

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 09-30-2025

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0064	Period: From 10/01/2022 To 09/30/2023	Worksheet S Parts I-III Date/Time Prepared: 2/28/2024 8:02 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 2/28/2024	Time: 8:02 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 ST. MARY MEDICAL CENTER ( 14-0064 ) for the cost reporting period beginning 10/01/2022 and ending 09/30/2023 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00	HOSPITAL	0	-87,341	-71,289	0	1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	2.00
3.00	SUBPROVIDER - IRF	0	0	0	0	3.00
5.00	SWING BED - SNF	0	0	0	0	5.00
6.00	SWING BED - NF	0			0	6.00
10.00	RURAL HEALTH CLINIC (RHC) I	0		50,693	0	10.00
10.01	RURAL HEALTH CLINIC (RHC) II	0		817	0	10.01
10.02	RURAL HEALTH CLINIC (RHC) III	0		52,630	0	10.02
10.03	RURAL HEALTH CLINIC (RHC) IV	0		11,662	0	10.03
10.04	RURAL HEALTH CLINIC (RHC) V	0		10,760	0	10.04
200.00	TOTAL	0	-87,341	55,273	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: 14-0064		Period: From 10/01/2022 To 09/30/2023		Worksheet S-2 Part I Date/Time Prepared: 2/28/2024 8:02 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 3333 N SEMINARY			PO Box:				1.00	
2.00	City: GALESBURG			State: IL		Zip Code: 61401		County: KNOX	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00
								8.00	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			ST. MARY MEDICAL CENTER	140064	99914	1	07/01/1966	N
4.00	Subprovider - IPF							P	O
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC			OSF HEALTHCARE - MEDICAL GROUP - SEM	148651	99914	03/02/2023	N	O
15.01	Hospital-Based Health Clinic - RHC II			OSF PROMPTCARE - GALESBURG	148646	99914	03/02/2023	N	O
15.02	Hospital-Based Health Clinic - RHC III			OSF HEALTHCARE - MEDICAL GROUP - GAL	148645	99914	03/02/2023	N	O
15.03	Hospital-Based Health Clinic - RHC IV			OSF HEALTHCARE - MEDICAL GROUP - KNO	148648	99914	03/02/2023	N	O
15.04	Hospital-Based Health Clinic - RHC V			OSF HEALTHCARE - MEDICAL GROUP - ABI	148638	99914	03/02/2023	N	O
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2022	09/30/2023	20.00
21.00	Type of Control (see instructions)						1		21.00
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00
22.01	Did this hospital receive interim UCPS, including supplemental UCPS, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.								22.04

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0064		Period: From 10/01/2022 To 09/30/2023		Worksheet S-2 Part I Date/Time Prepared: 2/28/2024 8:02 pm	
		1.00	2.00	3.00			
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.	3	N			23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	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.	597	621	0	0	2,473	55
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	
				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.			1		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.			10/01/2022 09/30/2023		36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.			0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)					37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
				Y/N		Y/N	
				1.00 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)			N N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)			N N		40.00	
				V XVIII XIX			
				1.00 2.00 3.00			
45.00	Prospective Payment System (PPS)-Capital Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)			N N N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.			N N N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.			N N N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.			N N N		48.00	
				Teaching Hospitals			
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.			N		56.00	

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		V	XVIII	XIX			
		1.00	2.00	3.00			
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.	N					57.00
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0064	Period: From 10/01/2022 To 09/30/2023	Worksheet S-2 Part I Date/Time Prepared: 2/28/2024 8:02 pm		
			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		
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	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	Unwei ghted FTEs Nonprovi der Site	Unwei ghted FTEs in Hospi tal	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
			Unwei ghted FTEs Nonprovi der Site	Unwei ghted FTEs in Hospi tal	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	Unwei ghted FTEs Nonprovi der Site	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet S-2  
Part I  
Date/Time Prepared:  
2/28/2024 8:02 pm

	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
					1.00	
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?					68.00
					1.00	2.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N	75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00
					1.00	
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N	81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.				N	87.00
				Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
				1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.				N	0
						88.00

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		Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge			
		1.00	2.00	3.00			
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.	0.00		0		89.00	
			V	XIX			
			1.00	2.00			
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y		90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N		91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N		93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N		94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00		97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N		98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y		98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y		98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N		98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N		98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y		98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y		98.06	
Rural Providers							
105.00	Does this hospital qualify as a CAH?		N			105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N			108.00	
		Physical 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	109.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0064	Period: From 10/01/2022 To 09/30/2023	Worksheet S-2 Part I Date/Time Prepared: 2/28/2024 8:02 pm
			1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N		110.00
			1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
			1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
<b>Miscellaneous Cost Reporting Information</b>				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		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
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	374,948	0	546,364
			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
<b>DO NOT USE THIS LINE</b>				
119.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	Y	119.00
120.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		120.00
121.00	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		121.00
122.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.	Y		122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.	Y		123.00
<b>Certified Transplant Center Information</b>				
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



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0064		Period: From 10/01/2022 To 09/30/2023		Worksheet S-2 Part I Date/Time Prepared: 2/28/2024 8:02 pm		
			1.00		2.00				
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00	
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00	
133.00	Removed and reserved							133.00	
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00	
All Providers									
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)						Y	HB1728	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: OSF HEALTHCARE SYSTEM		Contractor's Name: WISCONSIN PHYSICIAN SERVICE		Contractor's Number: 05901				141.00
142.00	Street: 124 SW ADAMS		PO Box:						142.00
143.00	City: PEORIA		State: IL		Zip Code: 61602				143.00
							1.00		
144.00	Are provider based physicians' costs included in Worksheet A?						Y	144.00	
							1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N	146.00	
							1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00	
			Part A	Part B	Title V	Title XIX			
			1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital		N	N	N	N			155.00
156.00	Subprovider - IPF		N	N	N	N			156.00
157.00	Subprovider - IRF		N	N	N	N			157.00
158.00	SUBPROVIDER								158.00
159.00	SNF		N	N	N	N			159.00
160.00	HOME HEALTH AGENCY		N	N	N	N			160.00
161.00	CMHC			N	N	N			161.00
							1.00		
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00	
			Name	County	State	Zip Code	CBSA	FTE/Campus	
			0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)							0.00	166.00
							1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0064	Period: From 10/01/2022 To 09/30/2023	Worksheet S-2 Part I Date/Time Prepared: 2/28/2024 8:02 pm
			Beginning 1.00	Ending 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: 14-0064		Period: From 10/01/2022 To 09/30/2023		Worksheet S-2 Part II Date/Time Prepared: 2/28/2024 8:02 pm	
				Y/N	Date		
				1.00	2.00		
<b>PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE</b>							
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)	Y					3.00
		Y/N	Type	Date			
		1.00	2.00	3.00			
<b>Financial Data and Reports</b>							
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.	N					5.00
				Y/N	Legal Oper.		
				1.00	2.00		
<b>Approved Educational Activities</b>							
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			
<b>Bad Debts</b>							
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.			Y			13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.			N			14.00
<b>Bed Complement</b>							
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		
<b>PS&amp;R Data</b>							
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	12/14/2023	Y	12/14/2023		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

## HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet S-2  
Part II  
Date/Time Prepared:  
2/28/2024 8:02 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	THERESA	SPRI	NGER	41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF HEALTHCARE SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	309-297-0419	THERESA. L. SPRI	NGER@OSFHEALTH CARE. ORG	43.00

## HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet S-2  
Part II  
Date/Time Prepared:  
2/28/2024 8:02 pm

		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.	STRATEGIC REIMBURSEMENT CONSULTANT		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: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet S-3  
Part I  
Date/Time Prepared:  
2/28/2024 8:02 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P	
	Line No.				Visits / Trips	
	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	72	26,280	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		72	26,280	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	9	3,285	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		81	29,565	0.00	0	14.00
15.00 CAH visits					0	15.00
15.10 REH hours and visits						15.10
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC (RHC)	88.00				0	26.00
26.01 RURAL HEALTH CLINIC (RHC)	88.01				0	26.01
26.02 RURAL HEALTH CLINIC (RHC)	88.02				0	26.02
26.03 RURAL HEALTH CLINIC (RHC)	88.03				0	26.03
26.04 RURAL HEALTH CLINIC (RHC)	88.04				0	26.04
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		81				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: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet S-3  
Part I  
Date/Time Prepared:  
2/28/2024 8:02 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
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)	5,006	491	13,048			1.00
2.00	HMO and other (see instructions)	4,453	3,094				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	5,006	491	13,048			7.00
8.00	INTENSIVE CARE UNIT	684	67	1,729			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		39	1,005			13.00
14.00	Total (see instructions)	5,690	597	15,782	0.00	469.92	14.00
15.00	CAH visits	0	0	0			15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC (RHC)	4,036	5,897	22,218	0.00	27.93	26.00
26.01	RURAL HEALTH CLINIC (RHC)	994	3,760	10,503	0.00	6.81	26.01
26.02	RURAL HEALTH CLINIC (RHC)	3,168	1,942	11,339	0.00	12.12	26.02
26.03	RURAL HEALTH CLINIC (RHC)	413	510	2,547	0.00	4.71	26.03
26.04	RURAL HEALTH CLINIC (RHC)	273	323	1,473	0.00	1.89	26.04
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	523.38	27.00
28.00	Observation Bed Days		725	3,059			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	55	82			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0			34.00

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet S-3  
Part I  
Date/Time Prepared:  
2/28/2024 8:02 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
<b>PART I - STATISTICAL DATA</b>						
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	1,416	77	3,451	1.00
2.00 HMO and other (see instructions)			955	668		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	1,416	77	3,451	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 (RHC)	0.00					26.00
26.01 RURAL HEALTH CLINIC (RHC)	0.00					26.01
26.02 RURAL HEALTH CLINIC (RHC)	0.00					26.02
26.03 RURAL HEALTH CLINIC (RHC)	0.00					26.03
26.04 RURAL HEALTH CLINIC (RHC)	0.00					26.04
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01
34.00 Temporary Expansion COVID-19 PHE Acute Care						34.00



## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet S-3  
Part II  
Date/Time Prepared:  
2/28/2024 8:02 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 + col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	45,412,776	415,943	45,828,719	1,088,830.00	42.09
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		2,437,418	0	2,437,418	14,963.00	162.90
4.00	Physician-Part A - Administrative		31,822	0	31,822	183.00	173.89
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		8,179,405	-1,642,596	6,536,809	111,339.00	58.71
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		111,839	2,133,884	2,245,723	51,917.00	43.26
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		1,108,720	0	1,108,720	9,725.00	114.01
12.00	Contract Labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		103,559	0	103,559	498.00	207.95
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		10,280,630	0	10,280,630	252,312.00	40.75
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		9,426,112	0	9,426,112		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		569,549	0	569,549		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		273,634	0	273,634		
22.00	Physician Part A - Administrative		3,349	0	3,349		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		1,413,117	0	1,413,117		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		4,237,404	0	4,237,404		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet S-3  
Part II  
Date/Time Prepared:  
2/28/2024 8:02 pm

		Wkst. A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	633,933	-633,933	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	1,876,146	-121,035	1,755,111	33,808.00	51.91	27.00
28.00	Administrative & General under contract (see inst.)		730,094	0	730,094	4,004.00	182.34	28.00
29.00	Maintenance & Repairs	6.00	869,782	-150,695	719,087	27,693.00	25.97	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	47,357	795	48,152	2,242.00	21.48	31.00
32.00	Housekeeping	9.00	883,527	13,596	897,123	43,196.00	20.77	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	801,760	-527,867	273,893	12,393.00	22.10	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	541,327	541,327	25,760.00	21.01	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	792,558	15,047	807,605	13,841.00	58.35	38.00
39.00	Central Services and Supply	14.00	0	152,297	152,297	8,444.00	18.04	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	551	0	551	30.00	18.37	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet S-3  
Part III  
Date/Time Prepared:  
2/28/2024 8:02 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	35,526,047	2,058,539	37,584,586	966,532.00	38.89	1.00
2.00	Excluded area salaries (see instructions)	111,839	2,133,884	2,245,723	51,917.00	43.26	2.00
3.00	Subtotal salaries (line 1 minus line 2)	35,414,208	-75,345	35,338,863	914,615.00	38.64	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,492,909	0	11,492,909	262,535.00	43.78	4.00
5.00	Subtotal wage-related costs (see inst.)	13,666,865	0	13,666,865	0.00	38.67	5.00
6.00	Total (sum of lines 3 thru 5)	60,573,982	-75,345	60,498,637	1,177,150.00	51.39	6.00
7.00	Total overhead cost (see instructions)	6,635,708	-710,468	5,925,240	171,411.00	34.57	7.00

## HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet S-3  
Part IV  
Date/Time Prepared:  
2/28/2024 8:02 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,672,442	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	346,619	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	6,042,423	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	51,101	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	304,764	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	3,186,775	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	81,638	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	11,685,762	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

## HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet S-3  
Part V  
Date/Time Prepared:  
2/28/2024 8:02 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,108,720	11,685,762	1.00
2.00	Hospital	1,108,720	11,685,762	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
14.01	Hospital-Based Health Clinic RHC 1	0	0	14.01
14.02	Hospital-Based Health Clinic RHC 2	0	0	14.02
14.03	Hospital-Based Health Clinic RHC 3	0	0	14.03
14.04	Hospital-Based Health Clinic RHC 4	0	0	14.04
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I			17.00
18.00	Other	0	0	18.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA				Provider CCN: 14-0064 Component CCN: 14-8651		Period: From 10/01/2022 To 09/30/2023		Worksheet S-8 Date/Time Prepared: 2/28/2024 8:02 pm	
				RHC I		Cost			
				1.00					
Clinic Address and Identification									
1.00	Street			3375 N SEMINARY ST			1.00		
				City		State		ZIP Code	
				1.00		2.00		3.00	
2.00	City, State, ZIP Code, County			GALESBURG IL 61401			2.00		
				1.00					
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban					0		3.00	
				Grant Award		Date			
				1.00		2.00			
Source of Federal Funds									
4.00	Community Health Center (Section 330(d), PHS Act)						4.00		
5.00	Migrant Health Center (Section 329(d), PHS Act)						5.00		
6.00	Health Services for the Homeless (Section 340(d), PHS Act)						6.00		
7.00	Appalachian Regional Commission						7.00		
8.00	Look-Alikes						8.00		
9.00	OTHER (SPECIFY)						9.00		
				1.00		2.00			
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)			N			0		10.00
				Sunday		Monday		Tuesday	
				from to		from to		from	
				1.00 2.00		3.00 4.00		5.00	
Facility hours of operations (1)									
11.00	CLINIC			07:00			17:00		11.00
				1.00		2.00			
12.00	Have you received an approval for an exception to the productivity standard?			N			12.00		
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.			N			0		13.00
				Provider name		CCN			
				1.00		2.00			
14.00	RHC/FQHC name, CCN						Total Visits		14.00
				Y/N		V		XVIII	
				1.00		2.00		3.00	
								4.00	
								5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)								15.00
				County					
				4.00					
2.00	City, State, ZIP Code, County			KNOX					2.00
				Tuesday		Wednesday		Thursday	
				to		from to		from to	
				6.00		7.00 8.00		9.00 10.00	
Facility hours of operations (1)									
11.00	CLINIC			17:00			07:00		11.00

Health Financial Systems		ST. MARY MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA			Provider CCN: 14-0064	Period: From 10/01/2022	Worksheet S-8
			Component CCN: 14-8651	To 09/30/2023	Date/Time Prepared: 2/28/2024 8:02 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	07:00	17:00	08:00	12:00
					11.00

## HOSPITAL-BASED RHC/FQHC STATISTICAL DATA

Provider CCN: 14-0064		Period: From 10/01/2022 To 09/30/2023		Worksheet S-8	
Component CCN: 14-8646		RHC II		Date/Time Prepared: 2/28/2024 8:02 pm	
		Cost			
		1.00			
Clinic Address and Identification					
1.00	Street	695 N KELLOG ST			1.00
	City	State	ZIP Code		
	1.00	2.00	3.00		
2.00	City, State, ZIP Code, County	GALESBURG IL 61401			2.00
					1.00
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban				0 3.00
		Grant Award		Date	
		1.00		2.00	
Source of Federal Funds					
4.00	Community Health Center (Section 330(d), PHS Act)				4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)				5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)				6.00
7.00	Appalachian Regional Commission				7.00
8.00	Look-Alikes				8.00
9.00	OTHER (SPECIFY)				9.00
		1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)			N	0 10.00
		Sunday		Monday	
		from	to	from	to
		1.00	2.00	3.00	4.00
		Tuesday		from	
		1.00		2.00	
11.00	Facility hours of operations (1)				
CLINIC	07:00	19:00	07:00	19:00	07:00
		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 13.00
		Provider name		CCN	
		1.00		2.00	
14.00	RHC/FQHC name, CCN				
		Y/N	V	XVIII	XIX
		1.00	2.00	3.00	4.00
		Total Visits			
		5.00			
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)				
		County			
		4.00			
2.00	City, State, ZIP Code, County	KNOX			2.00
		Tuesday		Wednesday	
		to	from	to	from
		6.00	7.00	8.00	9.00
		Thursday		to	
		6.00		10.00	
11.00	Facility hours of operations (1)				
CLINIC	19:00	07:00	19:00	07:00	19:00



Health Financial Systems		ST. MARY MEDICAL CENTER				In Lieu of Form CMS-2552-10	
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA				Provider CCN: 14-0064		Period: From 10/01/2022	Worksheet S-8
				Component CCN: 14-8646		To 09/30/2023	Date/Time Prepared: 2/28/2024 8:02 pm
						RHC II	Cost
		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
Facility hours of operations (1)							
11.00	CLINIC	07:00	19:00	07:00	19:00		11.00

## HOSPITAL-BASED RHC/FQHC STATISTICAL DATA

Provider CCN: 14-0064				Period: From 10/01/2022 To 09/30/2023		Worksheet S-8	
Component CCN: 14-8645				RHC III		Date/Time Prepared: 2/28/2024 8:02 pm	
				Cost			
				1.00			
Clinic Address and Identification							
1.00	Street			3315 N SEMINARY ST		1.00	
			City	State	ZIP Code		
			1.00	2.00	3.00		
2.00	City, State, ZIP Code, County			GALESBURG IL 61401		2.00	
				1.00			
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0		3.00	
				Grant Award		Date	
				1.00		2.00	
Source of Federal Funds							
4.00	Community Health Center (Section 330(d), PHS Act)					4.00	
5.00	Migrant Health Center (Section 329(d), PHS Act)					5.00	
6.00	Health Services for the Homeless (Section 340(d), PHS Act)					6.00	
7.00	Appalachian Regional Commission					7.00	
8.00	Look-Alikes					8.00	
9.00	OTHER (SPECIFY)					9.00	
				1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)			N		0 10.00	
			Sunday		Monday		Tuesday
			from	to	from	to	from
			1.00	2.00	3.00	4.00	5.00
Facility hours of operations (1)							
11.00	CLINIC			08:00		17:00	
				08:00		11.00	
				1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?			N		12.00	
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.			N		0 13.00	
				Provider name		CCN	
				1.00		2.00	
14.00	RHC/FQHC name, CCN					14.00	
			Y/N	V	XVIII	XIX	Total Visits
			1.00	2.00	3.00	4.00	5.00
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)					15.00	
			County				
			4.00				
2.00	City, State, ZIP Code, County			KNOX		2.00	
			Tuesday		Wednesday		Thursday
			to	from	to	from	to
			6.00	7.00	8.00	9.00	10.00
Facility hours of operations (1)							
11.00	CLINIC			17:00		08:00	
				08:00		17:00	
				17:00		08:00	
				17:00		17:00	

Health Financial Systems		ST. MARY MEDICAL CENTER				In Lieu of Form CMS-2552-10		
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA				Provider CCN: 14-0064		Period: From 10/01/2022	Worksheet S-8	
				Component CCN: 14-8645		To 09/30/2023	Date/Time Prepared: 2/28/2024 8:02 pm	
						RHC III	Cost	
			Friday		Saturday			
			from	to	from	to		
			11.00	12.00	13.00	14.00		
Facility hours of operations (1)								
11.00	CLINIC	08:00	17:00				11.00	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA				Provider CCN: 14-0064 Component CCN: 14-8648		Period: From 10/01/2022 To 09/30/2023		Worksheet S-8 Date/Time Prepared: 2/28/2024 8:02 pm	
				RHC IV		Cost			
				1.00					
Clinic Address and Identification									
1.00	Street				904 E MAIN ST				1.00
				City		State		ZIP Code	
				1.00		2.00		3.00	
2.00	City, State, ZIP Code, County				KNOXVILLE		IL 61448		2.00
								1.00	
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban						0		3.00
				Grant Award		Date			
				1.00		2.00			
Source of Federal Funds									
4.00	Community Health Center (Section 330(d), PHS Act)								4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)								5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)								6.00
7.00	Appalachian Regional Commission								7.00
8.00	Look-Alikes								8.00
9.00	OTHER (SPECIFY)								9.00
				1.00		2.00			
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)				N		0		10.00
				Sunday		Monday		Tuesday	
				from to		from to		from	
				1.00 2.00		3.00 4.00		5.00	
Facility hours of operations (1)									
11.00	CLINIC				08:00		17:00		08:00
								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		13.00
				Provider name		CCN			
				1.00		2.00			
14.00	RHC/FQHC name, CCN								14.00
				Y/N		V		XVIII	
				1.00		2.00		3.00 4.00	
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)								Total Visits
								5.00	
				County					
				4.00					
2.00	City, State, ZIP Code, County				KNOX				2.00
				Tuesday		Wednesday		Thursday	
				to		from to		from to	
				6.00 7.00		8.00 9.00		10.00	
Facility hours of operations (1)									
11.00	CLINIC				17:00		08:00		17:00

Health Financial Systems		ST. MARY MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA			Provider CCN: 14-0064	Period: From 10/01/2022	Worksheet S-8
			Component CCN: 14-8648	To 09/30/2023	Date/Time Prepared: 2/28/2024 8:02 pm
			RHC IV		Cost
		Friday		Saturday	
		from	to	from	to
		11.00	12.00	13.00	14.00
Facility hours of operations (1)					
11.00	CLINIC	08:00	17:00		11.00

## HOSPITAL-BASED RHC/FQHC STATISTICAL DATA

Provider CCN: 14-0064				Period: From 10/01/2022 To 09/30/2023		Worksheet S-8	
Component CCN: 14-8638				RHC V		Date/Time Prepared: 2/28/2024 8:02 pm	
				Cost			
				1.00			
Clinic Address and Identification							
1.00	Street			100 N MONROE STREET		1.00	
			City	State	ZIP Code		
			1.00	2.00	3.00		
2.00	City, State, ZIP Code, County			ABINGDON IL 61410		2.00	
				1.00			
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban				0		3.00
				Grant Award		Date	
				1.00		2.00	
Source of Federal Funds							
4.00	Community Health Center (Section 330(d), PHS Act)					4.00	
5.00	Migrant Health Center (Section 329(d), PHS Act)					5.00	
6.00	Health Services for the Homeless (Section 340(d), PHS Act)					6.00	
7.00	Appalachian Regional Commission					7.00	
8.00	Look-Alikes					8.00	
9.00	OTHER (SPECIFY)					9.00	
				1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)			N		0 10.00	
			Sunday		Monday		Tuesday
			from	to	from	to	from
			1.00	2.00	3.00	4.00	5.00
Facility hours of operations (1)							
11.00	CLINIC			08:00		17:00	
				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 13.00	
				Provider name		CCN	
				1.00		2.00	
14.00	RHC/FQHC name, CCN					14.00	
			Y/N	V	XVIII	XIX	Total Visits
			1.00	2.00	3.00	4.00	5.00
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)					15.00	
			County				
			4.00				
2.00	City, State, ZIP Code, County			KNOX		2.00	
			Tuesday		Wednesday		Thursday
			to	from	to	from	to
			6.00	7.00	8.00	9.00	10.00
Facility hours of operations (1)							
11.00	CLINIC			08:00		17:00	

Health Financial Systems		ST. MARY MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA			Provider CCN: 14-0064	Period: From 10/01/2022	Worksheet S-8
			Component CCN: 14-8638	To 09/30/2023	Date/Time Prepared: 2/28/2024 8:02 pm
			RHC V		Cost
		Friday		Saturday	
		from	to	from	to
		11.00	12.00	13.00	14.00
Facility hours of operations (1)					
11.00	CLINIC	08:00	17:00		11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0064	Period: From 10/01/2022 To 09/30/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 2/28/2024 8:02 pm
			1.00	
<b>PART I - HOSPITAL AND HOSPITAL COMPLEX DATA</b>				
<b>Uncompensated and Indigent Care Cost-to-Charge Ratio</b>				
1.00	Cost to charge ratio (see instructions)		0.176632	1.00
<b>Medicaid (see instructions for each line)</b>				
2.00	Net revenue from Medicaid		11,447,439	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		123,441,783	6.00
7.00	Medicaid cost (line 1 times line 6)		21,803,769	7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)		10,356,330	8.00
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)		0	12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)		0	16.00
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		10,356,330	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
<b>Uncompensated care cost (see instructions for each line)</b>				
20.00	Charity care charges and uninsured discounts (see instructions)	6,584,514	1,063,273	7,647,787
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,163,036	1,063,273	2,226,309
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (see instructions)	1,163,036	1,063,273	2,226,309
			1.00	
24.00	Does the amount on line 20 col. 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
25.01	Charges for insured patients' liability (see instructions)		0	25.01
26.00	Bad debt amount (see instructions)		3,849,341	26.00
27.00	Medicare reimbursable bad debts (see instructions)		315,422	27.00
27.01	Medicare allowable bad debts (see instructions)		485,264	27.01
28.00	Non-Medicare bad debt amount (see instructions)		3,364,077	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		764,046	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		2,990,355	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		13,346,685	31.00



HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0064	Period: From 10/01/2022 To 09/30/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 2/28/2024 8:02 pm
				1.00
<b>PART II - HOSPITAL DATA</b>				
<b>Uncompensated and Indigent Care Cost-to-Charge Ratio</b>				
1.00	Cost to charge ratio (see instructions)		0.158473	1.00
<b>Medicaid (see instructions for each line)</b>				
2.00	Net revenue from Medicaid			2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			5.00
6.00	Medicaid charges			6.00
7.00	Medicaid cost (line 1 times line 6)			7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)			8.00
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>				
9.00	Net revenue from stand-alone CHIP			9.00
10.00	Stand-alone CHIP charges			10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)			12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			14.00
15.00	State or local indigent care program cost (line 1 times line 14)			15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)			16.00
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>				
17.00	Private grants, donations, or endowment income restricted to funding charity care			17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
<b>Uncompensated care cost (see instructions for each line)</b>				
20.00	Charity care charges and uninsured discounts (see instructions)	6,584,514	1,063,273	7,647,787
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,043,468	1,063,273	2,106,741
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (see instructions)	1,043,468	1,063,273	2,106,741
				1.00
24.00	Does the amount on line 20 col. 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
25.01	Charges for insured patients' liability (see instructions)		0	25.01
26.00	Bad debt amount (see instructions)		3,849,341	26.00
27.00	Medicare reimbursable bad debts (see instructions)		315,422	27.00
27.01	Medicare allowable bad debts (see instructions)		485,264	27.01
28.00	Non-Medicare bad debt amount (see instructions)		3,364,077	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		702,957	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		2,809,698	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		2,809,698	31.00

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0064

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

Worksheet A

Date/Time Prepared:  
2/28/2024 8:02 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		3,841,369	3,841,369	310,562	4,151,931	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT		0	0	406,335	406,335	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,939,156	1,939,156	260,091	2,199,247	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	633,933	11,730,017	12,363,950	-289,557	12,074,393	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,876,146	26,848,270	28,724,416	-2,356,047	26,368,369	5.00
6.00	00600	MAINTENANCE & REPAIRS	869,782	2,405,854	3,275,636	-1,389,530	1,886,106	6.00
7.00	00700	OPERATION OF PLANT	0	2,620,873	2,620,873	-860,922	1,759,951	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	47,357	361,102	408,459	795	409,254	8.00
9.00	00900	HOUSEKEEPING	883,527	460,842	1,344,369	3,004	1,347,373	9.00
10.00	01000	DIETARY	801,760	677,543	1,479,303	-985,326	493,977	10.00
11.00	01100	CAFETERIA	0	0	0	998,786	998,786	11.00
13.00	01300	NURSING ADMINISTRATION	792,558	7,608	800,166	14,563	814,729	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	-194,903	-194,903	292,015	97,112	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,493	2,493	229,119	231,612	16.00
17.00	01700	SOCIAL SERVICE	551	265	816	1,051,679	1,052,495	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	2,437,418	593,999	3,031,417	0	3,031,417	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	10,143,870	4,964,287	15,108,157	-1,508,044	13,600,113	30.00
31.00	03100	INTENSIVE CARE UNIT	1,796,411	412,731	2,209,142	40,219	2,249,361	31.00
43.00	04300	NURSERY	31,767	0	31,767	453,851	485,618	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,498,040	3,859,881	6,357,921	-3,552,238	2,805,683	50.00
51.00	05100	RECOVERY ROOM	1,315,291	108,866	1,424,157	28,998	1,453,155	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,015,844	1,015,844	52.00
53.00	05300	ANESTHESIOLOGY	44,857	1,712,631	1,757,488	82,354	1,839,842	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,829,022	268,062	2,097,084	1,074,831	3,171,915	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	158,610	206,514	365,124	2,663	367,787	56.00
57.00	05700	CT SCAN	548,393	541,515	1,089,908	-14,774	1,075,134	57.00
58.00	05800	MRI	347,999	69,548	417,547	5,120	422,667	58.00
60.00	06000	LABORATORY	2,267,022	2,670,637	4,937,659	239,049	5,176,708	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	591,366	591,366	0	591,366	63.00
65.00	06500	RESPIRATORY THERAPY	781,478	201,719	983,197	-102,857	880,340	65.00
65.10	06501	CARDIAC STRESS LAB	438,121	14,055	452,176	7,670	459,846	65.10
65.20	06502	CARDIAC REHAB	294,242	11,705	305,947	-190,039	115,908	65.20
66.00	06600	PHYSICAL THERAPY	1,089,231	117,998	1,207,229	34,668	1,241,897	66.00
67.00	06700	OCCUPATIONAL THERAPY	285,377	8,408	293,785	45,156	338,941	67.00
68.00	06800	SPEECH PATHOLOGY	211,871	8,578	220,449	33,847	254,296	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	119,984	119,984	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,833	0	13,833	232	14,065	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,958,745	1,958,745	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,680,716	1,680,716	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	902,389	7,519,060	8,421,449	208,386	8,629,835	73.00
76.00	03610	SLEEP LAB	174,488	166,718	341,206	2,929	344,135	76.00
76.01	03020	PAIN CLINIC	61,105	378,635	439,740	-63,424	376,316	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC (RHC)	4,025,278	1,860,943	5,886,221	-1,462,568	4,423,653	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	1,309,647	471,476	1,781,123	-440,347	1,340,776	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	2,034,199	570,682	2,604,881	-693,481	1,911,400	88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)	614,677	226,005	840,682	-226,417	614,265	88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)	195,602	112,758	308,360	-71,711	236,649	88.04
91.00	09100	EMERGENCY	3,545,085	4,296,828	7,841,913	-146,984	7,694,929	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	45,300,937	82,666,094	127,967,031	-3,752,055	124,214,976	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	70,261	103,177	173,438	1,180	174,618	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	31,191	18,420	49,611	2,483,850	2,533,461	192.00
193.00	19300	NONPAID WORKERS	0	8,665	8,665	0	8,665	193.00
194.00	07950	FOUNDATION AND OTHER	10,387	471,251	481,638	-304,049	177,589	194.00
194.01	07951	FITNESS CENTER	0	0	0	196,488	196,488	194.01
194.02	07952	VACANT SPACE	0	0	0	1,374,586	1,374,586	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	45,412,776	83,267,607	128,680,383	0	128,680,383	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet A  
Date/Time Prepared:  
2/28/2024 8:02 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	-14,796	4,137,135	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	0	406,335	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,594,489	3,793,736	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-101,567	11,972,826	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-7,095,290	19,273,079	5.00
6.00	00600	MAINTENANCE & REPAIRS	-33,607	1,852,499	6.00
7.00	00700	OPERATION OF PLANT	0	1,759,951	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	409,254	8.00
9.00	00900	HOUSEKEEPING	0	1,347,373	9.00
10.00	01000	DIETARY	-330	493,647	10.00
11.00	01100	CAFETERIA	-313,434	685,352	11.00
13.00	01300	NURSING ADMINISTRATION	1,532,964	2,347,693	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	97,112	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	26,980	258,592	16.00
17.00	01700	SOCIAL SERVICE	394,953	1,447,448	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-3,031,417	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,513,511	11,086,602	30.00
31.00	03100	INTENSIVE CARE UNIT	-83,638	2,165,723	31.00
43.00	04300	NURSERY	0	485,618	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,000	2,804,683	50.00
51.00	05100	RECOVERY ROOM	-2,095	1,451,060	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,015,844	52.00
53.00	05300	ANESTHESIOLOGY	-1,536,419	303,423	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-50,642	3,121,273	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	367,787	56.00
57.00	05700	CT SCAN	0	1,075,134	57.00
58.00	05800	MRI	0	422,667	58.00
60.00	06000	LABORATORY	-9,279	5,167,429	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	591,366	63.00
65.00	06500	RESPIRATORY THERAPY	0	880,340	65.00
65.10	06501	CARDIAC STRESS LAB	0	459,846	65.10
65.20	06502	CARDIAC REHAB	-44,071	71,837	65.20
66.00	06600	PHYSICAL THERAPY	4,598	1,246,495	66.00
67.00	06700	OCCUPATIONAL THERAPY	729	339,670	67.00
68.00	06800	SPEECH PATHOLOGY	-649	253,647	68.00
69.00	06900	ELECTROCARDIOLOGY	0	119,984	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	14,065	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,958,745	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,680,716	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-74,698	8,555,137	73.00
76.00	03610	SLEEP LAB	0	344,135	76.00
76.01	03020	PAIN CLINIC	-312,000	64,316	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	78.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC (RHC)	-11,922	4,411,731	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	2,109	1,342,885	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	12,338	1,923,738	88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)	0	614,265	88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)	12,585	249,234	88.04
91.00	09100	EMERGENCY	-2,401,391	5,293,538	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-14,050,011	110,164,965	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	174,618	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,533,461	192.00
193.00	19300	NONPAID WORKERS	0	8,665	193.00
194.00	07950	FOUNDATION AND OTHER	0	177,589	194.00
194.01	07951	FITNESS CENTER	0	196,488	194.01
194.02	07952	VACANT SPACE	0	1,374,586	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-14,050,011	114,630,372	200.00

## RECLASSIFICATIONS

Provider CCN: 14-0064

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

Worksheet A-6

Date/Time Prepared:  
2/28/2024 8:02 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - PROPERTY INS AND TAX					
1.00	OTHER CAP REL COSTS	3.00	0	976,988		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	976,988		
	B - CAFETERIA - DIETARY					
1.00	CAFETERIA	11.00	541,327	457,459		1.00
	0		541,327	457,459		
	D - REHAB ADMIN					
1.00	OCCUPATIONAL THERAPY	67.00	23,142	2,335		1.00
2.00	SPEECH PATHOLOGY	68.00	17,365	1,753		2.00
	0		40,507	4,088		
	E - EKG SALARY					
1.00	ELECTROCARDIOLOGY	69.00	119,984	0		1.00
	0		119,984	0		
	F - IMPLANTABLE MEDICAL DEVICE					
1.00	IMPL. DEV. CHARGED TO	72.00	0	1,680,716		1.00
	PATIENTS					
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	1,680,716		
	G - MSCTP					
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	1,958,745		1.00
	PATIENT					
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	1,958,745		
	H - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	53,443		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
	0		0	53,443		
	I - SHORT TERM DISABILITY					
1.00		0.00	0	0		1.00
	0		0	0		
	J - CARDIO PULMONARY REHAB					
1.00	FITNESS CENTER	194.01	188,959	7,529		1.00
	0		188,959	7,529		
	K - ALTERNATIVE BIRTHING CENTER					
1.00	NURSERY	43.00	437,550	15,768		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	980,510	35,334		2.00
	0		1,418,060	51,102		
	L - MINISTRY MEDICAL RECORDS					
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	229,119		1.00
	0		0	229,119		
	M - MINISTRY ALLOCATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	591,805		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	317,587		2.00
3.00	PHYSICAL THERAPY	66.00	0	61,180		3.00
4.00	OCCUPATIONAL THERAPY	67.00	0	14,888		4.00
5.00	SPEECH PATHOLOGY	68.00	0	11,172		5.00
6.00	DRUGS CHARGED TO PATIENTS	73.00	0	139,794		6.00
7.00	SOCIAL SERVICE	17.00	0	1,051,679		7.00
	0		0	2,188,105		
	O - STD, TEAM AWARD & VACATION RECLASS					
1.00		0.00	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	33,016	1,763		2.00
3.00	MAINTENANCE & REPAIRS	6.00	14,602	476		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	795	0		4.00
5.00	HOUSEKEEPING	9.00	15,311	1,715		5.00
6.00	DIETARY	10.00	13,460	0		6.00
7.00	NURSING ADMINISTRATION	13.00	15,047	0		7.00
8.00	ADMINISTRATIVE & GENERAL	5.00	9	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	202,237	36,944		9.00
10.00	INTENSIVE CARE UNIT	31.00	41,166	0		10.00
11.00	NURSERY	43.00	533	0		11.00
12.00	OPERATING ROOM	50.00	50,514	2,555		12.00
13.00	RECOVERY ROOM	51.00	28,998	0		13.00
14.00	ANESTHESIOLOGY	53.00	129,698	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	31,020	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	363	0		16.00
17.00	RADIOISOTOPE	56.00	2,663	0		17.00

## RECLASSIFICATIONS

Provider CCN: 14-0064

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

Worksheet A-6

Date/Time Prepared:  
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
18.00	CT SCAN	57.00	9,631	0	18.00
19.00	MRI	58.00	5,842	0	19.00
20.00	LABORATORY	60.00	38,824	2,077	20.00
21.00	RESPIRATORY THERAPY	65.00	16,892	1,654	21.00
22.00	CARDIAC STRESS LAB	65.10	7,760	0	22.00
23.00	CARDIAC REHAB	65.20	6,449	0	23.00
24.00	PHYSICAL THERAPY	66.00	18,286	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	4,791	0	25.00
26.00	SPEECH PATHOLOGY	68.00	3,557	0	26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	232	0	27.00
28.00	DRUGS CHARGED TO PATIENTS	73.00	15,149	0	28.00
29.00	SLEEP LAB	76.00	2,929	0	29.00
30.00	PAIN CLINIC	76.01	1,026	0	30.00
31.00	RURAL HEALTH CLINIC (RHC)	88.00	52,710	0	31.00
32.00	RURAL HEALTH CLINIC (RHC)	88.01	17,369	0	32.00
33.00	RURAL HEALTH CLINIC (RHC)	88.02	27,320	1,347	33.00
34.00	RURAL HEALTH CLINIC (RHC)	88.03	7,843	0	34.00
35.00	RURAL HEALTH CLINIC (RHC)	88.04	2,594	0	35.00
36.00	EMERGENCY	91.00	67,205	1,539	36.00
37.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,180	0	37.00
38.00	PHYSICIANS' PRIVATE OFFICES	192.00	30,004	337	38.00
39.00	FOUNDATION AND OTHER	194.00	174	0	39.00
			917,199	50,407	
P - CONTRACT LABOR					
1.00		0.00	0	0	1.00
			0	0	
Q - PCI COST					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,043,888	1.00
2.00	LABORATORY	60.00	0	201,084	2.00
			0	1,244,972	
R - OSFMRG HOSP AND PALLIATIVE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	31,398	1.00
2.00	ADULTS & PEDIATRICS	30.00	183,085	0	2.00
			183,085	31,398	
S - CENTRAL SUPPLY COST					
1.00	CENTRAL SERVICES & SUPPLY	14.00	152,297	0	1.00
			152,297	0	
U - MINISTRY OSFMRG					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,078,721	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
			0	1,078,721	
V - FOUNDATION EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	270,867	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	29,760	2.00
3.00	RESPIRATORY THERAPY	65.00	0	235	3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,361	4.00
			0	304,223	
W - RHC SALARY ADJ - PRE CERT DATE					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	1,752,713	0	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
	TOTALS		1,752,713	0	
X - RHC RECLASS - PRE CERT OTHER EXPENSES					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	700,739	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
	TOTALS		0	700,739	
Y - RECLASS PREMIER ADMIN FEES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	139,718	1.00
	TOTALS		0	139,718	

## RECLASSIFICATIONS

Provider CCN: 14-0064

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

Worksheet A-6

Date/Time Prepared:  
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
Z - RECLASS CFH DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.01	0	406,335	1.00
	TOTALS		0	406,335	
AA - CFH EXPENSES					
1.00	RURAL HEALTH CLINIC (RHC)	88.01	3,629	27,315	1.00
2.00	VACANT SPACE	194.02	161,192	1,213,394	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		164,821	1,240,709	
500.00	Grand Total: Increases		5,478,952	12,804,516	500.00

## RECLASSIFICATIONS

Provider CCN: 14-0064

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

Worksheet A-6

Date/Time Prepared:  
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		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - PROPERTY INS AND TAX							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	221,222	12		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	750,698	13		2.00	
3.00	RURAL HEALTH CLINIC (RHC)	88.02	0	5,068	13		3.00	
	0		0	976,988				
	B - CAFETERIA - DIETARY							
1.00	DIETARY	10.00	541,327	457,459	0		1.00	
	0		541,327	457,459				
	D - REHAB ADMIN							
1.00	PHYSICAL THERAPY	66.00	40,507	4,088	0		1.00	
2.00		0.00	0	0	0		2.00	
	0		40,507	4,088				
	E - EKG SALARY							
1.00	RESPIRATORY THERAPY	65.00	119,984	0	0		1.00	
	0		119,984	0				
	F - IMPLANTABLE MEDICAL DEVICE							
1.00	EMERGENCY	91.00	0	43	0		1.00	
2.00	OPERATING ROOM	50.00	0	1,680,579	0		2.00	
3.00	LABORATORY	60.00	0	94	0		3.00	
	0		0	1,680,716				
	G - MSCTP							
1.00	PAIN CLINIC	76.01	0	55,785	0		1.00	
2.00	OPERATING ROOM	50.00	0	1,902,757	0		2.00	
3.00	PHYSICAL THERAPY	66.00	0	203	0		3.00	
	0		0	1,958,745				
	H - DRUGS CHARGED TO PATIENTS							
1.00	OPERATING ROOM	50.00	0	19,416	0		1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	235	0		2.00	
3.00	CT SCAN	57.00	0	24,405	0		3.00	
4.00	MRI	58.00	0	722	0		4.00	
5.00	PAIN CLINIC	76.01	0	8,665	0		5.00	
	0		0	53,443				
	I - SHORT TERM DISABILITY							
1.00		0.00	0	0	0		1.00	
	0		0	0				
	J - CARDIO PULMONARY REHAB							
1.00	CARDIAC REHAB	65.20	188,959	7,529	0		1.00	
	0		188,959	7,529				
	K - ALTERNATIVE BIRTHING CENTER							
1.00	ADULTS & PEDIATRICS	30.00	1,418,060	51,102	0		1.00	
2.00		0.00	0	0	0		2.00	
	0		1,418,060	51,102				
	L - MINISTRY MEDICAL RECORDS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	229,119	0		1.00	
	0		0	229,119				
	M - MINISTRY ALLOCATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,188,105	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
5.00		0.00	0	0	0		5.00	
6.00		0.00	0	0	0		6.00	
7.00		0.00	0	0	0		7.00	
	0		0	2,188,105				
	O - STD, TEAM AWARD & VACATION RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	633,933	278,827	0		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	1,763	1,469	0		2.00	
3.00	MAINTENANCE & REPAIRS	6.00	476	0	0		3.00	
4.00	HOUSEKEEPING	9.00	1,715	478	0		4.00	
5.00	NURSING ADMINISTRATION	13.00	0	484	0		5.00	
6.00	ADULTS & PEDIATRICS	30.00	36,944	0	0		6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	947	0		7.00	
8.00	OPERATING ROOM	50.00	2,555	0	0		8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	205	0		9.00	
10.00	LABORATORY	60.00	2,077	765	0		10.00	
11.00	RESPIRATORY THERAPY	65.00	1,654	0	0		11.00	
12.00	CARDIAC STRESS LAB	65.10	0	90	0		12.00	
13.00	RURAL HEALTH CLINIC (RHC)	88.02	1,347	0	0		13.00	
14.00	EMERGENCY	91.00	1,539	0	0		14.00	
15.00	PHYSICIANS' PRIVATE OFFICES	192.00	338	0	0		15.00	
16.00		0.00	0	0	0		16.00	
17.00		0.00	0	0	0		17.00	
18.00		0.00	0	0	0		18.00	
19.00		0.00	0	0	0		19.00	

## RECLASSIFICATIONS

Provider CCN: 14-0064

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

Worksheet A-6

Date/Time Prepared:  
2/28/2024 8:02 pm

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
	0		684,341	283,265			
	P - CONTRACT LABOR						
1.00		0.00	0	0	0		1.00
	0		0	0			
	Q - PCI COST						
1.00	MAINTENANCE & REPAIRS	6.00	0	1,244,972	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	1,244,972			
	R - OSFMG HOSP AND PALLIATIVE						
1.00	ADULTS & PEDIATRICS	30.00	0	214,483	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	214,483			
	S - CENTRAL SUPPLY COST						
1.00	ADMINISTRATIVE & GENERAL	5.00	152,297	0	0		1.00
	0		152,297	0			
	U - MINISTRY OSFMG						
1.00	ADULTS & PEDIATRICS	30.00	0	239,481	0		1.00
2.00	ANESTHESIOLOGY	53.00	0	47,344	0		2.00
3.00	RURAL HEALTH CLINIC (RHC)	88.00	0	296,935	0		3.00
4.00	RURAL HEALTH CLINIC (RHC)	88.01	0	98,568	0		4.00
5.00	RURAL HEALTH CLINIC (RHC)	88.02	0	138,743	0		5.00
6.00	RURAL HEALTH CLINIC (RHC)	88.03	0	29,484	0		6.00
7.00	RURAL HEALTH CLINIC (RHC)	88.04	0	11,054	0		7.00
8.00	EMERGENCY	91.00	0	214,146	0		8.00
9.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,966	0		9.00
	0		0	1,078,721			
	V - FOUNDATION EXPENSE						
1.00	FOUNDATION AND OTHER	194.00	0	304,223	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
	0		0	304,223			
	W - RHC SALARY ADJ - PRE CERT DATE						
1.00	RURAL HEALTH CLINIC (RHC)	88.00	879,629	0	0		1.00
2.00	RURAL HEALTH CLINIC (RHC)	88.01	272,497	0	0		2.00
3.00	RURAL HEALTH CLINIC (RHC)	88.02	411,709	0	0		3.00
4.00	RURAL HEALTH CLINIC (RHC)	88.03	147,539	0	0		4.00
5.00	RURAL HEALTH CLINIC (RHC)	88.04	41,339	0	0		5.00
	TOTALS		1,752,713	0			
	X - RHC RECLASS - PRE CERT OTHER EXPENSES						
1.00	RURAL HEALTH CLINIC (RHC)	88.00	0	338,714	0		1.00
2.00	RURAL HEALTH CLINIC (RHC)	88.01	0	117,595	0		2.00
3.00	RURAL HEALTH CLINIC (RHC)	88.02	0	165,281	0		3.00
4.00	RURAL HEALTH CLINIC (RHC)	88.03	0	57,237	0		4.00
5.00	RURAL HEALTH CLINIC (RHC)	88.04	0	21,912	0		5.00
	TOTALS		0	700,739			
	Y - RECLASS PREMIER ADMIN FEES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	139,718	0		1.00
	TOTALS		0	139,718			
	Z - RECLASS CFH DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	406,335	9		1.00
	TOTALS		0	406,335			



## RECLASSIFICATIONS

Provider CCN: 14-0064

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

Worksheet A-6

Date/Time Prepared:  
2/28/2024 8:02 pm

	Decreases				Wkst. A-7 Ref.	
	Cost Center	Li ne #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
	AA - CFH EXPENSES					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	56,032	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	164,821	311,926	0	2.00
3.00	OPERATION OF PLANT	7.00	0	860,922	0	3.00
4.00	HOUSEKEEPING	9.00	0	11,829	0	4.00
	TOTALS		164,821	1,240,709		
500.00	Grand Total : Decreases		5,063,009	13,220,459		500.00

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet A-7  
Part I  
Date/Time Prepared:  
2/28/2024 8:02 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	10,809,848	0	0	0	39,416	1.00
2.00	Land Improvements	1,805,082	128,400	0	128,400	0	2.00
3.00	Buildings and Fixtures	92,709,972	684,329	0	684,329	148,278	3.00
4.00	Building Improvements	12,520	0	0	0	0	4.00
5.00	Fixed Equipment	32,631,485	1,061,124	0	1,061,124	0	5.00
6.00	Movable Equipment	129,130	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	138,098,037	1,873,853	0	1,873,853	187,694	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	138,098,037	1,873,853	0	1,873,853	187,694	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	10,770,432	0				1.00
2.00	Land Improvements	1,933,482	0				2.00
3.00	Buildings and Fixtures	93,246,023	0				3.00
4.00	Building Improvements	12,520	0				4.00
5.00	Fixed Equipment	33,692,609	0				5.00
6.00	Movable Equipment	129,130	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	139,784,196	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	139,784,196	0				10.00

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet A-7  
Part II  
Date/Time Prepared:  
2/28/2024 8:02 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	3,841,369	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	1,939,156	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,780,525	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	3,841,369				1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,939,156				2.00
3.00	Total (sum of lines 1-2)	0	5,780,525				3.00

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet A-7  
Part III  
Date/Time Prepared:  
2/28/2024 8:02 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	93,258,543	0	93,258,543	0.733783	162,329	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	33,834,259	0	33,834,259	0.266217	58,893	2.00
3.00	Total (sum of lines 1-2)	127,092,802	0	127,092,802	1.000000	221,222	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	554,568	0	716,897	3,420,238	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	406,335	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	201,198	0	260,091	3,533,645	0	2.00
3.00	Total (sum of lines 1-2)	755,766	0	976,988	7,360,218	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	162,329	554,568	0	4,137,135	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0	406,335	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	58,893	201,198	0	3,793,736	2.00
3.00	Total (sum of lines 1-2)	0	221,222	755,766	0	8,337,206	3.00

## ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0064

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

Worksheet A-8

Date/Time Prepared:  
2/28/2024 8:02 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)			OCAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT	1.01	0	1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-6,705,613			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)			OPERATION OF PLANT	7.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	196,910			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-310,287	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-200	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	-3,147	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-12,504	ADMINISTRATIVE & GENERAL	5.00	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		ORESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	514,710	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
26.01	Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT	1.01	0	26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	281,237	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist	A	-2,437,418	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		OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00		30.99

## ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0064

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

Worksheet A-8

Date/Time Prepared:  
2/28/2024 8:02 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	
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 ADVERTISING AND MARKETING	A	-292	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.01
37.06 OTHER REVENUES - DIETARY	B	-330	DIETARY	10.00	0	37.06
37.07 PHARMACY 340B	A	-88,922	DRUGS CHARGED TO PATIENTS	73.00	0	37.07
37.09 DPA PROVIDER TAX	A	-4,996,579	ADMINISTRATIVE & GENERAL	5.00	0	37.09
37.10 PHYS OFFICE AND RENT	B	-233,064	ADMINISTRATIVE & GENERAL	5.00	0	37.10
37.11 OTHER REVENUE	B	-8,303	ADMINISTRATIVE & GENERAL	5.00	0	37.11
37.12 MOONLIGHTING RESIDENT	A	-77,095	ADULTS & PEDIATRICS	30.00	0	37.12
37.13 PART B EMPLOYEE BENEFITS - CRNA	A	-306,307	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.13
37.14 CRNA CONTRACT COST	A	-593,999	NONPHYSICIAN ANESTHETISTS	19.00	0	37.14
37.15 IHA, AHA, CHA DUES	A	-24,125	ADMINISTRATIVE & GENERAL	5.00	0	37.15
37.16 OSFMG OUTSIDE TRAINING SESSIONS	A	-3,176	ADULTS & PEDIATRICS	30.00	0	37.16
37.17 ADVERTISING AND MARKETING	A	-95	RECOVERY ROOM	51.00	0	37.17
37.18 OCCUPATIONAL MEDICINE	A	-16,710	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.18
37.20 VENDING MACHINE REVENUES	B	-1,834	EMERGENCY	91.00	0	37.20
37.21 CARDIAC REHAB	B	-43,896	CARDIAC REHAB	65.20	0	37.21
37.22 RECRUITING - ICU	A	-900	INTENSIVE CARE UNIT	31.00	0	37.22
37.23 RECRUITING - ADULTS & PEDS	A	-2,800	ADULTS & PEDIATRICS	30.00	0	37.23
38.00 RECRUITING - ADULTS & PEDS	A	-9,300	ADULTS & PEDIATRICS	30.00	0	38.00
39.00 RECRUITING - EMERGENCY	A	-9,300	EMERGENCY	91.00	0	39.00
40.00 RECRUITING RHC	A	-28,082	RURAL HEALTH CLINIC (RHC)	88.00	0	40.00
45.00 RECRUITING RHC	A	-2,855	RURAL HEALTH CLINIC (RHC)	88.02	0	45.00
46.00 RECRUITING RHC	A	-900	RURAL HEALTH CLINIC (RHC)	88.01	0	46.00
47.00 RECRUITING - OPERATING ROOM	A	-1,000	OPERATING ROOM	50.00	0	47.00
47.01 RECRUITING - RECOVERY ROOM	A	-2,000	RECOVERY ROOM	51.00	0	47.01
47.02 RECRUITING - PHYSICAL THERAPY	A	-2,800	PHYSICAL THERAPY	66.00	0	47.02
47.03 RECRUITING - SPEECH PATHOLOGY	A	-2,000	SPEECH PATHOLOGY	68.00	0	47.03
47.04 RECRUITING - OCCUPATIONAL THERAPY	A	-1,071	OCCUPATIONAL THERAPY	67.00	0	47.04
47.05 RECRUITING - PHARMACY	A	-1,000	DRUGS CHARGED TO PATIENTS	73.00	0	47.05
47.06 RECRUITING - ADMIN & GEN	A	-12,265	ADMINISTRATIVE & GENERAL	5.00	0	47.06
47.07 FOUNDATION EXPENSE - ADMIN & GENERAL	A	-69,416	ADMINISTRATIVE & GENERAL	5.00	0	47.07
47.08 MALPRACTICE FUNDING	A	706,187	ADMINISTRATIVE & GENERAL	5.00	0	47.08
47.09 RHC PROVIDERS - HRS & SALARY ADJ	A	3,009	RURAL HEALTH CLINIC (RHC)	88.01	0	47.09
47.10 RHC PROVIDERS - HRS & SALARY ADJ	A	15,193	RURAL HEALTH CLINIC (RHC)	88.02	0	47.10
47.11 RHC PROVIDERS - HRS & SALARY ADJ	A	12,585	RURAL HEALTH CLINIC (RHC)	88.04	0	47.11
47.12 RHC PROVIDERS - HRS & SALARY ADJ	A	16,160	RURAL HEALTH CLINIC (RHC)	88.00	0	47.12
47.13 RHC PROVIDERS - HRS & SALARY ADJ	A	8,450	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	47.13
47.14 FOUNDATION EXPENSE - ADULTS & PEDS	A	-7,627	ADULTS & PEDIATRICS	30.00	0	47.14
47.15 FOUNDATION EXPENSE - CARDIAC REHAB	A	-175	CARDIAC REHAB	65.20	0	47.15
47.16 ADVERTISING & MARKETING - RADIOLOGY	A	-65	RADIOLOGY-DIAGNOSTIC	54.00	0	47.16
47.17 PENSION	A	213,000	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	47.17
47.18 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	47.18
47.19 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	47.19
47.20 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	47.20
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-14,050,011				50.00

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

(2) Basis for adjustment (see instructions).

			Provider CCN: 14-0064	Period: From 10/01/2022 To 09/30/2023	Worksheet A-8  Date/Time Prepared: 2/28/2024 8:02 pm	
Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	

A. Costs - if cost, including applicable overhead, can be determined.  
B. Amount Received - if cost cannot be determined.  
(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.  
Note: See instructions for column 5 referencing to Worksheet A-7.

## STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 14-0064

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

Worksheet A-8-1

Date/Time Prepared:  
2/28/2024 8:02 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	MINISTRY BLDG	529,571	1,059,077	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MINISTRY EQUIPMENT	1,313,252	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINISTRY POOLED EB	591,805	591,805	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	MINISTRY POOLED A&G	7,762,544	11,532,702	3.01
3.03	6.00	MAINTENANCE & REPAIRS	MINISTRY POOLED ENGINEERING	317,587	317,587	3.03
3.04	31.00	INTENSIVE CARE UNIT	MINISTRY POOLED PHARMACY	139,794	139,794	3.04
3.05	5.00	ADMINISTRATIVE & GENERAL	MINISTRY POOLED - OSFMG	1,078,721	1,078,721	3.05
3.06	66.00	PHYSICAL THERAPY	MINISTRY FUNCTIONAL REHAB	68,578	61,180	3.06
3.07	67.00	OCCUPATIONAL THERAPY	MINISTRY FUNCTIONAL REHAB	16,688	14,888	3.07
3.08	68.00	SPEECH PATHOLOGY	MINISTRY FUNCTIONAL REHAB	12,523	11,172	3.08
3.09	73.00	DRUGS CHARGED TO PATIENTS	MINISTRY FUNCTIONAL PHARMA	15,224	0	3.09
3.10	5.00	ADMINISTRATIVE & GENERAL	MINISTRY FUNCTIONAL REVENUE	4,689,131	4,044,422	3.10
4.00	16.00	MEDICAL RECORDS & LIBRARY	MINISTRY FUNCTIONAL MEDICA	256,299	229,119	4.00
4.03	5.00	ADMINISTRATIVE & GENERAL	MINISTRY FUNCTIONAL REGION	216,368	0	4.03
4.04	13.00	NURSING ADMINISTRATION	MINISTRY FUNCTIONAL NURSING	1,532,964	0	4.04
4.05	17.00	SOCIAL SERVICE	MINISTRY FUNCTIONAL CARE M	1,446,632	1,051,679	4.05
4.06	5.00	ADMINISTRATIVE & GENERAL	MINISTRY FUNCTIONAL CARE H	232,570	0	4.06
4.07	30.00	ADULTS & PEDIATRICS	MINISTRY FUNCTIONAL SAFETY	53,424	0	4.07
4.08	5.00	ADMINISTRATIVE & GENERAL	MINISTRY FUNCTIONAL SUPPLY C	233,660	0	4.08
4.09	6.00	MAINTENANCE & REPAIRS	PCI HTS - ENGINEERING	694,707	728,314	4.09
4.10	54.00	RADIOLOGY-DIAGNOSTIC	PCI HTS - IMAGING	995,719	1,043,887	4.10
4.11	60.00	LABORATORY	PCI HTS - LABORATORY	191,805	201,084	4.11
4.12	54.00	RADIOLOGY-DIAGNOSTIC	PCI / SFI - EQUIPMENT RENTAL	3,529	5,938	4.12
4.13	5.00	ADMINISTRATIVE & GENERAL	PCI / SFI - CREDENTIALING	57,278	57,278	4.13
4.14	31.00	INTENSIVE CARE UNIT	EICU PURCHASED SERVICES	148,862	231,600	4.14
4.15	73.00	DRUGS CHARGED TO PATIENTS	E-PHARMACY SERVICES	556,788	556,788	4.15
4.16	5.00	ADMINISTRATIVE & GENERAL	ST GABRIEL PURCHASED SERVICE	882,368	884,446	4.16
4.17	0.00			0	0	4.17
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			24,038,391	23,841,481	5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

## B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

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

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

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



## STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 14-0064

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

Worksheet A-8-1

Date/Time Prepared:  
2/28/2024 8:02 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-529,506	9		1.00
2.00	1,313,252	9		2.00
3.00	0	0		3.00
3.01	-3,770,158	0		3.01
3.03	0	0		3.03
3.04	0	0		3.04
3.05	0	0		3.05
3.06	7,398	0		3.06
3.07	1,800	0		3.07
3.08	1,351	0		3.08
3.09	15,224	0		3.09
3.10	644,709	0		3.10
4.00	27,180	0		4.00
4.03	216,368	0		4.03
4.04	1,532,964	0		4.04
4.05	394,953	0		4.05
4.06	232,570	0		4.06
4.07	53,424	0		4.07
4.08	233,660	0		4.08
4.09	-33,607	0		4.09
4.10	-48,168	0		4.10
4.11	-9,279	0		4.11
4.12	-2,409	0		4.12
4.13	0	0		4.13
4.14	-82,738	0		4.14
4.15	0	0		4.15
4.16	-2,078	0		4.16
4.17	0	0		4.17
5.00	196,910			5.00

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

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

## B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	CATHOLIC SYSTEM	6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

## PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0064

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

Worksheet A-8-2

Date/Time Prepared:  
2/28/2024 8:02 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	2,466,937	2,466,937	0	0	0	1.00
2.00	53.00	ANESTHESIOLOGY	1,536,419	1,536,419	0	0	0	2.00
3.00	76.01	PAIN CLINIC	312,000	312,000	0	0	0	3.00
4.00	91.00	EMERGENCY	2,390,257	2,390,257	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			6,705,613	6,705,613	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	2.00
3.00	76.01	PAIN CLINIC	0	0	0	0	0	3.00
4.00	91.00	EMERGENCY	0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			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	2,466,937		1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	1,536,419		2.00
3.00	76.01	PAIN CLINIC	0	0	0	312,000		3.00
4.00	91.00	EMERGENCY	0	0	0	2,390,257		4.00
5.00	0.00		0	0	0	0		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	6,705,613		200.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet B  
Part I  
Date/Time Prepared:  
2/28/2024 8: 02 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
		0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,137,135	4,137,135			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	406,335	0	406,335		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,793,736			3,793,736	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	11,972,826	3,511	0	11,976,337	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	19,273,079	598,837	0	1,549,590	483,893
6.00	00600	MAINTENANCE & REPAIRS	1,852,499	492,993	0	2,482	198,262
7.00	00700	OPERATION OF PLANT	1,759,951	292,109	0	81,665	0
8.00	00800	LAUNDRY & LINEN SERVICE	409,254	15,299	0	0	13,276
9.00	00900	HOUSEKEEPING	1,347,373	22,197	0	10,776	247,348
10.00	01000	DIETARY	493,647	60,278	0	13,207	75,516
11.00	01100	CAFETERIA	685,352	40,143	0	16,458	149,251
13.00	01300	NURSING ADMINISTRATION	2,347,693	11,621	0	231,929	222,667
14.00	01400	CENTRAL SERVICES & SUPPLY	97,112	14,631	0	0	41,990
16.00	01600	MEDICAL RECORDS & LIBRARY	258,592	0	0	0	0
17.00	01700	SOCIAL SERVICE	1,447,448	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,086,602	386,956	0	76,819	2,501,886
31.00	03100	INTENSIVE CARE UNIT	2,165,723	126,672	0	56,777	506,644
43.00	04300	NURSERY	485,618	32,117	0	17,909	129,544
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,804,683	311,170	0	933,738	701,965
51.00	05100	RECOVERY ROOM	1,451,060	107,890	0	24,654	370,638
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,015,844	63,413	0	40,132	270,339
53.00	05300	ANESTHESIOLOGY	303,423	2,215	0	27,947	48,127
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,121,273	107,444	0	118,485	512,938
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	367,787	7,678	0	1,365	44,465
57.00	05700	CT SCAN	1,075,134	14,226	0	204,404	153,854
58.00	05800	MRI	422,667	14,909	0	69,843	97,559
60.00	06000	LABORATORY	5,167,429	77,751	0	68,713	635,179
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	591,366	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	880,340	9,893	0	24,301	186,584
65.10	06501	CARDIAC STRESS LAB	459,846	33,218	0	55,629	122,935
65.20	06502	CARDIAC REHAB	71,837	10,018	0	0	30,806
66.00	06600	PHYSICAL THERAPY	1,246,495	126,101	0	14,375	294,189
67.00	06700	OCCUPATIONAL THERAPY	339,670	37,454	0	93	86,384
68.00	06800	SPEECH PATHOLOGY	253,647	4,138	0	70	64,184
69.00	06900	ELECTROCARDIOLOGY	119,984	0	0	0	33,081
70.00	07000	ELECTROENCEPHALOGRAPHY	14,065	0	0	4,704	3,878
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,958,745	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,680,716	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	8,555,137	23,395	0	21,271	252,977
76.00	03610	SLEEP LAB	344,135	13,084	0	369	48,916
76.01	03020	PAIN CLINIC	64,316	8,569	0	4,874	17,130
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC (RHC)	4,411,731	199,630	0	13,367	886,284
88.01	08801	RURAL HEALTH CLINIC (RHC)	1,342,885	0	6,704	33,992	292,575
88.02	08802	RURAL HEALTH CLINIC (RHC)	1,923,738	43,153	0	13,149	458,692
88.03	08803	RURAL HEALTH CLINIC (RHC)	614,265	48,378	0	5,068	130,958
88.04	08804	RURAL HEALTH CLINIC (RHC)	249,234	33,901	0	1,914	46,717
91.00	09100	EMERGENCY	5,293,538	127,383	0	49,981	995,531
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	110,164,965	3,522,375	6,704	3,790,050	11,357,162
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	174,618	10,186	0	3,426	19,697
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,533,461	524,260	0	0	500,025
193.00	19300	NONPAID WORKERS	8,665	60,542	0	0	0
194.00	07950	FOUNDATION AND OTHER	177,589	1,616	0	260	2,912
194.01	07951	FITNESS CENTER	196,488	18,156	0	0	52,098
194.02	07952	VACANT SPACE	1,374,586	0	399,631	0	44,443
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers		0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 14-0064		Period: From 10/01/2022 To 09/30/2023		Worksheet B Part I Date/Time Prepared: 2/28/2024 8:02 pm	
Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT		
				BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP			
				0	1.00	1.01			2.00
202.00	TOTAL (sum lines 118 through 201)		114,630,372	4,137,135	406,335	3,793,736	11,976,337	202.00	

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet B  
Part I  
Date/Time Prepared:  
2/28/2024 8:02 pm

Cost Center Description			Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4A	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	21,905,399	21,905,399				5.00
6.00	00600	MAINTENANCE & REPAIRS	2,546,236	601,525	3,147,761			6.00
7.00	00700	OPERATION OF PLANT	2,133,725	504,073	302,285	2,940,083		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	437,829	103,433	15,832	16,359	573,453	8.00
9.00	00900	HOUSEKEEPING	1,627,694	384,528	22,970	23,734	0	9.00
10.00	01000	DIETARY	642,648	151,820	62,378	64,452	0	10.00
11.00	01100	CAFETERIA	891,204	210,539	41,542	42,923	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,813,910	664,761	12,026	12,425	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	153,733	36,318	15,140	15,644	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	258,592	61,090	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,447,448	341,947	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,052,263	3,319,678	400,436	413,750	274,485	30.00
31.00	03100	INTENSIVE CARE UNIT	2,855,816	674,661	131,085	135,444	59,295	31.00
43.00	04300	NURSERY	665,188	157,145	33,236	34,341	14,075	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,751,556	1,122,512	322,010	332,716	53,102	50.00
51.00	05100	RECOVERY ROOM	1,954,242	461,672	111,648	115,360	47,654	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,389,728	328,311	65,622	67,804	31,542	52.00
53.00	05300	ANESTHESIOLOGY	381,712	90,176	2,293	2,369	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,860,140	911,923	111,187	114,883	23,282	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	421,295	99,527	7,945	8,209	0	56.00
57.00	05700	CT SCAN	1,447,618	341,987	14,722	15,212	0	57.00
58.00	05800	MRI	604,978	142,921	15,429	15,942	0	58.00
60.00	06000	LABORATORY	5,949,072	1,405,415	80,459	83,134	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	591,366	139,705	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,101,118	260,129	10,238	10,578	0	65.00
65.10	06501	CARDIAC STRESS LAB	671,628	158,666	34,375	35,518	0	65.10
65.20	06502	CARDIAC REHAB	112,661	26,615	10,367	10,712	0	65.20
66.00	06600	PHYSICAL THERAPY	1,681,160	397,159	130,494	134,833	18,293	66.00
67.00	06700	OCCUPATIONAL THERAPY	463,601	109,522	38,759	40,048	0	67.00
68.00	06800	SPEECH PATHOLOGY	322,039	76,079	4,283	4,425	0	68.00
69.00	06900	ELECTROCARDIOLOGY	153,065	36,160	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	22,647	5,350	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,958,745	462,736	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,680,716	397,054	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,852,780	2,091,390	24,210	25,015	0	73.00
76.00	03610	SLEEP LAB	406,504	96,033	13,540	13,990	0	76.00
76.01	03020	PAIN CLINIC	94,889	22,417	8,868	9,163	0	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	5,511,012	1,301,927	206,584	213,453	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	1,676,156	395,977	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	2,438,732	576,128	44,656	46,141	0	88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)	798,669	188,678	50,064	51,728	0	88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)	331,766	78,377	35,082	36,248	0	88.04
91.00	09100	EMERGENCY	6,466,433	1,527,637	131,821	136,203	51,725	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	108,527,713	20,463,701	2,511,586	2,282,756	573,453	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	207,927	49,121	10,540	10,891	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,557,746	840,485	542,522	560,560	0	192.00
193.00	19300	NONPAID WORKERS	69,207	16,350	62,652	64,735	0	193.00
194.00	07950	FOUNDATION AND OTHER	182,377	43,085	1,673	1,728	0	194.00
194.01	07951	FITNESS CENTER	266,742	63,015	18,788	19,413	0	194.01
194.02	07952	VACANT SPACE	1,818,660	429,642	0	0	0	194.02
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	114,630,372	21,905,399	3,147,761	2,940,083	573,453	202.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet B  
Part I  
Date/Time Prepared:  
2/28/2024 8:02 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
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
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	2,058,926					9.00
10.00	01000	DIETARY	45,759	967,057				10.00
11.00	01100	CAFETERIA	30,474	0	1,216,682			11.00
13.00	01300	NURSING ADMINISTRATION	8,822	0	20,691	3,532,635		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,107	0	12,633	0	244,575	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	293,753	780,024	342,140	2,008,835	22,427	30.00
31.00	03100	INTENSIVE CARE UNIT	96,162	106,517	61,389	360,443	4,765	31.00
43.00	04300	NURSERY	24,382	24,849	16,646	97,738	1,722	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	236,221	0	100,905	592,457	0	50.00
51.00	05100	RECOVERY ROOM	81,903	0	45,770	268,734	3,569	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	48,139	55,667	34,817	204,428	3,858	52.00
53.00	05300	ANESTHESIOLOGY	1,682	0	24,238	0	6,907	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	81,565	0	77,196	0	3,870	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	5,828	0	4,698	0	200	56.00
57.00	05700	CT SCAN	10,800	0	22,372	0	5,771	57.00
58.00	05800	MRI	11,318	0	12,601	0	2,108	58.00
60.00	06000	LABORATORY	59,024	0	110,738	0	7,967	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	7,510	0	24,985	0	5,954	65.00
65.10	06501	CARDIAC STRESS LAB	25,217	0	15,433	0	443	65.10
65.20	06502	CARDIAC REHAB	7,605	0	4,418	0	91	65.20
66.00	06600	PHYSICAL THERAPY	95,728	0	36,373	0	37	66.00
67.00	06700	OCCUPATIONAL THERAPY	28,433	0	11,699	0	8	67.00
68.00	06800	SPEECH PATHOLOGY	3,142	0	9,148	0	57	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	5,165	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	436	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	77,589	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	66,573	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,760	0	29,217	0	2,773	73.00
76.00	03610	SLEEP LAB	9,932	0	7,374	0	1,197	76.00
76.01	03020	PAIN CLINIC	6,505	0	2,427	0	1,971	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	151,547	0	0	0	3,689	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	0	0	0	3,118	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	32,759	0	37,711	0	271	88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)	36,726	0	0	0	85	88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)	25,736	0	0	0	372	88.04
91.00	09100	EMERGENCY	96,701	0	134,043	0	17,168	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,592,240	967,057	1,205,263	3,532,635	244,560	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,732	0	3,111	0	1	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	397,984	0	0	0	14	192.00
193.00	19300	NONPAID WORKERS	45,960	0	0	0	0	193.00
194.00	07950	FOUNDATION AND OTHER	1,227	0	436	0	0	194.00
194.01	07951	FITNESS CENTER	13,783	0	7,872	0	0	194.01
194.02	07952	VACANT SPACE	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,058,926	967,057	1,216,682	3,532,635	244,575	202.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet B  
Part I  
Date/Time Prepared:  
2/28/2024 8:02 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	19.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
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
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	319,682					16.00
17.00	01700	SOCIAL SERVICE	0	1,789,395				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,093	1,479,408	0	23,411,292	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,666	196,038	0	4,685,281	0	31.00
43.00	04300	NURSERY	1,263	113,949	0	1,184,534	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,580	0	0	7,538,059	0	50.00
51.00	05100	RECOVERY ROOM	7,237	0	0	3,097,789	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,570	0	0	2,232,486	0	52.00
53.00	05300	ANESTHESIOLOGY	8,750	0	0	518,127	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,279	0	0	5,201,325	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	3,744	0	0	551,446	0	56.00
57.00	05700	CT SCAN	34,804	0	0	1,893,286	0	57.00
58.00	05800	MRI	8,665	0	0	813,962	0	58.00
60.00	06000	LABORATORY	54,021	0	0	7,749,830	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,578	0	0	732,649	0	63.00
65.00	06500	RESPIRATORY THERAPY	8,824	0	0	1,429,336	0	65.00
65.10	06501	CARDIAC STRESS LAB	7,947	0	0	949,227	0	65.10
65.20	06502	CARDIAC REHAB	747	0	0	173,216	0	65.20
66.00	06600	PHYSICAL THERAPY	5,846	0	0	2,499,923	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,374	0	0	693,444	0	67.00
68.00	06800	SPEECH PATHOLOGY	890	0	0	420,063	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,577	0	0	196,967	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	60	0	0	28,493	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,905	0	0	2,500,975	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,331	0	0	2,149,674	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,538	0	0	11,088,683	0	73.00
76.00	03610	SLEEP LAB	1,739	0	0	550,309	0	76.00
76.01	03020	PAIN CLINIC	2,482	0	0	148,722	0	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	5,933	0	0	7,394,145	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	2,305	0	0	2,077,556	0	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	2,447	0	0	3,178,845	0	88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)	666	0	0	1,126,616	0	88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)	344	0	0	507,925	0	88.04
91.00	09100	EMERGENCY	28,477	0	0	8,590,208	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	319,682	1,789,395	0	105,314,393	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	289,323	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	5,899,311	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	258,904	0	193.00
194.00	07950	FOUNDATION AND OTHER	0	0	0	230,526	0	194.00
194.01	07951	FITNESS CENTER	0	0	0	389,613	0	194.01
194.02	07952	VACANT SPACE	0	0	0	2,248,302	0	194.02
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)	319,682	1,789,395	0	114,630,372	0	202.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet B  
Part I  
Date/Time Prepared:  
2/28/2024 8:02 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	1.01
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
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
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
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
65.10	06501	CARDIAC STRESS LAB	65.10
65.20	06502	CARDIAC REHAB	65.20
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	03610	SLEEP LAB	76.00
76.01	03020	PAIN CLINIC	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	78.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC (RHC)	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)	88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)	88.04
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
102.00	10200	OPIOID TREATMENT PROGRAM	102.00
SPECIAL PURPOSE COST CENTERS			
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
193.00	19300	NONPAID WORKERS	193.00
194.00	07950	FOUNDATION AND OTHER	194.00
194.01	07951	FITNESS CENTER	194.01
194.02	07952	VACANT SPACE	194.02
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00



## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet B  
Part II  
Date/Time Prepared:  
2/28/2024 8:02 pm

Cost Center Description			CAPITAL RELATED COSTS			Subtotal	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP	
			0	1.00	1.01	2.00	2A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	3,511	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,224	598,837	0	1,549,590	5.00
6.00	00600	MAINTENANCE & REPAIRS	3,370	492,993	0	2,482	6.00
7.00	00700	OPERATION OF PLANT	10,071	292,109	0	81,665	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	15,299	0	0	8.00
9.00	00900	HOUSEKEEPING	258	22,197	0	10,776	9.00
10.00	01000	DIETARY	0	60,278	0	13,207	10.00
11.00	01100	CAFETERIA	0	40,143	0	16,458	11.00
13.00	01300	NURSING ADMINISTRATION	0	11,621	0	231,929	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	14,631	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	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	104,715	386,956	0	76,819	30.00
31.00	03100	INTENSIVE CARE UNIT	4,084	126,672	0	56,777	31.00
43.00	04300	NURSERY	0	32,117	0	17,909	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	35,577	311,170	0	933,738	50.00
51.00	05100	RECOVERY ROOM	0	107,890	0	24,654	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	63,413	0	40,132	52.00
53.00	05300	ANESTHESIOLOGY	24	2,215	0	27,947	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,780	107,444	0	118,485	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	560	7,678	0	1,365	56.00
57.00	05700	CT SCAN	0	14,226	0	204,404	57.00
58.00	05800	MRI	0	14,909	0	69,843	58.00
60.00	06000	LABORATORY	32,796	77,751	0	68,713	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	39,261	9,893	0	24,301	65.00
65.10	06501	CARDIAC STRESS LAB	0	33,218	0	55,629	65.10
65.20	06502	CARDIAC REHAB	0	10,018	0	0	65.20
66.00	06600	PHYSICAL THERAPY	0	126,101	0	14,375	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	37,454	0	93	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,138	0	70	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,704	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	63,155	23,395	0	21,271	73.00
76.00	03610	SLEEP LAB	3,160	13,084	0	369	76.00
76.01	03020	PAIN CLINIC	0	8,569	0	4,874	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC (RHC)	13,069	199,630	0	13,367	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	3,947	0	6,704	33,992	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	6,832	43,153	0	13,149	88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)	1,145	48,378	0	5,068	88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)	355	33,901	0	1,914	88.04
91.00	09100	EMERGENCY	9,847	127,383	0	49,981	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	335,230	3,522,375	6,704	3,790,050	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,186	0	3,426	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	524,260	0	0	192.00
193.00	19300	NONPAID WORKERS	0	60,542	0	0	193.00
194.00	07950	FOUNDATION AND OTHER	0	1,616	0	260	194.00
194.01	07951	FITNESS CENTER	0	18,156	0	0	194.01
194.02	07952	VACANT SPACE	0	0	399,631	0	194.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	335,230	4,137,135	406,335	3,793,736	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet B  
Part II  
Date/Time Prepared:  
2/28/2024 8:02 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,511					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	142	2,149,793				5.00
6.00	00600	MAINTENANCE & REPAIRS	58	59,034	557,937			6.00
7.00	00700	OPERATION OF PLANT	0	49,470	53,580	486,895		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4	10,151	2,806	2,709	30,969	8.00
9.00	00900	HOUSEKEEPING	73	37,738	4,071	3,930	0	9.00
10.00	01000	DIETARY	22	14,900	11,056	10,674	0	10.00
11.00	01100	CAFETERIA	44	20,663	7,363	7,108	0	11.00
13.00	01300	NURSING ADMINISTRATION	65	65,241	2,132	2,058	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12	3,564	2,684	2,591	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,995	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	33,559	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	730	325,767	70,977	68,519	14,824	30.00
31.00	03100	INTENSIVE CARE UNIT	149	66,212	23,235	22,430	3,202	31.00
43.00	04300	NURSERY	38	15,422	5,891	5,687	760	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	206	110,165	57,076	55,100	2,868	50.00
51.00	05100	RECOVERY ROOM	109	45,309	19,789	19,104	2,574	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	79	32,221	11,631	11,229	1,703	52.00
53.00	05300	ANESTHESIOLOGY	14	8,850	406	392	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	151	89,497	19,708	19,025	1,257	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	13	9,768	1,408	1,359	0	56.00
57.00	05700	CT SCAN	45	33,563	2,609	2,519	0	57.00
58.00	05800	MRI	29	14,026	2,735	2,640	0	58.00
60.00	06000	LABORATORY	187	137,929	14,261	13,768	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	13,711	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	55	25,529	1,815	1,752	0	65.00
65.10	06501	CARDIAC STRESS LAB	36	15,572	6,093	5,882	0	65.10
65.20	06502	CARDIAC REHAB	9	2,612	1,838	1,774	0	65.20
66.00	06600	PHYSICAL THERAPY	86	38,978	23,130	22,329	988	66.00
67.00	06700	OCCUPATIONAL THERAPY	25	10,749	6,870	6,632	0	67.00
68.00	06800	SPEECH PATHOLOGY	19	7,466	759	733	0	68.00
69.00	06900	ELECTROCARDIOLOGY	10	3,549	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1	525	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	45,414	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	38,967	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	74	205,252	4,291	4,143	0	73.00
76.00	03610	SLEEP LAB	14	9,425	2,400	2,317	0	76.00
76.01	03020	PAIN CLINIC	5	2,200	1,572	1,517	0	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	260	127,773	36,617	35,349	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	86	38,862	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	135	56,542	7,915	7,641	0	88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)	38	18,517	8,874	8,566	0	88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)	14	7,692	6,218	6,003	0	88.04
91.00	09100	EMERGENCY	292	149,924	23,365	22,556	2,793	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,329	2,008,303	445,175	378,036	30,969	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6	4,821	1,868	1,804	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	147	82,486	96,163	92,834	0	192.00
193.00	19300	NONPAID WORKERS	0	1,605	11,105	10,720	0	193.00
194.00	07950	FOUNDATION AND OTHER	1	4,228	296	286	0	194.00
194.01	07951	FITNESS CENTER	15	6,184	3,330	3,215	0	194.01
194.02	07952	VACANT SPACE	13	42,166	0	0	0	194.02
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)	3,511	2,149,793	557,937	486,895	30,969	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet B  
Part II  
Date/Time Prepared:  
2/28/2024 8:02 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
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
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	79,043					9.00
10.00	01000	DIETARY	1,757	111,894				10.00
11.00	01100	CAFETERIA	1,170	0	92,949			11.00
13.00	01300	NURSING ADMINISTRATION	339	0	1,581	314,966		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	426	0	965	0	24,873	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,277	90,253	26,136	179,105	2,281	30.00
31.00	03100	INTENSIVE CARE UNIT	3,692	12,325	4,690	32,137	485	31.00
43.00	04300	NURSERY	936	2,875	1,272	8,714	175	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,069	0	7,709	52,823	0	50.00
51.00	05100	RECOVERY ROOM	3,144	0	3,497	23,960	363	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,848	6,441	2,660	18,227	392	52.00
53.00	05300	ANESTHESIOLOGY	65	0	1,852	0	702	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,131	0	5,897	0	394	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	224	0	359	0	20	56.00
57.00	05700	CT SCAN	415	0	1,709	0	587	57.00
58.00	05800	MRI	435	0	963	0	214	58.00
60.00	06000	LABORATORY	2,266	0	8,460	0	810	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	288	0	1,909	0	606	65.00
65.10	06501	CARDIAC STRESS LAB	968	0	1,179	0	45	65.10
65.20	06502	CARDIAC REHAB	292	0	338	0	9	65.20
66.00	06600	PHYSICAL THERAPY	3,675	0	2,779	0	4	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,092	0	894	0	1	67.00
68.00	06800	SPEECH PATHOLOGY	121	0	699	0	6	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	395	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	33	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	7,891	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,770	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	682	0	2,232	0	282	73.00
76.00	03610	SLEEP LAB	381	0	563	0	122	76.00
76.01	03020	PAIN CLINIC	250	0	185	0	200	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	5,818	0	0	0	375	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	0	0	0	317	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	1,258	0	2,881	0	28	88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)	1,410	0	0	0	9	88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)	988	0	0	0	38	88.04
91.00	09100	EMERGENCY	3,712	0	10,240	0	1,746	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	61,129	111,894	92,077	314,966	24,872	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	297	0	238	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,277	0	0	0	1	192.00
193.00	19300	NONPAID WORKERS	1,764	0	0	0	0	193.00
194.00	07950	FOUNDATION AND OTHER	47	0	33	0	0	194.00
194.01	07951	FITNESS CENTER	529	0	601	0	0	194.01
194.02	07952	VACANT SPACE	0	0	0	0	0	194.02
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)	79,043	111,894	92,949	314,966	24,873	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet B  
Part II  
Date/Time Prepared:  
2/28/2024 8:02 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCI AL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	19.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
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
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,995					16.00
17.00	01700	SOCIAL SERVICE	0	33,559				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	449	27,745		1,386,553	0	30.00
31.00	03100	INTENSIVE CARE UNIT	68	3,677		359,835	0	31.00
43.00	04300	NURSERY	24	2,137		93,957	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	496	0		1,575,997	0	50.00
51.00	05100	RECOVERY ROOM	135	0		250,528	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	48	0		190,024	0	52.00
53.00	05300	ANESTHESIOLOGY	163	0		42,630	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	322	0		367,091	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0		0	0	55.00
56.00	05600	RADIOISOTOPE	70	0		22,824	0	56.00
57.00	05700	CT SCAN	649	0		260,726	0	57.00
58.00	05800	MRI	162	0		105,956	0	58.00
60.00	06000	LABORATORY	1,040	0		357,981	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	29	0		13,740	0	63.00
65.00	06500	RESPIRATORY THERAPY	165	0		105,574	0	65.00
65.10	06501	CARDIAC STRESS LAB	148	0		118,770	0	65.10
65.20	06502	CARDIAC REHAB	14	0		16,904	0	65.20
66.00	06600	PHYSICAL THERAPY	109	0		232,554	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	26	0		63,836	0	67.00
68.00	06800	SPEECH PATHOLOGY	17	0		14,028	0	68.00
69.00	06900	ELECTROCARDIOLOGY	48	0		4,002	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1	0		5,264	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	36	0		53,341	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	99	0		45,836	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	850	0		325,627	0	73.00
76.00	03610	SLEEP LAB	32	0		31,867	0	76.00
76.01	03020	PAIN CLINIC	46	0		19,418	0	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0		0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0		0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	111	0		432,369	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	43	0		83,951	0	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	46	0		139,580	0	88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)	12	0		92,017	0	88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)	6	0		57,129	0	88.04
91.00	09100	EMERGENCY	531	0		402,370	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0		0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,995	33,559	0	7,272,279	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		22,646	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		811,168	0	192.00
193.00	19300	NONPAID WORKERS	0	0		85,736	0	193.00
194.00	07950	FOUNDATION AND OTHER	0	0		6,767	0	194.00
194.01	07951	FITNESS CENTER	0	0		32,030	0	194.01
194.02	07952	VACANT SPACE	0	0		441,810	0	194.02
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)	5,995	33,559	0	8,672,436	0	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet B  
Part II  
Date/Time Prepared:  
2/28/2024 8:02 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	1.01
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
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
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
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
65.10	06501	CARDIAC STRESS LAB	65.10
65.20	06502	CARDIAC REHAB	65.20
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	03610	SLEEP LAB	76.00
76.01	03020	PAIN CLINIC	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	78.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC (RHC)	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)	88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)	88.04
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
102.00	10200	OPIOID TREATMENT PROGRAM	102.00
SPECIAL PURPOSE COST CENTERS			
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
193.00	19300	NONPAID WORKERS	193.00
194.00	07950	FOUNDATION AND OTHER	194.00
194.01	07951	FITNESS CENTER	194.01
194.02	07952	VACANT SPACE	194.02
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0064

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

Worksheet B-1

Date/Time Prepared:  
2/28/2024 8:02 pm

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
			BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
			1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	296,913					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	0	338,578				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			3,530,688			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	252	0	0	43,437,644		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	42,977	0	1,442,146	1,755,060	-21,905,399	5.00
6.00	00600	MAINTENANCE & REPAIRS	35,381	0	2,310	719,087	0	6.00
7.00	00700	OPERATION OF PLANT	20,964	0	76,003	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,098	0	0	48,152	0	8.00
9.00	00900	HOUSEKEEPING	1,593	0	10,029	897,122	0	9.00
10.00	01000	DIETARY	4,326	0	12,291	273,893	0	10.00
11.00	01100	CAFETERIA	2,881	0	15,317	541,327	0	11.00
13.00	01300	NURSING ADMINISTRATION	834	0	215,848	807,605	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,050	0	0	152,297	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	27,771	0	71,493	9,074,189	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,091	0	52,840	1,837,577	0	31.00
43.00	04300	NURSERY	2,305	0	16,667	469,850	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,332	0	868,995	2,545,998	0	50.00
51.00	05100	RECOVERY ROOM	7,743	0	22,945	1,344,289	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,551	0	37,349	980,510	0	52.00
53.00	05300	ANESTHESIOLOGY	159	0	26,009	174,555	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,711	0	110,270	1,860,405	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	551	0	1,270	161,273	0	56.00
57.00	05700	CT SCAN	1,021	0	190,231	558,024	0	57.00
58.00	05800	MRI	1,070	0	65,000	353,841	0	58.00
60.00	06000	LABORATORY	5,580	0	63,949	2,303,768	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	710	0	22,616	676,733	0	65.00
65.10	06501	CARDIAC STRESS LAB	2,384	0	51,772	445,881	0	65.10
65.20	06502	CARDIAC REHAB	719	0	0	111,732	0	65.20
66.00	06600	PHYSICAL THERAPY	9,050	0	13,378	1,067,010	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,688	0	87	313,310	0	67.00
68.00	06800	SPEECH PATHOLOGY	297	0	65	232,793	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	119,984	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	4,378	14,065	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	1,679	0	19,796	917,538	0	73.00
76.00	03610	SLEEP LAB	939	0	343	177,417	0	76.00
76.01	03020	PAIN CLINIC	615	0	4,536	62,131	0	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	14,327	0	12,440	3,214,518	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	5,586	31,635	1,061,157	0	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	3,097	0	12,237	1,663,656	0	88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)	3,472	0	4,717	474,981	0	88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)	2,433	0	1,781	169,442	0	88.04
91.00	09100	EMERGENCY	9,142	0	46,515	3,610,750	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	252,793	5,586	3,527,258	41,191,920	-21,905,399	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	731	0	3,188	71,441	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	37,625	0	0	1,813,571	0	192.00
193.00	19300	NONPAID WORKERS	4,345	0	0	0	0	193.00
194.00	07950	FOUNDATION AND OTHER	116	0	242	10,561	0	194.00
194.01	07951	FITNESS CENTER	1,303	0	0	188,959	0	194.01
194.02	07952	VACANT SPACE	0	332,992	0	161,192	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0064

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

Worksheet B-1

Date/Time Prepared:  
2/28/2024 8:02 pm

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
			BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
			1.00	1.01	2.00	4.00	5A	
202.00		Cost to be allocated (per Wkst. B, Part I)	4,137,135	406,335	3,793,736	11,976,337		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.933829	1.200122	1.074503	0.275713		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				3,511		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000081		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: 14-0064

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

Worksheet B-1

Date/Time Prepared:  
2/28/2024 8:02 pm

Cost Center Description			ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	92,724,973					5.00
6.00	00600	MAINTENANCE & REPAIRS	2,546,236	218,303				6.00
7.00	00700	OPERATION OF PLANT	2,133,725	20,964	197,339			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	437,829	1,098	1,098	463,895		8.00
9.00	00900	HOUSEKEEPING	1,627,694	1,593	1,593	0	194,648	9.00
10.00	01000	DIETARY	642,648	4,326	4,326	0	4,326	10.00
11.00	01100	CAFETERIA	891,204	2,881	2,881	0	2,881	11.00
13.00	01300	NURSING ADMINISTRATION	2,813,910	834	834	0	834	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	153,733	1,050	1,050	0	1,050	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	258,592	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,447,448	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,052,263	27,771	27,771	222,044	27,771	30.00
31.00	03100	INTENSIVE CARE UNIT	2,855,816	9,091	9,091	47,967	9,091	31.00
43.00	04300	NURSERY	665,188	2,305	2,305	11,386	2,305	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,751,556	22,332	22,332	42,957	22,332	50.00
51.00	05100	RECOVERY ROOM	1,954,242	7,743	7,743	38,550	7,743	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,389,728	4,551	4,551	25,516	4,551	52.00
53.00	05300	ANESTHESIOLOGY	381,712	159	159	0	159	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,860,140	7,711	7,711	18,834	7,711	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	421,295	551	551	0	551	56.00
57.00	05700	CT SCAN	1,447,618	1,021	1,021	0	1,021	57.00
58.00	05800	MRI	604,978	1,070	1,070	0	1,070	58.00
60.00	06000	LABORATORY	5,949,072	5,580	5,580	0	5,580	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	591,366	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,101,118	710	710	0	710	65.00
65.10	06501	CARDIAC STRESS LAB	671,628	2,384	2,384	0	2,384	65.10
65.20	06502	CARDIAC REHAB	112,661	719	719	0	719	65.20
66.00	06600	PHYSICAL THERAPY	1,681,160	9,050	9,050	14,798	9,050	66.00
67.00	06700	OCCUPATIONAL THERAPY	463,601	2,688	2,688	0	2,688	67.00
68.00	06800	SPEECH PATHOLOGY	322,039	297	297	0	297	68.00
69.00	06900	ELECTROCARDIOLOGY	153,065	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	22,647	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,958,745	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,680,716	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,852,780	1,679	1,679	0	1,679	73.00
76.00	03610	SLEEP LAB	406,504	939	939	0	939	76.00
76.01	03020	PAIN CLINIC	94,889	615	615	0	615	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	5,511,012	14,327	14,327	0	14,327	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	1,676,156	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	2,438,732	3,097	3,097	0	3,097	88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)	798,669	3,472	3,472	0	3,472	88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)	331,766	2,433	2,433	0	2,433	88.04
91.00	09100	EMERGENCY	6,466,433	9,142	9,142	41,843	9,142	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	86,622,314	174,183	153,219	463,895	150,528	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	207,927	731	731	0	731	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,557,746	37,625	37,625	0	37,625	192.00
193.00	19300	NONPAID WORKERS	69,207	4,345	4,345	0	4,345	193.00
194.00	07950	FOUNDATION AND OTHER	182,377	116	116	0	116	194.00
194.01	07951	FITNESS CENTER	266,742	1,303	1,303	0	1,303	194.01
194.02	07952	VACANT SPACE	1,818,660	0	0	0	0	194.02
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)	21,905,399	3,147,761	2,940,083	573,453	2,058,926	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.236241	14.419229	14.898641	1.236170	10.577689	203.00



COST ALLOCATION - STATISTICAL BASIS				Provider CCN: 14-0064		Period: From 10/01/2022 To 09/30/2023		Worksheet B-1  Date/Time Prepared: 2/28/2024 8:02 pm	
Cost Center Description				ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
				5.00	6.00	7.00	8.00	9.00	
204.00		Cost to be allocated (per Wkst. B, Part II)		2,149,793	557,937	486,895	30,969	79,043	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.023185	2.555792	2.467302	0.066759	0.406082	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: 14-0064

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

Worksheet B-1

Date/Time Prepared:  
2/28/2024 8:02 pm

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	
			10.00	11.00	13.00	14.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
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
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	59,621					10.00
11.00	01100	CAFETERIA	0	39,103				11.00
13.00	01300	NURSING ADMINISTRATION	0	665	19,337			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	406	0	6,174,536		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	596,235,689	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,090	10,996	10,996	566,185	44,949,865	30.00
31.00	03100	INTENSIVE CARE UNIT	6,567	1,973	1,973	120,304	6,839,763	31.00
43.00	04300	NURSERY	1,532	535	535	43,466	2,355,433	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,243	3,243	0	49,589,361	50.00
51.00	05100	RECOVERY ROOM	0	1,471	1,471	90,111	13,501,372	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,432	1,119	1,119	97,403	4,795,572	52.00
53.00	05300	ANESTHESIOLOGY	0	779	0	174,364	16,324,265	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,481	0	97,700	32,237,851	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	151	0	5,041	6,984,303	56.00
57.00	05700	CT SCAN	0	719	0	145,692	64,933,427	57.00
58.00	05800	MRI	0	405	0	53,227	16,166,620	58.00
60.00	06000	LABORATORY	0	3,559	0	201,147	100,599,043	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	2,944,205	63.00
65.00	06500	RESPIRATORY THERAPY	0	803	0	150,328	16,462,048	65.00
65.10	06501	CARDIAC STRESS LAB	0	496	0	11,179	14,825,631	65.10
65.20	06502	CARDIAC REHAB	0	142	0	2,298	1,393,224	65.20
66.00	06600	PHYSICAL THERAPY	0	1,169	0	941	10,907,536	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	376	0	203	2,563,962	67.00
68.00	06800	SPEECH PATHOLOGY	0	294	0	1,427	1,660,863	68.00
69.00	06900	ELECTROCARDIOLOGY	0	166	0	0	4,807,961	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	14	0	0	112,652	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,958,744	3,553,394	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,680,716	9,946,501	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	939	0	69,996	84,959,689	73.00
76.00	03610	SLEEP LAB	0	237	0	30,220	3,243,523	76.00
76.01	03020	PAIN CLINIC	0	78	0	49,763	4,630,512	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	0	0	93,138	11,068,889	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	0	0	78,725	4,301,195	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	0	1,212	0	6,839	4,564,536	88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)	0	0	0	2,157	1,242,046	88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)	0	0	0	9,400	642,439	88.04
91.00	09100	EMERGENCY	0	4,308	0	433,433	53,128,008	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	59,621	38,736	19,337	6,174,147	596,235,689	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	100	0	33	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	356	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FOUNDATION AND OTHER	0	14	0	0	0	194.00
194.01	07951	FITNESS CENTER	0	253	0	0	0	194.01
194.02	07952	VACANT SPACE	0	0	0	0	0	194.02
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)	967,057	1,216,682	3,532,635	244,575	319,682	202.00

COST ALLOCATION - STATISTICAL BASIS					Provider CCN: 14-0064		Period: From 10/01/2022 To 09/30/2023		Worksheet B-1  Date/Time Prepared: 2/28/2024 8:02 pm	
Cost Center Description					DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION  (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	
203.00	Unit cost multiplier (Wkst. B, Part I)		16.220073	31.114799	182.687852	0.039610	0.000536	203.00		
204.00	Cost to be allocated (per Wkst. B, Part II)		111,894	92,949	314,966	24,873	5,995	204.00		
205.00	Unit cost multiplier (Wkst. B, Part II)		1.876755	2.377030	16.288256	0.004028	0.000010	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: 14-0064

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

Worksheet B-1

Date/Time Prepared:  
2/28/2024 8:02 pm

Cost Center Description		SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		17.00	19.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT		1.01
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
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE	15,782	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	13,048	30.00
31.00	03100	INTENSIVE CARE UNIT	1,729	31.00
43.00	04300	NURSERY	1,005	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
60.00	06000	LABORATORY	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
65.10	06501	CARDIAC STRESS LAB	0	65.10
65.20	06502	CARDIAC REHAB	0	65.20
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
76.00	03610	SLEEP LAB	0	76.00
76.01	03020	PAIN CLINIC	0	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	78.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	0	88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)	0	88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)	0	88.04
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
OTHER REIMBURSABLE COST CENTERS				
102.00	10200	OPIOID TREATMENT PROGRAM	0	102.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,782	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	FOUNDATION AND OTHER	0	194.00
194.01	07951	FITNESS CENTER	0	194.01
194.02	07952	VACANT SPACE	0	194.02
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)	1,789,395	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	113.382017	203.00

Cost Center Description			SOCI AL SERVICE (TOTAL PATI ENT DAYS)	NONPHYSICI AN ANESTHETI STS (ASSI GNE D TI ME)		
			17.00	19.00		
204.00		Cost to be allocated (per Wkst. B, Part II)	33,559	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.126410	0.000000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				207.00

Worksheet C  
Part I  
Date/Time Prepared:  
2/28/2024 8:02 pm

				Title XVIII		Hospital		PPS	
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	23,411,292		23,411,292	0	23,411,292	30.00	
31.00	03100	INTENSIVE CARE UNIT	4,685,281		4,685,281	0	4,685,281	31.00	
43.00	04300	NURSERY	1,184,534		1,184,534	0	1,184,534	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	7,538,059		7,538,059	0	7,538,059	50.00	
51.00	05100	RECOVERY ROOM	3,097,789		3,097,789	0	3,097,789	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,232,486		2,232,486	0	2,232,486	52.00	
53.00	05300	ANESTHESIOLOGY	518,127		518,127	0	518,127	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,201,325		5,201,325	0	5,201,325	54.00	
55.00	05500	RADIOLOGY - THERAPEUTIC	0		0	0	0	55.00	
56.00	05600	RADIOISOTOPE	551,446		551,446	0	551,446	56.00	
57.00	05700	CT SCAN	1,893,286		1,893,286	0	1,893,286	57.00	
58.00	05800	MRI	813,962		813,962	0	813,962	58.00	
60.00	06000	LABORATORY	7,749,830		7,749,830	0	7,749,830	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	732,649		732,649	0	732,649	63.00	
65.00	06500	RESPIRATORY THERAPY	1,429,336	0	1,429,336	0	1,429,336	65.00	
65.10	06501	CARDIAC STRESS LAB	949,227	0	949,227	0	949,227	65.10	
65.20	06502	CARDIAC REHAB	173,216	0	173,216	0	173,216	65.20	
66.00	06600	PHYSICAL THERAPY	2,499,923	0	2,499,923	0	2,499,923	66.00	
67.00	06700	OCCUPATIONAL THERAPY	693,444	0	693,444	0	693,444	67.00	
68.00	06800	SPEECH PATHOLOGY	420,063	0	420,063	0	420,063	68.00	
69.00	06900	ELECTROCARDIOLOGY	196,967		196,967	0	196,967	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	28,493		28,493	0	28,493	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,500,975		2,500,975	0	2,500,975	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,149,674		2,149,674	0	2,149,674	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	11,088,683		11,088,683	0	11,088,683	73.00	
76.00	03610	SLEEP LAB	550,309		550,309	0	550,309	76.00	
76.01	03020	PAIN CLINIC	148,722		148,722	0	148,722	76.01	
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00	
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0		0	0	0	78.00	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC (RHC)	7,394,145		7,394,145	0	7,394,145	88.00	
88.01	08801	RURAL HEALTH CLINIC (RHC)	2,077,556		2,077,556	0	2,077,556	88.01	
88.02	08802	RURAL HEALTH CLINIC (RHC)	3,178,845		3,178,845	0	3,178,845	88.02	
88.03	08803	RURAL HEALTH CLINIC (RHC)	1,126,616		1,126,616	0	1,126,616	88.03	
88.04	08804	RURAL HEALTH CLINIC (RHC)	507,925		507,925	0	507,925	88.04	
91.00	09100	EMERGENCY	8,590,208		8,590,208	0	8,590,208	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,446,226		4,446,226		4,446,226	92.00	
OTHER REIMBURSABLE COST CENTERS									
102.00	10200	OPIOID TREATMENT PROGRAM	0		0		0	102.00	
200.00		Subtotal (see instructions)	109,760,619	0	109,760,619	0	109,760,619	200.00	
201.00		Less Observation Beds	4,446,226		4,446,226		4,446,226	201.00	
202.00		Total (see instructions)	105,314,393	0	105,314,393	0	105,314,393	202.00	

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet C  
Part I  
Date/Time Prepared:  
2/28/2024 8:02 pm

			Title XVIII			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	38,807,782		38,807,782			30.00
31.00	03100	INTENSIVE CARE UNIT	6,839,763		6,839,763			31.00
43.00	04300	NURSERY	2,355,433		2,355,433			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,611,579	37,977,782	49,589,361	0.152010	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,205,618	11,295,754	13,501,372	0.229443	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,394,951	400,621	4,795,572	0.465531	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,718,028	11,606,237	16,324,265	0.031740	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,640,499	28,597,352	32,237,851	0.161342	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	522,492	6,461,811	6,984,303	0.078955	0.000000	56.00
57.00	05700	CT SCAN	11,578,936	53,354,491	64,933,427	0.029157	0.000000	57.00
58.00	05800	MRI	1,345,895	14,820,725	16,166,620	0.050348	0.000000	58.00
60.00	06000	LABORATORY	25,751,374	74,847,669	100,599,043	0.077037	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,066,007	1,878,198	2,944,205	0.248844	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	12,757,478	3,704,570	16,462,048	0.086826	0.000000	65.00
65.10	06501	CARDIAC STRESS LAB	3,562,550	11,263,081	14,825,631	0.064026	0.000000	65.10
65.20	06502	CARDIAC REHAB	0	1,393,224	1,393,224	0.124327	0.000000	65.20
66.00	06600	PHYSICAL THERAPY	1,357,078	9,550,458	10,907,536	0.229192	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	733,383	1,830,579	2,563,962	0.270458	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	583,284	1,077,579	1,660,863	0.252919	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,240,370	3,567,591	4,807,961	0.040967	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,048	107,604	112,652	0.252929	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,620,358	1,933,036	3,553,394	0.703827	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,209,378	6,737,123	9,946,501	0.216124	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,669,942	61,289,747	84,959,689	0.130517	0.000000	73.00
76.00	03610	SLEEP LAB	2,004	3,241,519	3,243,523	0.169664	0.000000	76.00
76.01	03020	PAIN CLINIC	5,696	4,624,816	4,630,512	0.032118	0.000000	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000	0.000000	78.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	11,068,889	11,068,889			88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	4,301,195	4,301,195			88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	0	4,564,536	4,564,536			88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)	0	1,242,046	1,242,046			88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)	0	642,439	642,439			88.04
91.00	09100	EMERGENCY	9,656,999	43,471,009	53,128,008	0.161689	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,611,507	4,530,576	6,142,083	0.723895	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
200.00		Subtotal (see instructions)	174,853,432	421,382,257	596,235,689			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	174,853,432	421,382,257	596,235,689			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0064	Period: From 10/01/2022 To 09/30/2023	Worksheet C Part I Date/Time Prepared: 2/28/2024 8:02 pm
			Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio			
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.152010		50.00
51.00	05100	RECOVERY ROOM	0.229443		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.465531		52.00
53.00	05300	ANESTHESIOLOGY	0.031740		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.161342		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.078955		56.00
57.00	05700	CT SCAN	0.029157		57.00
58.00	05800	MRI	0.050348		58.00
60.00	06000	LABORATORY	0.077037		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.248844		63.00
65.00	06500	RESPIRATORY THERAPY	0.086826		65.00
65.10	06501	CARDIAC STRESS LAB	0.064026		65.10
65.20	06502	CARDIAC REHAB	0.124327		65.20
66.00	06600	PHYSICAL THERAPY	0.229192		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.270458		67.00
68.00	06800	SPEECH PATHOLOGY	0.252919		68.00
69.00	06900	ELECTROCARDIOLOGY	0.040967		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.252929		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.703827		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.216124		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.130517		73.00
76.00	03610	SLEEP LAB	0.169664		76.00
76.01	03020	PAIN CLINIC	0.032118		76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000		78.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC (RHC)			88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)			88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)			88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)			88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)			88.04
91.00	09100	EMERGENCY	0.161689		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.723895		92.00
OTHER REIMBURSABLE COST CENTERS					
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
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: 14-0064

Period:  
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			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	23,411,292		23,411,292	0	23,411,292	30.00
31.00	03100	INTENSIVE CARE UNIT	4,685,281		4,685,281	0	4,685,281	31.00
43.00	04300	NURSERY	1,184,534		1,184,534	0	1,184,534	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,538,059		7,538,059	0	7,538,059	50.00
51.00	05100	RECOVERY ROOM	3,097,789		3,097,789	0	3,097,789	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,232,486		2,232,486	0	2,232,486	52.00
53.00	05300	ANESTHESIOLOGY	518,127		518,127	0	518,127	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,201,325		5,201,325	0	5,201,325	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	551,446		551,446	0	551,446	56.00
57.00	05700	CT SCAN	1,893,286		1,893,286	0	1,893,286	57.00
58.00	05800	MRI	813,962		813,962	0	813,962	58.00
60.00	06000	LABORATORY	7,749,830		7,749,830	0	7,749,830	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	732,649		732,649	0	732,649	63.00
65.00	06500	RESPIRATORY THERAPY	1,429,336	0	1,429,336	0	1,429,336	65.00
65.10	06501	CARDIAC STRESS LAB	949,227	0	949,227	0	949,227	65.10
65.20	06502	CARDIAC REHAB	173,216	0	173,216	0	173,216	65.20
66.00	06600	PHYSICAL THERAPY	2,499,923	0	2,499,923	0	2,499,923	66.00
67.00	06700	OCCUPATIONAL THERAPY	693,444	0	693,444	0	693,444	67.00
68.00	06800	SPEECH PATHOLOGY	420,063	0	420,063	0	420,063	68.00
69.00	06900	ELECTROCARDIOLOGY	196,967		196,967	0	196,967	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	28,493		28,493	0	28,493	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,500,975		2,500,975	0	2,500,975	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,149,674		2,149,674	0	2,149,674	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,088,683		11,088,683	0	11,088,683	73.00
76.00	03610	SLEEP LAB	550,309		550,309	0	550,309	76.00
76.01	03020	PAIN CLINIC	148,722		148,722	0	148,722	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0		0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	7,394,145		7,394,145	0	7,394,145	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	2,077,556		2,077,556	0	2,077,556	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	3,178,845		3,178,845	0	3,178,845	88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)	1,126,616		1,126,616	0	1,126,616	88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)	507,925		507,925	0	507,925	88.04
91.00	09100	EMERGENCY	8,590,208		8,590,208	0	8,590,208	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,446,226		4,446,226	0	4,446,226	92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0		0	0	0	102.00
200.00		Subtotal (see instructions)	109,760,619	0	109,760,619	0	109,760,619	200.00
201.00		Less Observation Beds	4,446,226		4,446,226	0	4,446,226	201.00
202.00		Total (see instructions)	105,314,393	0	105,314,393	0	105,314,393	202.00

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet C  
Part I  
Date/Time Prepared:  
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			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	38,807,782		38,807,782			30.00
31.00	03100	INTENSIVE CARE UNIT	6,839,763		6,839,763			31.00
43.00	04300	NURSERY	2,355,433		2,355,433			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,611,579	37,977,782	49,589,361	0.152010	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,205,618	11,295,754	13,501,372	0.229443	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,394,951	400,621	4,795,572	0.465531	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,718,028	11,606,237	16,324,265	0.031740	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,640,499	28,597,352	32,237,851	0.161342	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	522,492	6,461,811	6,984,303	0.078955	0.000000	56.00
57.00	05700	CT SCAN	11,578,936	53,354,491	64,933,427	0.029157	0.000000	57.00
58.00	05800	MRI	1,345,895	14,820,725	16,166,620	0.050348	0.000000	58.00
60.00	06000	LABORATORY	25,751,374	74,847,669	100,599,043	0.077037	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,066,007	1,878,198	2,944,205	0.248844	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	12,757,478	3,704,570	16,462,048	0.086826	0.000000	65.00
65.10	06501	CARDIAC STRESS LAB	3,562,550	11,263,081	14,825,631	0.064026	0.000000	65.10
65.20	06502	CARDIAC REHAB	0	1,393,224	1,393,224	0.124327	0.000000	65.20
66.00	06600	PHYSICAL THERAPY	1,357,078	9,550,458	10,907,536	0.229192	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	733,383	1,830,579	2,563,962	0.270458	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	583,284	1,077,579	1,660,863	0.252919	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,240,370	3,567,591	4,807,961	0.040967	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,048	107,604	112,652	0.252929	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,620,358	1,933,036	3,553,394	0.703827	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,209,378	6,737,123	9,946,501	0.216124	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,669,942	61,289,747	84,959,689	0.130517	0.000000	73.00
76.00	03610	SLEEP LAB	2,004	3,241,519	3,243,523	0.169664	0.000000	76.00
76.01	03020	PAIN CLINIC	5,696	4,624,816	4,630,512	0.032118	0.000000	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000	0.000000	78.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	11,068,889	11,068,889	0.668011	0.000000	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	4,301,195	4,301,195	0.483018	0.000000	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	0	4,564,536	4,564,536	0.696422	0.000000	88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)	0	1,242,046	1,242,046	0.907065	0.000000	88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)	0	642,439	642,439	0.790620	0.000000	88.04
91.00	09100	EMERGENCY	9,656,999	43,471,009	53,128,008	0.161689	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,611,507	4,530,576	6,142,083	0.723895	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
200.00		Subtotal (see instructions)	174,853,432	421,382,257	596,235,689			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	174,853,432	421,382,257	596,235,689			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0064	Period: From 10/01/2022 To 09/30/2023	Worksheet C Part I Date/Time Prepared: 2/28/2024 8:02 pm
			Title XIX	Hospital	Cost
Cost Center Description		PPS Inpatient Ratio			
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000		55.00
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
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
65.10	06501	CARDIAC STRESS LAB	0.000000		65.10
65.20	06502	CARDIAC REHAB	0.000000		65.20
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	03610	SLEEP LAB	0.000000		76.00
76.01	03020	PAIN CLINIC	0.000000		76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000		78.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC (RHC)	0.000000		88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0.000000		88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	0.000000		88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)	0.000000		88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)	0.000000		88.04
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

## APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet D  
Part I  
Date/Time Prepared:  
2/28/2024 8:02 pm

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	1,386,553	0	1,386,553	16,107	86.08	30.00	
31.00	INTENSIVE CARE UNIT	359,835		359,835	1,729	208.12	31.00	
43.00	NURSERY	93,957		93,957	1,005	93.49	43.00	
200.00	Total (lines 30 through 199)	1,840,345		1,840,345	18,841		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	5,006	430,916					
31.00	INTENSIVE CARE UNIT	684	142,354					
43.00	NURSERY	0	0					
200.00	Total (lines 30 through 199)	5,690	573,270					

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet D  
Part II  
Date/Time Prepared:  
2/28/2024 8:02 pm

Cost Center Description		Title XVIII			Hospital		PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,575,997	49,589,361	0.031781	4,908,144	155,986	50.00
51.00	05100 RECOVERY ROOM	250,528	13,501,372	0.018556	813,474	15,095	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	190,024	4,795,572	0.039625	65,199	2,584	52.00
53.00	05300 ANESTHESIOLOGY	42,630	16,324,265	0.002611	1,428,850	3,731	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	367,091	32,237,851	0.011387	1,488,813	16,953	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	22,824	6,984,303	0.003268	293,210	958	56.00
57.00	05700 CT SCAN	260,726	64,933,427	0.004015	4,879,900	19,593	57.00
58.00	05800 MRI	105,956	16,166,620	0.006554	514,695	3,373	58.00
60.00	06000 LABORATORY	357,981	100,599,043	0.003558	9,533,186	33,919	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	13,740	2,944,205	0.004667	509,843	2,379	63.00
65.00	06500 RESPIRATORY THERAPY	105,574	16,462,048	0.006413	4,982,698	31,954	65.00
65.10	06501 CARDIAC STRESS LAB	118,770	14,825,631	0.008011	1,625,783	13,024	65.10
65.20	06502 CARDIAC REHAB	16,904	1,393,224	0.012133	0	0	65.20
66.00	06600 PHYSICAL THERAPY	232,554	10,907,536	0.021320	635,872	13,557	66.00
67.00	06700 OCCUPATIONAL THERAPY	63,836	2,563,962	0.024897	313,101	7,795	67.00
68.00	06800 SPEECH PATHOLOGY	14,028	1,660,863	0.008446	260,565	2,201	68.00
69.00	06900 ELECTROCARDIOLOGY	4,002	4,807,961	0.000832	541,918	451	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	5,264	112,652	0.046728	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	53,341	3,553,394	0.015011	717,878	10,776	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	45,836	9,946,501	0.004608	1,845,281	8,503	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	325,627	84,959,689	0.003833	8,535,663	32,717	73.00
76.00	03610 SLEEP LAB	31,867	3,243,523	0.009825	2,004	20	76.00
76.01	03020 PAIN CLINIC	19,418	4,630,512	0.004193	5,696	24	76.01
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	0.000000	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC (RHC)	432,369	11,068,889	0.039062	0	0	88.00
88.01	08801 RURAL HEALTH CLINIC (RHC)	83,951	4,301,195	0.019518	0	0	88.01
88.02	08802 RURAL HEALTH CLINIC (RHC)	139,580	4,564,536	0.030579	0	0	88.02
88.03	08803 RURAL HEALTH CLINIC (RHC)	92,017	1,242,046	0.074085	0	0	88.03
88.04	08804 RURAL HEALTH CLINIC (RHC)	57,129	642,439	0.088925	0	0	88.04
91.00	09100 EMERGENCY	402,370	53,128,008	0.007574	4,095,588	31,020	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	263,332	6,142,083	0.042873	749,821	32,147	92.00
200.00	Total (lines 50 through 199)	5,695,266	548,232,711		48,747,182	438,760	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0064		Period: From 10/01/2022 To 09/30/2023	Worksheet D Part III Date/Time Prepared: 2/28/2024 8:02 pm	
				Title XVIII		Hospital	PPS	
Cost Center Description				Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost
				1A	1.00	2A	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0	0
200.00		Total (lines 30 through 199)	0	0	0	0	0	0
Cost Center Description				Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days
				4.00	5.00	6.00	7.00	8.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	16,107	0.00	5,006
31.00	03100	INTENSIVE CARE UNIT	0	0	0	1,729	0.00	684
43.00	04300	NURSERY	0	0	0	1,005	0.00	0
200.00		Total (lines 30 through 199)	0	0	0	18,841		5,690
Cost Center Description				Inpatient Program Pass-Through Cost (col. 7 x col. 8)				
				9.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0064		Period: From 10/01/2022 To 09/30/2023		Worksheet D Part IV Date/Time Prepared: 2/28/2024 8:02 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC		0	0	0	0	0	55.00
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
60.00	06000	LABORATORY		0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
65.10	06501	CARDIAC STRESS LAB		0	0	0	0	0	65.10
65.20	06502	CARDIAC REHAB		0	0	0	0	0	65.20
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	03610	SLEEP LAB		0	0	0	0	0	76.00
76.01	03020	PAIN CLINIC		0	0	0	0	0	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION		0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY		0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC (RHC)		0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)		0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)		0	0	0	0	0	88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)		0	0	0	0	0	88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)		0	0	0	0	0	88.04
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		0		0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet D  
Part IV  
Date/Time Prepared:  
2/28/2024 8:02 pm

Cost Center Description			Title XVIII		Hospital	PPS		
			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	49,589,361	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	13,501,372	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,795,572	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	16,324,265	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	32,237,851	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	6,984,303	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	64,933,427	0.000000	57.00
58.00	05800	MRI	0	0	0	16,166,620	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	100,599,043	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,944,205	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	16,462,048	0.000000	65.00
65.10	06501	CARDIAC STRESS LAB	0	0	0	14,825,631	0.000000	65.10
65.20	06502	CARDIAC REHAB	0	0	0	1,393,224	0.000000	65.20
66.00	06600	PHYSICAL THERAPY	0	0	0	10,907,536	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,563,962	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,660,863	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	4,807,961	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	112,652	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,553,394	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,946,501	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	84,959,689	0.000000	73.00
76.00	03610	SLEEP LAB	0	0	0	3,243,523	0.000000	76.00
76.01	03020	PAIN CLINIC	0	0	0	4,630,512	0.000000	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	0	0	11,068,889	0.000000	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	0	0	4,301,195	0.000000	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	0	0	0	4,564,536	0.000000	88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)	0	0	0	1,242,046	0.000000	88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)	0	0	0	642,439	0.000000	88.04
91.00	09100	EMERGENCY	0	0	0	53,128,008	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	6,142,083	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	548,232,711		200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet D  
Part IV  
Date/Time Prepared:  
2/28/2024 8:02 pm

Cost Center Description			Title XVIII		Hospital	PPS	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
			9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	4,908,144	0	8,255,903	0
51.00	05100	RECOVERY ROOM	0.000000	813,474	0	2,478,220	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	65,199	0	2,444	0
53.00	05300	ANESTHESIOLOGY	0.000000	1,428,850	0	2,426,615	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,488,813	0	5,842,318	0
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0
56.00	05600	RADIOISOTOPE	0.000000	293,210	0	1,964,911	0
57.00	05700	CT SCAN	0.000000	4,879,900	0	12,555,068	0
58.00	05800	MRI	0.000000	514,695	0	3,465,107	0
60.00	06000	LABORATORY	0.000000	9,533,186	0	6,512,929	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	509,843	0	1,359,805	0
65.00	06500	RESPIRATORY THERAPY	0.000000	4,982,698	0	887,253	0
65.10	06501	CARDIAC STRESS LAB	0.000000	1,625,783	0	3,396,012	0
65.20	06502	CARDIAC REHAB	0.000000	0	0	579,865	0
66.00	06600	PHYSICAL THERAPY	0.000000	635,872	0	44,100	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	313,101	0	5,531	0
68.00	06800	SPEECH PATHOLOGY	0.000000	260,565	0	11,303	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	541,918	0	769,991	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	717,878	0	332,034	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,845,281	0	2,048,423	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	8,535,663	0	25,260,168	0
76.00	03610	SLEEP LAB	0.000000	2,004	0	613,416	0
76.01	03020	PAIN CLINIC	0.000000	5,696	0	1,503,556	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC (RHC)	0.000000	0	0	0	0
88.01	08801	RURAL HEALTH CLINIC (RHC)	0.000000	0	0	0	0
88.02	08802	RURAL HEALTH CLINIC (RHC)	0.000000	0	0	0	0
88.03	08803	RURAL HEALTH CLINIC (RHC)	0.000000	0	0	0	0
88.04	08804	RURAL HEALTH CLINIC (RHC)	0.000000	0	0	0	0
91.00	09100	EMERGENCY	0.000000	4,095,588	0	8,820,593	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	749,821	0	432,603	0
200.00		Total (lines 50 through 199)		48,747,182	0	89,568,168	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0064		Period: From 10/01/2022 To 09/30/2023		Worksheet D Part V Date/Time Prepared: 2/28/2024 8:02 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.152010	8,255,903	0	0	1,254,980	50.00
51.00	05100	RECOVERY ROOM		0.229443	2,478,220	0	0	568,610	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.465531	2,444	0	0	1,138	52.00
53.00	05300	ANESTHESIOLOGY		0.031740	2,426,615	0	0	77,021	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.161342	5,842,318	0	0	942,611	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.078955	1,964,911	0	0	155,140	56.00
57.00	05700	CT SCAN		0.029157	12,555,068	0	0	366,068	57.00
58.00	05800	MRI		0.050348	3,465,107	0	0	174,461	58.00
60.00	06000	LABORATORY		0.077037	6,512,929	26,597	0	501,737	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.248844	1,359,805	0	0	338,379	63.00
65.00	06500	RESPIRATORY THERAPY		0.086826	887,253	0	0	77,037	65.00
65.10	06501	CARDIAC STRESS LAB		0.064026	3,396,012	0	0	217,433	65.10
65.20	06502	CARDIAC REHAB		0.124327	579,865	0	0	72,093	65.20
66.00	06600	PHYSICAL THERAPY		0.229192	44,100	0	0	10,107	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.270458	5,531	0	0	1,496	67.00
68.00	06800	SPEECH PATHOLOGY		0.252919	11,303	0	0	2,859	68.00
69.00	06900	ELECTROCARDIOLOGY		0.040967	769,991	0	0	31,544	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.252929	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.703827	332,034	0	0	233,694	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.216124	2,048,423	0	0	442,713	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.130517	25,260,168	0	42,842	3,296,881	73.00
76.00	03610	SLEEP LAB		0.169664	613,416	0	0	104,075	76.00
76.01	03020	PAIN CLINIC		0.032118	1,503,556	0	0	48,291	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION		0.000000	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY		0.000000	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC (RHC)							88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)							88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)							88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)							88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)							88.04
91.00	09100	EMERGENCY		0.161689	8,820,593	0	0	1,426,193	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.723895	432,603	0	0	313,159	92.00
200.00		Subtotal (see instructions)			89,568,168	26,597	42,842	10,657,720	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0	0	201.00
202.00		Net Charges (line 200 - line 201)			89,568,168	26,597	42,842	10,657,720	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0064		Period: From 10/01/2022 To 09/30/2023	Worksheet D Part V Date/Time Prepared: 2/28/2024 8:02 pm
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0		55.00
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
60.00	06000	LABORATORY	2,049	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.10	06501	CARDIAC STRESS LAB	0	0		65.10
65.20	06502	CARDIAC REHAB	0	0		65.20
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	5,592		73.00
76.00	03610	SLEEP LAB	0	0		76.00
76.01	03020	PAIN CLINIC	0	0		76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0		78.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC (RHC)				88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)				88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)				88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)				88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)				88.04
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)	2,049	5,592		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	2,049	5,592		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0064	Period: From 10/01/2022 To 09/30/2023	Worksheet D-1 Date/Time Prepared: 2/28/2024 8:02 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		16,107	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		16,107	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)		13,048	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		5,006	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		23,411,292	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		23,411,292	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)		23,411,292	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,453.49	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,276,171	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)		7,276,171	41.00

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0064

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

Worksheet D-1

Date/Time Prepared:  
2/28/2024 8:02 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,685,281	1,729	2,709.82	684	1,853,517	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)					6,380,160	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)					15,509,848	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)					573,270	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					438,760	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,012,030	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					14,497,818	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,059	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,453.49	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,446,226	89.00

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0064

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

Worksheet D-1

Date/Time Prepared:  
2/28/2024 8:02 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,386,553	23,411,292	0.059226	4,446,226	263,332	90.00
91.00	Nursing Program cost	0	23,411,292	0.000000	4,446,226	0	91.00
92.00	Allied health cost	0	23,411,292	0.000000	4,446,226	0	92.00
93.00	All other Medical Education	0	23,411,292	0.000000	4,446,226	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0064	Period: From 10/01/2022 To 09/30/2023	Worksheet D-3  Date/Time Prepared: 2/28/2024 8:02 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		11,981,701		30.00
31.00	03100	INTENSIVE CARE UNIT		2,599,092		31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.152010	4,908,144	746,087	50.00
51.00	05100	RECOVERY ROOM	0.229443	813,474	186,646	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.465531	65,199	30,352	52.00
53.00	05300	ANESTHESIOLOGY	0.031740	1,428,850	45,352	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.161342	1,488,813	240,208	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.078955	293,210	23,150	56.00
57.00	05700	CT SCAN	0.029157	4,879,900	142,283	57.00
58.00	05800	MRI	0.050348	514,695	25,914	58.00
60.00	06000	LABORATORY	0.077037	9,533,186	734,408	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.248844	509,843	126,871	63.00
65.00	06500	RESPIRATORY THERAPY	0.086826	4,982,698	432,628	65.00
65.10	06501	CARDIAC STRESS LAB	0.064026	1,625,783	104,092	65.10
65.20	06502	CARDIAC REHAB	0.124327	0	0	65.20
66.00	06600	PHYSICAL THERAPY	0.229192	635,872	145,737	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.270458	313,101	84,681	67.00
68.00	06800	SPEECH PATHOLOGY	0.252919	260,565	65,902	68.00
69.00	06900	ELECTROCARDIOLOGY	0.040967	541,918	22,201	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.252929	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.703827	717,878	505,262	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.216124	1,845,281	398,810	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.130517	8,535,663	1,114,049	73.00
76.00	03610	SLEEP LAB	0.169664	2,004	340	76.00
76.01	03020	PAIN CLINIC	0.032118	5,696	183	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	78.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC (RHC)	0.000000		0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0.000000		0	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	0.000000		0	88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)	0.000000		0	88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)	0.000000		0	88.04
91.00	09100	EMERGENCY	0.161689	4,095,588	662,212	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.723895	749,821	542,792	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		48,747,182	6,380,160	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)		48,747,182		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0064	Period: From 10/01/2022 To 09/30/2023	Worksheet E Part A Date/Time Prepared: 2/28/2024 8:02 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		11,741,845	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		28,723	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		72.62	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.02	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.61	31.00
32.00	Sum of lines 30 and 31		27.63	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.01	33.00
34.00	Disproportionate share adjustment (see instructions)		352,549	34.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0064	Period: From 10/01/2022 To 09/30/2023	Worksheet E Part A Date/Time Prepared: 2/28/2024 8:02 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Payment Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	6,874,403,459	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	0.000094679	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)		0	650,860	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)		0	650,860	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)		650,860		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		12,773,977		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		20,389,447		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			20,389,447	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			871,351	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			54,418	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
55.01	Cellular therapy acquisition cost (see instructions)			0	55.01
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			21,315,216	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			21,315,216	61.00
62.00	Deductibles billed to program beneficiaries			1,602,212	62.00
63.00	Coinurance billed to program beneficiaries			32,378	63.00
64.00	Allowable bad debts (see instructions)			317,537	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			206,399	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			310,770	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			19,887,025	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.75	N95 respirator payment adjustment amount (see instructions)			0	70.75
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			0	70.93
70.94	HRR adjustment amount (see instructions)			-68,418	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0064	Period: From 10/01/2022 To 09/30/2023	Worksheet E Part A Date/Time Prepared: 2/28/2024 8:02 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3	0	0	70.98	
70.99	HAC adjustment amount (see instructions)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		19,818,607	71.00	
71.01	Sequestration adjustment (see instructions)		396,372	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
71.03	Sequestration adjustment-PARHM pass-throughs			71.03	
72.00	Interim payments		19,509,576	72.00	
72.01	Interim payments-PARHM			72.01	
73.00	Tentative settlement (for contractor use only)		0	73.00	
73.01	Tentative settlement-PARHM (for contractor use only)			73.01	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-87,341	74.00	
74.01	Balance due provider/program-PARHM (see instructions)			74.01	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		395,141	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

## LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
2/28/2024 8:02 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	11,741,845	0		11,741,845	11,741,845	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	28,723	0		28,723	28,723	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1201	0.1201	0.1201	0.1201		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	352,549	0	0	352,549	352,549	11.00
11.01	Uncompensated care payments	36.00	650,860	0	0	650,860	650,860	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	12,773,977	0	0	12,773,977	12,773,977	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	20,389,447	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	20,389,447	0	0	20,389,447	20,389,447	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	871,351	0	0	871,351	871,351	16.00

## LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
2/28/2024 8:02 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	54,418	0	0	54,418	54,418	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	0	21,315,216	21,315,216	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	868,322	0	0	868,322	868,322	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	3,029	0	0	3,029	3,029	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	871,351	0	0	871,351	871,351	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

## HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
2/28/2024 8:02 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	11,741,845		11,741,845	11,741,845	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	28,723		28,723	28,723	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1201	0.1201	0.1201		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	352,549	0	352,549	352,549	11.00
11.01	Uncompensated care payments	36.00	650,860	0	650,860	650,860	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	12,773,977	0	12,773,977	12,773,977	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	20,389,447	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	20,389,447	0	20,389,447	20,389,447	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	871,351	0	871,351	871,351	16.00
17.00	Special add-on payments for new technologies	54.00	54,418	0	54,418	54,418	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			0	21,315,216	21,315,216	19.00

## HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
2/28/2024 8:02 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	868,322	0	868,322	868,322	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	3,029	0	3,029	3,029	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	871,351	0	871,351	871,351	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	0	0	0	0	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-68,418	0	-68,418	-68,418	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0064	Period: From 10/01/2022 To 09/30/2023	Worksheet E Part B Date/Time Prepared: 2/28/2024 8:02 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		7,641	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,657,720	2.00
3.00	OPPS or REH payments		10,933,279	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)		7,641	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		69,439	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)		69,439	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		69,439	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		61,798	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)		7,641	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		10,933,279	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,022,668	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		8,918,252	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
28.50	REH facility payment amount		0	28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		8,918,252	30.00
31.00	Primary payer payments		705	31.00
32.00	Subtotal (line 30 minus line 31)		8,917,547	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)		167,727	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		109,023	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		161,598	36.00
37.00	Subtotal (see instructions)		9,026,570	37.00
38.00	MSP-LCC reconciliation amount from PS&R		159	38.00
39.00	OTHER ADJ PER PS&R		51	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		9,026,462	40.00
40.01	Sequestration adjustment (see instructions)		180,529	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		8,917,222	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-71,289	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,144,872	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

Health Financial Systems		ST. MARY MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0064	Period: From 10/01/2022 To 09/30/2023	Worksheet E Part B Date/Time Prepared: 2/28/2024 8:02 pm	
		Title XVIII	Hospital	PPS	
				1.00	
MEDICARE PART B ANCILLARY COSTS					
200.00	Part B Combined Billed Days				0200.00



## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet E-1  
Part I  
Date/Time Prepared:  
2/28/2024 8:02 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		19,415,276		8,868,522	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	05/10/2023	94,300	05/10/2023	48,700	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		94,300		48,700	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)		19,509,576		8,917,222	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		87,341		71,289	6.02
7.00	Total Medicare program liability (see instructions)		19,422,235		8,845,933	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

## CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet E-1  
Part II  
Date/Time Prepared:  
2/28/2024 8:02 pm

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

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 14-0064	Period: From 10/01/2022 To 09/30/2023	Worksheet E-5  Date/Time Prepared: 2/28/2024 8:02 pm
Title XVIII			PPS	
				1.00
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0 1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2			0 2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)			0 3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)			0 4.00
5.00	The rate used to calculate the time value of money (see instructions)			0.00 5.00
6.00	Time value of money for operating expenses (see instructions)			0 6.00
7.00	Time value of money for capital related expenses (see instructions)			0 7.00

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

Provider CCN: 14-0064

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

Worksheet G

Date/Time Prepared:  
2/28/2024 8:02 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	145,505,953	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	61,266,293	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-43,462,176	0	0	0	6.00
7.00	Inventory	1,398,873	0	0	0	7.00
8.00	Prepaid expenses	38,271	0	0	0	8.00
9.00	Other current assets	997,353	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	165,744,567	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	10,770,433	0	0	0	12.00
13.00	Land improvements	1,933,482	0	0	0	13.00
14.00	Accumulated depreciation	-1,166,502	0	0	0	14.00
15.00	Buildings	93,246,024	0	0	0	15.00
16.00	Accumulated depreciation	-37,736,358	0	0	0	16.00
17.00	Leasehold improvements	12,520	0	0	0	17.00
18.00	Accumulated depreciation	-12,520	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	33,821,739	0	0	0	23.00
24.00	Accumulated depreciation	-23,565,941	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	2,819,348	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	80,122,225	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	7,443,998	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	998,098	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	8,442,096	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	254,308,888	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	1,464,707	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,946,792	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	1,108	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	5,810,110	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	17,222,717	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,650,884	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,650,884	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	18,873,601	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	235,435,287	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	235,435,287	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	254,308,888	0	0	0	60.00

## STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0064

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

Worksheet G-1

Date/Time Prepared:  
2/28/2024 8:02 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		232,851,027		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		16,911,088				2.00
3.00	Total (sum of line 1 and line 2)		249,762,115		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		249,762,115		0		11.00
12.00	EQUITY TRANSFER	14,668,759		0		0	12.00
13.00	CHANGE IN TRNA AND RNA	-341,931		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		14,326,828		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		235,435,287		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	EQUITY TRANSFER		0				12.00
13.00	CHANGE IN TRNA AND RNA		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0064

Period:  
From 10/01/2022  
To 09/30/2023Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
2/28/2024 8:02 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Services</b>					
1.00	Hospital	38,807,782		38,807,782	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	38,807,782		38,807,782	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
11.00	INTENSIVE CARE UNIT	9,195,196		9,195,196	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)	9,195,196		9,195,196	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	48,002,978		48,002,978	17.00
18.00	Ancillary services	108,100,235	322,771,451	430,871,686	18.00
19.00	Outpatient services	18,750,219	76,791,701	95,541,920	19.00
20.00	RURAL HEALTH CLINIC (RHC)	0	11,068,889	11,068,889	20.00
20.01	RURAL HEALTH CLINIC (RHC)	0	4,301,195	4,301,195	20.01
20.02	RURAL HEALTH CLINIC (RHC)	0	4,564,536	4,564,536	20.02
20.03	RURAL HEALTH CLINIC (RHC)	0	1,242,046	1,242,046	20.03
20.04	RURAL HEALTH CLINIC (RHC)	0	642,439	642,439	20.04
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	11,547	14,553,473	14,565,020	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	174,864,979	435,935,730	610,800,709	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		128,680,383		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		128,680,383		43.00

## STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0064

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

Worksheet G-3

Date/Time Prepared:  
2/28/2024 8:02 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	610,800,709	1.00
2.00	Less contractual allowances and discounts on patients' accounts	469,301,021	2.00
3.00	Net patient revenues (line 1 minus line 2)	141,499,688	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	128,680,383	4.00
5.00	Net income from service to patients (line 3 minus line 4)	12,819,305	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	440,927	6.00
7.00	Income from investments	314,919	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	310,287	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	200	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	7,232	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	4,981	21.00
22.00	Rental of hospital space	233,064	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	2,981,420	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	4,293,030	25.00
26.00	Total (line 5 plus line 25)	17,112,335	26.00
27.00	PENSION AND TAXES	201,247	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	201,247	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	16,911,088	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0064	Period: From 10/01/2022 To 09/30/2023	Worksheet L Parts I-III Date/Time Prepared: 2/28/2024 8:02 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier	868,322	1.00	
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01	
2.00	Capital DRG outlier payments	3,029	2.00	
2.01	Model 4 BPCI Capital DRG outlier payments	0	2.01	
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	40.71	3.00	
4.00	Number of interns & residents (see instructions)	0.00	4.00	
5.00	Indirect medical education percentage (see instructions)	0.00	5.00	
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	0	6.00	
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	0.00	7.00	
8.00	Percentage of Medicaid patient days to total days (see instructions)	0.00	8.00	
9.00	Sum of lines 7 and 8	0.00	9.00	
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00	
11.00	Disproportionate share adjustment (see instructions)	0	11.00	
12.00	Total prospective capital payments (see instructions)	871,351	12.00	
		1.00		
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)	0	1.00	
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00	
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00	
4.00	Capital cost payment factor (see instructions)	0	4.00	
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00	
		1.00		
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)	0	1.00	
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00	
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00	
4.00	Applicable exception percentage (see instructions)	0.00	4.00	
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00	
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00	
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00	
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00	
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00	
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00	
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00	
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00	
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00	
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00	
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00	
16.00	Current year operating and capital costs (see instructions)	0	16.00	
17.00	Current year exception offset amount (see instructions)	0	17.00	



## ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0064

Period:

Worksheet M-1

Component CCN: 14-8651

From 10/01/2022

Date/Time Prepared:

To 09/30/2023

2/28/2024 8:02 pm

				RHC I		Cost	
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassified	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	1,521,733	0	1,521,733	-342,367	1,179,366	1.00
2.00	Physician Assistant	90,152	0	90,152	-22,496	67,656	2.00
3.00	Nurse Practitioner	806,403	0	806,403	-140,558	665,845	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	1,178,107	0	1,178,107	-298,848	879,259	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	143,514	0	143,514	-34,199	109,315	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	0	0	0	0	9.00
10.00	Subtotal (sum of lines 1 through 9)	3,739,909	0	3,739,909	-838,468	2,901,441	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	278,839	278,839	-50,181	228,658	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	15,543	15,543	-4,454	11,089	17.00
18.00	Professional Liability Insurance	0	4,393	4,393	-1,522	2,871	18.00
19.00	Other Health Care Costs	0	422,747	422,747	-93,155	329,592	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	721,522	721,522	-149,312	572,210	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	3,739,909	721,522	4,461,431	-987,780	3,473,651	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	76,173	76,173	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	76,173	76,173	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	121,855	121,855	-26,630	95,225	29.00
30.00	Administrative Costs	285,369	1,017,566	1,302,935	-524,331	778,604	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	285,369	1,139,421	1,424,790	-550,961	873,829	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	4,025,278	1,860,943	5,886,221	-1,462,568	4,423,653	32.00

## ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0064

Period:

Worksheet M-1

Component CCN: 14-8651

From 10/01/2022  
To 09/30/2023Date/Time Prepared:  
2/28/2024 8:02 pm

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	RHC I	Cost
		6.00	7.00		
<b>FACILITY HEALTH CARE STAFF COSTS</b>					
1.00	Physician	16,160	1,195,526		1.00
2.00	Physician Assistant	0	67,656		2.00
3.00	Nurse Practitioner	0	665,845		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	879,259		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	109,315		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)	16,160	2,917,601		10.00
11.00	Physician Services Under Agreement	0	0		11.00
12.00	Physician Supervision Under Agreement	0	0		12.00
13.00	Other Costs Under Agreement	0	0		13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0		14.00
15.00	Medical Supplies	0	228,658		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	11,089		17.00
18.00	Professional Liability Insurance	0	2,871		18.00
19.00	Other Health Care Costs	0	329,592		19.00
20.00	Allowable GME Costs				20.00
21.00	Subtotal (sum of lines 15 through 20)	0	572,210		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	16,160	3,489,811		22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>					
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	76,173		25.01
25.02	Chronic Care Management	0	0		25.02
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs				27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	76,173		28.00
<b>FACILITY OVERHEAD</b>					
29.00	Facility Costs	0	95,225		29.00
30.00	Administrative Costs	-28,082	750,522		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-28,082	845,747		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-11,922	4,411,731		32.00

## ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0064

Period:

Worksheet M-1

Component CCN: 14-8646

From 10/01/2022  
To 09/30/2023Date/Time Prepared:  
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				RHC II		Cost	
		Compensation	Other Costs	Total (col. 1 + col. 2)	Recl assi f i c a t i o n s	Recl assi f i e d T r i a l B a l a n c e (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
FACILI TY HEALTH CARE STAFF COSTS							
1.00	Physician	228,860	0	228,860	-58,679	170,181	1.00
2.00	Physician Assistant	31,479	0	31,479	-788	30,691	2.00
3.00	Nurse Practitioner	474,629	0	474,629	-74,416	400,213	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	345,910	0	345,910	-72,246	273,664	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	0	0	0	0	9.00
10.00	Subtotal (sum of lines 1 through 9)	1,080,878	0	1,080,878	-206,129	874,749	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	88,734	88,734	-24,883	63,851	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	4,276	4,276	-1,307	2,969	17.00
18.00	Professional Liability Insurance	0	1,568	1,568	-537	1,031	18.00
19.00	Other Health Care Costs	0	70,610	70,610	-15,984	54,626	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	165,188	165,188	-42,711	122,477	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	1,080,878	165,188	1,246,066	-248,840	997,226	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
FACILI TY OVERHEAD							
29.00	Facility Costs	0	117	117	30,944	31,061	29.00
30.00	Administrative Costs	228,769	306,171	534,940	-222,451	312,489	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	228,769	306,288	535,057	-191,507	343,550	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	1,309,647	471,476	1,781,123	-440,347	1,340,776	32.00

## ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0064

Period:

Worksheet M-1

Component CCN: 14-8646

From 10/01/2022  
To 09/30/2023Date/Time Prepared:  
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RHC II

Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>				
1.00	Physician	0	170,181	1.00
2.00	Physician Assistant	502	31,193	2.00
3.00	Nurse Practitioner	2,507	402,720	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	273,664	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	0	9.00
10.00	Subtotal (sum of lines 1 through 9)	3,009	877,758	10.00
11.00	Physician Services Under Agreement	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	14.00
15.00	Medical Supplies	0	63,851	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	2,969	17.00
18.00	Professional Liability Insurance	0	1,031	18.00
19.00	Other Health Care Costs	0	54,626	19.00
20.00	Allowable GME Costs			20.00
21.00	Subtotal (sum of lines 15 through 20)	0	122,477	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	3,009	1,000,235	22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>				
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	0	25.01
25.02	Chronic Care Management	0	0	25.02
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs			27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	28.00
<b>FACILITY OVERHEAD</b>				
29.00	Facility Costs	0	31,061	29.00
30.00	Administrative Costs	-900	311,589	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-900	342,650	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	2,109	1,342,885	32.00

## ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0064

Period:

Worksheet M-1

Component CCN: 14-8645

From 10/01/2022

Date/Time Prepared:

To 09/30/2023

2/28/2024 8:02 pm

				RHC III		Cost	
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassified ations	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	950,202	0	950,202	-162,766	787,436	1.00
2.00	Physician Assistant	256,968	0	256,968	-68,878	188,090	2.00
3.00	Nurse Practitioner	244,449	0	244,449	-30,560	213,889	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	575,843	0	575,843	-130,715	445,128	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	0	0	0	0	9.00
10.00	Subtotal (sum of lines 1 through 9)	2,027,462	0	2,027,462	-392,919	1,634,543	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	103,636	103,636	-31,991	71,645	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	6,895	6,895	-4,597	2,298	17.00
18.00	Professional Liability Insurance	0	4,559	4,559	-1,580	2,979	18.00
19.00	Other Health Care Costs	0	37,631	37,631	-1,506	36,125	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	152,721	152,721	-39,674	113,047	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	2,027,462	152,721	2,180,183	-432,593	1,747,590	22.00
	COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	8,439	8,439	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	8,439	8,439	28.00
	FACILITY OVERHEAD						
29.00	Facility Costs	0	31,836	31,836	-23,291	8,545	29.00
30.00	Administrative Costs	6,737	386,125	392,862	-246,036	146,826	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	6,737	417,961	424,698	-269,327	155,371	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	2,034,199	570,682	2,604,881	-693,481	1,911,400	32.00

## ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0064

Period:

Worksheet M-1

Component CCN: 14-8645

From 10/01/2022  
To 09/30/2023Date/Time Prepared:  
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		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	RHC III	Cost
		6.00	7.00		
<b>FACILITY HEALTH CARE STAFF COSTS</b>					
1.00	Physician	14,087	801,523		1.00
2.00	Physician Assistant	0	188,090		2.00
3.00	Nurse Practitioner	0	213,889		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	445,128		5.00
6.00	Clinical Psychologist	1,106	1,106		6.00
7.00	Clinical Social Worker	0	0		7.00
8.00	Laboratory Technician	0	0		8.00
9.00	Other Facility Health Care Staff Costs	0	0		9.00
10.00	Subtotal (sum of lines 1 through 9)	15,193	1,649,736		10.00
11.00	Physician Services Under Agreement	0	0		11.00
12.00	Physician Supervision Under Agreement	0	0		12.00
13.00	Other Costs Under Agreement	0	0		13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0		14.00
15.00	Medical Supplies	0	71,645		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	2,298		17.00
18.00	Professional Liability Insurance	0	2,979		18.00
19.00	Other Health Care Costs	0	36,125		19.00
20.00	Allowable GME Costs				20.00
21.00	Subtotal (sum of lines 15 through 20)	0	113,047		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	15,193	1,762,783		22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>					
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	8,439		25.01
25.02	Chronic Care Management	0	0		25.02
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs				27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	8,439		28.00
<b>FACILITY OVERHEAD</b>					
29.00	Facility Costs	0	8,545		29.00
30.00	Administrative Costs	-2,855	143,971		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-2,855	152,516		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	12,338	1,923,738		32.00

## ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0064

Period:

Worksheet M-1

Component CCN: 14-8648

From 10/01/2022

Date/Time Prepared:

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				RHC IV		Cost	
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassified	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	294,830	0	294,830	-61,887	232,943	1.00
2.00	Physician Assistant	651	0	651	-18	633	2.00
3.00	Nurse Practitioner	39,701	0	39,701	-18,706	20,995	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	217,137	0	217,137	-58,341	158,796	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	0	0	0	0	9.00
10.00	Subtotal (sum of lines 1 through 9)	552,319	0	552,319	-138,952	413,367	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	46,677	46,677	-431	46,246	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	2,068	2,068	-1,020	1,048	17.00
18.00	Professional Liability Insurance	0	1,568	1,568	-165	1,403	18.00
19.00	Other Health Care Costs	0	48,690	48,690	-19,982	28,708	19.00
20.00	Allowable GME Costs						20.00
21.00	Subtotal (sum of lines 15 through 20)	0	99,003	99,003	-21,598	77,405	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	552,319	99,003	651,322	-160,550	490,772	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	10,565	10,565	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs						27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	10,565	10,565	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	14,706	14,706	-18,092	-3,386	29.00
30.00	Administrative Costs	62,358	112,296	174,654	-58,340	116,314	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	62,358	127,002	189,360	-76,432	112,928	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	614,677	226,005	840,682	-226,417	614,265	32.00

## ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0064

Period:

Worksheet M-1

Component CCN: 14-8648

From 10/01/2022  
To 09/30/2023Date/Time Prepared:  
2/28/2024 8:02 pm

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	RHC IV	Cost
		6.00	7.00		
<b>FACILITY HEALTH CARE STAFF COSTS</b>					
1.00	Physician	0	232,943		1.00
2.00	Physician Assistant	0	633		2.00
3.00	Nurse Practitioner	0	20,995		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	158,796		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	0		7.00
8.00	Laboratory Technician	0	0		8.00
9.00	Other Facility Health Care Staff Costs	0	0		9.00
10.00	Subtotal (sum of lines 1 through 9)	0	413,367		10.00
11.00	Physician Services Under Agreement	0	0		11.00
12.00	Physician Supervision Under Agreement	0	0		12.00
13.00	Other Costs Under Agreement	0	0		13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0		14.00
15.00	Medical Supplies	0	46,246		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	1,048		17.00
18.00	Professional Liability Insurance	0	1,403		18.00
19.00	Other Health Care Costs	0	28,708		19.00
20.00	Allowable GME Costs				20.00
21.00	Subtotal (sum of lines 15 through 20)	0	77,405		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	490,772		22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>					
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	10,565		25.01
25.02	Chronic Care Management	0	0		25.02
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs				27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	10,565		28.00
<b>FACILITY OVERHEAD</b>					
29.00	Facility Costs	0	-3,386		29.00
30.00	Administrative Costs	0	116,314		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	112,928		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	614,265		32.00



## ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0064

Period:

Worksheet M-1

Component CCN: 14-8638

From 10/01/2022  
To 09/30/2023Date/Time Prepared:  
2/28/2024 8:02 pm

		RHC V		Cost		
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)
		1.00	2.00	3.00	4.00	5.00
<b>FACILITY HEALTH CARE STAFF COSTS</b>						
1.00	Physician	648	0	648	-186	462
2.00	Physician Assistant	0	0	0	0	0
3.00	Nurse Practitioner	38,835	0	38,835	-9,876	28,959
4.00	Visiting Nurse	0	0	0	0	0
5.00	Other Nurse	107,003	0	107,003	-23,510	83,493
6.00	Clinical Psychologist	0	0	0	0	0
7.00	Clinical Social Worker	0	0	0	0	0
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)	146,486	0	146,486	-33,572	112,914
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	29,751	29,751	-3,791	25,960
16.00	Transportation (Health Care Staff)	0	0	0	0	0
17.00	Depreciation-Medical Equipment	0	2,875	2,875	-696	2,179
18.00	Professional Liability Insurance	0	0	0	0	0
19.00	Other Health Care Costs	0	21,244	21,244	-3,797	17,447
20.00	Allowable GME Costs	0	0	0	0	0
21.00	Subtotal (sum of lines 15 through 20)	0	53,870	53,870	-8,284	45,586
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	146,486	53,870	200,356	-41,856	158,500
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>						
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	2,129	2,129
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	2,129	2,129
<b>FACILITY OVERHEAD</b>						
29.00	Facility Costs	0	8,161	8,161	-1,571	6,590
30.00	Administrative Costs	49,116	50,727	99,843	-30,412	69,431
31.00	Total Facility Overhead (sum of lines 29 and 30)	49,116	58,888	108,004	-31,983	76,021
32.00	Total facility costs (sum of lines 22, 28 and 31)	195,602	112,758	308,360	-71,710	236,650

## ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0064

Period:

Worksheet M-1

Component CCN: 14-8638

From 10/01/2022  
To 09/30/2023Date/Time Prepared:  
2/28/2024 8:02 pm

RHC V

Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>				
1.00	Physician	6,568	7,030	1.00
2.00	Physician Assistant	3,385	3,385	2.00
3.00	Nurse Practitioner	2,631	31,590	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	83,493	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	0	9.00
10.00	Subtotal (sum of lines 1 through 9)	12,584	125,498	10.00
11.00	Physician Services Under Agreement	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	14.00
15.00	Medical Supplies	0	25,960	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	2,179	17.00
18.00	Professional Liability Insurance	0	0	18.00
19.00	Other Health Care Costs	0	17,447	19.00
20.00	Allowable GME Costs			20.00
21.00	Subtotal (sum of lines 15 through 20)	0	45,586	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	12,584	171,084	22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>				
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	2,129	25.01
25.02	Chronic Care Management	0	0	25.02
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs			27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	2,129	28.00
<b>FACILITY OVERHEAD</b>				
29.00	Facility Costs	0	6,590	29.00
30.00	Administrative Costs	0	69,431	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	76,021	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	12,584	249,234	32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES			Provider CCN: 14-0064 Component CCN: 14-8651		Period: From 10/01/2022 To 09/30/2023		Worksheet M-2 Date/Time Prepared: 2/28/2024 8:02 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	2.38	9,160	4,200	9,996			1.00
2.00	Physician Assistant	0.31	567	2,100	651			2.00
3.00	Nurse Practitioner	3.52	10,326	2,100	7,392			3.00
4.00	Subtotal (sum of lines 1 through 3)	6.21	20,053		18,039		20,053	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	0.91	2,165				2,165	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)	7.12	22,218				22,218	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)						3,489,811	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)						76,173	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)						3,565,984	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)						0.978639	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)						845,747	14.00
15.00	Parent provider overhead allocated to facility (see instructions)						2,982,414	15.00
16.00	Total overhead (sum of lines 14 and 15)						3,828,161	16.00
17.00	Allowable GME overhead (see instructions)						0	17.00
18.00	Enter the amount from line 16						3,828,161	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)						3,746,388	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)						7,236,199	20.00

## ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 14-0064

Period:

Worksheet M-2

Component CCN: 14-8646

From 10/01/2022  
To 09/30/2023Date/Time Prepared:  
2/28/2024 8:02 pm

				RHC II		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	0.49	2,020	4,200	2,058		1.00
2.00	Physician Assistant	0.13	478	2,100	273		2.00
3.00	Nurse Practitioner	1.78	8,005	2,100	3,738		3.00
4.00	Subtotal (sum of lines 1 through 3)	2.40	10,503		6,069	10,503	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	2.40	10,503			10,503	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)					1,000,235	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					1,000,235	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					342,650	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					734,671	15.00
16.00	Total overhead (sum of lines 14 and 15)					1,077,321	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					1,077,321	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					1,077,321	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					2,077,556	20.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES			Provider CCN: 14-0064 Component CCN: 14-8645		Period: From 10/01/2022 To 09/30/2023		Worksheet M-2 Date/Time Prepared: 2/28/2024 8:02 pm	
			RHC III		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			
<b>VISITS AND PRODUCTIVITY</b>								
<b>Positions</b>								
1.00	Physician	1.28	4,768	4,200	5,376			1.00
2.00	Physician Assistant	1.45	4,340	2,100	3,045			2.00
3.00	Nurse Practitioner	0.84	2,211	2,100	1,764			3.00
4.00	Subtotal (sum of lines 1 through 3)	3.57	11,319		10,185		11,319	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	0.02	20				20	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)	3.59	11,339				11,339	8.00
9.00	Physician Services Under Agreements		0				0	9.00
							1.00	
<b>DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES</b>								
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)						1,762,783	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)						8,439	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)						1,771,222	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)						0.995235	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)						152,516	14.00
15.00	Parent provider overhead allocated to facility (see instructions)						1,255,107	15.00
16.00	Total overhead (sum of lines 14 and 15)						1,407,623	16.00
17.00	Allowable GME overhead (see instructions)						0	17.00
18.00	Enter the amount from line 16						1,407,623	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)						1,400,916	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)						3,163,699	20.00

## ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 14-0064

Period:

Worksheet M-2

Component CCN: 14-8648

From 10/01/2022

Date/Time Prepared:

To 09/30/2023

2/28/2024 8:02 pm

				RHC IV		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	0.46	1,978	4,200	1,932		1.00
2.00	Physician Assistant	0.01	9	2,100	21		2.00
3.00	Nurse Practitioner	0.24	560	2,100	504		3.00
4.00	Subtotal (sum of lines 1 through 3)	0.71	2,547		2,457	2,547	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	0.71	2,547			2,547	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)					490,772	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					10,565	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					501,337	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					0.978926	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					112,928	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					512,351	15.00
16.00	Total overhead (sum of lines 14 and 15)					625,279	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					625,279	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					612,102	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					1,102,874	20.00

## ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 14-0064

Period:

Worksheet M-2

Component CCN: 14-8638

From 10/01/2022  
To 09/30/2023Date/Time Prepared:  
2/28/2024 8:02 pm

		RHC V		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	0.02	103	4,200	84
2.00	Physician Assistant	0.03	163	2,100	63
3.00	Nurse Practitioner	0.29	1,207	2,100	609
4.00	Subtotal (sum of lines 1 through 3)	0.34	1,473		756
5.00	Visiting Nurse	0.00	0		0
6.00	Clinical Psychologist	0.00	0		0
7.00	Clinical Social Worker	0.00	0		0
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0
8.00	Total FTEs and Visits (sum of lines 4 through 7)	0.34	1,473		1,473
9.00	Physician Services Under Agreements		0		0
					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)				171,084
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)				2,129
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				173,213
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)				0.987709
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)				76,021
15.00	Parent provider overhead allocated to facility (see instructions)				258,691
16.00	Total overhead (sum of lines 14 and 15)				334,712
17.00	Allowable GME overhead (see instructions)				0
18.00	Enter the amount from line 16				334,712
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)				330,598
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)				501,682

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0064 Component CCN: 14-8651	Period: From 10/01/2022 To 09/30/2023	Worksheet M-3 Date/Time Prepared: 2/28/2024 8:02 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)			7,236,199	1.00
2.00	Cost of injections/infusions and their administration (from Wkst. M-4, line 15)			197,934	2.00
3.00	Total allowable cost excluding injections/infusions (line 1 minus line 2)			7,038,265	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			22,218	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)			22,218	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			316.78	7.00
			Calculation of Limit (1)		
			Rate Period 1 (10/01/2022 through 12/31/2022)	Rate Period 2 (01/01/2023 through 09/30/2023)	
			1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)		113.00	126.00	8.00
9.00	Rate for Program covered visits (see instructions)		113.00	126.00	9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)		0	3,968	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)		0	499,968	11.00
12.00	Program covered visits for mental health services (from contractor records)		0	68	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)		0	8,568	13.00
14.00	Limit adjustment for mental health services (see instructions)		0	8,568	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	508,536	16.00
16.01	Total program charges (see instructions)(from contractor's records)			1,193,463	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)			13,463	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)			5,737	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.)			346,689	16.04
16.05	Total program cost (see instructions)		0	352,426	16.05
17.00	Primary payer amounts			349	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)			69,438	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)			222,112	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)			352,077	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)			46,531	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)			398,608	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)			398,608	26.00
26.01	Sequestration adjustment (see instructions)			7,972	26.01
26.02	Demonstration payment adjustment amount after sequestration			0	26.02
27.00	Interim payments			339,943	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)			50,693	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2			0	30.00



CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0064 Component CCN: 14-8646	Period: From 10/01/2022 To 09/30/2023	Worksheet M-3 Date/Time Prepared: 2/28/2024 8:02 pm	
		Title XVIII	RHC II	Cost	
				1.00	
<b>DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES</b>					
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			2,077,556	1.00
2.00	Cost of injections/infusions and their administration (from Wkst. M-4, line 15)			345	2.00
3.00	Total allowable cost excluding injections/infusions (line 1 minus line 2)			2,077,211	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			10,503	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)			10,503	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			197.77	7.00
		Calculation of Limit (1)			
		Rate Period 1 (10/01/2022 through 12/31/2022)	Rate Period 2 (01/01/2023 through 09/30/2023)		
		1.00	2.00		
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	113.00	126.00		8.00
9.00	Rate for Program covered visits (see instructions)	113.00	126.00		9.00
<b>CALCULATION OF SETTLEMENT</b>					
10.00	Program covered visits excluding mental health services (from contractor records)	0	994		10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	125,244		11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0		12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0		13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0		14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)				15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	125,244		16.00
16.01	Total program charges (see instructions)(from contractor's records)		245,682		16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		2,246		16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		1,145		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.)		89,498		16.04
16.05	Total program cost (see instructions)	0	90,643		16.05
17.00	Primary payer amounts		83		17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		12,227		18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		46,242		19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		90,560		20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		86		21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		90,646		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)		90,646		26.00
26.01	Sequestration adjustment (see instructions)		1,813		26.01
26.02	Demonstration payment adjustment amount after sequestration		0		26.02
27.00	Interim payments		88,016		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)		817		29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2		0		30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0064 Component CCN: 14-8645	Period: From 10/01/2022 To 09/30/2023	Worksheet M-3 Date/Time Prepared: 2/28/2024 8:02 pm	
		Title XVIII	RHC III	Cost	
				1.00	
<b>DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES</b>					
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			3,163,699	1.00
2.00	Cost of injections/infusions and their administration (from Wkst. M-4, line 15)			160,427	2.00
3.00	Total allowable cost excluding injections/infusions (line 1 minus line 2)			3,003,272	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			11,339	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)			11,339	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			264.86	7.00
		Calculation of Limit (1)			
		Rate Period 1 (10/01/2022 through 12/31/2022)	Rate Period 2 (01/01/2023 through 09/30/2023)		
		1.00	2.00		
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	113.00	126.00		8.00
9.00	Rate for Program covered visits (see instructions)	113.00	126.00		9.00
<b>CALCULATION OF SETTLEMENT</b>					
10.00	Program covered visits excluding mental health services (from contractor records)	0	3,166		10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	398,916		11.00
12.00	Program covered visits for mental health services (from contractor records)	0	2		12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	252		13.00
14.00	Limit adjustment for mental health services (see instructions)	0	252		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	399,168		16.00
16.01	Total program charges (see instructions)(from contractor's records)		912,802		16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		1,918		16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		839		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.)		284,927		16.04
16.05	Total program cost (see instructions)	0	285,766		16.05
17.00	Primary payer amounts		403		17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		42,170		18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		173,743		19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		285,363		20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		50,887		21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		336,250		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)		336,250		26.00
26.01	Sequestration adjustment (see instructions)		6,725		26.01
26.02	Demonstration payment adjustment amount after sequestration		0		26.02
27.00	Interim payments		276,895		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)		52,630		29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2		0		30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0064 Component CCN: 14-8648	Period: From 10/01/2022 To 09/30/2023	Worksheet M-3 Date/Time Prepared: 2/28/2024 8:02 pm
		Title XVIII	RHC IV	Cost
		1.00		
<b>DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES</b>				
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			1,102,874 1.00
2.00	Cost of injections/infusions and their administration (from Wkst. M-4, line 15)			33,656 2.00
3.00	Total allowable cost excluding injections/infusions (line 1 minus line 2)			1,069,218 3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			2,547 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)			2,547 6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			419.80 7.00
		<b>Calculation of Limit (1)</b>		
		Rate Period 1 (10/01/2022 through 12/31/2022)	Rate Period 2 (01/01/2023 through 09/30/2023)	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	113.00	126.00	8.00
9.00	Rate for Program covered visits (see instructions)	113.00	126.00	9.00
<b>CALCULATION OF SETTLEMENT</b>				
10.00	Program covered visits excluding mental health services (from contractor records)	0	413	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	52,038	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)			15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	52,038	16.00
16.01	Total program charges (see instructions)(from contractor's records)		142,511	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		11,788	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		4,304	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.)		31,097	16.04
16.05	Total program cost (see instructions)	0	35,401	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		8,863	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		24,372	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		35,401	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		10,568	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		45,969	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)		45,969	26.00
26.01	Sequestration adjustment (see instructions)		919	26.01
26.02	Demonstration payment adjustment amount after sequestration		0	26.02
27.00	Interim payments		33,388	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)		11,662	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0064	Period:	Worksheet M-3	
		Component CCN: 14-8638	From 10/01/2022 To 09/30/2023	Date/Time Prepared: 2/28/2024 8:02 pm	
		Title XVIII	RHC V	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)			501,682	1.00
2.00	Cost of injections/infusions and their administration (from Wkst. M-4, line 15)			42,199	2.00
3.00	Total allowable cost excluding injections/infusions (line 1 minus line 2)			459,483	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			1,473	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)			1,473	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			311.94	7.00
			Calculation of Limit (1)		
			Rate Period 1 (10/01/2022 through 12/31/2022)	Rate Period 2 (01/01/2023 through 09/30/2023)	
			1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)		113.00	126.00	8.00
9.00	Rate for Program covered visits (see instructions)		113.00	126.00	9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)		0	273	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)		0	34,398	11.00
12.00	Program covered visits for mental health services (from contractor records)		0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)		0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)		0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)				15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		0	34,398	16.00
16.01	Total program charges (see instructions)(from contractor's records)			75,004	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)			741	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)			340	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.)			24,618	16.04
16.05	Total program cost (see instructions)		0	24,958	16.05
17.00	Primary payer amounts			67	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)			3,285	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)			14,196	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)			24,891	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)			10,777	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)			35,668	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)			35,668	26.00
26.01	Sequestration adjustment (see instructions)			713	26.01
26.02	Demonstration payment adjustment amount after sequestration			0	26.02
27.00	Interim payments			24,195	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)			10,760	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2			0	30.00

## COMPUTATION OF HOSPITAL-BASED RHC/FQHC VACCINE COST

COMPUTATION OF HOSPITAL-BASED RHC/FQHC VACCINE COST		Provider CCN: 14-0064 Component CCN: 14-8651		Period: From 10/01/2022 To 09/30/2023		Worksheet M-4 Date/Time Prepared: 2/28/2024 8:02 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)	2,917,601	2,917,601	2,917,601	2,917,601	1.00
2.00	Ratio of injection/infusion staff time to total health care staff time	0.001764	0.002211	0.000285	0.000000	2.00
3.00	Injection/infusion health care staff cost (line 1 x line 2)	5,147	6,451	832	0	3.00
4.00	Injections/infusions and related medical supplies costs (from your records)	72,301	10,727	0	0	4.00
5.00	Direct cost of injections/infusions (line 3 plus line 4)	77,448	17,178	832	0	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	3,489,811	3,489,811	3,489,811	3,489,811	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	3,746,388	3,746,388	3,746,388	3,746,388	7.00
8.00	Ratio of injection/infusion direct cost to total direct cost (line 5 divided by line 6)	0.022193	0.004922	0.000238	0.000000	8.00
9.00	Overhead cost - injection/infusion (line 7 x line 8)	83,144	18,440	892	0	9.00
10.00	Total injection/infusion costs and their administration costs (sum of lines 5 and 9)	160,592	35,618	1,724	0	10.00
11.00	Total number of injections/infusions (from your records)	347	435	56	0	11.00
12.00	Cost per injection/infusion (line 10/line 11)	462.80	81.88	30.79	0.00	12.00
13.00	Number of injection/infusion administered to Program beneficiaries	84	89	12	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)	38,875	7,287	369	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)				197,934	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)				46,531	16.00

## COMPUTATION OF HOSPITAL-BASED RHC/FQHC VACCINE COST

		Provider CCN: 14-0064 Component CCN: 14-8646		Period: From 10/01/2022 To 09/30/2023		Worksheet M-4 Date/Time Prepared: 2/28/2024 8:02 pm	
		Title XVIII		RHC II		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)	877,758	877,758	877,758	877,758	1.00	
2.00	Ratio of injection/infusion staff time to total health care staff time	0.000000	0.000076	0.000000	0.000000	2.00	
3.00	Injection/infusion health care staff cost (line 1 x line 2)	0	67	0	0	3.00	
4.00	Injections/infusions and related medical supplies costs (from your records)	0	99	0	0	4.00	
5.00	Direct cost of injections/infusions (line 3 plus line 4)	0	166	0	0	5.00	
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	1,000,235	1,000,235	1,000,235	1,000,235	6.00	
7.00	Total overhead (from Wkst. M-2, line 19)	1,077,321	1,077,321	1,077,321	1,077,321	7.00	
8.00	Ratio of injection/infusion direct cost to total direct cost (line 5 divided by line 6)	0.000000	0.000166	0.000000	0.000000	8.00	
9.00	Overhead cost - injection/infusion (line 7 x line 8)	0	179	0	0	9.00	
10.00	Total injection/infusion costs and their administration costs (sum of lines 5 and 9)	0	345	0	0	10.00	
11.00	Total number of injections/infusions (from your records)	0	4	0	0	11.00	
12.00	Cost per injection/infusion (line 10/line 11)	0.00	86.25	0.00	0.00	12.00	
13.00	Number of injection/infusion administered to Program beneficiaries	0	1	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)	0	86	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)				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)				86	16.00	

## COMPUTATION OF HOSPITAL-BASED RHC/FQHC VACCINE COST

Provider CCN: 14-0064

Period:

Worksheet M-4

Component CCN: 14-8645

From 10/01/2022  
To 09/30/2023Date/Time Prepared:  
2/28/2024 8:02 pm

		Title XVIII		RHC III	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)	1,649,736	1,649,736	1,649,736	1,649,736	1.00
2.00	Ratio of injection/infusion staff time to total health care staff time	0.002949	0.005379	0.001322	0.000000	2.00
3.00	Injection/infusion health care staff cost (line 1 x line 2)	4,865	8,874	2,181	0	3.00
4.00	Injections/infusions and related medical supplies costs (from your records)	60,424	13,045	0	0	4.00
5.00	Direct cost of injections/infusions (line 3 plus line 4)	65,289	21,919	2,181	0	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	1,762,783	1,762,783	1,762,783	1,762,783	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	1,400,916	1,400,916	1,400,916	1,400,916	7.00
8.00	Ratio of injection/infusion direct cost to total direct cost (line 5 divided by line 6)	0.037037	0.012434	0.001237	0.000000	8.00
9.00	Overhead cost - injection/infusion (line 7 x line 8)	51,886	17,419	1,733	0	9.00
10.00	Total injection/infusion costs and their administration costs (sum of lines 5 and 9)	117,175	39,338	3,914	0	10.00
11.00	Total number of injections/infusions (from your records)	290	529	130	0	11.00
12.00	Cost per injection/infusion (line 10/line 11)	404.05	74.36	30.11	0.00	12.00
13.00	Number of injection/infusion administered to Program beneficiaries	92	165	48	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)	37,173	12,269	1,445	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)				160,427	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)				50,887	16.00

## COMPUTATION OF HOSPITAL-BASED RHC/FQHC VACCINE COST

		Provider CCN: 14-0064 Component CCN: 14-8648		Period: From 10/01/2022 To 09/30/2023	Worksheet M-4 Date/Time Prepared: 2/28/2024 8:02 pm	
		Title XVIII		RHC IV	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)	413,367	413,367	413,367	413,367	1.00
2.00	Ratio of injection/infusion staff time to total health care staff time	0.001916	0.003095	0.000000	0.000000	2.00
3.00	Injection/infusion health care staff cost (line 1 x line 2)	792	1,279	0	0	3.00
4.00	Injections/infusions and related medical supplies costs (from your records)	10,835	2,071	0	0	4.00
5.00	Direct cost of injections/infusions (line 3 plus line 4)	11,627	3,350	0	0	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	490,772	490,772	490,772	490,772	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	612,102	612,102	612,102	612,102	7.00
8.00	Ratio of injection/infusion direct cost to total direct cost (line 5 divided by line 6)	0.023691	0.006826	0.000000	0.000000	8.00
9.00	Overhead cost - injection/infusion (line 7 x line 8)	14,501	4,178	0	0	9.00
10.00	Total injection/infusion costs and their administration costs (sum of lines 5 and 9)	26,128	7,528	0	0	10.00
11.00	Total number of injections/infusions (from your records)	52	84	0	0	11.00
12.00	Cost per injection/infusion (line 10/line 11)	502.46	89.62	0.00	0.00	12.00
13.00	Number of injection/infusion administered to Program beneficiaries	18	17	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)	9,044	1,524	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)				33,656	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)				10,568	16.00



## COMPUTATION OF HOSPITAL-BASED RHC/FQHC VACCINE COST

		Provider CCN: 14-0064 Component CCN: 14-8638		Period: From 10/01/2022 To 09/30/2023		Worksheet M-4 Date/Time Prepared: 2/28/2024 8:02 pm	
		Title XVIII		RHC V		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)	125,498	125,498	125,498	125,498	1.00	
2.00	Ratio of injection/infusion staff time to total health care staff time	0.003675	0.009384	0.000000	0.000000	2.00	
3.00	Injection/infusion health care staff cost (line 1 x line 2)	461	1,178	0	0	3.00	
4.00	Injections/infusions and related medical supplies costs (from your records)	9,793	2,959	0	0	4.00	
5.00	Direct cost of injections/infusions (line 3 plus line 4)	10,254	4,137	0	0	5.00	
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	171,084	171,084	171,084	171,084	6.00	
7.00	Total overhead (from Wkst. M-2, line 19)	330,598	330,598	330,598	330,598	7.00	
8.00	Ratio of injection/infusion direct cost to total direct cost (line 5 divided by line 6)	0.059935	0.024181	0.000000	0.000000	8.00	
9.00	Overhead cost - injection/infusion (line 7 x line 8)	19,814	7,994	0	0	9.00	
10.00	Total injection/infusion costs and their administration costs (sum of lines 5 and 9)	30,068	12,131	0	0	10.00	
11.00	Total number of injections/infusions (from your records)	47	120	0	0	11.00	
12.00	Cost per injection/infusion (line 10/line 11)	639.74	101.09	0.00	0.00	12.00	
13.00	Number of injection/infusion administered to Program beneficiaries	11	37	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)	7,037	3,740	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)				42,199	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)				10,777	16.00	

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-0064 Component CCN: 14-8651	Period: From 10/01/2022 To 09/30/2023	Worksheet M-5 Date/Time Prepared: 2/28/2024 8:02 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		339,943	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			0		3.50
3.51			0		3.51
3.52			0		3.52
3.53			0		3.53
3.54			0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		339,943		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		50,693		6.01
6.02	SETTLEMENT TO PROGRAM		0		6.02
7.00	Total Medicare program liability (see instructions)		390,636		7.00
			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-0064 Component CCN: 14-8646	Period: From 10/01/2022 To 09/30/2023	Worksheet M-5 Date/Time Prepared: 2/28/2024 8:02 pm	
		RHC II	Cost		
		Part B			
		mm/dd/yyyy	Amount		
		1.00	2.00		
1.00	Total interim payments paid to hospital-based RHC/FQHC		88,016	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			0		3.50
3.51			0		3.51
3.52			0		3.52
3.53			0		3.53
3.54			0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		88,016		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		817		6.01
6.02	SETTLEMENT TO PROGRAM		0		6.02
7.00	Total Medicare program liability (see instructions)		88,833		7.00
		Contractor Number	NPR Date (Mo/Day/Yr)		
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-0064 Component CCN: 14-8645	Period: From 10/01/2022 To 09/30/2023	Worksheet M-5 Date/Time Prepared: 2/28/2024 8:02 pm	
			RHC III	Cost	
			Part B		
			mm/dd/yyyy	Amount	
			1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC			276,895	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				0	3.50
3.51				0	3.51
3.52				0	3.52
3.53				0	3.53
3.54				0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)			276,895	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			52,630	6.01
6.02	SETTLEMENT TO PROGRAM			0	6.02
7.00	Total Medicare program liability (see instructions)			329,525	7.00
			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-0064 Component CCN: 14-8648	Period: From 10/01/2022 To 09/30/2023	Worksheet M-5 Date/Time Prepared: 2/28/2024 8:02 pm	
			RHC IV	Cost	
		Part B			
		mm/dd/yyyy	Amount		
		1.00	2.00		
1.00	Total interim payments paid to hospital-based RHC/FQHC		33,388	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			0		3.50
3.51			0		3.51
3.52			0		3.52
3.53			0		3.53
3.54			0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		33,388		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		11,662		6.01
6.02	SETTLEMENT TO PROGRAM		0		6.02
7.00	Total Medicare program liability (see instructions)		45,050		7.00
			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-0064 Component CCN: 14-8638	Period: From 10/01/2022 To 09/30/2023	Worksheet M-5 Date/Time Prepared: 2/28/2024 8:02 pm	
			RHC V	Cost	
			Part B		
			mm/dd/yyyy	Amount	
			1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC			24,195	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				0	3.50
3.51				0	3.51
3.52				0	3.52
3.53				0	3.53
3.54				0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)			24,195	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			10,760	6.01
6.02	SETTLEMENT TO PROGRAM			0	6.02
7.00	Total Medicare program liability (see instructions)			34,955	7.00
			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00