

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-1307	Period: From 05/01/2022 To 04/30/2023	Worksheet S Parts I-III Date/Time Prepared: 9/27/2023 2:39 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 9/27/2023	Time: 2:39 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 type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PINCKNEYVILLE COMMUNITY HOSPITAL (14-1307) for the cost reporting period beginning 05/01/2022 and ending 04/30/2023 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	Kara Jo Carson	Y	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	Kara Jo Carson		2
3	Signatory Title	CHIEF FINANCIAL OFFICER		3
4	Date	(Dated when report is electronic)		4

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	-64,570	421,390	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	507,758	0	0	5.00
6.00	SWING BED - NF	0			0	6.00
10.00	RURAL HEALTH CLINIC I	0		204,790	0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0	0	11.00
200.00	TOTAL	0	443,188	626,180	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: 14-1307		Period: From 05/01/2022 To 04/30/2023		Worksheet S-2 Part I Date/Time Prepared: 9/27/2023 2:39 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 5383 STATE ROUTE 154			PO Box:		1.00					
2.00	City: PINCKNEYVILLE			State: IL		Zip Code: 62274-1034		County: PERRY			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		PINCKNEYVILLE COMMUNITY HOSPITAL	141307	99914	1	11/30/2000	N	O	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF		PINCKNEYVILLE CRITICAL ACC SWING BED	14Z307	99914		02/06/2001	N	O	N	7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC		PINCKNEYVILLE HOSPITAL RHC	143412	99914		03/27/1995	N	O	N	15.00
16.00	Hospital-Based Health Clinic - FOHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:		To:			
						1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					05/01/2022		04/30/2023		20.00	
21.00	Type of Control (see instructions)					11				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)				N	N	N			22.03	
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									22.04	
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)									22.04	
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									22.04	
23.00	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: 14-1307

Period:
From 05/01/2022
To 04/30/2023Worksheet S-2
Part I
Date/Time Prepared:
9/27/2023 2:39 pm

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	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	S	Date of Geogr
					1.00		2.00
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						2	26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						2	27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0	35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.						0	37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)						N	N
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
					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
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
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
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.						N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.						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.							

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		V	XVIII	XIX			
		1.00	2.00	3.00			
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N					58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N					59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N					60.00
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-1307

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To 04/30/2023Worksheet S-2
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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	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

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			1.00		
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?			N	68.00
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N	70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N	75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
			1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.			0	88.00
			Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge
			1.00	2.00	3.00
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.			0.00	0
			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	N
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: 14-1307	Period: From 05/01/2022 To 04/30/2023	Worksheet S-2 Part I Date/Time Prepared: 9/27/2023 2:39 pm	
		V 1.00	XIX 2.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	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)	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.	Y		108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N
					1.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N
					1.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.				N
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0115.00
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: 14-1307	Period: From 05/01/2022 To 04/30/2023	Worksheet S-2 Part I Date/Time Prepared: 9/27/2023 2:39 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	114,013	0	0
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.			123.00
Certified Transplant Center Information				
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N		140.00
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name:	Contractor's Name:	Contractor's Number:	141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:	Zip Code:	143.00
		1.00	2.00	
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: 14-1307		Period: From 05/01/2022 To 04/30/2023		Worksheet S-2 Part I Date/Time Prepared: 9/27/2023 2:39 pm		
						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: 14-1307		Period: From 05/01/2022 To 04/30/2023		Worksheet S-2 Part II Date/Time Prepared: 9/27/2023 2:39 pm	
				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.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y					12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N					13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.	N					14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N					15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	06/22/2022	Y	06/22/2022		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: 14-1307

Period:
From 05/01/2022
To 04/30/2023Worksheet S-2
Part II
Date/Time Prepared:
9/27/2023 2:39 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		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		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		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		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		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.		N		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.		N		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.		N		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.	PAUL		TRACZEK	41.00
42.00	Enter the employer/company name of the cost report preparer.	WIPFLI			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	715-858-6619		PTRACZEK@WIPFLI.COM	43.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023Worksheet S-3
Part I
Date/Time Prepared:
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Component	Worksheet A Line No.	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
PART I - STATISTICAL DATA						
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	20	7,300	23,736.00	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)		20	7,300	23,736.00	0	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)		20	7,300	23,736.00	0	14.00
15.00 CAH visits					0	15.00
15.10 REH hours and visits						15.10
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		20				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: 14-1307

Period:
From 05/01/2022
To 04/30/2023Worksheet S-3
Part I
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Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	464	20	850		1.00
2.00	HMO and other (see instructions)	61	0			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	1,165	0	1,444		5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	786		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	1,629	20	3,080		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)	1,629	20	3,080	0.00	194.10
15.00	CAH visits	0	0	0		
15.10	REH hours and visits					
16.00	SUBPROVIDER - IPF					
17.00	SUBPROVIDER - IRF					
18.00	SUBPROVIDER					
19.00	SKILLED NURSING FACILITY					
20.00	NURSING FACILITY					
21.00	OTHER LONG TERM CARE					
22.00	HOME HEALTH AGENCY					
23.00	AMBULATORY SURGICAL CENTER (D.P.)					
24.00	HOSPICE					
24.10	HOSPICE (non-distinct part)			0		
25.00	CMHC - CMHC					
26.00	RURAL HEALTH CLINIC	6,076	3,932	18,472	0.00	42.28
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				0.00	236.38
28.00	Observation Bed Days		70	513		
29.00	Ambulance Trips	0				
30.00	Employee discount days (see instruction)			0		
31.00	Employee discount days - IRF			0		
32.00	Labor & delivery days (see instructions)	0	0	0		
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		
33.00	LTCH non-covered days	0				
33.01	LTCH site neutral days and discharges	0				
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023Worksheet S-3
Part I
Date/Time Prepared:
9/27/2023 2:39 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
	Nonpaid Workers					
	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	152	7	275	1.00
2.00 HMO and other (see instructions)			17	0		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	152	7	275	14.00
15.00 CAH visits						15.00
15.10 REH hours and visits						15.10
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	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: 14-1307

Period:

Worksheet S-8

Component CCN: 14-3412

From 05/01/2022
To 04/30/2023Date/Time Prepared:
9/27/2023 2:39 pm

		RHC I		Cost	
		1.00			
1.00	Clinic Address and Identification				
	Street			5383 STATE ROUTE 154	1.00
	City			State	ZIP Code
	1.00			2.00	3.00
2.00	City, State, ZIP Code, County			PINCKNEYVILLE	IL 62274
				1.00	
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0	3.00
	Grant Award			Date	
	1.00			2.00	
4.00	Source of Federal Funds				
5.00	Community Health Center (Section 330(d), PHS Act)			4.00	
6.00	Migrant Health Center (Section 329(d), PHS Act)			5.00	
7.00	Health Services for the Homeless (Section 340(d), PHS Act)			6.00	
8.00	Appalachian Regional Commission			7.00	
9.00	Look-Alikes			8.00	
	OTHER (SPECIFY)			9.00	
				1.00	2.00
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)			N	0
				1.00	2.00
				1.00	2.00
11.00	Facility hours of operations (1)				
	CLINIC			12:00	16:00
				08:30	19:00
				08:30	11.00
				1.00	2.00
12.00	Have you received an approval for an exception to the productivity standard?			N	12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.			N	0
				1.00	2.00
14.00	RHC/FQHC name, CCN				
				1.00	2.00
				1.00	2.00
				1.00	2.00
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)			15.00	
				1.00	2.00
				1.00	2.00
				1.00	2.00
2.00	City, State, ZIP Code, County			PERRY	2.00
				1.00	2.00
				1.00	2.00
				1.00	2.00
11.00	Facility hours of operations (1)				
	CLINIC			19:00	08:30
				18:00	08:30
				19:00	11.00

Health Financial Systems		PINCKNEYVILLE COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA			Provider CCN: 14-1307	Period: From 05/01/2022	Worksheet S-8
			Component CCN: 14-3412	To 04/30/2023	Date/Time Prepared: 9/27/2023 2:39 pm
			RHC I		Cost
		Friday		Saturday	
		from	to	from	to
		11.00	12.00	13.00	14.00
Facility hours of operations (1)					
11.00	CLINIC	08:30	18:00	08:00	16:00
					11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-1307	Period: From 05/01/2022 To 04/30/2023	Worksheet S-10 Date/Time Prepared: 9/27/2023 2:39 pm
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.564852 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	4,529,044		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N		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	0		5.00
6.00	Medicaid charges	8,472,157		6.00
7.00	Medicaid cost (line 1 times line 6)	4,785,515		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	256,471		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	0		9.00
10.00	Stand-alone CHIP charges	0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	282,580		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	256,471		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	419,387	295,361	714,748 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	236,892	295,361	532,253 21.00
22.00	Payments received from patients for amounts previously written off as charity care	7,887	0	7,887 22.00
23.00	Cost of charity care (line 21 minus line 22)	229,005	295,361	524,366 23.00
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	1,167,063		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	192,270		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	295,800		27.01
28.00	Non-Medicare bad debt expense (see instructions)	871,263		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	595,665		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	1,120,031		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	1,376,502		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023

Worksheet A

Date/Time Prepared:
9/27/2023 2:39 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		2,512,338	2,512,338	966,402	3,478,740	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		805,144	805,144	0	805,144	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	136,636	5,644,613	5,781,249	117,385	5,898,634	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,471,754	2,935,711	5,407,465	-94,051	5,313,414	5.00
6.00	00600	MAINTENANCE & REPAIRS	402,292	808,815	1,211,107	0	1,211,107	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	116,127	116,127	0	116,127	8.00
9.00	00900	HOUSEKEEPING	518,926	215,216	734,142	0	734,142	9.00
10.00	01000	DIETARY	511,296	423,238	934,534	0	934,534	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	603,852	155,191	759,043	7,514	766,557	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,816	10,258	29,074	0	29,074	14.00
15.00	01500	PHARMACY	535,092	3,042,111	3,577,203	-132,935	3,444,268	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	493,710	28,668	522,378	0	522,378	16.00
17.00	01700	SOCIAL SERVICE	54,660	5,194	59,854	0	59,854	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	289,200	289,200	0	289,200	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,496,604	230,282	2,726,886	164,124	2,891,010	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	324,621	280,510	605,131	-52,999	552,132	50.00
53.00	05300	ANESTHESIOLOGY	0	2,196	2,196	0	2,196	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	656,765	181,162	837,927	-687	837,240	54.00
54.01	05401	ONCOLOGY	378,771	269,884	648,655	-1,346	647,309	54.01
56.00	05600	RADIOISOTOPE	70,307	152,140	222,447	0	222,447	56.00
57.00	05700	CT SCAN	63,031	102,374	165,405	10,804	176,209	57.00
58.00	05800	MRI	0	183,711	183,711	0	183,711	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	787,520	795,077	1,582,597	4,715	1,587,312	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	278,066	84,996	363,062	-1,190	361,872	65.00
66.00	06600	PHYSICAL THERAPY	784,658	27,928	812,586	130,699	943,285	66.00
67.00	06700	OCCUPATIONAL THERAPY	190,588	2,489	193,077	31,389	224,466	67.00
68.00	06800	SPEECH PATHOLOGY	112,979	8,479	121,458	5,903	127,361	68.00
69.00	06900	ELECTROCARDIOLOGY	0	31,132	31,132	3,071	34,203	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	66,438	66,438	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	30,997	30,997	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	681,119	681,119	6,022	687,141	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	239,003	106,790	345,793	-111	345,682	76.00
76.01	03020	OP IV THERAPY/NURSING	0	0	0	0	0	76.01
76.02	03030	SLEEP STUDY	0	58,277	58,277	0	58,277	76.02
76.97	07697	CARDIAC REHABILITATION	66,591	8,363	74,954	0	74,954	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	3,421,216	372,002	3,793,218	-221,112	3,572,106	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	14,224	155,501	169,725	1,662	171,387	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	0	3,532	3,532	16,518	20,050	90.01
90.02	04050	TELEMEDICINE	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	759,992	1,890,863	2,650,855	-22,357	2,628,498	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		861,760	861,760	-861,760	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,391,970	23,482,391	39,874,361	175,095	40,049,456	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,412	532	6,944	0	6,944	192.00
192.01	19201	FITNESS CENTER	261,159	14,608	275,767	-175,095	100,672	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	0	192.03
192.04	19204	VACANT SPACE	0	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00		TOTAL (SUM OF LINES 118 through 199)	16,659,541	23,497,531	40,157,072	0	40,157,072	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023

Worksheet A

Date/Time Prepared:
9/27/2023 2:39 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-127,712	3,351,028	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	805,144	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	5,898,634	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-83,289	5,230,125	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	1,211,107	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	116,127	8.00
9.00	00900	HOUSEKEEPING	0	734,142	9.00
10.00	01000	DIETARY	-114,884	819,650	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	766,557	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-5,122	23,952	14.00
15.00	01500	PHARMACY	-12,097	3,432,171	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-3,530	518,848	16.00
17.00	01700	SOCIAL SERVICE	0	59,854	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	289,200	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-238,681	2,652,329	30.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-77,557	474,575	50.00
53.00	05300	ANESTHESIOLOGY	0	2,196	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-726	836,514	54.00
54.01	05401	ONCOLOGY	-236,001	411,308	54.01
56.00	05600	RADIOISOTOPE	0	222,447	56.00
57.00	05700	CT SCAN	-1,625	174,584	57.00
58.00	05800	MRI	0	183,711	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-32,373	1,554,939	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-6,132	355,740	65.00
66.00	06600	PHYSICAL THERAPY	-4,530	938,755	66.00
67.00	06700	OCCUPATIONAL THERAPY	-4,936	219,530	67.00
68.00	06800	SPEECH PATHOLOGY	-50,810	76,551	68.00
69.00	06900	ELECTROCARDIOLOGY	-15,698	18,505	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	66,438	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	30,997	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-690,148	-3,007	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	345,682	76.00
76.01	03020	OP IV THERAPY/NURSING	0	0	76.01
76.02	03030	SLEEP STUDY	-2,200	56,077	76.02
76.97	07697	CARDIAC REHABILITATION	0	74,954	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	-11,656	3,560,450	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-22,878	148,509	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	0	20,050	90.01
90.02	04050	TELEMEDICINE	0	0	90.02
91.00	09100	EMERGENCY	-555,662	2,072,836	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-2,298,247	37,751,209	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,944	192.00
192.01	19201	FITNESS CENTER	0	100,672	192.01
192.02	19202	RETAIL PHARMACY	0	0	192.02
192.03	19203	LEASED SPACE	0	0	192.03
192.04	19204	VACANT SPACE	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	192.06
200.00		TOTAL (SUM OF LINES 118 through 199)	-2,298,247	37,858,825	200.00

RECLASSIFICATIONS

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023

Worksheet A-6

Date/Time Prepared:
9/27/2023 2:39 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	848,920		1.00
2.00	LABORATORY	60.00	0	848		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	1,188		3.00
4.00	CT SCAN	57.00	0	10,804		4.00
	TOTALS		0	861,760		
	B - RECLASS WELLNESS CENTER					
1.00	PHYSICAL THERAPY	66.00	120,398	10,373		1.00
2.00	OCCUPATIONAL THERAPY	67.00	28,938	2,493		2.00
3.00	SPEECH PATHOLOGY	68.00	5,435	468		3.00
4.00	FITNESS CENTER	192.01	1,675	144		4.00
	TOTALS		156,446	13,478		
	C - RHC PHYSICIAN					
1.00	ADULTS & PEDIATRICS	30.00	213,108	25,573		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	28,603	3,432		2.00
	TOTALS		241,711	29,005		
	D - EMPLOYEE PHARMACY EXPENSES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	45,770	0		1.00
	TOTALS		45,770	0		
	E - RHC LAB					
1.00	LABORATORY	60.00	2,770	4,535		1.00
	TOTALS		2,770	4,535		
	F - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	117,482		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		0	117,482		
	G - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	30,997		1.00
	TOTALS		0	30,997		
	H - MEDICAL SUPPLIES RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	66,438		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
	TOTALS		0	66,438		
	I - FITNESS CENTER RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,990		1.00
	TOTALS		0	6,990		
	K - RECLASS EMPLOYEE SALARIES					
1.00	ELECTROCARDIOLOGY	69.00	3,071	0		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	64,625	0		2.00
3.00	COUMADIN, CHF/COPD CLINIC	90.01	16,518	0		3.00
4.00	NURSING ADMINISTRATION	13.00	7,514	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	583	0		5.00
6.00	CLINIC	90.00	1,695	0		6.00
7.00	DRUGS CHARGED TO PATIENTS	73.00	6,022	0		7.00
8.00	RURAL HEALTH CLINIC	88.00	56,909	0		8.00
	TOTALS		156,937	0		
500.00	Grand Total: Increases		603,634	1,130,685		500.00

RECLASSIFICATIONS

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023

Worksheet A-6

Date/Time Prepared:
9/27/2023 2:39 pm

	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
	A - INTEREST					
1.00	INTEREST EXPENSE	113.00	0	861,760	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
	TOTALS		0	861,760		
	B - RECLASS WELLNESS CENTER					
1.00	FITNESS CENTER	192.01	156,446	13,478	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
	TOTALS		156,446	13,478		
	C - RHC PHYSICIAN					
1.00	RURAL HEALTH CLINIC	88.00	241,711	29,005	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		241,711	29,005		
	D - EMPLOYEE PHARMACY EXPENSES					
1.00	PHARMACY	15.00	45,770	0	0	1.00
	TOTALS		45,770	0		
	E - RHC LAB					
1.00	RURAL HEALTH CLINIC	88.00	2,770	4,535	0	1.00
	TOTALS		2,770	4,535		
	F - PROPERTY INSURANCE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	117,482	12	1.00
2.00		0.00	0	0	12	2.00
3.00		0.00	0	0	12	3.00
	TOTALS		0	117,482		
	G - IMPLANTABLE DEVICES					
1.00	OPERATING ROOM	50.00	0	30,997	0	1.00
	TOTALS		0	30,997		
	H - MEDICAL SUPPLIES RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	0	18,231	0	1.00
2.00	OPERATING ROOM	50.00	0	22,002	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	687	0	3.00
4.00	ONCOLOGY	54.01	0	1,346	0	4.00
5.00	LABORATORY	60.00	0	367	0	5.00
6.00	RESPIRATORY THERAPY	65.00	0	1,190	0	6.00
7.00	PHYSICAL THERAPY	66.00	0	72	0	7.00
8.00	OCCUPATIONAL THERAPY	67.00	0	42	0	8.00
9.00	SENIOR LIFE SOLUTIONS	76.00	0	111	0	9.00
10.00	CLINIC	90.00	0	33	0	10.00
11.00	EMERGENCY	91.00	0	22,357	0	11.00
	TOTALS		0	66,438		
	I - FITNESS CENTER RECLASS					
1.00	FITNESS CENTER	192.01	0	6,990	0	1.00
	TOTALS		0	6,990		
	K - RECLASS EMPLOYEE SALARIES					
1.00	LABORATORY	60.00	3,071	0	0	1.00
2.00	PHARMACY	15.00	81,143	0	0	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	9,792	0	0	3.00
4.00	PHARMACY	15.00	6,022	0	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	56,909	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
	TOTALS		156,937	0		
500.00	Grand Total: Decreases		603,634	1,130,685		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023Worksheet A-7
Part I
Date/Time Prepared:
9/27/2023 2:39 pm

		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	422,113	0	0	0	0	1.00	
2.00	Land Improvements	3,380,441	304,820	0	304,820	0	2.00	
3.00	Buildings and Fixtures	34,790,712	10,555,793	0	10,555,793	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	7,949,854	980,525	0	980,525	517,242	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	46,543,120	11,841,138	0	11,841,138	517,242	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	46,543,120	11,841,138	0	11,841,138	517,242	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	422,113	0				1.00	
2.00	Land Improvements	3,685,261	0				2.00	
3.00	Buildings and Fixtures	45,346,505	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	8,413,137	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	57,867,016	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	57,867,016	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023Worksheet A-7
Part II
Date/Time Prepared:
9/27/2023 2:39 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	2,512,338	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	805,144	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,317,482	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital -Relat ed 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	2,512,338				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	805,144				2.00
3.00	Total (sum of lines 1-2)	0	3,317,482				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023Worksheet A-7
Part III
Date/Time Prepared:
9/27/2023 2:39 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	45,346,505	0	45,346,505	0.852013	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	8,413,137	536,877	7,876,260	0.147987	0	2.00
3.00	Total (sum of lines 1-2)	53,759,642	536,877	53,222,765	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,512,338	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	805,144	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,317,482	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	721,208	117,482	0	0	3,351,028	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	805,144	2.00
3.00	Total (sum of lines 1-2)	721,208	117,482	0	0	4,156,172	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023

Worksheet A-8

Date/Time Prepared:
9/27/2023 2:39 pm

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)	B	-127,712	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)	B	-128	ADMINISTRATIVE & GENERAL	5.00	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)	B	-581	PHARMACY	15.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-8,206	ADMINISTRATIVE & GENERAL	5.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,150,245			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-114,271	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-3,530	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	0	ADMINISTRATIVE & GENERAL	5.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023

Worksheet A-8

Date/Time Prepared:
9/27/2023 2:39 pm

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 #		
				3.00	4.00	5.00	
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISCELLANEOUS INCOME	B	-240	ADMINISTRATIVE & GENERAL	5.00	0	33.00
34.00	MISCELLANEOUS INCOME	B	-3,654	LABORATORY	60.00	0	34.00
34.01	AMBULANCE RX	A	-6,952	PHARMACY	15.00	0	34.01
34.02	REBATE - CENTRAL SUPPLY	B	-5,122	CENTRAL SERVICES & SUPPLY	14.00	0	34.02
34.03	REBATE - DIETARY	B	-331	DIETARY	10.00	0	34.03
35.00	IMAGING REBATE	B	-723	RADIOLOGY-DIAGNOSTIC	54.00	0	35.00
36.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	36.00
37.00	NON-ALLOWABLE LOBBYING	A	-10,766	ADMINISTRATIVE & GENERAL	5.00	0	37.00
37.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.01
37.02	NON-ALLOWABLE LOBBYING	A	-3	RADIOLOGY-DIAGNOSTIC	54.00	0	37.02
37.03	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.03
37.05	NON-ALLOWABLE LOBBYING	A	-856	RURAL HEALTH CLINIC	88.00	0	37.05
37.06	NON-ALLOWABLE LOBBYING	A	-1	ONCOLOGY	54.01	0	37.06
37.07	NON-ALLOWABLE LOBBYING	A	-2	RESPIRATORY THERAPY	65.00	0	37.07
38.00	NON-ALLOWABLE LOBBYING	A	-77	PHYSICAL THERAPY	66.00	0	38.00
39.00	NON-ALLOWABLE ADVERTISING	A	-58,591	ADMINISTRATIVE & GENERAL	5.00	0	39.00
40.00	GIFTS & DONATIONS	A	-1,089	ADMINISTRATIVE & GENERAL	5.00	0	40.00
41.00	UNALLOWABLE TRANSPORT ASSET	A	-682	EMERGENCY	91.00	0	41.00
42.00	COMMUNITY EDUCATION	A	-4,269	ADMINISTRATIVE & GENERAL	5.00	0	42.00
43.00	OUTSIDE SERVICES - PHYSICAL THERAPY	B	-4,453	PHYSICAL THERAPY	66.00	0	43.00
43.01	OUTSIDE SERVICES - OCCUP THERAPY	B	-4,936	OCCUPATIONAL THERAPY	67.00	0	43.01
43.02	OUTSIDE SERVICES - SPEECH PATHOLOGY	B	-50,810	SPEECH PATHOLOGY	68.00	0	43.02
43.04	OUTSIDE SERVICES - LAB	B	-28,540	LABORATORY	60.00	0	43.04
44.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.00
45.00	SPECIALTY CLINIC SUPPORT	A	-3,879	CLINIC	90.00	0	45.00
46.00	DIETICIAN'S CONSULTS	B	-282	DIETARY	10.00	0	46.00
47.00	340B EXPENSES	A	-690,148	DRUGS CHARGED TO PATIENTS	73.00	0	47.00
48.00	340B EXPENSES	A	-4,564	PHARMACY	15.00	0	48.00
48.01	INTEREST INCOME	B	-1,625	CT SCAN	57.00	0	48.01
48.02	INTEREST INCOME	B	-179	LABORATORY	60.00	0	48.02
48.03	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	48.03
48.04	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	48.04
48.05	LEASED PHYSICIAN	B	-10,800	RURAL HEALTH CLINIC	88.00	0	48.05
48.06	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	48.06
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-2,298,247				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: 14-1307

Period:
From 05/01/2022
To 04/30/2023

Worksheet A-8-2

Date/Time Prepared:
9/27/2023 2:39 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	238,681	238,681	0	0	0	1.00
2.00	50.00	OPERATING ROOM	88,095	77,557	10,538	0	0	2.00
3.00	54.01	ONCOLOGY	236,000	236,000	0	0	0	3.00
4.00	91.00	EMERGENCY	1,750,726	554,980	1,195,746	0	0	4.00
5.00	60.00	LABORATORY	25,305	0	25,305	0	0	5.00
6.00	65.00	RESPIRATORY THERAPY	6,130	6,130	0	0	0	6.00
7.00	76.02	SLEEP STUDY	2,200	2,200	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	15,698	15,698	0	0	0	8.00
9.00	76.00	SENIOR LIFE SOLUTIONS	28,750	0	28,750	0	0	9.00
10.00	90.00	CLINIC	18,999	18,999	0	0	0	10.00
200.00			2,410,584	1,150,245	1,260,339			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	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	54.01	ONCOLOGY	0	0	0	0	0	3.00
4.00	91.00	EMERGENCY	0	0	0	0	0	4.00
5.00	60.00	LABORATORY	0	0	0	0	0	5.00
6.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	6.00
7.00	76.02	SLEEP STUDY	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	76.00	SENIOR LIFE SOLUTIONS	0	0	0	0	0	9.00
10.00	90.00	CLINIC	0	0	0	0	0	10.00
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	238,681		1.00
2.00	50.00	OPERATING ROOM	0	0	0	77,557		2.00
3.00	54.01	ONCOLOGY	0	0	0	236,000		3.00
4.00	91.00	EMERGENCY	0	0	0	554,980		4.00
5.00	60.00	LABORATORY	0	0	0	0		5.00
6.00	65.00	RESPIRATORY THERAPY	0	0	0	6,130		6.00
7.00	76.02	SLEEP STUDY	0	0	0	2,200		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	15,698		8.00
9.00	76.00	SENIOR LIFE SOLUTIONS	0	0	0	0		9.00
10.00	90.00	CLINIC	0	0	0	18,999		10.00
200.00			0	0	0	1,150,245		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023Worksheet B
Part I
Date/Time Prepared:
9/27/2023 2:39 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,351,028	3,351,028				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	805,144		805,144			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,898,634	0	0	5,898,634		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,230,125	922,269	231,032	902,782	7,286,208	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,211,107	129,479	32,435	147,517	1,520,538	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	116,127	11,209	2,808	0	130,144	8.00
9.00	00900	HOUSEKEEPING	734,142	25,338	6,347	190,286	956,113	9.00
10.00	01000	DIETARY	819,650	105,456	26,417	187,488	1,139,011	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	766,557	10,998	2,755	224,183	1,004,493	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	23,952	36,047	9,030	6,900	75,929	14.00
15.00	01500	PHARMACY	3,432,171	35,520	8,898	145,794	3,622,383	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	518,848	35,757	8,957	181,040	744,602	16.00
17.00	01700	SOCIAL SERVICE	59,854	2,500	626	20,043	83,023	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	289,200	0	0	0	289,200	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,652,329	302,503	75,778	894,830	3,925,440	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	474,575	244,039	61,133	94,851	874,598	50.00
53.00	05300	ANESTHESIOLOGY	2,196	0	0	0	2,196	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	836,514	135,057	33,832	240,830	1,246,233	54.00
54.01	05401	ONCOLOGY	411,308	70,094	17,559	138,892	637,853	54.01
56.00	05600	RADIOISOTOPE	222,447	12,603	3,157	25,781	263,988	56.00
57.00	05700	CT SCAN	174,584	23,970	6,005	23,113	227,672	57.00
58.00	05800	MRI	183,711	0	0	0	183,711	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,554,939	71,251	17,849	288,667	1,932,706	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	355,740	8,209	2,056	101,965	467,970	65.00
66.00	06600	PHYSICAL THERAPY	938,755	162,447	40,694	331,877	1,473,773	66.00
67.00	06700	OCCUPATIONAL THERAPY	219,530	37,152	9,307	80,498	346,487	67.00
68.00	06800	SPEECH PATHOLOGY	76,551	6,315	1,582	43,421	127,869	68.00
69.00	06900	ELECTROCARDIOLOGY	18,505	0	0	1,126	19,631	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	66,438	0	0	0	66,438	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,997	0	0	0	30,997	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-3,007	0	0	2,208	-799	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	345,682	73,672	18,455	87,640	525,449	76.00
76.01	03020	OP IV THERAPY/NURSING	0	0	0	0	0	76.01
76.02	03030	SLEEP STUDY	56,077	19,734	4,943	0	80,754	76.02
76.97	07697	CARDIAC REHABILITATION	74,954	22,233	5,569	24,418	127,174	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	3,560,450	443,848	111,185	1,185,759	5,301,242	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	148,509	12,761	3,197	622	165,089	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	20,050	0	0	6,057	26,107	90.01
90.02	04050	TELEMEDICINE	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	2,072,836	166,078	41,603	278,683	2,559,200	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	37,751,209	3,126,539	783,209	5,857,271	37,463,422	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,472	2,373	0	11,845	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,944	78,092	19,562	2,351	106,949	192.00
192.01	19201	FITNESS CENTER	100,672	136,925	0	39,012	276,609	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	0	192.03
192.04	19204	VACANT SPACE	0	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	37,858,825	3,351,028	805,144	5,898,634	37,858,825	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023Worksheet B
Part I
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,286,208					5.00
6.00	00600	MAINTENANCE & REPAIRS	362,372	1,882,910				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	31,016	9,179	170,339			8.00
9.00	00900	HOUSEKEEPING	227,859	20,750	0	1,204,722		9.00
10.00	01000	DIETARY	271,447	86,360	0	70,371	1,567,189	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	239,389	9,007	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,095	29,519	0	9,944	0	14.00
15.00	01500	PHARMACY	863,279	29,088	0	12,238	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	177,452	29,282	0	26,389	0	16.00
17.00	01700	SOCIAL SERVICE	19,786	2,047	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	68,922	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	935,503	247,724	170,339	281,483	1,567,189	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	208,432	199,847	0	47,806	0	50.00
53.00	05300	ANESTHESIOLOGY	523	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	297,000	110,600	0	56,200	0	54.00
54.01	05401	ONCOLOGY	152,012	57,401	0	53,926	0	54.01
56.00	05600	RADIOISOTOPE	62,913	10,321	0	3,060	0	56.00
57.00	05700	CT SCAN	54,258	19,629	0	9,179	0	57.00
58.00	05800	MRI	43,782	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	460,599	58,349	0	43,217	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	111,526	6,723	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	351,227	133,030	0	61,192	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	82,574	30,424	0	11,856	0	67.00
68.00	06800	SPEECH PATHOLOGY	30,473	5,171	0	3,060	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,678	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,833	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,387	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	125,224	60,331	0	26,772	0	76.00
76.01	03020	OP IV THERAPY/NURSING	0	0	0	0	0	76.01
76.02	03030	SLEEP STUDY	19,245	16,160	0	6,502	0	76.02
76.97	07697	CARDIAC REHABILITATION	30,308	18,207	0	7,267	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	1,263,393	363,470	0	176,310	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	39,344	10,450	0	35,186	0	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	6,222	0	0	0	0	90.01
90.02	04050	TELEMEDICINE	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	609,903	136,003	0	217,615	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,191,976	1,699,072	170,339	1,159,593	1,567,189	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,823	7,757	0	1,912	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	25,488	63,951	0	0	0	192.00
192.01	19201	FITNESS CENTER	65,921	112,130	0	38,628	0	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	4,589	0	192.03
192.04	19204	VACANT SPACE	0	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
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)	7,286,208	1,882,910	170,339	1,204,722	1,567,189	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023Worksheet B
Part I
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	0					11.00
13.00	01300	NURSING ADMINISTRATION	0	1,252,889				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	133,487			14.00
15.00	01500	PHARMACY	0	0	347	4,527,335		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	78	0	977,803	16.00
17.00	01700	SOCIAL SERVICE	0	0	38	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	809,617	12,460	0	37,703	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	85,819	6,450	0	16,611	50.00
53.00	05300	ANESTHESIOLOGY	0	0	230	0	13,732	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3,248	0	64,699	54.00
54.01	05401	ONCOLOGY	0	125,666	2,722	0	14,738	54.01
56.00	05600	RADIOISOTOPE	0	0	23	0	13,544	56.00
57.00	05700	CT SCAN	0	0	2,434	0	154,926	57.00
58.00	05800	MRI	0	0	0	0	25,598	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	49,781	0	182,153	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	2,697	0	12,938	65.00
66.00	06600	PHYSICAL THERAPY	0	0	537	0	76,131	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	204	0	18,239	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	2,604	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	49	0	6,669	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	26,432	0	5,355	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	3,249	0	1,473	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,527,335	181,908	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	0	270	0	9,524	76.00
76.01	03020	OP IV THERAPY/NURSING	0	0	0	0	11,216	76.01
76.02	03030	SLEEP STUDY	0	0	0	0	5,675	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	207	0	3,732	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	9,887	0	56,050	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	154	0	6,009	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	0	0	370	0	2,348	90.01
90.02	04050	TELEMEDICINE	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	231,787	10,505	0	54,228	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,252,889	132,372	4,527,335	977,803	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	45	0	0	192.00
192.01	19201	FITNESS CENTER	0	0	1,070	0	0	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	0	192.03
192.04	19204	VACANT SPACE	0	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,252,889	133,487	4,527,335	977,803	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023Worksheet B
Part I
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Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	104,894					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	358,122				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	104,894	0	8,092,352	-65,789	8,026,563	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	1,439,563	0	1,439,563	50.00
53.00	05300	ANESTHESIOLOGY	0	358,122	374,803	0	374,803	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,778,000	0	1,778,000	54.00
54.01	05401	ONCOLOGY	0	0	1,044,318	0	1,044,318	54.01
56.00	05600	RADIOISOTOPE	0	0	353,849	0	353,849	56.00
57.00	05700	CT SCAN	0	0	468,098	0	468,098	57.00
58.00	05800	MRI	0	0	253,091	0	253,091	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	2,726,805	0	2,726,805	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	601,854	0	601,854	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,095,890	0	2,095,890	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	489,784	0	489,784	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	169,177	0	169,177	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	31,027	0	31,027	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	114,058	0	114,058	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	43,106	0	43,106	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	4,708,444	0	4,708,444	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	0	747,570	0	747,570	76.00
76.01	03020	OP IV THERAPY/NURSING	0	0	11,216	65,789	77,005	76.01
76.02	03030	SLEEP STUDY	0	0	128,336	0	128,336	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	186,895	0	186,895	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	7,170,352	0	7,170,352	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	256,232	0	256,232	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	0	0	35,047	0	35,047	90.01
90.02	04050	TELEMEDICINE	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	3,819,241	0	3,819,241	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	104,894	358,122	37,139,108	0	37,139,108	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	24,337	0	24,337	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	196,433	0	196,433	192.00
192.01	19201	FITNESS CENTER	0	0	494,358	0	494,358	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	4,589	0	4,589	192.03
192.04	19204	VACANT SPACE	0	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments			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)	104,894	358,122	37,858,825	0	37,858,825	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023Worksheet B
Part II
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00		
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	922,269	231,032	1,153,301	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	129,479	32,435	161,914	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	11,209	2,808	14,017	0	8.00
9.00	00900	HOUSEKEEPING	0	25,338	6,347	31,685	0	9.00
10.00	01000	DIETARY	0	105,456	26,417	131,873	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	10,998	2,755	13,753	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	36,047	9,030	45,077	0	14.00
15.00	01500	PHARMACY	0	35,520	8,898	44,418	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	35,757	8,957	44,714	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,500	626	3,126	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	302,503	75,778	378,281	0	30.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	244,039	61,133	305,172	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	135,057	33,832	168,889	0	54.00
54.01	05401	ONCOLOGY	0	70,094	17,559	87,653	0	54.01
56.00	05600	RADIOISOTOPE	0	12,603	3,157	15,760	0	56.00
57.00	05700	CT SCAN	0	23,970	6,005	29,975	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	71,251	17,849	89,100	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	8,209	2,056	10,265	0	65.00
66.00	06600	PHYSICAL THERAPY	0	162,447	40,694	203,141	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	37,152	9,307	46,459	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,315	1,582	7,897	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
76.00	03950	SENIOR LIFE SOLUTIONS	0	73,672	18,455	92,127	0	76.00
76.01	03020	OP IV THERAPY/NURSING	0	0	0	0	0	76.01
76.02	03030	SLEEP STUDY	0	19,734	4,943	24,677	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	22,233	5,569	27,802	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	443,848	111,185	555,033	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	12,761	3,197	15,958	0	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	0	0	0	0	0	90.01
90.02	04050	TELEMEDICINE	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	166,078	41,603	207,681	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	3,126,539	783,209	3,909,748	0	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,472	2,373	11,845	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	78,092	19,562	97,654	0	192.00
192.01	19201	FITNESS CENTER	0	136,925	0	136,925	0	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	0	192.03
192.04	19204	VACANT SPACE	0	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	3,351,028	805,144	4,156,172	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023Worksheet B
Part II
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,153,301					5.00
6.00	00600	MAINTENANCE & REPAIRS	57,358	219,272				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,909	1,069	19,995			8.00
9.00	00900	HOUSEKEEPING	36,066	2,416	0	70,167		9.00
10.00	01000	DIETARY	42,966	10,057	0	4,099	188,995	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	37,891	1,049	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,864	3,438	0	579	0	14.00
15.00	01500	PHARMACY	136,644	3,387	0	713	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	28,088	3,410	0	1,537	0	16.00
17.00	01700	SOCIAL SERVICE	3,132	238	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	10,909	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	148,075	28,848	19,995	16,395	188,995	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	32,992	23,273	0	2,784	0	50.00
53.00	05300	ANESTHESIOLOGY	83	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,010	12,880	0	3,274	0	54.00
54.01	05401	ONCOLOGY	24,061	6,685	0	3,141	0	54.01
56.00	05600	RADIOISOTOPE	9,958	1,202	0	178	0	56.00
57.00	05700	CT SCAN	8,588	2,286	0	535	0	57.00
58.00	05800	MRI	6,930	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	72,906	6,795	0	2,517	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	17,653	783	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	55,594	15,492	0	3,564	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,070	3,543	0	691	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,823	602	0	178	0	68.00
69.00	06900	ELECTROCARDIOLOGY	741	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,506	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,169	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	19,821	7,026	0	1,559	0	76.00
76.01	03020	OP IV THERAPY/NURSING	0	0	0	0	0	76.01
76.02	03030	SLEEP STUDY	3,046	1,882	0	379	0	76.02
76.97	07697	CARDIAC REHABILITATION	4,797	2,120	0	423	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	199,986	42,328	0	10,269	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	6,227	1,217	0	2,049	0	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	985	0	0	0	0	90.01
90.02	04050	TELEMEDICINE	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	96,538	15,838	0	12,675	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,138,386	197,864	19,995	67,539	188,995	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	447	903	0	111	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,034	7,447	0	0	0	192.00
192.01	19201	FITNESS CENTER	10,434	13,058	0	2,250	0	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	267	0	192.03
192.04	19204	VACANT SPACE	0	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,153,301	219,272	19,995	70,167	188,995	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023Worksheet B
Part II
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	0					11.00
13.00	01300	NURSING ADMINISTRATION	0	52,693				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	51,958			14.00
15.00	01500	PHARMACY	0	0	135	185,297		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	30	0	77,779	16.00
17.00	01700	SOCIAL SERVICE	0	0	15	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	34,051	4,850	0	3,000	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,609	2,511	0	1,321	50.00
53.00	05300	ANESTHESIOLOGY	0	0	90	0	1,092	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,264	0	5,147	54.00
54.01	05401	ONCOLOGY	0	5,285	1,060	0	1,173	54.01
56.00	05600	RADIOISOTOPE	0	0	9	0	1,078	56.00
57.00	05700	CT SCAN	0	0	947	0	12,325	57.00
58.00	05800	MRI	0	0	0	0	2,036	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	19,374	0	14,480	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	1,050	0	1,029	65.00
66.00	06600	PHYSICAL THERAPY	0	0	209	0	6,057	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	80	0	1,451	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	207	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	19	0	531	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	10,288	0	426	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,265	0	117	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	185,297	14,472	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	0	105	0	758	76.00
76.01	03020	OP IV THERAPY/NURSING	0	0	0	0	892	76.01
76.02	03030	SLEEP STUDY	0	0	0	0	452	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	81	0	297	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	3,849	0	4,459	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	60	0	478	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	0	0	144	0	187	90.01
90.02	04050	TELEMEDICINE	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	9,748	4,089	0	4,314	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	52,693	51,524	185,297	77,779	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	18	0	0	192.00
192.01	19201	FITNESS CENTER	0	0	416	0	0	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	0	192.03
192.04	19204	VACANT SPACE	0	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	52,693	51,958	185,297	77,779	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	6,511					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	10,909				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,511		829,001	0	829,001	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0		371,662	0	371,662	50.00
53.00	05300	ANESTHESIOLOGY	0		1,265	0	1,265	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		238,464	0	238,464	54.00
54.01	05401	ONCOLOGY	0		129,058	0	129,058	54.01
56.00	05600	RADIOISOTOPE	0		28,185	0	28,185	56.00
57.00	05700	CT SCAN	0		54,656	0	54,656	57.00
58.00	05800	MRI	0		8,966	0	8,966	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	0		205,172	0	205,172	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0		30,780	0	30,780	65.00
66.00	06600	PHYSICAL THERAPY	0		284,057	0	284,057	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		65,294	0	65,294	67.00
68.00	06800	SPEECH PATHOLOGY	0		13,707	0	13,707	68.00
69.00	06900	ELECTROCARDIOLOGY	0		1,291	0	1,291	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		13,220	0	13,220	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		2,551	0	2,551	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		199,769	0	199,769	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0		121,396	0	121,396	76.00
76.01	03020	OP IV THERAPY/NURSING	0		892	0	892	76.01
76.02	03030	SLEEP STUDY	0		30,436	0	30,436	76.02
76.97	07697	CARDIAC REHABILITATION	0		35,520	0	35,520	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		815,924	0	815,924	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		25,989	0	25,989	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	0		1,316	0	1,316	90.01
90.02	04050	TELEMEDICINE	0		0	0	0	90.02
91.00	09100	EMERGENCY	0		350,883	0	350,883	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,511	0	3,859,454	0	3,859,454	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		13,306	0	13,306	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		109,153	0	109,153	192.00
192.01	19201	FITNESS CENTER	0		163,083	0	163,083	192.01
192.02	19202	RETAIL PHARMACY	0		0	0	0	192.02
192.03	19203	LEASED SPACE	0		267	0	267	192.03
192.04	19204	VACANT SPACE	0		0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0		0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0		0	0	0	192.06
200.00		Cross Foot Adjustments		10,909	10,909	0	10,909	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,511	10,909	4,156,172	0	4,156,172	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023

Worksheet B-1

Date/Time Prepared:
9/27/2023 2:39 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARY)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	127,360					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		122,156				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	16,086,058			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	35,052	35,052	2,461,962	-7,286,208	30,573,416	5.00
6.00	00600	MAINTENANCE & REPAIRS	4,921	4,921	402,292	0	1,520,538	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	426	426	0	0	130,144	8.00
9.00	00900	HOUSEKEEPING	963	963	518,926	0	956,113	9.00
10.00	01000	DIETARY	4,008	4,008	511,296	0	1,139,011	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	418	418	611,366	0	1,004,493	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,370	1,370	18,816	0	75,929	14.00
15.00	01500	PHARMACY	1,350	1,350	397,593	0	3,622,383	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,359	1,359	493,710	0	744,602	16.00
17.00	01700	SOCIAL SERVICE	95	95	54,660	0	83,023	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	289,200	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,497	11,497	2,440,278	0	3,925,440	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,275	9,275	258,668	0	874,598	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	2,196	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,133	5,133	656,765	0	1,246,233	54.00
54.01	05401	ONCOLOGY	2,664	2,664	378,771	0	637,853	54.01
56.00	05600	RADIOISOTOPE	479	479	70,307	0	263,988	56.00
57.00	05700	CT SCAN	911	911	63,031	0	227,672	57.00
58.00	05800	MRI	0	0	0	0	183,711	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,708	2,708	787,219	0	1,932,706	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	312	312	278,066	0	467,970	65.00
66.00	06600	PHYSICAL THERAPY	6,174	6,174	905,056	0	1,473,773	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,412	1,412	219,526	0	346,487	67.00
68.00	06800	SPEECH PATHOLOGY	240	240	118,414	0	127,869	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,071	0	19,631	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	66,438	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	30,997	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	6,022	799	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	2,800	2,800	239,003	0	525,449	76.00
76.01	03020	OP IV THERAPY/NURSING	0	0	0	0	0	76.01
76.02	03030	SLEEP STUDY	750	750	0	0	80,754	76.02
76.97	07697	CARDIAC REHABILITATION	845	845	66,591	0	127,174	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	16,869	16,869	3,233,644	0	5,301,242	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	485	485	1,695	0	165,089	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	0	0	16,518	0	26,107	90.01
90.02	04050	TELEMEDICINE	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	6,312	6,312	759,992	0	2,559,200	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118,828	118,828	15,973,258	-7,285,409	30,178,013	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	360	360	0	0	11,845	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,968	2,968	6,412	0	106,949	192.00
192.01	19201	FITNESS CENTER	5,204	0	106,388	0	276,609	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	0	192.03
192.04	19204	VACANT SPACE	0	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,351,028	805,144	5,898,634		7,286,208	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	26.311464	6.591113	0.366692		0.238318	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0		1,153,301	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023

Worksheet B-1

Date/Time Prepared:
9/27/2023 2:39 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARY)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.037722	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: 14-1307

Period:
From 05/01/2022
To 04/30/2023

Worksheet B-1

Date/Time Prepared:
9/27/2023 2:39 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (TIME SPENT)	DIETARY (PATIENT DAYS)	CAFETERIA (SALARIES)	
		6.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	87,387				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	426	3,080			8.00
9.00	00900	HOUSEKEEPING	963	0	3,150		9.00
10.00	01000	DIETARY	4,008	0	184	3,080	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	418	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,370	0	26	0	14.00
15.00	01500	PHARMACY	1,350	0	32	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,359	0	69	0	16.00
17.00	01700	SOCIAL SERVICE	95	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,497	3,080	736	3,080	30.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,275	0	125	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,133	0	147	0	54.00
54.01	05401	ONCOLOGY	2,664	0	141	0	54.01
56.00	05600	RADIOISOTOPE	479	0	8	0	56.00
57.00	05700	CT SCAN	911	0	24	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	2,708	0	113	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	312	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	6,174	0	160	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,412	0	31	0	67.00
68.00	06800	SPEECH PATHOLOGY	240	0	8	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	2,800	0	70	0	76.00
76.01	03020	OP IV THERAPY/NURSING	0	0	0	0	76.01
76.02	03030	SLEEP STUDY	750	0	17	0	76.02
76.97	07697	CARDIAC REHABILITATION	845	0	19	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	16,869	0	461	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	485	0	92	0	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	0	0	0	0	90.01
90.02	04050	TELEMEDICINE	0	0	0	0	90.02
91.00	09100	EMERGENCY	6,312	0	569	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	78,855	3,080	3,032	3,080	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	360	0	5	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,968	0	0	0	192.00
192.01	19201	FITNESS CENTER	5,204	0	101	0	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	12	0	192.03
192.04	19204	VACANT SPACE	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	192.06
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)	1,882,910	170,339	1,204,722	1,567,189	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	21.546798	55.304870	382.451429	508.827597	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	219,272	19,995	70,167	188,995	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.509206	6.491883	22.275238	61.362013	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (TIME SPENT)	DIETARY (PATIENT DAYS)	CAFETERIA (SALARIES)	
			6.00	8.00	9.00	10.00	11.00	
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023

Worksheet B-1

Date/Time Prepared:
9/27/2023 2:39 pm

Cost Center Description		NURSING ADMINISTRATIVE (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS PATIENT REVENUE)	SOCIAL SERVICE (PATIENT DA YS)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION	3,776,351				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,273,623			14.00
15.00	01500	PHARMACY	0	3,312	2,962,963		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	743	0	65,754,703	16.00
17.00	01700	SOCIAL SERVICE	0	364	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,440,278	118,884	0	2,535,522	30.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	258,668	61,545	0	1,117,056	50.00
53.00	05300	ANESTHESIOLOGY	0	2,196	0	923,470	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	30,992	0	4,350,991	54.00
54.01	05401	ONCOLOGY	378,771	25,975	0	991,152	54.01
56.00	05600	RADIOISOTOPE	0	217	0	910,827	56.00
57.00	05700	CT SCAN	0	23,223	0	10,418,682	57.00
58.00	05800	MRI	0	0	0	1,721,468	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	474,948	0	12,247,553	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	25,732	0	870,067	65.00
66.00	06600	PHYSICAL THERAPY	0	5,122	0	5,119,763	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,949	0	1,226,582	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	175,090	68.00
69.00	06900	ELECTROCARDIOLOGY	0	472	0	448,513	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	252,188	0	360,092	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	30,997	0	99,082	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,962,963	12,233,189	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	2,572	0	640,486	76.00
76.01	03020	OP IV THERAPY/NURSING	0	0	0	754,281	76.01
76.02	03030	SLEEP STUDY	0	0	0	381,665	76.02
76.97	07697	CARDIAC REHABILITATION	0	1,979	0	251,007	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	94,338	0	3,769,339	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	1,468	0	404,085	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	0	3,532	0	157,906	90.01
90.02	04050	TELEMEDICINE	0	0	0	0	90.02
91.00	09100	EMERGENCY	698,634	100,233	0	3,646,835	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,776,351	1,262,981	2,962,963	65,754,703	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	433	0	0	192.00
192.01	19201	FITNESS CENTER	0	10,209	0	0	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	192.03
192.04	19204	VACANT SPACE	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	192.06
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)	1,252,889	133,487	4,527,335	977,803	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.331772	0.104809	1.527976	0.014870	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	52,693	51,958	185,297	77,779	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.013953	0.040795	0.062538	0.001183	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023

Worksheet B-1

Date/Time Prepared:
9/27/2023 2:39 pm

Cost Center Description		NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS PATIENT REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
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: 14-1307

Period:
From 05/01/2022
To 04/30/2023

Worksheet B-1

Date/Time Prepared:
9/27/2023 2:39 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	ONCOLOGY	54.01
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	76.00
76.01	03020	OP IV THERAPY/NURSING	76.01
76.02	03030	SLEEP STUDY	76.02
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	90.01
90.02	04050	TELEMEDICINE	90.02
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.01	19201	FITNESS CENTER	192.01
192.02	19202	RETAIL PHARMACY	192.02
192.03	19203	LEASED SPACE	192.03
192.04	19204	VACANT SPACE	192.04
192.05	19205	MEALS ON WHEELS	192.05
192.06	19206	15 N MAIN BUILDING	192.06
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)	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023

Worksheet B-1

Date/Time Prepared:
9/27/2023 2:39 pm

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

POST STEPDOWN ADJUSTMENTS

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023

Worksheet B-2

Date/Time Prepared:
9/27/2023 2:39 pm

		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		RECLASS OP NURSING PROC DONE IN IP		1	76.01	65,789
8.00		RECLASS OP NURSING PROC DONE IN OP		1	30.00	-65,789

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023Worksheet C
Part I
Date/Time Prepared:
9/27/2023 2:39 pm

			Title XVIII		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	8,026,563		8,026,563	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,439,563		1,439,563	0	0
53.00	05300	ANESTHESIOLOGY	374,803		374,803	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,778,000		1,778,000	0	0
54.01	05401	ONCOLOGY	1,044,318		1,044,318	0	0
56.00	05600	RADIOISOTOPE	353,849		353,849	0	0
57.00	05700	CT SCAN	468,098		468,098	0	0
58.00	05800	MRI	253,091		253,091	0	0
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0
60.00	06000	LABORATORY	2,726,805		2,726,805	0	0
60.01	06001	BLOOD LABORATORY	0		0	0	0
65.00	06500	RESPIRATORY THERAPY	601,854	0	601,854	0	0
66.00	06600	PHYSICAL THERAPY	2,095,890	0	2,095,890	0	0
67.00	06700	OCCUPATIONAL THERAPY	489,784	0	489,784	0	0
68.00	06800	SPEECH PATHOLOGY	169,177	0	169,177	0	0
69.00	06900	ELECTROCARDIOLOGY	31,027		31,027	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	114,058		114,058	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	43,106		43,106	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	4,708,444		4,708,444	0	0
76.00	03950	SENIOR LIFE SOLUTIONS	747,570		747,570	0	0
76.01	03020	OP IV THERAPY/NURSING	77,005		77,005	0	0
76.02	03030	SLEEP STUDY	128,336		128,336	0	0
76.97	07697	CARDIAC REHABILITATION	186,895		186,895	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	7,170,352		7,170,352	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000	CLINIC	256,232		256,232	0	0
90.01	09002	COUMADIN, CHF/COPD CLINIC	35,047		35,047	0	0
90.02	04050	TELEMEDICINE	0		0	0	0
91.00	09100	EMERGENCY	3,819,241		3,819,241	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,438,842		1,438,842		0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	38,577,950	0	38,577,950	0	0
201.00		Less Observation Beds	1,438,842		1,438,842		0
202.00		Total (see instructions)	37,139,108	0	37,139,108	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023Worksheet C
Part I
Date/Time Prepared:
9/27/2023 2:39 pm

			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		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,831,370		1,831,370		30.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,838	1,110,218	1,117,056	1.288712	0.000000
53.00	05300	ANESTHESIOLOGY	8,719	914,751	923,470	0.405864	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	159,125	4,191,866	4,350,991	0.408643	0.000000
54.01	05401	ONCOLOGY	1,593	989,559	991,152	1.053641	0.000000
56.00	05600	RADIOISOTOPE	34,514	876,313	910,827	0.388492	0.000000
57.00	05700	CT SCAN	302,585	10,116,097	10,418,682	0.044929	0.000000
58.00	05800	MRI	58,684	1,662,784	1,721,468	0.147020	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000
60.00	06000	LABORATORY	743,703	11,503,850	12,247,553	0.222641	0.000000
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	319,201	546,289	865,490	0.695391	0.000000
66.00	06600	PHYSICAL THERAPY	584,750	4,535,013	5,119,763	0.409372	0.000000
67.00	06700	OCCUPATIONAL THERAPY	422,041	804,541	1,226,582	0.399308	0.000000
68.00	06800	SPEECH PATHOLOGY	49,379	125,711	175,090	0.966229	0.000000
69.00	06900	ELECTROCARDIOLOGY	10,535	437,979	448,514	0.069177	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	256,155	103,937	360,092	0.316747	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	99,082	99,082	0.435054	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	727,863	11,505,326	12,233,189	0.384891	0.000000
76.00	03950	SENIOR LIFE SOLUTIONS	0	640,486	640,486	1.167192	0.000000
76.01	03020	OP IV THERAPY/NURSING	0	754,281	754,281	0.102091	0.000000
76.02	03030	SLEEP STUDY	0	381,665	381,665	0.336253	0.000000
76.97	07697	CARDIAC REHABILITATION	0	251,007	251,007	0.744581	0.000000
	OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	3,769,339	3,769,339		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	1,635	402,451	404,086	0.634103	0.000000
90.01	09002	COUMADIN, CHF/COPD CLINIC	0	157,906	157,906	0.221949	0.000000
90.02	04050	TELEMEDICINE	0	0	0	0.000000	0.000000
91.00	09100	EMERGENCY	195,441	3,451,393	3,646,834	1.047276	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	704,152	704,152	2.043368	0.000000
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	5,714,131	60,035,996	65,750,127		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	5,714,131	60,035,996	65,750,127		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023Worksheet C
Part I
Date/Time Prepared:
9/27/2023 2:39 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	ONCOLOGY	0.000000			54.01
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
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
76.00	03950	SENIOR LIFE SOLUTIONS	0.000000			76.00
76.01	03020	OP IV THERAPY/NURSING	0.000000			76.01
76.02	03030	SLEEP STUDY	0.000000			76.02
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	0.000000			90.01
90.02	04050	TELEMEDICINE	0.000000			90.02
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
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: 14-1307

Period:
From 05/01/2022
To 04/30/2023Worksheet C
Part I
Date/Time Prepared:
9/27/2023 2:39 pm

			Title XIX		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	8,026,563		8,026,563	0	8,026,563	30.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,439,563		1,439,563	0	1,439,563	50.00
53.00	05300	ANESTHESIOLOGY	374,803		374,803	0	374,803	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,778,000		1,778,000	0	1,778,000	54.00
54.01	05401	ONCOLOGY	1,044,318		1,044,318	0	1,044,318	54.01
56.00	05600	RADIOISOTOPE	353,849		353,849	0	353,849	56.00
57.00	05700	CT SCAN	468,098		468,098	0	468,098	57.00
58.00	05800	MRI	253,091		253,091	0	253,091	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	2,726,805		2,726,805	0	2,726,805	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	601,854	0	601,854	0	601,854	65.00
66.00	06600	PHYSICAL THERAPY	2,095,890	0	2,095,890	0	2,095,890	66.00
67.00	06700	OCCUPATIONAL THERAPY	489,784	0	489,784	0	489,784	67.00
68.00	06800	SPEECH PATHOLOGY	169,177	0	169,177	0	169,177	68.00
69.00	06900	ELECTROCARDIOLOGY	31,027		31,027	0	31,027	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	114,058		114,058	0	114,058	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	43,106		43,106	0	43,106	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,708,444		4,708,444	0	4,708,444	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	747,570		747,570	0	747,570	76.00
76.01	03020	OP IV THERAPY/NURSING	77,005		77,005	0	77,005	76.01
76.02	03030	SLEEP STUDY	128,336		128,336	0	128,336	76.02
76.97	07697	CARDIAC REHABILITATION	186,895		186,895	0	186,895	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	7,170,352		7,170,352	0	7,170,352	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	256,232		256,232	0	256,232	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	35,047		35,047	0	35,047	90.01
90.02	04050	TELEMEDICINE	0		0	0	0	90.02
91.00	09100	EMERGENCY	3,819,241		3,819,241	0	3,819,241	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,438,842		1,438,842		1,438,842	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	38,577,950	0	38,577,950	0	38,577,950	200.00
201.00		Less Observation Beds	1,438,842		1,438,842		1,438,842	201.00
202.00		Total (see instructions)	37,139,108	0	37,139,108	0	37,139,108	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023Worksheet C
Part I
Date/Time Prepared:
9/27/2023 2:39 pm

			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	1,831,370		1,831,370			30.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,838	1,110,218	1,117,056	1.288712	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	8,719	914,751	923,470	0.405864	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	159,125	4,191,866	4,350,991	0.408643	0.000000	54.00
54.01	05401	ONCOLOGY	1,593	989,559	991,152	1.053641	0.000000	54.01
56.00	05600	RADIOISOTOPE	34,514	876,313	910,827	0.388492	0.000000	56.00
57.00	05700	CT SCAN	302,585	10,116,097	10,418,682	0.044929	0.000000	57.00
58.00	05800	MRI	58,684	1,662,784	1,721,468	0.147020	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	743,703	11,503,850	12,247,553	0.222641	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	319,201	546,289	865,490	0.695391	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	584,750	4,535,013	5,119,763	0.409372	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	422,041	804,541	1,226,582	0.399308	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	49,379	125,711	175,090	0.966229	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	10,535	437,979	448,514	0.069177	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	256,155	103,937	360,092	0.316747	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	99,082	99,082	0.435054	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	727,863	11,505,326	12,233,189	0.384891	0.000000	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	640,486	640,486	1.167192	0.000000	76.00
76.01	03020	OP IV THERAPY/NURSING	0	754,281	754,281	0.102091	0.000000	76.01
76.02	03030	SLEEP STUDY	0	381,665	381,665	0.336253	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	0	251,007	251,007	0.744581	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	3,769,339	3,769,339	1.902284	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	1,635	402,451	404,086	0.634103	0.000000	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	0	157,906	157,906	0.221949	0.000000	90.01
90.02	04050	TELEMEDICINE	0	0	0	0.000000	0.000000	90.02
91.00	09100	EMERGENCY	195,441	3,451,393	3,646,834	1.047276	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	704,152	704,152	2.043368	0.000000	92.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	5,714,131	60,035,996	65,750,127			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	5,714,131	60,035,996	65,750,127			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023Worksheet C
Part I
Date/Time Prepared:
9/27/2023 2:39 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	ONCOLOGY	0.000000			54.01
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
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
76.00	03950	SENIOR LIFE SOLUTIONS	0.000000			76.00
76.01	03020	OP IV THERAPY/NURSING	0.000000			76.01
76.02	03030	SLEEP STUDY	0.000000			76.02
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	0.000000			90.01
90.02	04050	TELEMEDICINE	0.000000			90.02
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
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: 14-1307

Period:
From 05/01/2022
To 04/30/2023Worksheet D
Part II
Date/Time Prepared:
9/27/2023 2:39 pm

Cost Center Description		Title XVIII		Hospital		Cost	
		Capital Related Cost (from Wkst. C, Part I, 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	371,662	1,117,056	0.332716	0	50.00
53.00	05300	ANESTHESIOLOGY	1,265	923,470	0.001370	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	238,464	4,350,991	0.054807	62,354	54.00
54.01	05401	ONCOLOGY	129,058	991,152	0.130210	0	54.01
56.00	05600	RADIOISOTOPE	28,185	910,827	0.030944	17,572	56.00
57.00	05700	CT SCAN	54,656	10,418,682	0.005246	180,326	57.00
58.00	05800	MRI	8,966	1,721,468	0.005208	32,528	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	59.00
60.00	06000	LABORATORY	205,172	12,247,553	0.016752	290,979	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	30,780	865,490	0.035564	87,922	65.00
66.00	06600	PHYSICAL THERAPY	284,057	5,119,763	0.055482	28,648	66.00
67.00	06700	OCCUPATIONAL THERAPY	65,294	1,226,582	0.053232	24,013	67.00
68.00	06800	SPEECH PATHOLOGY	13,707	175,090	0.078285	5,392	68.00
69.00	06900	ELECTROCARDIOLOGY	1,291	448,514	0.002878	6,777	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,220	360,092	0.036713	92,128	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,551	99,082	0.025746	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	199,769	12,233,189	0.016330	192,617	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	121,396	640,486	0.189537	0	76.00
76.01	03020	OP IV THERAPY/NURSING	892	754,281	0.001183	0	76.01
76.02	03030	SLEEP STUDY	30,436	381,665	0.079745	0	76.02
76.97	07697	CARDIAC REHABILITATION	35,520	251,007	0.141510	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	815,924	3,769,339	0.216463	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	89.00
90.00	09000	CLINIC	25,989	404,086	0.064316	0	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	1,316	157,906	0.008334	0	90.01
90.02	04050	TELEMEDICINE	0	0	0.000000	0	90.02
91.00	09100	EMERGENCY	350,883	3,646,834	0.096216	2,799	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	148,606	704,152	0.211043	0	92.00
200.00		Total (lines 50 through 199)	3,179,059	63,918,757		1,024,055	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023Worksheet D
Part IV
Date/Time Prepared:
9/27/2023 2:39 pm

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
53.00	05300	ANESTHESIOLOGY	358,122	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ONCOLOGY	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
76.00	03950	SENIOR LIFE SOLUTIONS	0	0	0	0	0	76.00
76.01	03020	OP IV THERAPY/NURSING	0	0	0	0	0	76.01
76.02	03030	SLEEP STUDY	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	0	0	0	0	0	90.01
90.02	04050	TELEMEDICINE	0	0	0	0	0	90.02
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
200.00		Total (lines 50 through 199)	358,122	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023Worksheet D
Part IV
Date/Time Prepared:
9/27/2023 2:39 pm

Cost Center Description			Title XVIII		Hospital	Cost	
			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
			4.00	5.00	6.00	7.00	8.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	1,117,056	0.000000
53.00	05300	ANESTHESIOLOGY	0	358,122	0	923,470	0.387800
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,350,991	0.000000
54.01	05401	ONCOLOGY	0	0	0	991,152	0.000000
56.00	05600	RADIOISOTOPE	0	0	0	910,827	0.000000
57.00	05700	CT SCAN	0	0	0	10,418,682	0.000000
58.00	05800	MRI	0	0	0	1,721,468	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000
60.00	06000	LABORATORY	0	0	0	12,247,553	0.000000
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000
65.00	06500	RESPIRATORY THERAPY	0	0	0	865,490	0.000000
66.00	06600	PHYSICAL THERAPY	0	0	0	5,119,763	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,226,582	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	175,090	0.000000
69.00	06900	ELECTROCARDIOLOGY	0	0	0	448,514	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	360,092	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	99,082	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,233,189	0.000000
76.00	03950	SENIOR LIFE SOLUTIONS	0	0	0	640,486	0.000000
76.01	03020	OP IV THERAPY/NURSING	0	0	0	754,281	0.000000
76.02	03030	SLEEP STUDY	0	0	0	381,665	0.000000
76.97	07697	CARDIAC REHABILITATION	0	0	0	251,007	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	3,769,339	0.000000
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000
90.00	09000	CLINIC	0	0	0	404,086	0.000000
90.01	09002	COUMADIN, CHF/COPD CLINIC	0	0	0	157,906	0.000000
90.02	04050	TELEMEDICINE	0	0	0	0	0.000000
91.00	09100	EMERGENCY	0	0	0	3,646,834	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	704,152	0.000000
200.00		Total (lines 50 through 199)	0	358,122	0	63,918,757	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023Worksheet D
Part IV
Date/Time Prepared:
9/27/2023 2:39 pm

Cost Center Description			Title XVIII		Hospital		Cost	
			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
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	62,354	0	0	0	54.00
54.01	05401	ONCOLOGY	0.000000	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	17,572	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	180,326	0	0	0	57.00
58.00	05800	MRI	0.000000	32,528	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	290,979	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.000000	87,922	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	28,648	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	24,013	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	5,392	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	6,777	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	92,128	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	192,617	0	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0.000000	0	0	0	0	76.00
76.01	03020	OP IV THERAPY/NURSING	0.000000	0	0	0	0	76.01
76.02	03030	SLEEP STUDY	0.000000	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	0.000000	0	0	0	0	90.01
90.02	04050	TELEMEDICINE	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.000000	2,799	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		1,024,055	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023Worksheet D
Part V
Date/Time Prepared:
9/27/2023 2:39 pm

			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	1.288712	0	435,959	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.405864	0	330,030	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.408643	0	1,665,131	0	0	54.00
54.01	05401	ONCOLOGY	1.053641	0	571,867	0	0	54.01
56.00	05600	RADIOISOTOPE	0.388492	0	418,368	0	0	56.00
57.00	05700	CT SCAN	0.044929	0	4,027,371	0	0	57.00
58.00	05800	MRI	0.147020	0	653,000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.222641	0	4,604,725	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.695391	0	205,959	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.409372	0	1,789,914	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.399308	0	253,680	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.966229	0	29,832	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.069177	0	176,943	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.316747	0	40,061	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.435054	0	34,888	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.384891	0	7,337,032	2,956	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	1.167192	0	640,486	0	0	76.00
76.01	03020	OP IV THERAPY/NURSING	0.102091	0	326,495	0	0	76.01
76.02	03030	SLEEP STUDY	0.336253	0	119,495	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.744581	0	182,055	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.634103	0	233,531	0	0	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	0.221949	0	133,516	0	0	90.01
90.02	04050	TELEMEDICINE	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	1.047276	0	1,119,517	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2.043368	0	374,116	0	0	92.00
200.00		Subtotal (see instructions)		0	25,703,971	2,956	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	25,703,971	2,956	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-1307		Period: From 05/01/2022 To 04/30/2023	Worksheet D Part V Date/Time Prepared: 9/27/2023 2:39 pm
			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	561,826	0		50.00
53.00	05300	ANESTHESIOLOGY	133,947	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	680,444	0		54.00
54.01	05401	ONCOLOGY	602,543	0		54.01
56.00	05600	RADIOISOTOPE	162,533	0		56.00
57.00	05700	CT SCAN	180,946	0		57.00
58.00	05800	MRI	96,004	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	1,025,201	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
65.00	06500	RESPIRATORY THERAPY	143,222	0		65.00
66.00	06600	PHYSICAL THERAPY	732,741	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	101,296	0		67.00
68.00	06800	SPEECH PATHOLOGY	28,825	0		68.00
69.00	06900	ELECTROCARDIOLOGY	12,240	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,689	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,178	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,823,958	1,138		73.00
76.00	03950	SENIOR LIFE SOLUTIONS	747,570	0		76.00
76.01	03020	OP IV THERAPY/NURSING	33,332	0		76.01
76.02	03030	SLEEP STUDY	40,181	0		76.02
76.97	07697	CARDIAC REHABILITATION	135,555	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	148,083	0		90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	29,634	0		90.01
90.02	04050	TELEMEDICINE	0	0		90.02
91.00	09100	EMERGENCY	1,172,443	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	764,457	0		92.00
200.00		Subtotal (see instructions)	10,384,848	1,138		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	10,384,848	1,138		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1307

Period:

Worksheet D

Component CCN: 14-Z307

From 05/01/2022
To 04/30/2023Part V
Date/Time Prepared:
9/27/2023 2:39 pm

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	1.288712	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.405864	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.408643	0	0	0	54.00
54.01	05401	ONCOLOGY	1.053641	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0.388492	0	0	0	56.00
57.00	05700	CT SCAN	0.044929	0	0	0	57.00
58.00	05800	MRI	0.147020	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.222641	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.695391	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.409372	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.399308	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.966229	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.069177	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.316747	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.435054	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.384891	0	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	1.167192	0	0	0	76.00
76.01	03020	OP IV THERAPY/NURSING	0.102091	0	0	0	76.01
76.02	03030	SLEEP STUDY	0.336253	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.744581	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00	09000	CLINIC	0.634103	0	0	0	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	0.221949	0	0	0	90.01
90.02	04050	TELEMEDICINE	0.000000	0	0	0	90.02
91.00	09100	EMERGENCY	1.047276	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2.043368	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	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	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1307

Period:

Worksheet D

Component CCN: 14-Z307

From 05/01/2022
To 04/30/2023Part V
Date/Time Prepared:
9/27/2023 2:39 pm

			Title XVIII		Swing Beds - SNF		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	0	0					50.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
54.01	05401	ONCOLOGY	0	0					54.01
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
60.01	06001	BLOOD LABORATORY	0	0					60.01
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
76.00	03950	SENIOR LIFE SOLUTIONS	0	0					76.00
76.01	03020	OP IV THERAPY/NURSING	0	0					76.01
76.02	03030	SLEEP STUDY	0	0					76.02
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC							88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER							89.00
90.00	09000	CLINIC	0	0					90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	0	0					90.01
90.02	04050	TELEMEDICINE	0	0					90.02
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
200.00		Subtotal (see instructions)	0	0					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	0					202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023Worksheet D
Part V
Date/Time Prepared:
9/27/2023 2:39 pm

			Title XIX		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	1.288712	0	33,203	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.405864	0	22,314	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.408643	0	443,079	0	0	54.00
54.01	05401	ONCOLOGY	1.053641	0	81,020	0	0	54.01
56.00	05600	RADIOISOTOPE	0.388492	0	45,341	0	0	56.00
57.00	05700	CT SCAN	0.044929	0	982,227	0	0	57.00
58.00	05800	MRI	0.147020	0	134,392	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.222641	0	1,172,519	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.695391	0	45,710	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.409372	0	217,674	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.399308	0	98,149	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.966229	0	30,898	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.069177	0	37,485	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.316747	0	20,189	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.435054	0	927	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.384891	0	1,228,407	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	1.167192	0	0	0	0	76.00
76.01	03020	OP IV THERAPY/NURSING	0.102091	0	110,490	0	0	76.01
76.02	03030	SLEEP STUDY	0.336253	0	44,128	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.744581	0	19,077	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.634103	0	19,800	0	0	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	0.221949	0	0	0	0	90.01
90.02	04050	TELEMEDICINE	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	1.047276	0	601,737	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2.043368	0	73,962	0	0	92.00
200.00		Subtotal (see instructions)		0	5,462,728	0	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	5,462,728	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-1307		Period: From 05/01/2022 To 04/30/2023		Worksheet D Part V Date/Time Prepared: 9/27/2023 2:39 pm	
				Title XIX		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	42,789	0					50.00
53.00	05300	ANESTHESIOLOGY	9,056	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	181,061	0					54.00
54.01	05401	ONCOLOGY	85,366	0					54.01
56.00	05600	RADIOISOTOPE	17,615	0					56.00
57.00	05700	CT SCAN	44,130	0					57.00
58.00	05800	MRI	19,758	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	261,051	0					60.00
60.01	06001	BLOOD LABORATORY	0	0					60.01
65.00	06500	RESPIRATORY THERAPY	31,786	0					65.00
66.00	06600	PHYSICAL THERAPY	89,110	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	39,192	0					67.00
68.00	06800	SPEECH PATHOLOGY	29,855	0					68.00
69.00	06900	ELECTROCARDIOLOGY	2,593	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,395	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	403	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	472,803	0					73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	0					76.00
76.01	03020	OP IV THERAPY/NURSING	11,280	0					76.01
76.02	03030	SLEEP STUDY	14,838	0					76.02
76.97	07697	CARDIAC REHABILITATION	14,204	0					76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC							88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER							89.00
90.00	09000	CLINIC	12,555	0					90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	0	0					90.01
90.02	04050	TELEMEDICINE	0	0					90.02
91.00	09100	EMERGENCY	630,185	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	151,132	0					92.00
200.00		Subtotal (see instructions)	2,167,157	0					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	2,167,157	0					202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1307	Period: From 05/01/2022 To 04/30/2023	Worksheet D-1 Date/Time Prepared: 9/27/2023 2:39 pm	
		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)			3,593	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			1,363	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)			850	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			965	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)			479	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			530	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)			256	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			464	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)			780	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)			385	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			192.31	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			201.92	20.00
21.00	Total general inpatient routine service cost (see instructions)			8,026,563	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)			101,924	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)			51,692	25.00
26.00	Total swing-bed cost (see instructions)			4,203,675	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			3,822,888	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)			3,822,888	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)			2,804.75	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,301,404	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,301,404	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-1307	Period: From 05/01/2022 To 04/30/2023	Worksheet D-1 Date/Time Prepared: 9/27/2023 2:39 pm			
				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)								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)							304,361	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)							0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)							1,605,765	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)							0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)							0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)							0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION									
54.00	Program discharges							0	54.00
55.00	Target amount per discharge							0.00	55.00
55.01	Permanent adjustment amount per discharge							0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)							0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)							0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							0	57.00
58.00	Bonus payment (see instructions)							0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)							0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)							0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)							0	61.00
62.00	Relief payment (see instructions)							0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)							0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST									
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)							2,187,705	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)							1,079,829	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions							3,267,534	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)							0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)							0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)							0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY									
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)								70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)								71.00
72.00	Program routine service cost (line 9 x line 71)								72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)								73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)								74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)								75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)								76.00
77.00	Program capital-related costs (line 9 x line 76)								77.00
78.00	Inpatient routine service cost (line 74 minus line 77)								78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)								79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)								80.00
81.00	Inpatient routine service cost per diem limitation								81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)								82.00
83.00	Reasonable inpatient routine service costs (see instructions)								83.00
84.00	Program inpatient ancillary services (see instructions)								84.00
85.00	Utilization review - physician compensation (see instructions)								85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)								86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
87.00	Total observation bed days (see instructions)							513	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)							2,804.76	88.00

COMPUTATION OF INPATIENT OPERATING COST				Provi der CCN: 14-1307		Period: From 05/01/2022 To 04/30/2023		Worksheet D-1 Date/Time Prepared: 9/27/2023 2: 39 pm	
				Title XVIII		Hospital		Cost	
Cost Center Description								1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)						1,438,842	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	829,001	8,026,563	0.103282	1,438,842	148,606	90.00		
91.00	Nursing Program cost	0	8,026,563	0.000000	1,438,842	0	91.00		
92.00	Allied health cost	0	8,026,563	0.000000	1,438,842	0	92.00		
93.00	All other Medical Education	0	8,026,563	0.000000	1,438,842	0	93.00		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1307	Period: From 05/01/2022 To 04/30/2023	Worksheet D-3 Date/Time Prepared: 9/27/2023 2:39 pm	
Cost Center Description		Title XVIII	Hospital	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		597,358		30.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	1.288712	0	0	50.00
53.00	05300 ANESTHESIOLOGY	0.405864	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.408643	62,354	25,481	54.00
54.01	05401 ONCOLOGY	1.053641	0	0	54.01
56.00	05600 RADIOISOTOPE	0.388492	17,572	6,827	56.00
57.00	05700 CT SCAN	0.044929	180,326	8,102	57.00
58.00	05800 MRI	0.147020	32,528	4,782	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.222641	290,979	64,784	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.695391	87,922	61,140	65.00
66.00	06600 PHYSICAL THERAPY	0.409372	28,648	11,728	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.399308	24,013	9,589	67.00
68.00	06800 SPEECH PATHOLOGY	0.966229	5,392	5,210	68.00
69.00	06900 ELECTROCARDIOLOGY	0.069177	6,777	469	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.316747	92,128	29,181	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.435054	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.384891	192,617	74,137	73.00
76.00	03950 SENIOR LIFE SOLUTIONS	1.167192	0	0	76.00
76.01	03020 OP IV THERAPY/NURSING	0.102091	0	0	76.01
76.02	03030 SLEEP STUDY	0.336253	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0.744581	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.634103	0	0	90.00
90.01	09002 COUMADIN, CHF/COPD CLINIC	0.221949	0	0	90.01
90.02	04050 TELEMEDICINE	0.000000	0	0	90.02
91.00	09100 EMERGENCY	1.047276	2,799	2,931	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2.043368	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,024,055	304,361	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)		1,024,055		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1307	Period: From 05/01/2022 To 04/30/2023	Worksheet D-3 Date/Time Prepared: 9/27/2023 2:39 pm	
		Component CCN: 14-Z307			
		Title XVIII	Swing Beds - SNF	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				30.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	1.288712	0	0	50.00
53.00	05300 ANESTHESIOLOGY	0.405864	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.408643	30,122	12,309	54.00
54.01	05401 ONCOLOGY	1.053641	0	0	54.01
56.00	05600 RADIOISOTOPE	0.388492	0	0	56.00
57.00	05700 CT SCAN	0.044929	102,254	4,594	57.00
58.00	05800 MRI	0.147020	3,354	493	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.222641	247,154	55,027	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.695391	92,488	64,315	65.00
66.00	06600 PHYSICAL THERAPY	0.409372	421,522	172,559	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.399308	302,517	120,797	67.00
68.00	06800 SPEECH PATHOLOGY	0.966229	32,261	31,172	68.00
69.00	06900 ELECTROCARDIOLOGY	0.069177	3,012	208	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.316747	79,955	25,326	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.435054	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.384891	288,094	110,885	73.00
76.00	03950 SENIOR LIFE SOLUTIONS	1.167192	0	0	76.00
76.01	03020 OP IV THERAPY/NURSING	0.102091	0	0	76.01
76.02	03030 SLEEP STUDY	0.336253	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0.744581	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.634103	1,155	732	90.00
90.01	09002 COUMADIN, CHF/COPD CLINIC	0.221949	0	0	90.01
90.02	04050 TELEMEDICINE	0.000000	0	0	90.02
91.00	09100 EMERGENCY	1.047276	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2.043368	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,603,888	598,417	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)		1,603,888		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1307	Period: From 05/01/2022 To 04/30/2023	Worksheet D-3 Date/Time Prepared: 9/27/2023 2:39 pm	
		Title XIX	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		37,926		30.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	1.288712	0	0	50.00
53.00	05300 ANESTHESIOLOGY	0.405864	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.408643	3,590	1,467	54.00
54.01	05401 ONCOLOGY	1.053641	0	0	54.01
56.00	05600 RADIOISOTOPE	0.388492	0	0	56.00
57.00	05700 CT SCAN	0.044929	12,444	559	57.00
58.00	05800 MRI	0.147020	5,991	881	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.222641	9,671	2,153	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.695391	160	111	65.00
66.00	06600 PHYSICAL THERAPY	0.409372	832	341	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.399308	892	356	67.00
68.00	06800 SPEECH PATHOLOGY	0.966229	421	407	68.00
69.00	06900 ELECTROCARDIOLOGY	0.069177	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.316747	1,066	338	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.435054	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.384891	11,898	4,579	73.00
76.00	03950 SENIOR LIFE SOLUTIONS	1.167192	0	0	76.00
76.01	03020 OP IV THERAPY/NURSING	0.102091	0	0	76.01
76.02	03030 SLEEP STUDY	0.336253	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0.744581	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	1.902284	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.634103	0	0	90.00
90.01	09002 COUMADIN, CHF/COPD CLINIC	0.221949	0	0	90.01
90.02	04050 TELEMEDICINE	0.000000	0	0	90.02
91.00	09100 EMERGENCY	1.047276	12,355	12,939	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2.043368	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		59,320	24,131	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)		59,320		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1307	Period: From 05/01/2022 To 04/30/2023	Worksheet E Part B Date/Time Prepared: 9/27/2023 2:39 pm
		Title XVIII	Hospital	Cost
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		10,385,986	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		0	2.00
3.00	OPPTS 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)		10,385,986	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)		10,489,846	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)		39,118	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		4,183,118	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)		6,267,610	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
28.50	REH facility payment amount			28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		6,267,610	30.00
31.00	Primary payer payments		831	31.00
32.00	Subtotal (line 30 minus line 31)		6,266,779	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)		268,813	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		174,728	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		199,053	36.00
37.00	Subtotal (see instructions)		6,441,507	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		6,441,507	40.00
40.01	Sequestration adjustment (see instructions)		118,524	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		5,901,593	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		421,390	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-1307	Period: From 05/01/2022 To 04/30/2023	Worksheet E Part B Date/Time Prepared: 9/27/2023 2:39 pm
	Title XVIII	Hospital	Cost
			1.00
MEDICARE PART B ANCILLARY COSTS			
200.00	Part B Combined Billed Days		0200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023Worksheet E-1
Part I
Date/Time Prepared:
9/27/2023 2:39 pm

		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		1,279,570		5,605,518	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	04/19/2023	254,802	11/09/2022	236,967	3.01
3.02			0	04/19/2023	59,108	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	11/09/2022	25,005		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)		229,797		296,075	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)		1,509,367		5,901,593	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		421,390	6.01
6.02	SETTLEMENT TO PROGRAM		64,570		0	6.02
7.00	Total Medicare program liability (see instructions)		1,444,797		6,322,983	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: 14-1307

Period:

Worksheet E-1

Component CCN: 14-Z307

From 05/01/2022
To 04/30/2023Part I
Date/Time Prepared:
9/27/2023 2:39 pm

		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		3,239,776		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	11/09/2022	8,961		0	3.01
3.02		04/19/2023	33,446		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)		42,407		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)		3,282,183		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		507,758		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,789,941		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: 14-1307

Period:
From 05/01/2022
To 04/30/2023Worksheet E-1
Part II
Date/Time Prepared:
9/27/2023 2:39 pm

		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

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

Provider CCN: 14-1307

Period:

Worksheet E-2

Component CCN: 14-Z307

From 05/01/2022
To 04/30/2023Date/Time Prepared:
9/27/2023 2:39 pm

		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)		3,300,209	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)		604,401	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		1,165	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)		3,904,610	0	8.00
9.00	Primary payer payments (see instructions)		0	0	9.00
10.00	Subtotal (line 8 minus line 9)		3,904,610	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)		3,904,610	0	12.00
13.00	Coinurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)		43,627	0	13.00
14.00	80% of Part B costs (line 12 x 80%)			0	14.00
15.00	Subtotal (see instructions)		3,860,983	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)		3,860,983	0	19.00
19.01	Sequestration adjustment (see instructions)		71,042	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		3,282,183	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)		507,758	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: 14-1307	Period: From 05/01/2022 To 04/30/2023	Worksheet E-3 Part V Date/Time Prepared: 9/27/2023 2:39 pm
		Title XVIII	Hospital	Cost
				1.00
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT				
1.00	Inpatient services			1,605,765 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)			1,605,765 4.00
5.00	Primary payer payments			0 5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)			1,621,823 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)			1,621,823 19.00
20.00	Deductibles (exclude professional component)			167,486 20.00
21.00	Excess reasonable cost (from line 16)			0 21.00
22.00	Subtotal (line 19 minus line 20 and 21)			1,454,337 22.00
23.00	Coinurance			0 23.00
24.00	Subtotal (line 22 minus line 23)			1,454,337 24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			26,987 25.00
26.00	Adjusted reimbursable bad debts (see instructions)			17,542 26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			25,104 27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)			1,471,879 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)			1,471,879 30.00
30.01	Sequestration adjustment (see instructions)			27,082 30.01
30.02	Demonstration payment adjustment amount after sequestration			0 30.02
30.03	Sequestration adjustment-PARHM			0 30.03
31.00	Interim payments			1,509,367 31.00
31.01	Interim payments-PARHM			0 31.01
32.00	Tentative settlement (for contractor use only)			0 32.00
32.01	Tentative settlement-PARHM (for contractor use only)			0 32.01
33.00	Balance due provider/program (line 30 minus lines 30.01, 30.02, 31, and 32)			-64,570 33.00
33.01	Balance due provider/program-PARHM (lines 2, 3, 18, and 26, minus lines 30.03, 31.01, and 32.01)			0 33.01
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 34.00

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

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023

Worksheet G

Date/Time Prepared:
9/27/2023 2:39 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	18,203,393	0	0	0	1.00
2.00	Temporary investments	6,062,758	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	3,931,738	0	0	0	4.00
5.00	Other receivable	390,463	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	366,524	0	0	0	7.00
8.00	Prepaid expenses	857,986	0	0	0	8.00
9.00	Other current assets	1,226,478	0	0	40,733	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	31,039,340	0	0	40,733	11.00
FIXED ASSETS						
12.00	Land	422,113	0	0	0	12.00
13.00	Land improvements	3,685,261	0	0	0	13.00
14.00	Accumulated depreciation	-1,451,931	0	0	0	14.00
15.00	Buildings	45,988,670	0	0	0	15.00
16.00	Accumulated depreciation	-12,911,257	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	6,730,629	0	0	0	23.00
24.00	Accumulated depreciation	-4,381,556	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	1,682,323	0	0	0	27.00
28.00	Accumulated depreciation	-1,682,323	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	38,081,929	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	2,341,119	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,341,119	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	71,462,388	0	0	40,733	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	541,132	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,455,320	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	563,893	0	0	0	40.00
41.00	Deferred income	282,580	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,066,567	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	3,909,492	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	30,971,907	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	30,971,907	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	34,881,399	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	36,580,989	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	40,733	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)	36,580,989	0	0	40,733	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	71,462,388	0	0	40,733	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023

Worksheet G-1

Date/Time Prepared:
9/27/2023 2:39 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		34,982,063		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		1,227,781				2.00
3.00	Total (sum of line 1 and line 2)		36,209,844		0		3.00
4.00	PRIOR YEAR ENTRIES	343,865		0		0	4.00
5.00	TRANSFER	13,967		0		0	5.00
6.00	AUXILIARY INCOME	13,313		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)		371,145		0		10.00
11.00	Subtotal (line 3 plus line 10)		36,580,989		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	TRANSFER	0		0		0	13.00
14.00	PRIOR YEAR ENTRY	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)		36,580,989		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		54,700			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		54,700			3.00
4.00	PRIOR YEAR ENTRIES		0				4.00
5.00	TRANSFER		0				5.00
6.00	AUXILIARY INCOME		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		54,700			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	TRANSFER		13,967				13.00
14.00	PRIOR YEAR ENTRY		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		13,967			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		40,733			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023Worksheet G-2
Parts I & II
Date/Time Prepared:
9/27/2023 2:39 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	1,079,778		1,079,778	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	751,592		751,592	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	1,831,370		1,831,370	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	1,831,370		1,831,370	17.00
18.00	Ancillary services	3,685,683	51,550,755	55,236,438	18.00
19.00	Outpatient services	197,076	4,715,902	4,912,978	19.00
20.00	RURAL HEALTH CLINIC	0	3,769,339	3,769,339	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	127,017	1,908,448	2,035,465	27.00
27.01	OTHER (SPECIFY)	0	0	0	27.01
27.02	OTHER (SPECIFY)	0	0	0	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	5,841,146	61,944,444	67,785,590	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		40,157,072		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	BAD DEBT EXPENSE	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)		40,157,072		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-1307

Period:
From 05/01/2022
To 04/30/2023

Worksheet G-3

Date/Time Prepared:
9/27/2023 2:39 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	67,785,590	1.00
2.00	Less contractual allowances and discounts on patients' accounts	28,932,103	2.00
3.00	Net patient revenues (line 1 minus line 2)	38,853,487	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	40,157,072	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,303,585	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	16,166	6.00
7.00	Income from investments	133,388	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	10,411	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	114,271	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	6,952	17.00
18.00	Revenue from sale of medical records and abstracts	3,530	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	33,594	22.00
23.00	Governmental appropriations	488,954	23.00
24.00	CONTRACT SERVICES	94,267	24.00
24.01	MISC OPERATING REVENUE	382,234	24.01
24.02	MISC NON-OPERATING REVENUE	120,393	24.02
24.03	340B DISCOUNT	1,127,206	24.03
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	2,531,366	25.00
26.00	Total (line 5 plus line 25)	1,227,781	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)	1,227,781	29.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-1307

Period:

Worksheet M-1

Component CCN: 14-3412

From 05/01/2022
To 04/30/2023Date/Time Prepared:
9/27/2023 2:39 pm

		RHC I		Cost		
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassification	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	1,211,723	1,006	1,212,729	-19,472	1,193,257
2.00	Physician Assistant	299,362	0	299,362	-3,402	295,960
3.00	Nurse Practitioner	239,392	0	239,392	0	239,392
4.00	Visiting Nurse	0	0	0	0	0
5.00	Other Nurse	593,850	0	593,850	-8,923	584,927
6.00	Clinical Psychologist	0	0	0	0	0
7.00	Clinical Social Worker	47,975	0	47,975	0	47,975
8.00	Laboratory Technician	0	0	0	0	0
9.00	Other Facility Health Care Staff Costs	0	0	0	0	0
10.00	Subtotal (sum of lines 1 through 9)	2,392,302	1,006	2,393,308	-31,797	2,361,511
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	218,236	218,236	0	218,236
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	0	119,853	119,853	0	119,853
20.00	Allowable GME Costs	0	0	0	0	0
21.00	Subtotal (sum of lines 15 through 20)	0	338,089	338,089	0	338,089
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	2,392,302	339,095	2,731,397	-31,797	2,699,600
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	0	0	0	31,797	31,797
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)	0	0	0	31,797	31,797
FACILITY OVERHEAD						
29.00	Facility Costs	0	0	0	0	0
30.00	Administrative Costs	1,028,914	32,907	1,061,821	0	1,061,821
31.00	Total Facility Overhead (sum of lines 29 and 30)	1,028,914	32,907	1,061,821	0	1,061,821
32.00	Total facility costs (sum of lines 22, 28 and 31)	3,421,216	372,002	3,793,218	0	3,793,218

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-1307

Period:

Worksheet M-1

Component CCN: 14-3412

From 05/01/2022
To 04/30/2023Date/Time Prepared:
9/27/2023 2:39 pm

RHC I

Cost

	Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
	6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS			
1.00 Physician	-252,511	940,746	1.00
2.00 Physician Assistant	0	295,960	2.00
3.00 Nurse Practitioner	0	239,392	3.00
4.00 Visiting Nurse	0	0	4.00
5.00 Other Nurse	0	584,927	5.00
6.00 Clinical Psychologist	0	0	6.00
7.00 Clinical Social Worker	0	47,975	7.00
8.00 Laboratory Technician	0	0	8.00
9.00 Other Facility Health Care Staff Costs	0	0	9.00
10.00 Subtotal (sum of lines 1 through 9)	-252,511	2,109,000	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	-4,535	213,701	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	-2,770	117,083	19.00
20.00 Allowable GME Costs			20.00
21.00 Subtotal (sum of lines 15 through 20)	-7,305	330,784	21.00
22.00 Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-259,816	2,439,784	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	31,797	25.01
25.02 Chronic Care Management	56,909	56,909	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)	56,909	88,706	28.00
FACILITY OVERHEAD			
29.00 Facility Costs	0	0	29.00
30.00 Administrative Costs	-29,861	1,031,960	30.00
31.00 Total Facility Overhead (sum of lines 29 and 30)	-29,861	1,031,960	31.00
32.00 Total facility costs (sum of lines 22, 28 and 31)	-232,768	3,560,450	32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES			Provider CCN: 14-1307 Component CCN: 14-3412		Period: From 05/01/2022 To 04/30/2023		Worksheet M-2 Date/Time Prepared: 9/27/2023 2:39 pm	
			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	2.79	8,923	4,200	11,718			1.00
2.00	Physician Assistant	1.43	4,021	2,100	3,003			2.00
3.00	Nurse Practitioner	2.03	5,088	2,100	4,263			3.00
4.00	Subtotal (sum of lines 1 through 3)	6.25	18,032		18,984		18,984	4.00
5.00	Visiting Nurse	0.00	0				0	5.00
6.00	Clinical Psychologist	0.00	0				0	6.00
7.00	Clinical Social Worker	0.60	440				440	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)	6.85	18,472				19,424	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)						2,439,784	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)						88,706	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)						2,528,490	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)						0.964917	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet, M-1, col. 7, line 31)						1,031,960	14.00
15.00	Parent provider overhead allocated to facility (see instructions)						3,609,902	15.00
16.00	Total overhead (sum of lines 14 and 15)						4,641,862	16.00
17.00	Allowable GME overhead (see instructions)						0	17.00
18.00	Enter the amount from line 16						4,641,862	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)						4,479,012	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)						6,918,796	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-1307 Component CCN: 14-3412	Period: From 05/01/2022 To 04/30/2023	Worksheet M-3 Date/Time Prepared: 9/27/2023 2:39 pm	
		Title XVIII	RHC I	Cost	
				1.00	
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES					
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			6,918,796	1.00
2.00	Cost of injections/infusions and their administration (from Wkst. M-4, line 15)			373,345	2.00
3.00	Total allowable cost excluding injections/infusions (line 1 minus line 2)			6,545,451	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			19,424	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)			19,424	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			336.98	7.00
			Calculation of Limit (1)		
			Rate Period 1 (05/01/2022 through 12/31/2022)	Rate Period 2 (01/01/2023 through 04/30/2023)	
			1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)		254.79	264.47	8.00
9.00	Rate for Program covered visits (see instructions)		254.79	264.47	9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)		4,051	1,969	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)		1,032,154	520,741	11.00
12.00	Program covered visits for mental health services (from contractor records)		0	56	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)		0	14,810	13.00
14.00	Limit adjustment for mental health services (see instructions)		0	14,810	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	1,567,705	16.00
16.01	Total program charges (see instructions)(from contractor's records)			1,157,249	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)			10,251	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)			13,887	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.)			1,169,596	16.04
16.05	Total program cost (see instructions)		0	1,183,483	16.05
17.00	Primary payer amounts			150	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)			91,823	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)			194,096	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)			1,183,333	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)			214,836	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)			1,398,169	22.00
23.00	Allowable bad debts (see instructions)			0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)			0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	25.50
25.99	Demonstration payment adjustment amount before sequestration			0	25.99
26.00	Net reimbursable amount (see instructions)			1,398,169	26.00
26.01	Sequestration adjustment (see instructions)			25,726	26.01
26.02	Demonstration payment adjustment amount after sequestration			0	26.02
27.00	Interim payments			1,167,653	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)			204,790	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, chapter I, §115.2			0	30.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC VACCINE COST

Provider CCN: 14-1307

Period:

Worksheet M-4

Component CCN: 14-3412

From 05/01/2022

Date/Time Prepared:

To 04/30/2023

9/27/2023 2:39 pm

		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)	2,109,000	2,109,000	2,109,000	2,109,000	1.00
2.00	Ratio of injection/infusion staff time to total health care staff time	0.000503	0.001888	0.000000	0.000000	2.00
3.00	Injection/infusion health care staff cost (line 1 x line 2)	1,061	3,982	0	0	3.00
4.00	Injections/infusions and related medical supplies costs (from your records)	55,314	71,296	0	0	4.00
5.00	Direct cost of injections/infusions (line 3 plus line 4)	56,375	75,278	0	0	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	2,439,784	2,439,784	2,439,784	2,439,784	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	4,479,012	4,479,012	4,479,012	4,479,012	7.00
8.00	Ratio of injection/infusion direct cost to total direct cost (line 5 divided by line 6)	0.023107	0.030854	0.000000	0.000000	8.00
9.00	Overhead cost - injection/infusion (line 7 x line 8)	103,497	138,195	0	0	9.00
10.00	Total injection/infusion costs and their administration costs (sum of lines 5 and 9)	159,872	213,473	0	0	10.00
11.00	Total number of injections/infusions (from your records)	158	594	0	0	11.00
12.00	Cost per injection/infusion (line 10/line 11)	1,011.85	359.38	0.00	0.00	12.00
13.00	Number of injection/infusion administered to Program beneficiaries	77	381	0	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)	77,912	136,924	0	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)				373,345	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)				214,836	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-1307 Component CCN: 14-3412	Period: From 05/01/2022 To 04/30/2023	Worksheet M-5 Date/Time Prepared: 9/27/2023 2:39 pm
		RHC I	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		1,178,191	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			0	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		11/09/2022	2,014	3.50
3.51		04/19/2023	8,524	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)		-10,538	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		1,167,653	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		204,790	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		1,372,443	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