023	Worksheet E Part B Date/Time Prepared: 2/26/2024 10:06 am	
		Title XVIII	Hospital	Cost	
				Overrides	
				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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-1317

Period:
From 10/01/2022
To 09/30/2023Worksheet E-1
Part I
Date/Time Prepared:
2/26/2024 10:06 am

		Title XVIII		Hospital		Cost	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		6,095,601		4,139,660	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	09/12/2023	26,885	06/05/2023	1,283,483	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	06/05/2023	137,555	09/12/2023	865,937	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-110,670		417,546	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		5,984,931		4,557,206	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		414,347		461,693	6.02	
7.00	Total Medicare program liability (see instructions)		5,570,584		4,095,513	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor	National Government Services, Inc.		06101		8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-1317

Period:

Worksheet E-1

Component CCN: 14-Z317

From 10/01/2022
To 09/30/2023Part I
Date/Time Prepared:
2/26/2024 10:06 am

		Title XVIII		Swing Beds - SNF		Cost
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		293,180		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	06/05/2023	16,064		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	09/12/2023	36,159		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-20,095		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		273,085		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		29,272		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		302,357		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	National Government Services, Inc.		06101		8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-1317

Period:

Worksheet E-1

Component CCN: 14-5979

From 10/01/2022
To 09/30/2023Part I
Date/Time Prepared:
2/26/2024 10:06 am

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		180,788		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		180,788		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		180,788		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	National Government Services, Inc.		06101		8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-1317

Period:
From 10/01/2022
To 09/30/2023Worksheet E-1
Part II
Date/Time Prepared:
2/26/2024 10:06 am

		Title XVIII	Hospital	Cost	
				1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14				1.00
2.00	Medicare days (see instructions)				2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2				3.00
4.00	Total inpatient days (see instructions)				4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200				5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20				6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168				7.00
8.00	Calculation of the HIT incentive payment (see instructions)				8.00
9.00	Sequestration adjustment amount (see instructions)				9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)				10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial /interim HIT payment adjustment (see instructions)				30.00
31.00	Other Adjustment (specify)				31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)				32.00
				Overrides	
				1.00	
	CONTRACTOR OVERRIDES				
108.00	Override of HIT payment				108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

Provider CCN: 14-1317

Period:

Worksheet E-2

Component CCN: 14-Z317

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

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	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)				2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH and swing-bed pass-through, see instructions)		47,745	0	3.00
3.01	Nursing and allied health payment-PARHM (see instructions)				3.01
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)			0.00	4.00
5.00	Program days		102	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)			0	6.00
7.00	Utilization review - physician compensation - SNF optional method only		0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)		308,528	0	8.00
9.00	Primary payer payments (see instructions)		0	0	9.00
10.00	Subtotal (line 8 minus line 9)		308,528	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)		0	0	11.00
12.00	Subtotal (line 10 minus line 11)		308,528	0	12.00
13.00	Coinurance billed to program patients (from provider records) (exclude coinurance for physician professional services)		0	0	13.00
14.00	80% of Part B costs (line 12 x 80%)			0	14.00
15.00	Subtotal (see instructions)		308,528	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)				16.50
16.55	Rural community hospital demonstration project (\$410A Demonstration) payment adjustment (see instructions)		0		16.55
16.99	Demonstration payment adjustment amount before sequestration		0	0	16.99
17.00	Allowable bad debts (see instructions)		0	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)		0	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	0	18.00
19.00	Total (see instructions)		308,528	0	19.00
19.01	Sequestration adjustment (see instructions)		6,171	0	19.01
19.02	Demonstration payment adjustment amount after sequestration)		0	0	19.02
19.03	Sequestration adjustment-PARHM pass-throughs				19.03
19.25	Sequestration for non-claims based amounts (see instructions)		0	0	19.25
20.00	Interim payments		273,085	0	20.00
20.01	Interim payments-PARHM				20.01
21.00	Tentative settlement (for contractor use only)		0	0	21.00
21.01	Tentative settlement-PARHM (for contractor use only)				21.01
22.00	Balance due provider/program (line 19 minus lines 19.01, 19.02, 19.25, 20, and 21)		29,272	0	22.00
22.01	Balance due provider/program-PARHM (see instructions)				22.01
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	23.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))				201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))				202.00
203.00	Total (sum of lines 201 and 202)				203.00
204.00	Medicare swing-bed SNF discharges (see instructions)				204.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
205.00	Medicare swing-bed SNF target amount				205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)				206.00
Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)				208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
Comparison of PPS versus Cost Reimbursement					
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)				215.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317	Period: From 10/01/2022 To 09/30/2023	Worksheet E-3 Part V Date/Time Prepared: 2/26/2024 10:06 am
		Title XVIII	Hospital	Cost
				1.00
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT				
1.00	Inpatient services		6,024,746	1.00
2.00	Nursing and Allied Health Managed Care payment (see instructions)		0	2.00
3.00	Organ acquisition		0	3.00
3.01	Cellular therapy acquisition cost (see instructions)		0	3.01
4.00	Subtotal (sum of lines 1 through 3.01)		6,024,746	4.00
5.00	Primary payer payments		0	5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)		6,084,993	6.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
7.00	Routine service charges		0	7.00
8.00	Ancillary service charges		0	8.00
9.00	Organ acquisition charges, net of revenue		0	9.00
10.00	Total reasonable charges		0	10.00
Customary charges				
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	11.00
12.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)		0.000000	13.00
14.00	Total customary charges (see instructions)		0	14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)		0	15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)		0	16.00
17.00	Cost of physicians' services in a teaching hospital (see instructions)		0	17.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		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
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	Coinurance		3,134	23.00
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	29.98
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	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)		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
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2022 To 09/30/2023	Worksheet E-3 Part VI Date/Time Prepared: 2/26/2024 10:06 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)			214,714 1.00
2.00	Routine service other pass through costs			0 2.00
3.00	Ancillary service other pass through costs			0 3.00
4.00	Subtotal (sum of lines 1 through 3)			214,714 4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible			0 6.00
7.00	Coinsurance			30,237 7.00
8.00	Allowable bad debts (see instructions)			0 8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0 9.00
10.00	Adjusted reimbursable bad debts (see instructions)			0 10.00
11.00	Utilization review			0 11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)			184,477 12.00
13.00	Inpatient primary payer payments			0 13.00
14.00	ROUNDING			1 14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 14.50
14.98	Recovery of accelerated depreciation.			0 14.98
14.99	Demonstration payment adjustment amount before sequestration			0 14.99
15.00	Subtotal (see instructions)			184,478 15.00
15.01	Sequestration adjustment (see instructions)			3,690 15.01
15.02	Demonstration payment adjustment amount after sequestration			0 15.02
15.75	Sequestration for non-claims based amounts (see instructions)			0 15.75
16.00	Interim payments			180,788 16.00
17.00	Tentative settlement (for contractor use only)			0 17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 15.75, 16, and 17)			0 18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2			0 19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317	Period: From 10/01/2022 To 09/30/2023	Worksheet E-3 Part VII Date/Time Prepared: 2/26/2024 10:06 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
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		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		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					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	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 services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
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 if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		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 completed for PPS providers.					
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)		0	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	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00
OVERRIDES					
109.00	Override Ancillary service charges (line 9)		0	0	109.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2022 To 09/30/2023	Worksheet E-3 Part VII Date/Time Prepared: 2/26/2024 10:06 am
		Title XIX	Skilled Nursing Facility	PPS
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	363		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant programs only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	363	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
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	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	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 services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
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 if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	363	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	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 completed for PPS providers.				
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	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00
OVERRIDES				
109.00	Override Ancillary service charges (line 9)	0	0	109.00

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

Provider CCN: 14-1317

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

Worksheet G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	237,715	0	0	0	1.00
2.00	Temporary investments	10,390,657	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	62,856,993	0	0	0	4.00
5.00	Other receivable	612,585	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-37,532,764	0	0	0	6.00
7.00	Inventory	2,295,934	0	0	0	7.00
8.00	Prepaid expenses	2,236,312	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	41,097,432	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,544,841	0	0	0	12.00
13.00	Land improvements	3,329,015	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	61,120,909	0	0	0	15.00
16.00	Accumulated depreciation	-62,829,795	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	39,546,017	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	2,675,598	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	45,386,585	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,458,942	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	4,975,160	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	6,434,102	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	92,918,119	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	11,399,257	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,456,510	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	9,263,937	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	961,336	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	28,081,040	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	21,882,822	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	7,259,954	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	29,142,776	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	57,223,816	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	35,694,303	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	35,694,303	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	92,918,119	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-1317

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

Worksheet G-1

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

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		34,187,538		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		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		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		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 sheet (line 11 minus line 18)		35,694,303		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2022
To 09/30/2023Worksheet G-2
Parts I & II
Date/Time Prepared:
2/26/2024 10:06 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	24,445,036		24,445,036	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	167,571		167,571	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	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		28,211,486	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	234,860		234,860	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	234,860		234,860	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	28,446,346		28,446,346	17.00
18.00	Ancillary services	28,397,042	254,137,769	282,534,811	18.00
19.00	Outpatient services	2,869,857	53,808,962	56,678,819	19.00
20.00	RURAL HEALTH CLINIC	0	21,326,144	21,326,144	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	8,764,465	8,764,465	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER NRCC	0	10,556,447	10,556,447	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	59,713,245	348,593,787	408,307,032	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		154,855,743		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		154,855,743		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-1317

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

Worksheet G-3

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

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	408,307,032	1.00
2.00	Less contractual allowances and discounts on patients' accounts	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)	-9,016,604	5.00
OTHER INCOME			
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 services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	4,722,312	24.00
24.01	GRANT INCOME	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	UNREALIZED LOSSES	-515,517	24.04
24.05	GAIN ON DISPOSAL OF ASSETS	300	24.05
24.50	COVID-19 PHE Funding	282,100	24.50
25.00	Total other income (sum of lines 6-24)	10,523,369	25.00
26.00	Total (line 5 plus line 25)	1,506,765	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	1,506,765	29.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-1317

Period:

Worksheet M-1

Component CCN: 14-3408

From 10/01/2022
To 09/30/2023Date/Time Prepared:
2/26/2024 10:06 am

		RHC I		Cost		
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)
		1.00	2.00	3.00	4.00	5.00
FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	4,503,581	0	4,503,581	570,774	5,074,355
2.00	Physician Assistant	350,231	0	350,231	81,075	431,306
3.00	Nurse Practitioner	1,830,063	0	1,830,063	503,619	2,333,682
4.00	Visiting Nurse	0	0	0	0	0
5.00	Other Nurse	0	0	0	0	0
6.00	Clinical Psychologist	0	109,699	109,699	0	109,699
7.00	Clinical Social Worker	311,232	0	311,232	0	311,232
8.00	Laboratory Technician	0	0	0	0	0
9.00	Other Facility Health Care Staff Costs	2,912,179	0	2,912,179	0	2,912,179
10.00	Subtotal (sum of lines 1 through 9)	9,907,286	109,699	10,016,985	1,155,468	11,172,453
11.00	Physician Services Under Agreement	0	0	0	0	0
12.00	Physician Supervision Under Agreement	0	0	0	0	0
13.00	Other Costs Under Agreement	0	0	0	0	0
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0
15.00	Medical Supplies	0	1,024,944	1,024,944	0	1,024,944
16.00	Transportation (Health Care Staff)	0	0	0	0	0
17.00	Depreciation-Medical Equipment	0	0	0	0	0
18.00	Professional Liability Insurance	0	0	0	0	0
19.00	Other Health Care Costs	212,846	0	212,846	0	212,846
20.00	Allowable GME Costs	0	0	0	0	0
21.00	Subtotal (sum of lines 15 through 20)	212,846	1,024,944	1,237,790	0	1,237,790
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	10,120,132	1,134,643	11,254,775	1,155,468	12,410,243
COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	0	0	0	0
24.00	Dental	0	0	0	0	0
25.00	Optometry	0	0	0	0	0
25.01	Telehealth	154,815	37,226	192,041	0	192,041
25.02	Chronic Care Management	0	0	0	0	0
26.00	All other nonreimbursable costs	0	0	0	0	0
27.00	Nonallowable GME costs	0	0	0	0	0
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	154,815	37,226	192,041	0	192,041
FACILITY OVERHEAD						
29.00	Facility Costs	0	361,610	361,610	110,272	471,882
30.00	Administrative Costs	1,712,933	955,398	2,668,331	176,016	2,844,347
31.00	Total Facility Overhead (sum of lines 29 and 30)	1,712,933	1,317,008	3,029,941	286,288	3,316,229
32.00	Total facility costs (sum of lines 22, 28 and 31)	11,987,880	2,488,877	14,476,757	1,441,756	15,918,513

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-1317

Period:

From 10/01/2022

To 09/30/2023

Worksheet M-1

Component CCN: 14-3408

Date/Time Prepared:
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	Physician	-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 Technician	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	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	0	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 lines 10, 14, and 21)	-204,764	12,205,479	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	0	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
25.01	Telehealth	0	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 through 27)	0	192,041	28.00
FACILITY OVERHEAD				
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 30)	-10,252	3,305,977	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-215,016	15,703,497	32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 14-1317

Period:

Worksheet M-2

Component CCN: 14-3408

From 10/01/2022
To 09/30/2023Date/Time Prepared:
2/26/2024 10:06 am

				RHC I		Cost	
		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY							
Positions							
1.00	Physician	5.72	25,990	4,200	24,024		1.00
2.00	Physician Assistant	1.11	4,666	2,100	2,331		2.00
3.00	Nurse Practitioner	7.98	23,762	2,100	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)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	18.44	58,899			58,899	8.00
9.00	Physician Services Under Agreements		0			0	9.00
							1.00
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES							
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					12,205,479	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					192,041	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					12,397,520	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					0.984510	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					3,305,977	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					6,472,248	15.00
16.00	Total overhead (sum of lines 14 and 15)					9,778,225	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					9,778,225	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					9,626,760	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					21,832,239	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-1317 Component CCN: 14-3408	Period: From 10/01/2022 To 09/30/2023	Worksheet M-3 Date/Time Prepared: 2/26/2024 10:06 am		
		Title XVIII	RHC I	Cost		
				1.00		
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES						
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			21,832,239	1.00	
2.00	Cost of injections/infusions and their administration (from Wkst. M-4, line 15)			684,833	2.00	
3.00	Total allowable cost excluding injections/infusions (line 1 minus line 2)			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, line 9)			0	5.00	
6.00	Total adjusted visits (line 4 plus line 5)			58,899	6.00	
7.00	Adjusted cost per visit (line 3 divided by line 6)			359.05	7.00	
			Calculation of Limit (1)			
			Rate Period 1 (10/01/2022 through 12/31/2022)	Rate Period 2 (01/01/2023 through 09/30/2023)		
			1.00	2.00		
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)			341.78	354.77	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 contractor records)			2,774	8,320	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)			948,098	2,951,686	11.00
12.00	Program covered visits for mental health services (from contractor records)			115	346	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)			39,305	122,750	13.00
14.00	Limit adjustment for mental health services (see instructions)			39,305	122,750	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)					15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *			0	4,061,839	16.00
16.01	Total program charges (see instructions)(from contractor's records)				2,945,550	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)				260,813	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)				359,656	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)				2,787,747	16.04
16.05	Total program cost (see instructions)			0	3,147,403	16.05
17.00	Primary payer amounts				0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)				217,499	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)				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	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)				3,292,647	22.00
23.00	Allowable bad debts (see instructions)				82,045	23.00
23.01	Adjusted reimbursable bad debts (see instructions)				53,329	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)				69,742	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)				0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)				0	25.50
25.99	Demonstration payment adjustment amount before sequestration				0	25.99
26.00	Net reimbursable amount (see instructions)				3,345,976	26.00
26.01	Sequestration adjustment (see instructions)				66,920	26.01
26.02	Demonstration payment adjustment amount after sequestration				0	26.02
27.00	Interim payments				3,056,831	27.00
28.00	Tentative settlement (for contractor use only)				0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)				222,225	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2				0	30.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC VACCINE COST

Provider CCN: 14-1317

Period:

Worksheet M-4

Component CCN: 14-3408

From 10/01/2022
To 09/30/2023Date/Time Prepared:
2/26/2024 10:06 am

		Title XVIII		RHC I	Cost	
		PNEUMOCOCCAL VACCINES	INFLUENZA VACCINES	COVID-19 VACCINES	MONOCLONAL ANTI BODY PRODUCTS	
		1.00	2.00	2.01	2.02	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	10,967,689	10,967,689	10,967,689	10,967,689	1.00
2.00	Ratio of injection/infusion staff time to total health care staff time	0.000592	0.001613	0.000207	0.000000	2.00
3.00	Injection/infusion health care staff cost (line 1 x line 2)	6,493	17,691	2,270	0	3.00
4.00	Injections/infusions and related medical supplies costs (from your records)	260,633	48,582	47,192	0	4.00
5.00	Direct cost of injections/infusions (line 3 plus line 4)	267,126	66,273	49,462	0	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	12,205,479	12,205,479	12,205,479	12,205,479	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	9,626,760	9,626,760	9,626,760	9,626,760	7.00
8.00	Ratio of injection/infusion direct cost to total direct cost (line 5 divided by line 6)	0.021886	0.005430	0.004052	0.000000	8.00
9.00	Overhead cost - injection/infusion (line 7 x line 8)	210,691	52,273	39,008	0	9.00
10.00	Total injection/infusion costs and their administration costs (sum of lines 5 and 9)	477,817	118,546	88,470	0	10.00
11.00	Total number of injections/infusions (from your records)	991	2,699	347	0	11.00
12.00	Cost per injection/infusion (line 10/line 11)	482.16	43.92	254.96	0.00	12.00
13.00	Number of injection/infusion administered to Program beneficiaries	167	719	130	0	13.00
13.01	Number of COVID-19 vaccine injections/infusions administered to MA enrollees			0	0	13.01
14.00	Program cost of injections/infusions and their administration costs (line 12 times the sum of lines 13 and 13.01, as applicable)	80,521	31,578	33,145	0	14.00
					COST OF INJECTIONS / INFUSIONS AND ADMINISTRATION	
				1.00	2.00	
15.00	Total cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 10) (transfer this amount to Wkst. M-3, line 2)				684,833	15.00
16.00	Total Program cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 14) (transfer this amount to Wkst. M-3, line 21)				145,244	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-1317 Component CCN: 14-3408	Period: From 10/01/2022 To 09/30/2023	Worksheet M-5 Date/Time Prepared: 2/26/2024 10:06 am
		RHC I	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		3,028,296	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
Program to Provider				
3.01		06/05/2023	28,535	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		28,535	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		3,056,831	4.00
TO BE COMPLETED BY CONTRACTOR				
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
Program to Provider				
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		222,225	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		3,279,056	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor	National Government Services, Inc.	06101	8.00