

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: 14-0032	Period: From 07/01/2022 To 06/30/2023	Worksheet S Parts I-III Date/Time Prepared: 1/24/2024 1:12 pm
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## PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 1/24/2024	Time: 1:12 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. ANTHONYS MEMORIAL HOSPITAL ( 14-0032 ) for the cost reporting period beginning 07/01/2022 and ending 06/30/2023 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	
PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	-111,528	-35,228	0	1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	2.00
3.00	SUBPROVIDER - IRF	0	0	0	0	3.00
5.00	SWING BED - SNF	0	0	0	0	5.00
6.00	SWING BED - NF	0			0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	9.00
200.00	TOTAL	0	-111,528	-35,228	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: 14-0032		Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part I Date/Time Prepared: 1/24/2024 1:12 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 503 N MAPLE			PO Box:				1.00		
2.00	City: EFFINGHAM			State: IL		Zip Code: 62401		County: EFFINGHAM		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	
								XIX		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		ST. ANTHONYS MEMORIAL HOSPITAL	140032	99914	1	07/01/1966	N	P	O
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF		ST. ANTHONYS MEMORIAL HOSPITAL SNF	14U032	99914		12/02/2020	N	P	O
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		ST. ANTHONYS MEMORIAL HOSPITAL HHA	147661	99914		02/17/1997	N	P	N
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice		ST. ANTHONY MEMORIAL HOSPITAL HOSPI C	141658	99914		10/14/2014			
15.00	Hospital-Based Health Clinic - RHC									
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)						07/01/2022	06/30/2023		
21.00	Type of Control (see instructions)						1			
							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			
22.01	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			
22.02	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			
22.03	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		
22.04	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.									
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0032		Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part I Date/Time Prepared: 1/24/2024 1:12 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	411	224	1	5	1,411	79	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					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.					07/01/2022	06/30/2023	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	
<b>Prospective Payment System (PPS)-Capital</b>									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	N	N	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
<b>Teaching Hospitals</b>									
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
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

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				V	XVIII	XIX	
				1.00	2.00	3.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.			N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
				1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.			N			60.00
				Y/N	IME	Direct GME	
				1.00	2.00	3.00	
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	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	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	61.20
				1.00			
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet S-2  
Part I  
Date/Time Prepared:  
1/24/2024 1:12 pm

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0032	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 1/24/2024 1:12 pm
		V 1.00	XIX 2.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06
<b>Rural Providers</b>				
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
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
<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		0115.00
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0032	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 1/24/2024 1:12 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	359,868	96,000	2,267,130
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.			123.00
<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
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
<b>All Providers</b>				
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		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: HOSPITAL SISTERS HEALTH SYSTEM	Contractor's Name: NGS	Contractor's Number: 00131	141.00
142.00	Street: 4936 LAVERNA ROAD	PO Box:		142.00
143.00	City: SPRINGFIELD	State: IL	Zip Code: 62707	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



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0032		Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part I Date/Time Prepared: 1/24/2024 1:12 pm		
						1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N		155.00	
156.00	Subprovider - IPF	N	N	N	N		156.00	
157.00	Subprovider - IRF	N	N	N	N		157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF	N	N	N	N		159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N		160.00	
161.00	CMHC		N	N	N		161.00	
						1.00		
Multicampus								
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	
						1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00
				Beginning	Ending			
				1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
				1.00	2.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0032		Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part II Date/Time Prepared: 1/24/2024 1:12 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	10/20/2023			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
				Y/N	Legal Oper.		
				1.00	2.00		
<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.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.			N			14.00
<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)	Y	11/01/2023	Y	11/01/2023		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

## HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet S-2  
Part II  
Date/Time Prepared:  
1/24/2024 1:12 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.	PATRICIA		RACHELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	FORVIS			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314.231.5544		PATTY.RACHELL@FORVIS.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0032	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part II Date/Time Prepared: 1/24/2024 1:12 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.	MANAGING DIRECTOR		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet S-3  
Part I  
Date/Time Prepared:  
1/24/2024 1:12 pm

Component	Worksheet A Line No.	No. of Beds	Bed Days Avai l a b l e	CAH/REH Hours	I / P Days / O / P Vi s i t s / Tri p s		
					Title V		
					1.00		2.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	123	44,895	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)		123	44,895	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	10	3,650	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)		133	48,545	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	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	0	0			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		133				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: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet S-3  
Part I  
Date/Time Prepared:  
1/24/2024 1:12 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	
		6.00	7.00	8.00	9.00	10.00	
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	4,625	217	9,147			1.00
2.00	HMO and other (see instructions)	1,943	1,641				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)	4,625	217	9,147			7.00
8.00	INTENSIVE CARE UNIT	817	13	1,437			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		181	1,308			13.00
14.00	Total (see instructions)	5,442	411	11,892	0.00	375.89	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	42,620	0	102,885	0.00	136.83	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	60.10	24.00
24.10	HOSPICE (non-distinct part)			54			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	572.82	27.00
28.00	Observation Bed Days		16	1,729			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			99			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	79	172			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: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet S-3  
Part I  
Date/Time Prepared:  
1/24/2024 1:12 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	1,494	55	3,492	1.00
2.00 HMO and other (see instructions)			566	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,494	55	3,492	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	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01
34.00 Temporary Expansion COVID-19 PHE Acute Care						34.00

## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet S-3  
Part II  
Date/Time Prepared:  
1/24/2024 1:12 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	
	PART II - WAGE DATA							
	SALARIES							
1. 00	Total salaries (see instructions)	200. 00	46, 023, 349	18, 406	46, 041, 755	1, 181, 461. 86	38. 97	1. 00
2. 00	Non-physician anesthetist Part A		0	0	0	0. 00	0. 00	2. 00
3. 00	Non-physician anesthetist Part B		0	0	0	0. 00	0. 00	3. 00
4. 00	Physician-Part A - Administrative		0	0	0	0. 00	0. 00	4. 00
4. 01	Physicians - Part A - Teaching		0	0	0	0. 00	0. 00	4. 01
5. 00	Physician and Non Physician-Part B		0	0	0	0. 00	0. 00	5. 00
6. 00	Non-physician-Part B for hospital -based RHC and FQHC services		0	0	0	0. 00	0. 00	6. 00
7. 00	Interns & residents (in an approved program)	21. 00	0	0	0	0. 00	0. 00	7. 00
7. 01	Contracted interns and residents (in an approved programs)		0	0	0	0. 00	0. 00	7. 01
8. 00	Home office and/or related organization personnel		0	0	0	0. 00	0. 00	8. 00
9. 00	SNF	44. 00	0	0	0	0. 00	0. 00	9. 00
10. 00	Excluded area salaries (see instructions)		16, 450, 623	18, 406	16, 469, 029	409, 620. 98	40. 21	10. 00
	OTHER WAGES & RELATED COSTS							
11. 00	Contract labor: Direct Patient Care		3, 196, 755	0	3, 196, 755	26, 346. 96	121. 33	11. 00
12. 00	Contract labor: Top level management and other management and administrative services		0	0	0	0. 00	0. 00	12. 00
13. 00	Contract labor: Physician-Part A - Administrative		75, 430	0	75, 430	572. 00	131. 87	13. 00
14. 00	Home office and/or related organization salaries and wage-related costs		0	0	0	0. 00	0. 00	14. 00
14. 01	Home office salaries		8, 066, 758	0	8, 066, 758	210, 116. 76	38. 39	14. 01
14. 02	Related organization salaries		0	0	0	0. 00	0. 00	14. 02
15. 00	Home office: Physician Part A - Administrative		0	0	0	0. 00	0. 00	15. 00
16. 00	Home office and Contract Physicians Part A - Teaching		0	0	0	0. 00	0. 00	16. 00
16. 01	Home office Physicians Part A - Teaching		0	0	0	0. 00	0. 00	16. 01
16. 02	Home office contract Physicians Part A - Teaching		0	0	0	0. 00	0. 00	16. 02
	WAGE-RELATED COSTS							
17. 00	Wage-related costs (core) (see instructions)		11, 454, 936	0	11, 454, 936			17. 00
18. 00	Wage-related costs (other) (see instructions)							18. 00
19. 00	Excluded areas		6, 079, 209	0	6, 079, 209			19. 00
20. 00	Non-physician anesthetist Part A		0	0	0			20. 00
21. 00	Non-physician anesthetist Part B		0	0	0			21. 00
22. 00	Physician Part A - Administrative		0	0	0			22. 00
22. 01	Physician Part A - Teaching		0	0	0			22. 01
23. 00	Physician Part B		0	0	0			23. 00
24. 00	Wage-related costs (RHC/FQHC)		0	0	0			24. 00
25. 00	Interns & residents (in an approved program)		0	0	0			25. 00
25. 50	Home office wage-related (core)		3, 375, 751	0	3, 375, 751			25. 50
25. 51	Related organization wage-related (core)		0	0	0			25. 51
25. 52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25. 52



## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet S-3  
Part II  
Date/Time Prepared:  
1/24/2024 1:12 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	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	1,225,686	-6,938	1,218,748	44,347.00	27.48	27.00
28.00	Administrative & General under contract (see inst.)		648,025	0	648,025	6,702.04	96.69	28.00
29.00	Maintenance & Repairs	6.00	194,365	0	194,365	4,505.57	43.14	29.00
30.00	Operation of Plant	7.00	639,976	0	639,976	18,590.07	34.43	30.00
31.00	Laundry & Linen Service	8.00	0	6,938	6,938	401.75	17.27	31.00
32.00	Housekeeping	9.00	557,095	0	557,095	31,602.42	17.63	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	545,953	-428,137	117,816	3,081.89	38.23	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	428,137	428,137	25,805.88	16.59	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,497,060	0	1,497,060	30,489.66	49.10	38.00
39.00	Central Services and Supply	14.00	179,138	0	179,138	7,915.83	22.63	39.00
40.00	Pharmacy	15.00	1,185,624	0	1,185,624	19,230.60	61.65	40.00
41.00	Medical Records & Medical Records Library	16.00	449,277	0	449,277	8,072.50	55.66	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet S-3  
Part III  
Date/Time Prepared:  
1/24/2024 1:12 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)	46,671,374	18,406	46,689,780	1,188,163.90	39.30	1.00
2.00	Excluded area salaries (see instructions)	16,450,623	18,406	16,469,029	409,620.98	40.21	2.00
3.00	Subtotal salaries (line 1 minus line 2)	30,220,751	0	30,220,751	778,542.92	38.82	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,338,943	0	11,338,943	237,035.72	47.84	4.00
5.00	Subtotal wage-related costs (see inst.)	14,830,687	0	14,830,687	0.00	49.07	5.00
6.00	Total (sum of lines 3 thru 5)	56,390,381	0	56,390,381	1,015,578.64	55.53	6.00
7.00	Total overhead cost (see instructions)	7,122,199	0	7,122,199	200,745.21	35.48	7.00

## HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet S-3  
Part IV  
Date/Time Prepared:  
1/24/2024 1:12 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	880,362	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)	2,896,099	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)	9,524,770	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)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	664,183	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	2,746,885	17.00
18.00	Medicare Taxes - Employers Portion Only	667,605	18.00
19.00	Unemployment Insurance	41,813	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	112,428	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	17,534,145	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: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet S-3  
Part V  
Date/Time Prepared:  
1/24/2024 1:12 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	3,196,755	17,516,710	1.00
2.00	Hospital	3,196,755	17,516,710	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	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 14-0032 Component CCN: 14-7661		Period: From 07/01/2022 To 06/30/2023		Worksheet S-4 Date/Time Prepared: 1/24/2024 1:12 pm	
						Home Health Agency I		PPS	
						1.00			
0.00	County					EFFINGHAM		0.00	
				Title V	Title XVIII	Title XIX	Other	Total	
				1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA									
1.00	Home Health Aide Hours			0	5,513	0	3,868	9,381	1.00
2.00	Unduplicated Census Count (see instructions)			0.00	1,993.00	0.00	3,456.00	5,449.00	2.00
				Number of Employees (Full Time Equivalent)					
				Enter the number of hours in your normal work week		Staff	Contract	Total	
				0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES									
3.00	Administrator and Assistant Administrator(s)			40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)					0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel					0.00	11.25	11.25	5.00
6.00	Direct Nursing Service					0.00	76.51	76.51	6.00
7.00	Nursing Supervisor					0.00	0.00	0.00	7.00
8.00	Physical Therapy Service					0.00	30.13	30.13	8.00
9.00	Physical Therapy Supervisor					0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service					0.00	12.27	12.27	10.00
11.00	Occupational Therapy Supervisor					0.00	0.00	0.00	11.00
12.00	Speech Pathology Service					0.00	2.16	2.16	12.00
13.00	Speech Pathology Supervisor					0.00	0.00	0.00	13.00
14.00	Medical Social Service					0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor					0.00	0.00	0.00	15.00
16.00	Home Health Aide					0.00	4.51	4.51	16.00
17.00	Home Health Aide Supervisor					0.00	0.00	0.00	17.00
18.00	Other (specify)					0.00	0.00	0.00	18.00
								CBSA Data	
								1.00	
HOME HEALTH AGENCY CBSA CODES									
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.							6	19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).							16060	20.00
20.01								16580	20.01
20.02								19500	20.02
20.03								41180	20.03
20.04								44100	20.04
20.05								99914	20.05
				Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
				Without Outliers	With Outliers				
				1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA									
21.00	Skilled Nursing Visits			18,514	5,012	548	164	24,238	21.00
22.00	Skilled Nursing Visit Charges			4,017,538	1,087,604	118,916	35,588	5,259,646	22.00
23.00	Physical Therapy Visits			6,464	3,967	123	74	10,628	23.00
24.00	Physical Therapy Visit Charges			1,493,184	916,377	28,413	17,094	2,455,068	24.00
25.00	Occupational Therapy Visits			1,423	2,224	18	36	3,701	25.00
26.00	Occupational Therapy Visit Charges			328,713	513,744	4,158	8,316	854,931	26.00
27.00	Speech Pathology Visits			341	342	6	0	689	27.00
28.00	Speech Pathology Visit Charges			78,771	79,002	1,386	0	159,159	28.00
29.00	Medical Social Service Visits			103	55	2	4	164	29.00
30.00	Medical Social Service Visit Charges			29,458	15,730	572	1,144	46,904	30.00
31.00	Home Health Aide Visits			2,084	1,099	2	15	3,200	31.00
32.00	Home Health Aide Visit Charges			218,820	115,395	210	1,575	336,000	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)			28,929	12,699	699	293	42,620	33.00
34.00	Other Charges			0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)			6,166,484	2,727,852	153,655	63,717	9,111,708	35.00
36.00	Total Number of Episodes (standard/non outlier)			3,603		429	29	4,061	36.00
37.00	Total Number of Outlier Episodes				676		8	684	37.00
38.00	Total Non-Routine Medical Supply Charges			169,616	35,050	5,256	1,485	211,407	38.00

## HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0032

Period:

Worksheet S-9

Hospice CCN: 14-1658

From 07/01/2022  
To 06/30/2023PARTS I THROUGH IV  
Date/Time Prepared:  
1/24/2024 1:12 pm

		Hospice I					
		Unduplicated Days					
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)
		1.00	2.00	3.00	4.00	5.00	6.00
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
1.00	Hospice Continuous Home Care						1.00
2.00	Hospice Routine Home Care						2.00
3.00	Hospice Inpatient Respite Care						3.00
4.00	Hospice General Inpatient Care						4.00
5.00	Total Hospice Days						5.00
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
6.00	Number of patients receiving hospice care						6.00
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00
8.00	Average Length of Stay (line 5 / line 6)						8.00
9.00	Unduplicated census count						9.00

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	28,073	157	4,201	32,431	11.00
12.00	Hospice Inpatient Respite Care	53	0	17	70	12.00
13.00	Hospice General Inpatient Care	547	15	299	861	13.00
14.00	Total Hospice Days	28,673	172	4,517	33,362	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

## HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023

Worksheet S-10

Date/Time Prepared:  
1/24/2024 1:12 pm

			1.00	
<b>Uncompensated and indigent care cost computation</b>				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.293380	1.00
<b>Medicaid (see instructions for each line)</b>				
2.00	Net revenue from Medicaid		7,320,222	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		58,988,063	6.00
7.00	Medicaid cost (line 1 times line 6)		17,305,918	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		9,985,696	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 (line 11 minus line 9; if < zero then enter zero)		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 (line 15 minus line 13; if < zero then enter zero)		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)		9,985,696	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	
			3.00	
<b>Uncompensated Care (see instructions for each line)</b>				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	5,077,852	848,245	5,926,097
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,489,740	848,245	2,337,985
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	1,489,740	848,245	2,337,985
			1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		5,256,940	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		468,217	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		720,334	27.01
28.00	Non-Medicare bad debt expense (see instructions)		4,536,606	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,583,066	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,921,051	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		13,906,747	31.00

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023

Worksheet A

Date/Time Prepared:  
1/24/2024 1:12 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		10,171,588	10,171,588	-4,566,053	5,605,535	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	5,158,797	5,158,797	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	15,999,230	15,999,230	76,415	16,075,645	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,225,686	38,769,229	39,994,915	-1,101,342	38,893,573	5.00
6.00	00600	MAINTENANCE & REPAIRS	194,365	11,927	206,292	0	206,292	6.00
7.00	00700	OPERATION OF PLANT	639,976	2,271,016	2,910,992	0	2,910,992	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	383,774	383,774	6,938	390,712	8.00
9.00	00900	HOUSEKEEPING	557,095	279,901	836,996	0	836,996	9.00
10.00	01000	DIETARY	545,953	577,570	1,123,523	-946,917	176,606	10.00
11.00	01100	CAFETERIA	0	3,583	3,583	946,917	950,500	11.00
13.00	01300	NURSING ADMINISTRATION	1,497,060	313,953	1,811,013	-12,466	1,798,547	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	179,138	429,883	609,021	-392,934	216,087	14.00
15.00	01500	PHARMACY	1,185,624	5,449,609	6,635,233	-5,044,005	1,591,228	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	449,277	86,178	535,455	-6,443	529,012	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	6,882,817	1,718,168	8,600,985	-1,404,020	7,196,965	30.00
31.00	03100	INTENSIVE CARE UNIT	1,675,443	200,501	1,875,944	-95,829	1,780,115	31.00
43.00	04300	NURSERY	42,512	42,893	85,405	512,961	598,366	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,334,528	5,445,820	8,780,348	-4,076,424	4,703,924	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	122,877	122,877	1,331,733	1,454,610	52.00
53.00	05300	ANESTHESIOLOGY	5,645	6,084,019	6,089,664	-127,514	5,962,150	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,908,020	1,660,932	3,568,952	-188,942	3,380,010	54.00
54.01	03630	ULTRA SOUND	228,144	97,832	325,976	-40,572	285,404	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	109,571	233,044	342,615	-3,153	339,462	54.02
54.06	05404	PET SCAN	0	105,125	105,125	0	105,125	54.06
57.00	05700	CT SCAN	482,924	384,918	867,842	-3,357	864,485	57.00
58.00	05800	MRI	203,619	231,940	435,559	-20,664	414,895	58.00
59.00	05900	CARDIAC CATHETERIZATION	120,420	280,829	401,249	-221,112	180,137	59.00
60.00	06000	LABORATORY	1,252,734	3,789,542	5,042,276	-1,849,338	3,192,938	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	636,422	117,764	754,186	-54,756	699,430	65.00
66.00	06600	PHYSICAL THERAPY	1,372,508	250,985	1,623,493	-18,863	1,604,630	66.00
67.00	06700	OCCUPATIONAL THERAPY	364,688	36,567	401,255	-33,055	368,200	67.00
68.00	06800	SPEECH PATHOLOGY	304,449	263	304,712	0	304,712	68.00
69.00	06900	ELECTROCARDIOLOGY	501,556	254,869	756,425	-35,420	721,005	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	171,349	23,310	194,659	-21,713	172,946	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,652,136	7,652,136	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,555,378	1,555,378	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,561,844	5,561,844	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	226,893	11,343	238,236	0	238,236	76.01
76.02	03952	TELEMEDICINE	59,986	74,600	134,586	-423	134,163	76.02
76.03	03950	WOUND CARE	504,472	1,050,253	1,554,725	-226,730	1,327,995	76.03
76.97	07697	CARDIAC REHABILITATION	94,581	2,611	97,192	-2,000	95,192	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	196,791	17,461	214,252	-12,548	201,704	90.00
91.00	09100	EMERGENCY	2,418,480	2,795,297	5,213,777	-408,875	4,804,902	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	11,697,634	2,984,122	14,681,756	-865,633	13,816,123	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE		382,961	382,961	-382,961	0	113.00
116.00	11600	HOSPICE	4,771,395	3,167,001	7,938,396	-637,919	7,300,477	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	46,041,755	106,315,288	152,357,043	1,138	152,358,181	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	49,836	49,836	0	49,836	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	-18,406	4,122,392	4,103,986	-1,138	4,102,848	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	46,023,349	110,487,516	156,510,865	0	156,510,865	200.00



## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet A  
Date/Time Prepared:  
1/24/2024 1:12 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	108,083	5,713,618	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	523,795	5,682,592	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-7,474,921	8,600,724	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-9,006,637	29,886,936	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	206,292	6.00
7.00	00700	OPERATION OF PLANT	-42,033	2,868,959	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-23,031	367,681	8.00
9.00	00900	HOUSEKEEPING	0	836,996	9.00
10.00	01000	DIETARY	-4,578	172,028	10.00
11.00	01100	CAFETERIA	0	950,500	11.00
13.00	01300	NURSING ADMINISTRATION	-475	1,798,072	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	216,087	14.00
15.00	01500	PHARMACY	0	1,591,228	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,463,934	1,992,946	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-893,512	6,303,453	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,780,115	31.00
43.00	04300	NURSERY	0	598,366	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,367	4,702,557	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,454,610	52.00
53.00	05300	ANESTHESIOLOGY	-5,869,047	93,103	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-336,378	3,043,632	54.00
54.01	03630	ULTRA SOUND	0	285,404	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	339,462	54.02
54.06	05404	PET SCAN	0	105,125	54.06
57.00	05700	CT SCAN	0	864,485	57.00
58.00	05800	MRI	0	414,895	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	180,137	59.00
60.00	06000	LABORATORY	-113,750	3,079,188	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	699,430	65.00
66.00	06600	PHYSICAL THERAPY	0	1,604,630	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	368,200	67.00
68.00	06800	SPEECH PATHOLOGY	0	304,712	68.00
69.00	06900	ELECTROCARDIOLOGY	-108,001	613,004	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	172,946	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,652,136	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,555,378	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,561,844	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	76.00
76.01	03650	VASCULAR LAB	0	238,236	76.01
76.02	03952	TELEMEDICINE	-71,775	62,388	76.02
76.03	03950	WOUND CARE	-326,428	1,001,567	76.03
76.97	07697	CARDIAC REHABILITATION	0	95,192	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	201,704	90.00
91.00	09100	EMERGENCY	-978,537	3,826,365	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-2,023	13,814,100	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-3,266	7,297,211	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-23,159,947	129,198,234	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	49,836	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	0	4,102,848	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-23,159,947	133,350,918	200.00

## RECLASSIFICATIONS

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023

Worksheet A-6

Date/Time Prepared:  
1/24/2024 1:12 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	B - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	428,137	518,780		1.00
	0		428,137	518,780		
	C - PHARMACY DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,561,844		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
	0		0	5,561,844		
	D - CENTRAL SUPPLY					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,652,136		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
	0		0	7,652,136		
	E - PROPERTY INSURANCE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	121,695		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	88,088		2.00
	0		0	209,783		
	F - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	382,961		1.00
	0		0	382,961		
	G - DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,070,709		1.00
	0		0	5,070,709		
	H - LABOR & DELIVERY					
1.00	NURSERY	43.00	550,484	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,448,720	0		2.00
	0		1,999,204	0		

## RECLASSIFICATIONS

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023

Worksheet A-6

Date/Time Prepared:  
1/24/2024 1:12 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	I - IMPLANT RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,555,378		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
	0		0	1,555,378		
	J - LAUNDRY RECLASS					
1.00	LAUNDRY & LINEN SERVICE	8.00	6,938	0		1.00
	0		6,938	0		
	M - PHYSICIAN OVERHEAD COST CENTERS					
1.00	ADULTS & PEDIATRICS	30.00	0	891,012		1.00
2.00		0.00	0	0		2.00
	0		0	891,012		
	O - RECLASS NEG SALARY					
1.00	PHILANTHROPY DEVELOPMENT	194.00	18,406	0		1.00
	TOTALS		18,406	0		
	P - TUITION REIMBURSEMENT					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	76,083		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
	TOTALS		0	76,083		
	Q - LAB BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	332		1.00
	TOTALS		0	332		
500.00	Grand Total: Increases		2,452,685	21,919,018		500.00

## RECLASSIFICATIONS

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet A-6  
Date/Time Prepared:  
1/24/2024 1:12 pm

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
	B - CAFETERIA COSTS						
1.00	DIETARY	10.00	428,137	518,780	0		1.00
	0		428,137	518,780			
	C - PHARMACY DRUGS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	13,549	0		1.00
2.00	PHARMACY	15.00	0	4,948,683	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	7,949	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	2,834	0		4.00
5.00	NURSERY	43.00	0	257	0		5.00
6.00	OPERATING ROOM	50.00	0	34,673	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,898	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	10,562	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,120	0		9.00
10.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	1,845	0		10.00
11.00	MRI	58.00	0	460	0		11.00
12.00	LABORATORY	60.00	0	107	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	8	0		13.00
14.00	OCCUPATIONAL THERAPY	67.00	0	54	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	1,442	0		15.00
16.00	WOUND CARE	76.03	0	9,455	0		16.00
17.00	CLINIC	90.00	0	88	0		17.00
18.00	EMERGENCY	91.00	0	9,165	0		18.00
19.00	HOME HEALTH AGENCY	101.00	0	14,327	0		19.00
20.00	HOSPICE	116.00	0	499,368	0		20.00
	0		0	5,561,844			
	D - CENTRAL SUPPLY						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	378,899	0		1.00
2.00	PHARMACY	15.00	0	95,322	0		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	52	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	267,765	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	89,970	0		5.00
6.00	NURSERY	43.00	0	37,266	0		6.00
7.00	OPERATING ROOM	50.00	0	2,709,436	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	114,089	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	116,952	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	184,822	0		10.00
11.00	ULTRA SOUND	54.01	0	40,572	0		11.00
12.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	1,308	0		12.00
13.00	CT SCAN	57.00	0	3,357	0		13.00
14.00	MRI	58.00	0	20,204	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	114,489	0		15.00
16.00	LABORATORY	60.00	0	1,842,668	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	54,748	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	18,863	0		18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	33,001	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	33,978	0		20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	21,713	0		21.00
22.00	TELEMEDICINE	76.02	0	423	0		22.00
23.00	WOUND CARE	76.03	0	91,614	0		23.00
24.00	CARDIAC REHABILITATION	76.97	0	2,000	0		24.00
25.00	CLINIC	90.00	0	12,460	0		25.00
26.00	EMERGENCY	91.00	0	393,239	0		26.00
27.00	HOME HEALTH AGENCY	101.00	0	844,254	0		27.00
28.00	HOSPICE	116.00	0	127,534	0		28.00
29.00	PHILANTHROPY DEVELOPMENT	194.00	0	1,138	0		29.00
	0		0	7,652,136			
	E - PROPERTY INSURANCE EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	209,783	12		1.00
2.00	0	0.00	0	0	12		2.00
	0		0	209,783			
	F - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	382,961	11		1.00
	0		0	382,961			
	G - DEPRECIATION EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,070,709	9		1.00
	0		0	5,070,709			
	H - LABOR & DELIVERY						
1.00	ADULTS & PEDIATRICS	30.00	1,999,204	0	0		1.00
2.00	0	0.00	0	0	0		2.00
	0		1,999,204	0			

## RECLASSIFICATIONS

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023

Worksheet A-6

Date/Time Prepared:  
1/24/2024 1:12 pm

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
	I - IMPLANT RECLASS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	486	0		1.00
2.00	OPERATING ROOM	50.00	0	1,321,760	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	106,623	0		3.00
4.00	LABORATORY	60.00	0	6,231	0		4.00
5.00	WOUND CARE	76.03	0	120,103	0		5.00
6.00	EMERGENCY	91.00	0	175	0		6.00
	0		0	1,555,378			
	J - LAUNDRY RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	6,938	0	0		1.00
	0		6,938	0			
	M - PHYSICIAN OVERHEAD COST CENTERS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	884,621	0		1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	0	6,391	0		2.00
	0		0	891,012			
	O - RECLASS NEG SALARY						
1.00	PHILANTHROPY DEVELOPMENT	194.00	0	18,406	0		1.00
	TOTALS		0	18,406			
	P - TUITION REIMBURSEMENT						
1.00	NURSING ADMINISTRATION	13.00	0	12,466	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	20,114	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	3,025	0		3.00
4.00	OPERATING ROOM	50.00	0	10,555	0		4.00
5.00	WOUND CARE	76.03	0	5,558	0		5.00
6.00	EMERGENCY	91.00	0	6,296	0		6.00
7.00	HOME HEALTH AGENCY	101.00	0	7,052	0		7.00
8.00	HOSPICE	116.00	0	11,017	0		8.00
	TOTALS		0	76,083			
	Q - LAB BENEFITS						
1.00	LABORATORY	60.00	0	332	0		1.00
	TOTALS		0	332			
500.00	Grand Total: Decreases		2,434,279	21,937,424			500.00

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet A-7  
Part I  
Date/Time Prepared:  
1/24/2024 1:12 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	2,699,574	0	0	0	0	1.00	
2.00	Land Improvements	3,381,484	0	0	0	0	2.00	
3.00	Buildings and Fixtures	120,595,735	1,018,342	0	1,018,342	0	3.00	
4.00	Building Improvements	1,169,101	0	0	0	192,785	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	89,956,122	3,165,005	0	3,165,005	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	217,802,016	4,183,347	0	4,183,347	192,785	8.00	
9.00	Reconciling Items	8,519,560	759,641	0	759,641	0	9.00	
10.00	Total (line 8 minus line 9)	209,282,456	3,423,706	0	3,423,706	192,785	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,699,574	0				1.00	
2.00	Land Improvements	3,381,484	0				2.00	
3.00	Buildings and Fixtures	121,614,077	0				3.00	
4.00	Building Improvements	976,316	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	93,121,127	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	221,792,578	0				8.00	
9.00	Reconciling Items	9,279,201	0				9.00	
10.00	Total (line 8 minus line 9)	212,513,377	0				10.00	

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet A-7  
Part II  
Date/Time Prepared:  
1/24/2024 1:12 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	9,788,627	0	382,961	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,788,627	0	382,961	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of col.s. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	10,171,588				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	10,171,588				3.00

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet A-7  
Part III  
Date/Time Prepared:  
1/24/2024 1:12 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	128,671,451	0	128,671,451	0.580143	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	93,121,127	0	93,121,127	0.419857	0	2.00
3.00	Total (sum of lines 1-2)	221,792,578	0	221,792,578	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital -Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,535,832	-34,709	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,594,504	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,130,336	-34,709	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	382,961	121,695	0	-292,161	5,713,618	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	88,088	0	0	5,682,592	2.00
3.00	Total (sum of lines 1-2)	382,961	209,783	0	-292,161	11,396,210	3.00



## ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023

Worksheet A-8

Date/Time Prepared:  
1/24/2024 1:12 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		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-382,961	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-7,379	CAP REL COSTS-MVBLE EQUIP	2.00	9	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	-8,360,623			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-1,189,392			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-4,578	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISC INCOME	B	-292,161	CAP REL COSTS-BLDG & FIXT	1.00	14	33.00

## ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023

Worksheet A-8

Date/Time Prepared:  
1/24/2024 1:12 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	
33.01	MISC INCOME	B	-603,267	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	MISC INCOME	B	-1,500	OPERATION OF PLANT	7.00	0	33.02
33.03	MISC INCOME	B	-475	NURSING ADMINISTRATION	13.00	0	33.03
33.04	MISC INCOME	B	-130,000	MEDICAL RECORDS & LIBRARY	16.00	0	33.04
33.05	MISC INCOME	B	-177,320	RADIOLOGY-DIAGNOSTIC	54.00	0	33.05
33.06	MISC INCOME	B	-2,023	HOME HEALTH AGENCY	101.00	0	33.06
33.07	MISC INCOME	B	-3,266	HOSPICE	116.00	0	33.07
33.08	TELEPHONE EMPLOYEE BENEFITS	A	-1,168	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.08
33.09	TELEPHONE A&G SALARIES	A	-3,455	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10	TELEPHONE A&G OTHER EXPENSE	A	-96	ADMINISTRATIVE & GENERAL	5.00	0	33.10
33.11	TELEVISION EMPLOYEE BENEFITS	A	-1,163	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.11
33.12	TELEVISION SALARIES	A	-3,441	OPERATION OF PLANT	7.00	0	33.12
33.13	TELEVISION A&G OTHER EXPENSE	A	-163	OPERATION OF PLANT	7.00	0	33.13
33.14	TELEVISION A&G OTHER CABLE EXPENSE	A	-36,929	OPERATION OF PLANT	7.00	0	33.14
33.15	MEDICAID TAX ASSESSMENT	A	-5,775,960	ADMINISTRATIVE & GENERAL	5.00	0	33.15
33.16	SELF-INS TO HOSP/EMP CLAIMS	A	-5,419,005	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.16
33.17	LOBBYING EXPENSES	A	-33,505	ADMINISTRATIVE & GENERAL	5.00	0	33.17
33.18	ALCOHOL BEVERAGE COST	A	-1,274	ADMINISTRATIVE & GENERAL	5.00	0	33.18
33.19	ALCOHOL BEVERAGE COST	A	-777	MEDICAL RECORDS & LIBRARY	16.00	0	33.19
33.20	DEFINED PENSION ADJUSTMENT	A	-1,544,649	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.20
33.21	PUBLIC RELATIONS/MARKETING	A	-25	ADMINISTRATIVE & GENERAL	5.00	0	33.21
33.22	PUBLIC RELATIONS/MARKETING	A		MEDICAL RECORDS & LIBRARY	16.00	0	33.22
33.23	BUILDING RE-LIFING	A	817,914	CAP REL COSTS-BLDG & FIXT	1.00	9	33.23
33.24	EQUIPMENT RE-LIFING	A	531,174	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.24
33.25	GIFTS/DONATIONS	A	-227,443	ADMINISTRATIVE & GENERAL	5.00	0	33.25
33.26	PROPERTY TAX	A	-76,143	ADMINISTRATIVE & GENERAL	5.00	0	33.26
33.27	PROPERTY TAX	A	-58,821	RADIOLOGY-DIAGNOSTIC	54.00	0	33.27
33.28	PROPERTY TAX	A		OPERATION OF PLANT	7.00	0	33.28
33.29	RENTAL REVENUE	A	-92,018	RADIOLOGY-DIAGNOSTIC	54.00	0	33.29
33.30	RENTAL REVENUE	A	-34,709	CAP REL COSTS-BLDG & FIXT	1.00	10	33.30
33.31	RENTAL REVENUE	A	-7,513	RADIOLOGY-DIAGNOSTIC	54.00	0	33.31
33.32	PHYSICIAN RECRUITMENT	A	-33,333	ADMINISTRATIVE & GENERAL	5.00	0	33.32
33.33	GIFTS/DONATIONS	A	-2,500	ADULTS & PEDIATRICS	30.00	0	33.33
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-23,159,947				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023

Worksheet A-8-1

Date/Time Prepared:  
1/24/2024 1:12 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		4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH & DENTAL PREMIUM	11,487,180	11,480,749 1.00
2.00		5.00	ADMINISTRATIVE & GENERAL	CONTRACTED SERVICES - ISC	6,934,378	5,139,420 2.00
3.00		5.00	ADMINISTRATIVE & GENERAL	CONTRACTED SERVICES - SSC	3,318,990	4,175,616 3.00
3.01		4.00	EMPLOYEE BENEFITS DEPARTMENT	HUMAN RESOURCES	271,137	786,504 3.01
3.02		5.00	ADMINISTRATIVE & GENERAL	CONTRACTED SERVICES -SBO	2,814,222	5,827,284 3.02
3.03		16.00	MEDICAL RECORDS & LIBRARY	CONTRACTED SERVICES -SBO	1,594,711	0 3.03
3.04		8.00	LAUNDRY & LINEN SERVICE	LAUNDRY	343,464	366,495 3.04
3.05		5.00	ADMINISTRATIVE & GENERAL	IL - LIBRARY	39,714	35,049 3.05
4.00		5.00	ADMINISTRATIVE & GENERAL	IL - A&G	1,462,532	1,644,603 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				28,266,328	29,455,720 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	
	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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	G	HSBS	100.00	HSBS	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: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023

Worksheet A-8-1

Date/Time Prepared:  
1/24/2024 1:12 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	6,431	0		1.00
2.00	1,794,958	0		2.00
3.00	-856,626	0		3.00
3.01	-515,367	0		3.01
3.02	-3,013,062	0		3.02
3.03	1,594,711	0		3.03
3.04	-23,031	0		3.04
3.05	4,665	0		3.05
4.00	-182,071	0		4.00
5.00	-1,189,392			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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	CORPORATE OFFICE		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: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023

Worksheet A-8-2

Date/Time Prepared:  
1/24/2024 1:12 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	891,012	891,012	0	0	0	1.00
2.00	50.00	OPERATING ROOM	1,367	1,367	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	5,869,047	5,869,047	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	22,275	0	22,275	271,900	165	4.00
5.00	60.00	LABORATORY	113,750	113,750	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	108,001	108,001	0	0	0	6.00
7.00	76.02	TELEMEDICINE	71,775	71,775	0	0	0	7.00
8.00	76.03	WOUND CARE	367,813	314,658	53,155	211,500	407	8.00
9.00	91.00	EMERGENCY	978,537	978,537	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			8,423,577	8,348,147	75,430		572	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	21,569	1,078	0	0	0	4.00
5.00	60.00	LABORATORY	0	0	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	6.00
7.00	76.02	TELEMEDICINE	0	0	0	0	0	7.00
8.00	76.03	WOUND CARE	41,385	2,069	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			62,954	3,147	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	891,012		1.00
2.00	50.00	OPERATING ROOM	0	0	0	1,367		2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	5,869,047		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	21,569	706	706		4.00
5.00	60.00	LABORATORY	0	0	0	113,750		5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	108,001		6.00
7.00	76.02	TELEMEDICINE	0	0	0	71,775		7.00
8.00	76.03	WOUND CARE	0	41,385	11,770	326,428		8.00
9.00	91.00	EMERGENCY	0	0	0	978,537		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	62,954	12,476	8,360,623		200.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet B  
Part I  
Date/Time Prepared:  
1/24/2024 1:12 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	5,713,618	5,713,618			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	5,682,592	5,682,592			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,600,724	11,271	0	8,611,995	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	29,886,936	1,653,494	1,000,287	227,963	32,768,680
6.00	00600	MAINTENANCE & REPAIRS	206,292	0	1,355	36,355	244,002
7.00	00700	OPERATION OF PLANT	2,868,959	977,360	477,167	119,706	4,443,192
8.00	00800	LAUNDRY & LINEN SERVICE	367,681	26,332	1,024	1,298	396,335
9.00	00900	HOUSEKEEPING	836,996	0	1,305	104,203	942,504
10.00	01000	DIETARY	172,028	92,041	27,075	22,037	313,181
11.00	01100	CAFETERIA	950,500	25,993	0	80,082	1,056,575
13.00	01300	NURSING ADMINISTRATION	1,798,072	50,664	116,381	280,021	2,245,138
14.00	01400	CENTRAL SERVICES & SUPPLY	216,087	41,441	0	33,507	291,035
15.00	01500	PHARMACY	1,591,228	60,565	69,161	221,767	1,942,721
16.00	01600	MEDICAL RECORDS & LIBRARY	1,992,946	64,628	0	84,036	2,141,610
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,303,453	592,556	264,885	913,465	8,074,359
31.00	03100	INTENSIVE CARE UNIT	1,780,115	70,998	54,770	313,387	2,219,270
43.00	04300	NURSERY	598,366	12,852	0	110,918	722,136
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,702,557	502,451	964,473	623,713	6,793,194
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,454,610	72,046	0	270,979	1,797,635
53.00	05300	ANESTHESIOLOGY	93,103	3,160	19,847	1,056	117,166
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,043,632	536,135	1,507,761	356,889	5,444,417
54.01	03630	ULTRA SOUND	285,404	8,836	60,412	42,674	397,326
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	339,462	39,200	204	20,495	399,361
54.06	05404	PET SCAN	105,125	0	0	0	105,125
57.00	05700	CT SCAN	864,485	22,591	99,043	90,329	1,076,448
58.00	05800	MRI	414,895	26,912	258,714	38,086	738,607
59.00	05900	CARDIAC CATHETERIZATION	180,137	29,863	38,291	22,524	270,815
60.00	06000	LABORATORY	3,079,188	84,559	171,873	234,320	3,569,940
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	699,430	11,771	19,893	119,041	850,135
66.00	06600	PHYSICAL THERAPY	1,604,630	75,222	25,242	256,724	1,961,818
67.00	06700	OCCUPATIONAL THERAPY	368,200	42,554	0	68,214	478,968
68.00	06800	SPEECH PATHOLOGY	304,712	11,223	0	56,946	372,881
69.00	06900	ELECTROCARDIOLOGY	613,004	65,064	149,444	93,815	921,327
70.00	07000	ELECTROENCEPHALOGRAPHY	172,946	11,013	22,819	32,050	238,828
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,652,136	0	0	0	7,652,136
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,555,378	0	0	0	1,555,378
73.00	07300	DRUGS CHARGED TO PATIENTS	5,561,844	0	0	0	5,561,844
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	238,236	15,851	578	42,440	297,105
76.02	03952	TELEMEDICINE	62,388	14,786	0	11,220	88,394
76.03	03950	WOUND CARE	1,001,567	55,744	15,572	94,360	1,167,243
76.97	07697	CARDIAC REHABILITATION	95,192	10,642	1,884	17,691	125,409
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	201,704	20,849	10,995	36,809	270,357
91.00	09100	EMERGENCY	3,826,365	218,701	248,088	452,369	4,745,523
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	13,814,100	79,044	48,659	2,188,031	16,129,834
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	7,297,211	0	5,390	892,475	8,195,076
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	129,198,234	5,638,412	5,682,592	8,611,995	129,123,028
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	49,836	8,514	0	0	58,350
194.00	07950	PHILANTHROPY DEVELOPMENT	4,102,848	66,692	0	0	4,169,540
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.02	07952	MEALS ON WHEELS	0	0	0	0	0
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	133,350,918	5,713,618	5,682,592	8,611,995	133,350,918

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet B  
Part I  
Date/Time Prepared:  
1/24/2024 1:12 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	32,768,680					5.00
6.00	00600	MAINTENANCE & REPAIRS	79,493	323,495				6.00
7.00	00700	OPERATION OF PLANT	1,447,548	78,105	5,968,845			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	129,122	2,115	51,171	578,743		8.00
9.00	00900	HOUSEKEEPING	307,058	0	0	0	1,249,562	9.00
10.00	01000	DIETARY	102,031	7,356	178,863	3,872	37,768	10.00
11.00	01100	CAFETERIA	344,222	2,084	50,513	0	10,666	11.00
13.00	01300	NURSING ADMINISTRATION	731,444	4,046	98,456	0	20,790	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	94,816	3,310	80,532	1,084	17,005	14.00
15.00	01500	PHARMACY	632,919	4,843	117,696	0	24,852	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	697,715	5,149	125,593	0	26,520	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,630,545	47,356	1,151,515	178,111	243,152	30.00
31.00	03100	INTENSIVE CARE UNIT	723,016	5,671	137,970	27,271	29,133	31.00
43.00	04300	NURSERY	235,265	1,011	24,974	0	5,274	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,213,155	40,153	976,414	112,444	206,177	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	585,652	5,762	140,007	50,832	29,564	52.00
53.00	05300	ANESTHESIOLOGY	38,172	245	6,142	0	1,297	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,773,737	42,820	1,041,873	13,627	220,000	54.00
54.01	03630	ULTRA SOUND	129,445	705	17,172	1,993	3,626	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	130,108	3,126	76,177	857	16,085	54.02
54.06	05404	PET SCAN	34,249	0	0	0	0	54.06
57.00	05700	CT SCAN	350,696	1,808	43,901	12,160	9,270	57.00
58.00	05800	MRI	240,631	2,146	52,299	31,205	11,043	58.00
59.00	05900	CARDIAC CATHETERIZATION	88,229	2,391	58,033	110	12,254	59.00
60.00	06000	LABORATORY	1,163,051	6,743	164,323	0	34,698	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	276,965	950	22,875	5,089	4,830	65.00
66.00	06600	PHYSICAL THERAPY	639,141	6,008	146,180	1,600	30,867	66.00
67.00	06700	OCCUPATIONAL THERAPY	156,043	3,402	82,694	645	17,462	67.00
68.00	06800	SPEECH PATHOLOGY	121,481	889	21,809	0	4,605	68.00
69.00	06900	ELECTROCARDIOLOGY	300,159	5,211	126,439	5,406	26,698	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	77,808	889	21,402	284	4,519	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,492,989	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	506,727	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,811,993	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	96,794	1,257	30,803	8,946	6,504	76.01
76.02	03952	TELEMEDICINE	28,798	1,195	28,735	0	6,068	76.02
76.03	03950	WOUND CARE	380,276	4,444	108,327	8,745	22,874	76.03
76.97	07697	CARDIAC REHABILITATION	40,857	858	20,681	849	4,367	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	88,080	1,655	40,517	287	8,555	90.00
91.00	09100	EMERGENCY	1,546,044	17,471	425,003	110,119	89,743	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	5,254,928	6,314	153,607	0	32,435	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,669,874	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,391,276	317,488	5,822,696	575,536	1,218,701	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	19,010	674	16,545	0	3,494	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	1,358,394	5,333	129,604	3,207	27,367	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	32,768,680	323,495	5,968,845	578,743	1,249,562	202.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet B  
Part I  
Date/Time Prepared:  
1/24/2024 1:12 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	643,071					10.00
11.00	01100	CAFETERIA	0	1,464,060				11.00
13.00	01300	NURSING ADMINISTRATION	0	42,282	3,142,156			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,989	0	498,771		14.00
15.00	01500	PHARMACY	0	26,679	156,596	12,427	2,918,733	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	14,911	87,528	3	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	494,931	171,752	1,008,682	13,627	34,431	30.00
31.00	03100	INTENSIVE CARE UNIT	77,705	46,291	271,858	4,581	12,156	31.00
43.00	04300	NURSERY	70,435	18,545	108,919	1,890	1,023	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	106,080	623,011	205,711	18,103	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	45,310	266,093	5,927	0	52.00
53.00	05300	ANESTHESIOLOGY	0	29	0	5,922	55,150	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	82,602	0	9,595	21,424	54.00
54.01	03630	ULTRA SOUND	0	7,095	0	2,054	5	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	3,576	0	8,155	9,634	54.02
54.06	05404	PET SCAN	0	0	0	0	0	54.06
57.00	05700	CT SCAN	0	17,363	0	5,678	0	57.00
58.00	05800	MRI	0	7,210	0	2,806	2,402	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,836	0	11,205	0	59.00
60.00	06000	LABORATORY	0	53,357	0	116,609	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	26,332	154,576	6,247	0	65.00
66.00	06600	PHYSICAL THERAPY	0	51,194	0	955	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	13,238	0	1,674	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	9,345	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	16,901	0	1,721	7,514	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,403	0	1,099	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	0	6,432	0	0	0	76.01
76.02	03952	TELEMEDICINE	0	2,452	0	21	0	76.02
76.03	03950	WOUND CARE	0	17,305	0	10,722	49,193	76.03
76.97	07697	CARDIAC REHABILITATION	0	2,913	0	101	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	6,489	0	635	0	90.00
91.00	09100	EMERGENCY	0	79,170	464,893	20,138	25,513	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	394,641	0	42,752	74,705	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	173,338	0	6,458	2,607,480	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	643,071	1,464,060	3,142,156	498,713	2,918,733	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	0	0	0	58	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	643,071	1,464,060	3,142,156	498,771	2,918,733	202.00



## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet B  
Part I  
Date/Time Prepared:  
1/24/2024 1:12 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,099,029					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	121,425	0	14,169,886	0	14,169,886	30.00
31.00	03100	INTENSIVE CARE UNIT	22,487	0	3,577,409	0	3,577,409	31.00
43.00	04300	NURSERY	11,394	0	1,200,866	0	1,200,866	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	322,914	0	11,617,356	0	11,617,356	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	39,665	0	2,966,447	0	2,966,447	52.00
53.00	05300	ANESTHESIOLOGY	69,487	0	293,610	0	293,610	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	173,184	0	8,823,279	0	8,823,279	54.00
54.01	03630	ULTRA SOUND	31,402	0	590,823	0	590,823	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	47,207	0	694,286	0	694,286	54.02
54.06	05404	PET SCAN	9,396	0	148,770	0	148,770	54.06
57.00	05700	CT SCAN	498,407	0	2,015,731	0	2,015,731	57.00
58.00	05800	MRI	143,665	0	1,232,014	0	1,232,014	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,627	0	456,500	0	456,500	59.00
60.00	06000	LABORATORY	273,084	0	5,381,805	0	5,381,805	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	18,092	0	1,366,091	0	1,366,091	65.00
66.00	06600	PHYSICAL THERAPY	66,339	0	2,904,102	0	2,904,102	66.00
67.00	06700	OCCUPATIONAL THERAPY	37,501	0	791,627	0	791,627	67.00
68.00	06800	SPEECH PATHOLOGY	9,879	0	540,889	0	540,889	68.00
69.00	06900	ELECTROCARDIOLOGY	111,616	0	1,522,992	0	1,522,992	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,983	0	368,215	0	368,215	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	57,660	0	10,202,785	0	10,202,785	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	51,264	0	2,113,369	0	2,113,369	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	367,579	0	7,741,416	0	7,741,416	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	24,467	0	472,308	0	472,308	76.01
76.02	03952	TELEMEDICINE	143	0	155,806	0	155,806	76.02
76.03	03950	WOUND CARE	48,014	0	1,817,143	0	1,817,143	76.03
76.97	07697	CARDIAC REHABILITATION	4,262	0	200,297	0	200,297	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,230	0	419,805	0	419,805	90.00
91.00	09100	EMERGENCY	270,611	0	7,794,228	0	7,794,228	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	152,682	0	22,241,898	0	22,241,898	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	85,363	0	13,737,589	0	13,737,589	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,099,029	0	127,559,342	0	127,559,342	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	98,073	0	98,073	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	0	0	5,693,503	0	5,693,503	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	3,099,029	0	133,350,918	0	133,350,918	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet B  
Part II  
Date/Time Prepared:  
1/24/2024 1:12 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	11,271	0	11,271	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,885,866	1,653,494	1,000,287	4,539,647	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	1,355	1,355	6.00
7.00	00700	OPERATION OF PLANT	19,800	977,360	477,167	1,474,327	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	26,332	1,024	27,356	8.00
9.00	00900	HOUSEKEEPING	0	0	1,305	1,305	9.00
10.00	01000	DIETARY	0	92,041	27,075	119,116	10.00
11.00	01100	CAFETERIA	0	25,993	0	25,993	11.00
13.00	01300	NURSING ADMINISTRATION	0	50,664	116,381	167,045	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	41,441	0	41,441	14.00
15.00	01500	PHARMACY	199,034	60,565	69,161	328,760	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	64,628	0	64,628	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	257	592,556	264,885	857,698	30.00
31.00	03100	INTENSIVE CARE UNIT	3,670	70,998	54,770	129,438	31.00
43.00	04300	NURSERY	0	12,852	0	12,852	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	185,460	502,451	964,473	1,652,384	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	72,046	0	72,046	52.00
53.00	05300	ANESTHESIOLOGY	25,450	3,160	19,847	48,457	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	447,473	536,135	1,507,761	2,491,369	54.00
54.01	03630	ULTRA SOUND	0	8,836	60,412	69,248	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	39,200	204	39,404	54.02
54.06	05404	PET SCAN	0	0	0	0	54.06
57.00	05700	CT SCAN	0	22,591	99,043	121,634	57.00
58.00	05800	MRI	0	26,912	258,714	285,626	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	29,863	38,291	68,154	59.00
60.00	06000	LABORATORY	0	84,559	171,873	256,432	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	11,771	19,893	31,664	65.00
66.00	06600	PHYSICAL THERAPY	95,099	75,222	25,242	195,563	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	42,554	0	42,554	67.00
68.00	06800	SPEECH PATHOLOGY	0	11,223	0	11,223	68.00
69.00	06900	ELECTROCARDIOLOGY	0	65,064	149,444	214,508	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	398	11,013	22,819	34,230	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	0	15,851	578	16,429	76.01
76.02	03952	TELEMEDICINE	0	14,786	0	14,786	76.02
76.03	03950	WOUND CARE	0	55,744	15,572	71,316	76.03
76.97	07697	CARDIAC REHABILITATION	0	10,642	1,884	12,526	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	20,849	10,995	31,844	90.00
91.00	09100	EMERGENCY	1,363	218,701	248,088	468,152	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	68,739	79,044	48,659	196,442	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	391,338	0	5,390	396,728	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,323,947	5,638,412	5,682,592	14,644,951	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	8,514	0	8,514	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	0	66,692	0	66,692	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.03
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,323,947	5,713,618	5,682,592	14,720,157	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet B  
Part II  
Date/Time Prepared:  
1/24/2024 1:12 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,539,946					5.00
6.00	00600	MAINTENANCE & REPAIRS	11,014	12,417				6.00
7.00	00700	OPERATION OF PLANT	200,552	2,997	1,678,033			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	17,889	81	14,386	59,714		8.00
9.00	00900	HOUSEKEEPING	42,542	0	0	0	43,983	9.00
10.00	01000	DIETARY	14,136	282	50,284	400	1,329	10.00
11.00	01100	CAFETERIA	47,691	80	14,201	0	375	11.00
13.00	01300	NURSING ADMINISTRATION	101,339	155	27,679	0	732	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,136	127	22,640	112	599	14.00
15.00	01500	PHARMACY	87,689	186	33,088	0	875	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	96,666	198	35,308	0	933	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	364,452	1,818	323,726	18,375	8,558	30.00
31.00	03100	INTENSIVE CARE UNIT	100,171	218	38,788	2,814	1,025	31.00
43.00	04300	NURSERY	32,595	39	7,021	0	186	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	306,624	1,541	274,501	11,602	7,257	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	81,140	221	39,360	5,245	1,041	52.00
53.00	05300	ANESTHESIOLOGY	5,289	9	1,727	0	46	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	245,745	1,644	292,904	1,406	7,744	54.00
54.01	03630	ULTRA SOUND	17,934	27	4,828	206	128	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	18,026	120	21,416	88	566	54.02
54.06	05404	PET SCAN	4,745	0	0	0	0	54.06
57.00	05700	CT SCAN	48,588	69	12,342	1,255	326	57.00
58.00	05800	MRI	33,339	82	14,703	3,220	389	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,224	92	16,315	11	431	59.00
60.00	06000	LABORATORY	161,136	259	46,197	0	1,221	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	38,373	36	6,431	525	170	65.00
66.00	06600	PHYSICAL THERAPY	88,551	231	41,096	165	1,086	66.00
67.00	06700	OCCUPATIONAL THERAPY	21,619	131	23,248	67	615	67.00
68.00	06800	SPEECH PATHOLOGY	16,831	34	6,131	0	162	68.00
69.00	06900	ELECTROCARDIOLOGY	41,586	200	35,546	558	940	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,780	34	6,017	29	159	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	345,394	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	70,205	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	251,045	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	13,410	48	8,660	923	229	76.01
76.02	03952	TELEMEDICINE	3,990	46	8,078	0	214	76.02
76.03	03950	WOUND CARE	52,686	171	30,454	902	805	76.03
76.97	07697	CARDIAC REHABILITATION	5,661	33	5,814	88	154	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	12,203	64	11,391	30	301	90.00
91.00	09100	EMERGENCY	214,199	671	119,482	11,362	3,159	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	728,015	242	43,184	0	1,142	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	369,901	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,349,111	12,186	1,636,946	59,383	42,897	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,634	26	4,651	0	123	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	188,201	205	36,436	331	963	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	4,539,946	12,417	1,678,033	59,714	43,983	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet B  
Part II  
Date/Time Prepared:  
1/24/2024 1:12 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	185,576					10.00
11.00	01100	CAFETERIA	0	88,445				11.00
13.00	01300	NURSING ADMINISTRATION	0	2,554	299,871			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	664	0	78,763		14.00
15.00	01500	PHARMACY	0	1,612	14,945	1,962	469,407	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	901	8,353	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	142,826	10,376	96,263	2,152	5,537	30.00
31.00	03100	INTENSIVE CARE UNIT	22,424	2,796	25,945	723	1,955	31.00
43.00	04300	NURSERY	20,326	1,120	10,395	298	165	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	6,408	59,457	32,489	2,911	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,737	25,394	936	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2	0	935	8,870	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,990	0	1,515	3,446	54.00
54.01	03630	ULTRA SOUND	0	429	0	324	1	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	216	0	1,288	1,549	54.02
54.06	05404	PET SCAN	0	0	0	0	0	54.06
57.00	05700	CT SCAN	0	1,049	0	897	0	57.00
58.00	05800	MRI	0	436	0	443	386	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	232	0	1,769	0	59.00
60.00	06000	LABORATORY	0	3,223	0	18,413	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	1,591	14,752	986	0	65.00
66.00	06600	PHYSICAL THERAPY	0	3,093	0	151	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	800	0	264	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	565	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,021	0	272	1,208	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	387	0	174	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	0	389	0	0	0	76.01
76.02	03952	TELEMEDICINE	0	148	0	3	0	76.02
76.03	03950	WOUND CARE	0	1,045	0	1,693	7,911	76.03
76.97	07697	CARDIAC REHABILITATION	0	176	0	16	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	392	0	100	0	90.00
91.00	09100	EMERGENCY	0	4,783	44,367	3,180	4,103	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	23,838	0	6,751	12,015	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	10,472	0	1,020	419,350	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	185,576	88,445	299,871	78,754	469,407	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	0	0	0	9	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	185,576	88,445	299,871	78,763	469,407	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet B  
Part II  
Date/Time Prepared:  
1/24/2024 1:12 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	207,097					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,109	0	1,841,086	0	1,841,086	30.00
31.00	03100	INTENSIVE CARE UNIT	1,502	0	328,209	0	328,209	31.00
43.00	04300	NURSERY	761	0	85,903	0	85,903	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,564	0	2,377,555	0	2,377,555	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,649	0	231,124	0	231,124	52.00
53.00	05300	ANESTHESIOLOGY	4,640	0	69,976	0	69,976	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,565	0	3,062,795	0	3,062,795	54.00
54.01	03630	ULTRA SOUND	2,097	0	95,278	0	95,278	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	3,152	0	85,852	0	85,852	54.02
54.06	05404	PET SCAN	627	0	5,372	0	5,372	54.06
57.00	05700	CT SCAN	33,431	0	219,709	0	219,709	57.00
58.00	05800	MRI	9,594	0	348,268	0	348,268	58.00
59.00	05900	CARDIAC CATHETERIZATION	643	0	99,901	0	99,901	59.00
60.00	06000	LABORATORY	18,236	0	505,424	0	505,424	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,208	0	95,892	0	95,892	65.00
66.00	06600	PHYSICAL THERAPY	4,430	0	334,702	0	334,702	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,504	0	91,891	0	91,891	67.00
68.00	06800	SPEECH PATHOLOGY	660	0	35,681	0	35,681	68.00
69.00	06900	ELECTROCARDIOLOGY	7,454	0	303,416	0	303,416	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,134	0	52,986	0	52,986	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,850	0	349,244	0	349,244	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,423	0	73,628	0	73,628	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,546	0	275,591	0	275,591	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	1,634	0	41,778	0	41,778	76.01
76.02	03952	TELEMEDICINE	10	0	27,290	0	27,290	76.02
76.03	03950	WOUND CARE	3,206	0	170,313	0	170,313	76.03
76.97	07697	CARDIAC REHABILITATION	285	0	24,776	0	24,776	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	216	0	56,589	0	56,589	90.00
91.00	09100	EMERGENCY	18,071	0	892,122	0	892,122	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	10,196	0	1,024,681	0	1,024,681	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5,700	0	1,204,340	0	1,204,340	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	207,097	0	14,411,372	0	14,411,372	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	15,948	0	15,948	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	0	0	292,837	0	292,837	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	207,097	0	14,720,157	0	14,720,157	202.00

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023

Worksheet B-1

Date/Time Prepared:  
1/24/2024 1:12 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	354,336				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,479,925			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	699	0	46,041,755		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	102,543	612,559	1,218,748	-32,768,680	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	830	194,365	0	6.00
7.00	00700	OPERATION OF PLANT	60,612	292,209	639,976	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,633	627	6,938	0	8.00
9.00	00900	HOUSEKEEPING	0	799	557,095	0	9.00
10.00	01000	DIETARY	5,708	16,580	117,816	0	10.00
11.00	01100	CAFETERIA	1,612	0	428,137	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,142	71,270	1,497,060	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,570	0	179,138	0	14.00
15.00	01500	PHARMACY	3,756	42,353	1,185,624	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,008	0	449,277	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	36,748	162,211	4,883,613	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,403	33,540	1,675,443	0	31.00
43.00	04300	NURSERY	797	0	592,996	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	31,160	590,627	3,334,528	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,468	0	1,448,720	0	52.00
53.00	05300	ANESTHESIOLOGY	196	12,154	5,645	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,249	923,329	1,908,020	0	54.00
54.01	03630	ULTRA SOUND	548	36,995	228,144	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,431	125	109,571	0	54.02
54.06	05404	PET SCAN	0	0	0	0	54.06
57.00	05700	CT SCAN	1,401	60,652	482,924	0	57.00
58.00	05800	MRI	1,669	158,432	203,619	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,852	23,449	120,420	0	59.00
60.00	06000	LABORATORY	5,244	105,252	1,252,734	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	730	12,182	636,422	0	65.00
66.00	06600	PHYSICAL THERAPY	4,665	15,458	1,372,508	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,639	0	364,688	0	67.00
68.00	06800	SPEECH PATHOLOGY	696	0	304,449	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,035	91,517	501,556	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	683	13,974	171,349	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	983	354	226,893	0	76.01
76.02	03952	TELEMEDICINE	917	0	59,986	0	76.02
76.03	03950	WOUND CARE	3,457	9,536	504,472	0	76.03
76.97	07697	CARDIAC REHABILITATION	660	1,154	94,581	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,293	6,733	196,791	0	90.00
91.00	09100	EMERGENCY	13,563	151,925	2,418,480	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	4,902	29,798	11,697,634	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	3,301	4,771,395	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	349,672	3,479,925	46,041,755	-32,768,680	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	528	0	0	0	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	4,136	0	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023

Worksheet B-1

Date/Time Prepared:  
1/24/2024 1:12 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	5,713,618	5,682,592	8,611,995		32,768,680	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.124859	1.632964	0.187047		0.325790	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			11,271		4,539,946	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000245		0.045137	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: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023

Worksheet B-1

Date/Time Prepared:  
1/24/2024 1:12 pm

Cost Center Description			MAINTENANCE & REPAIRS (HOURS OF SERVICE)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DA YS)	
			6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	10,554					6.00
7.00	00700	OPERATION OF PLANT	2,548	190,482				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	69	1,633	458,536			8.00
9.00	00900	HOUSEKEEPING	0	0	0	188,849		9.00
10.00	01000	DIETARY	240	5,708	3,068	5,708	11,942	10.00
11.00	01100	CAFETERIA	68	1,612	0	1,612	0	11.00
13.00	01300	NURSING ADMINISTRATION	132	3,142	0	3,142	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	108	2,570	859	2,570	0	14.00
15.00	01500	PHARMACY	158	3,756	0	3,756	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	168	4,008	0	4,008	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,545	36,748	141,115	36,748	9,191	30.00
31.00	03100	INTENSIVE CARE UNIT	185	4,403	21,607	4,403	1,443	31.00
43.00	04300	NURSERY	33	797	0	797	1,308	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,310	31,160	89,089	31,160	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	188	4,468	40,274	4,468	0	52.00
53.00	05300	ANESTHESIOLOGY	8	196	0	196	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,397	33,249	10,797	33,249	0	54.00
54.01	03630	ULTRA SOUND	23	548	1,579	548	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	102	2,431	679	2,431	0	54.02
54.06	05404	PET SCAN	0	0	0	0	0	54.06
57.00	05700	CT SCAN	59	1,401	9,634	1,401	0	57.00
58.00	05800	MRI	70	1,669	24,724	1,669	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	78	1,852	87	1,852	0	59.00
60.00	06000	LABORATORY	220	5,244	0	5,244	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	31	730	4,032	730	0	65.00
66.00	06600	PHYSICAL THERAPY	196	4,665	1,268	4,665	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	111	2,639	511	2,639	0	67.00
68.00	06800	SPEECH PATHOLOGY	29	696	0	696	0	68.00
69.00	06900	ELECTROCARDIOLOGY	170	4,035	4,283	4,035	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	29	683	225	683	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	41	983	7,088	983	0	76.01
76.02	03952	TELEMEDICINE	39	917	0	917	0	76.02
76.03	03950	WOUND CARE	145	3,457	6,929	3,457	0	76.03
76.97	07697	CARDIAC REHABILITATION	28	660	673	660	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	54	1,293	227	1,293	0	90.00
91.00	09100	EMERGENCY	570	13,563	87,247	13,563	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	206	4,902	0	4,902	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,358	185,818	455,995	184,185	11,942	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	22	528	0	528	0	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	174	4,136	2,541	4,136	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	323,495	5,968,845	578,743	1,249,562	643,071	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	30.651412	31.335481	1.262154	6.616726	53.849523	203.00



## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023

Worksheet B-1

Date/Time Prepared:  
1/24/2024 1:12 pm

Cost Center Description			MAINTENANCE & REPAIRS (HOURS OF SERVICE)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	12,417	1,678,033	59,714	43,983	185,576	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.176521	8.809405	0.130228	0.232900	15.539776	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: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023

Worksheet B-1

Date/Time Prepared:  
1/24/2024 1:12 pm

Cost Center Description			CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	50,762					11.00
13.00	01300	NURSING ADMINISTRATION	1,466	385,878				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	381	0	9,849,898			14.00
15.00	01500	PHARMACY	925	19,231	245,412	558,974		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	517	10,749	52	0	434,792,363	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,955	123,873	269,120	6,594	17,034,926	30.00
31.00	03100	INTENSIVE CARE UNIT	1,605	33,386	90,477	2,328	3,154,731	31.00
43.00	04300	NURSERY	643	13,376	37,328	196	1,598,529	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,678	76,510	4,062,399	3,467	45,302,185	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,571	32,678	117,040	0	5,564,647	52.00
53.00	05300	ANESTHESIOLOGY	1	0	116,951	10,562	9,748,462	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,864	0	189,481	4,103	24,296,302	54.00
54.01	03630	ULTRA SOUND	246	0	40,572	1	4,405,425	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	124	0	161,053	1,845	6,622,732	54.02
54.06	05404	PET SCAN	0	0	0	0	1,318,248	54.06
57.00	05700	CT SCAN	602	0	112,125	0	69,946,480	57.00
58.00	05800	MRI	250	0	55,421	460	20,155,029	58.00
59.00	05900	CARDIAC CATHETERIZATION	133	0	221,282	0	1,350,614	59.00
60.00	06000	LABORATORY	1,850	0	2,302,835	0	38,311,476	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	913	18,983	123,374	0	2,538,216	65.00
66.00	06600	PHYSICAL THERAPY	1,775	0	18,864	0	9,306,879	66.00
67.00	06700	OCCUPATIONAL THERAPY	459	0	33,056	0	5,261,048	67.00
68.00	06800	SPEECH PATHOLOGY	324	0	0	0	1,385,912	68.00
69.00	06900	ELECTROCARDIOLOGY	586	0	33,980	1,439	15,658,741	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	222	0	21,713	0	2,382,568	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	8,089,166	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	7,191,896	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	51,568,257	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	223	0	0	0	3,432,493	76.01
76.02	03952	TELEMEDICINE	85	0	423	0	20,113	76.02
76.03	03950	WOUND CARE	600	0	211,751	9,421	6,735,942	76.03
76.97	07697	CARDIAC REHABILITATION	101	0	2,000	0	597,922	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	225	0	12,548	0	453,191	90.00
91.00	09100	EMERGENCY	2,745	57,092	397,692	4,886	37,964,483	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	13,683	0	844,274	14,307	21,420,006	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	6,010	0	127,537	499,365	11,975,744	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	50,762	385,878	9,848,760	558,974	434,792,363	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	0	0	1,138	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	1,464,060	3,142,156	498,771	2,918,733	3,099,029	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	28.841653	8.142874	0.050637	5.221590	0.007128	203.00

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023

Worksheet B-1

Date/Time Prepared:  
1/24/2024 1:12 pm

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	88,445	299,871	78,763	469,407	207,097	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.742347	0.777113	0.007996	0.839765	0.000476	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: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023

Worksheet B-1

Date/Time Prepared:  
1/24/2024 1:12 pm

Cost Center Description		SOCIAL SERVICE	
		(PATIENT DAYS)	
		17.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
		11,942	
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
		9,191	
		1,443	
		1,308	
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRA SOUND	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	54.02
54.06	05404	PET SCAN	54.06
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	62.30
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	76.00
76.01	03650	VASCULAR LAB	76.01
76.02	03952	TELEMEDICINE	76.02
76.03	03950	WOUND CARE	76.03
76.97	07697	CARDIAC REHABILITATION	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	77.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	102.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
		11,942	
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	194.01
194.02	07952	MEALS ON WHEELS	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	194.03
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	203.00
		0.000000	

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-0032	Period: From 07/01/2022 To 06/30/2023	Worksheet B-1  Date/Time Prepared: 1/24/2024 1:12 pm
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Cost Center Description		SOCI AL SERVICE		
		(PATIENT DAYS)		
		17.00		
204.00	Cost to be allocated (per Wkst. B, Part II)	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	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

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet C  
Part I  
Date/Time Prepared:  
1/24/2024 1:12 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,169,886		14,169,886	0	14,169,886	30.00
31.00	03100	INTENSIVE CARE UNIT	3,577,409		3,577,409	0	3,577,409	31.00
43.00	04300	NURSERY	1,200,866		1,200,866	0	1,200,866	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,617,356		11,617,356	0	11,617,356	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,966,447		2,966,447	0	2,966,447	52.00
53.00	05300	ANESTHESIOLOGY	293,610		293,610	0	293,610	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,823,279		8,823,279	706	8,823,985	54.00
54.01	03630	ULTRA SOUND	590,823		590,823	0	590,823	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	694,286		694,286	0	694,286	54.02
54.06	05404	PET SCAN	148,770		148,770	0	148,770	54.06
57.00	05700	CT SCAN	2,015,731		2,015,731	0	2,015,731	57.00
58.00	05800	MRI	1,232,014		1,232,014	0	1,232,014	58.00
59.00	05900	CARDIAC CATHETERIZATION	456,500		456,500	0	456,500	59.00
60.00	06000	LABORATORY	5,381,805		5,381,805	0	5,381,805	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,366,091	0	1,366,091	0	1,366,091	65.00
66.00	06600	PHYSICAL THERAPY	2,904,102	0	2,904,102	0	2,904,102	66.00
67.00	06700	OCCUPATIONAL THERAPY	791,627	0	791,627	0	791,627	67.00
68.00	06800	SPEECH PATHOLOGY	540,889	0	540,889	0	540,889	68.00
69.00	06900	ELECTROCARDIOLOGY	1,522,992		1,522,992	0	1,522,992	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	368,215		368,215	0	368,215	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,202,785		10,202,785	0	10,202,785	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,113,369		2,113,369	0	2,113,369	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,741,416		7,741,416	0	7,741,416	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0		0	0	0	76.00
76.01	03650	VASCULAR LAB	472,308		472,308	0	472,308	76.01
76.02	03952	TELEMEDICINE	155,806		155,806	0	155,806	76.02
76.03	03950	WOUND CARE	1,817,143		1,817,143	11,770	1,828,913	76.03
76.97	07697	CARDIAC REHABILITATION	200,297		200,297	0	200,297	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	419,805		419,805	0	419,805	90.00
91.00	09100	EMERGENCY	7,794,228		7,794,228	0	7,794,228	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,252,645		2,252,645		2,252,645	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	22,241,898		22,241,898		22,241,898	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0		0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	13,737,589		13,737,589		13,737,589	116.00
200.00		Subtotal (see instructions)	129,811,987	0	129,811,987	12,476	129,824,463	200.00
201.00		Less Observation Beds	2,252,645		2,252,645		2,252,645	201.00
202.00		Total (see instructions)	127,559,342	0	127,559,342	12,476	127,571,818	202.00

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet C  
Part I  
Date/Time Prepared:  
1/24/2024 1:12 pm

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	13,412,153		13,412,153		30.00
31.00	03100	INTENSIVE CARE UNIT	3,154,731		3,154,731		31.00
43.00	04300	NURSERY	1,598,529		1,598,529		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,778,521	39,523,664	45,302,185	0.256441	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,964,810	599,837	5,564,647	0.533088	52.00
53.00	05300	ANESTHESIOLOGY	2,392,838	7,355,624	9,748,462	0.030119	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,803,231	22,493,071	24,296,302	0.363153	54.00
54.01	03630	ULTRA SOUND	392,877	4,012,548	4,405,425	0.134113	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	115,452	6,507,280	6,622,732	0.104834	54.02
54.06	05404	PET SCAN	0	1,318,248	1,318,248	0.112854	54.06
57.00	05700	CT SCAN	11,447,442	58,499,038	69,946,480	0.028818	57.00
58.00	05800	MRI	1,186,905	18,968,124	20,155,029	0.061127	58.00
59.00	05900	CARDIAC CATHETERIZATION	95,871	1,254,743	1,350,614	0.337994	59.00
60.00	06000	LABORATORY	10,484,463	27,827,013	38,311,476	0.140475	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	2,093,812	444,404	2,538,216	0.538209	65.00
66.00	06600	PHYSICAL THERAPY	1,951,510	7,355,369	9,306,879	0.312038	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,392,936	3,868,112	5,261,048	0.150469	67.00
68.00	06800	SPEECH PATHOLOGY	128,110	1,257,802	1,385,912	0.390277	68.00
69.00	06900	ELECTROCARDIOLOGY	2,286,179	13,372,562	15,658,741	0.097261	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,079	2,368,489	2,382,568	0.154545	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,256,755	4,832,411	8,089,166	1.261290	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,647,343	5,544,553	7,191,896	0.293854	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,056,435	35,511,822	51,568,257	0.150120	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0.000000	76.00
76.01	03650	VASCULAR LAB	197,095	3,235,398	3,432,493	0.137599	76.01
76.02	03952	TELEMEDICINE	92	20,021	20,113	7.746532	76.02
76.03	03950	WOUND CARE	43,130	6,692,812	6,735,942	0.269768	76.03
76.97	07697	CARDIAC REHABILITATION	645	597,277	597,922	0.334989	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	650	452,541	453,191	0.926331	90.00
91.00	09100	EMERGENCY	6,765,534	31,198,949	37,964,483	0.205303	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,060,227	2,562,546	3,622,773	0.621801	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	21,420,006	21,420,006		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	11,975,744	11,975,744		116.00
200.00		Subtotal (see instructions)	93,722,355	341,070,008	434,792,363		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	93,722,355	341,070,008	434,792,363		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0032	Period: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 1/24/2024 1:12 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	0.256441		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.533088		52.00
53.00	05300	ANESTHESIOLOGY	0.030119		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.363182		54.00
54.01	03630	ULTRA SOUND	0.134113		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.104834		54.02
54.06	05404	PET SCAN	0.112854		54.06
57.00	05700	CT SCAN	0.028818		57.00
58.00	05800	MRI	0.061127		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.337994		59.00
60.00	06000	LABORATORY	0.140475		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.538209		65.00
66.00	06600	PHYSICAL THERAPY	0.312038		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.150469		67.00
68.00	06800	SPEECH PATHOLOGY	0.390277		68.00
69.00	06900	ELECTROCARDIOLOGY	0.097261		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.154545		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.261290		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.293854		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.150120		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0.000000		76.00
76.01	03650	VASCULAR LAB	0.137599		76.01
76.02	03952	TELEMEDICINE	7.746532		76.02
76.03	03950	WOUND CARE	0.271516		76.03
76.97	07697	CARDIAC REHABILITATION	0.334989		76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.926331		90.00
91.00	09100	EMERGENCY	0.205303		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.621801		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
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: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet C  
Part I  
Date/Time Prepared:  
1/24/2024 1:12 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,169,886		14,169,886	0	14,169,886	30.00
31.00	03100	INTENSIVE CARE UNIT	3,577,409		3,577,409	0	3,577,409	31.00
43.00	04300	NURSERY	1,200,866		1,200,866	0	1,200,866	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,617,356		11,617,356	0	11,617,356	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,966,447		2,966,447	0	2,966,447	52.00
53.00	05300	ANESTHESIOLOGY	293,610		293,610	0	293,610	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,823,279		8,823,279	706	8,823,985	54.00
54.01	03630	ULTRA SOUND	590,823		590,823	0	590,823	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	694,286		694,286	0	694,286	54.02
54.06	05404	PET SCAN	148,770		148,770	0	148,770	54.06
57.00	05700	CT SCAN	2,015,731		2,015,731	0	2,015,731	57.00
58.00	05800	MRI	1,232,014		1,232,014	0	1,232,014	58.00
59.00	05900	CARDIAC CATHETERIZATION	456,500		456,500	0	456,500	59.00
60.00	06000	LABORATORY	5,381,805		5,381,805	0	5,381,805	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,366,091	0	1,366,091	0	1,366,091	65.00
66.00	06600	PHYSICAL THERAPY	2,904,102	0	2,904,102	0	2,904,102	66.00
67.00	06700	OCCUPATIONAL THERAPY	791,627	0	791,627	0	791,627	67.00
68.00	06800	SPEECH PATHOLOGY	540,889	0	540,889	0	540,889	68.00
69.00	06900	ELECTROCARDIOLOGY	1,522,992		1,522,992	0	1,522,992	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	368,215		368,215	0	368,215	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,202,785		10,202,785	0	10,202,785	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,113,369		2,113,369	0	2,113,369	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,741,416		7,741,416	0	7,741,416	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0		0	0	0	76.00
76.01	03650	VASCULAR LAB	472,308		472,308	0	472,308	76.01
76.02	03952	TELEMEDICINE	155,806		155,806	0	155,806	76.02
76.03	03950	WOUND CARE	1,817,143		1,817,143	11,770	1,828,913	76.03
76.97	07697	CARDIAC REHABILITATION	200,297		200,297	0	200,297	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	419,805		419,805	0	419,805	90.00
91.00	09100	EMERGENCY	7,794,228		7,794,228	0	7,794,228	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,252,645		2,252,645		2,252,645	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	22,241,898		22,241,898		22,241,898	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0		0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	13,737,589		13,737,589		13,737,589	116.00
200.00		Subtotal (see instructions)	129,811,987	0	129,811,987	12,476	129,824,463	200.00
201.00		Less Observation Beds	2,252,645		2,252,645		2,252,645	201.00
202.00		Total (see instructions)	127,559,342	0	127,559,342	12,476	127,571,818	202.00

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet C  
Part I  
Date/Time Prepared:  
1/24/2024 1:12 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	13,412,153		13,412,153		30.00
31.00	03100	INTENSIVE CARE UNIT	3,154,731		3,154,731		31.00
43.00	04300	NURSERY	1,598,529		1,598,529		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,778,521	39,523,664	45,302,185	0.256441	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,964,810	599,837	5,564,647	0.533088	52.00
53.00	05300	ANESTHESIOLOGY	2,392,838	7,355,624	9,748,462	0.030119	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,803,231	22,493,071	24,296,302	0.363153	54.00
54.01	03630	ULTRA SOUND	392,877	4,012,548	4,405,425	0.134113	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	115,452	6,507,280	6,622,732	0.104834	54.02
54.06	05404	PET SCAN	0	1,318,248	1,318,248	0.112854	54.06
57.00	05700	CT SCAN	11,447,442	58,499,038	69,946,480	0.028818	57.00
58.00	05800	MRI	1,186,905	18,968,124	20,155,029	0.061127	58.00
59.00	05900	CARDIAC CATHETERIZATION	95,871	1,254,743	1,350,614	0.337994	59.00
60.00	06000	LABORATORY	10,484,463	27,827,013	38,311,476	0.140475	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	2,093,812	444,404	2,538,216	0.538209	65.00
66.00	06600	PHYSICAL THERAPY	1,951,510	7,355,369	9,306,879	0.312038	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,392,936	3,868,112	5,261,048	0.150469	67.00
68.00	06800	SPEECH PATHOLOGY	128,110	1,257,802	1,385,912	0.390277	68.00
69.00	06900	ELECTROCARDIOLOGY	2,286,179	13,372,562	15,658,741	0.097261	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,079	2,368,489	2,382,568	0.154545	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,256,755	4,832,411	8,089,166	1.261290	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,647,343	5,544,553	7,191,896	0.293854	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,056,435	35,511,822	51,568,257	0.150120	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0.000000	76.00
76.01	03650	VASCULAR LAB	197,095	3,235,398	3,432,493	0.137599	76.01
76.02	03952	TELEMEDICINE	92	20,021	20,113	7.746532	76.02
76.03	03950	WOUND CARE	43,130	6,692,812	6,735,942	0.269768	76.03
76.97	07697	CARDIAC REHABILITATION	645	597,277	597,922	0.334989	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	650	452,541	453,191	0.926331	90.00
91.00	09100	EMERGENCY	6,765,534	31,198,949	37,964,483	0.205303	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,060,227	2,562,546	3,622,773	0.621801	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	21,420,006	21,420,006		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	11,975,744	11,975,744		116.00
200.00		Subtotal (see instructions)	93,722,355	341,070,008	434,792,363		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	93,722,355	341,070,008	434,792,363		202.00

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet C  
Part I  
Date/Time Prepared:  
1/24/2024 1:12 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
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
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
54.01	03630	ULTRA SOUND	0.000000			54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000			54.02
54.06	05404	PET SCAN	0.000000			54.06
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000			62.30
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0.000000			76.00
76.01	03650	VASCULAR LAB	0.000000			76.01
76.02	03952	TELEMEDICINE	0.000000			76.02
76.03	03950	WOUND CARE	0.000000			76.03
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000			77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
102.00	10200	OPIOID TREATMENT PROGRAM				102.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
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: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet D  
Part I  
Date/Time Prepared:  
1/24/2024 1:12 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)	
			1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,841,086	0	1,841,086	10,876	169.28	30.00	
31.00	INTENSIVE CARE UNIT	328,209		328,209	1,437	228.40	31.00	
43.00	NURSERY	85,903		85,903	1,308	65.68	43.00	
200.00	Total (lines 30 through 199)	2,255,198		2,255,198	13,621		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	4,625	782,920					30.00
31.00	INTENSIVE CARE UNIT	817	186,603					31.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	5,442	969,523					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0032	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part II Date/Time Prepared: 1/24/2024 1:12 pm	
				Title XVIII		Hospital	PPS
Cost Center Description		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	2,377,555	45,302,185	0.052482	2,775,033	145,639	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	231,124	5,564,647	0.041534	4,270	177	52.00
53.00	05300 ANESTHESIOLOGY	69,976	9,748,462	0.007178	648,809	4,657	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,062,795	24,296,302	0.126060	1,025,696	129,299	54.00
54.01	03630 ULTRA SOUND	95,278	4,405,425	0.021627	190,485	4,120	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	85,852	6,622,732	0.012963	47,427	615	54.02
54.06	05404 PET SCAN	5,372	1,318,248	0.004075	0	0	54.06
57.00	05700 CT SCAN	219,709	69,946,480	0.003141	6,304,801	19,803	57.00
58.00	05800 MRI	348,268	20,155,029	0.017279	657,527	11,361	58.00
59.00	05900 CARDIAC CATHETERIZATION	99,901	1,350,614	0.073967	42,981	3,179	59.00
60.00	06000 LABORATORY	505,424	38,311,476	0.013192	5,078,619	66,997	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	95,892	2,538,216	0.037779	983,639	37,161	65.00
66.00	06600 PHYSICAL THERAPY	334,702	9,306,879	0.035963	1,230,683	44,259	66.00
67.00	06700 OCCUPATIONAL THERAPY	91,891	5,261,048	0.017466	865,007	15,108	67.00
68.00	06800 SPEECH PATHOLOGY	35,681	1,385,912	0.025746	83,537	2,151	68.00
69.00	06900 ELECTROCARDIOLOGY	303,416	15,658,741	0.019377	1,166,170	22,597	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	52,986	2,382,568	0.022239	8,898	198	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	349,244	8,089,166	0.043174	1,648,120	71,156	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	73,628	7,191,896	0.010238	881,197	9,022	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	275,591	51,568,257	0.005344	7,790,800	41,634	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
76.00	03050 BACTERIOLOGY & MICROBIOLOGY	0	0	0.000000	0	0	76.00
76.01	03650 VASCULAR LAB	41,778	3,432,493	0.012171	111,102	1,352	76.01
76.02	03952 TELEMEDICINE	27,290	20,113	1.356834	0	0	76.02
76.03	03950 WOUND CARE	170,313	6,735,942	0.025284	30,366	768	76.03
76.97	07697 CARDIAC REHABILITATION	24,776	597,922	0.041437	430	18	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	56,589	453,191	0.124868	300	37	90.00
91.00	09100 EMERGENCY	892,122	37,964,483	0.023499	3,593,463	84,443	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	292,684	3,622,773	0.080790	564,423	45,600	92.00
200.00	Total (lines 50 through 199)	10,219,837	383,231,200		35,733,783	761,351	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0032		Period: From 07/01/2022 To 06/30/2023	Worksheet D Part III Date/Time Prepared: 1/24/2024 1:12 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	10,876	0.00	4,625	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	1,437	0.00	817	31.00
43.00	04300	NURSERY	0	0	1,308	0.00	0	43.00
200.00		Total (lines 30 through 199)	0	0	13,621		5,442	200.00
Cost Center Description				Inpatient Program Pass-Through Cost (col. 7 x col. 8)				
				9.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
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: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet D  
Part IV  
Date/Time Prepared:  
1/24/2024 1:12 pm

Cost Center Description			Title XVIII			Hospital	PPS	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.02
54.06	05404	PET SCAN	0	0	0	0	0	54.06
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	0	0	0	0	0	76.01
76.02	03952	TELEMEDICINE	0	0	0	0	0	76.02
76.03	03950	WOUND CARE	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	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: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet D  
Part IV  
Date/Time Prepared:  
1/24/2024 1:12 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	45,302,185	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,564,647	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	9,748,462	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	24,296,302	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	4,405,425	0.000000	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	6,622,732	0.000000	54.02
54.06	05404	PET SCAN	0	0	0	1,318,248	0.000000	54.06
57.00	05700	CT SCAN	0	0	0	69,946,480	0.000000	57.00
58.00	05800	MRI	0	0	0	20,155,029	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	1,350,614	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	38,311,476	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,538,216	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	9,306,879	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,261,048	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,385,912	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	15,658,741	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,382,568	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,089,166	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,191,896	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	51,568,257	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0.000000	76.00
76.01	03650	VASCULAR LAB	0	0	0	3,432,493	0.000000	76.01
76.02	03952	TELEMEDICINE	0	0	0	20,113	0.000000	76.02
76.03	03950	WOUND CARE	0	0	0	6,735,942	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	597,922	0.000000	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	453,191	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	37,964,483	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	3,622,773	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	383,231,200		200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0032		Period: From 07/01/2022 To 06/30/2023		Worksheet D Part IV Date/Time Prepared: 1/24/2024 1:12 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	2,775,033	0	13,732,541	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	4,270	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	648,809	0	2,216,118	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	1,025,696	0	4,512,817	0	54.00
54.01	03630	ULTRA SOUND		0.000000	190,485	0	833,176	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0.000000	47,427	0	3,010,050	0	54.02
54.06	05404	PET SCAN		0.000000	0	0	623,500	0	54.06
57.00	05700	CT SCAN		0.000000	6,304,801	0	20,049,329	0	57.00
58.00	05800	MRI		0.000000	657,527	0	7,592,548	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	42,981	0	671,224	0	59.00
60.00	06000	LABORATORY		0.000000	5,078,619	0	4,927,363	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0.000000	983,639	0	117,602	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	1,230,683	0	81,613	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	865,007	0	35,848	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	83,537	0	9,544	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	1,166,170	0	5,472,215	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	8,898	0	948,929	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	1,648,120	0	1,489,677	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	881,197	0	2,500,100	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	7,790,800	0	17,098,686	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY		0.000000	0	0	0	0	76.00
76.01	03650	VASCULAR LAB		0.000000	111,102	0	1,702,022	0	76.01
76.02	03952	TELEMEDICINE		0.000000	0	0	177	0	76.02
76.03	03950	WOUND CARE		0.000000	30,366	0	3,421,210	0	76.03
76.97	07697	CARDIAC REHABILITATION		0.000000	430	0	329,170	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION		0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	300	0	6,694	0	90.00
91.00	09100	EMERGENCY		0.000000	3,593,463	0	7,949,284	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	564,423	0	1,263,197	0	92.00
200.00		Total (lines 50 through 199)			35,733,783	0	100,594,634	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0032		Period: From 07/01/2022 To 06/30/2023		Worksheet D Part V Date/Time Prepared: 1/24/2024 1:12 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		0.256441	13,732,541	0	0	3,521,587	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.533088	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.030119	2,216,118	0	0	66,747	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.363153	4,512,817	0	0	1,638,843	54.00
54.01	03630	ULTRA SOUND		0.134113	833,176	0	0	111,740	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0.104834	3,010,050	0	0	315,556	54.02
54.06	05404	PET SCAN		0.112854	623,500	0	0	70,364	54.06
57.00	05700	CT SCAN		0.028818	20,049,329	0	0	577,782	57.00
58.00	05800	MRI		0.061127	7,592,548	0	0	464,110	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.337994	671,224	0	0	226,870	59.00
60.00	06000	LABORATORY		0.140475	4,927,363	0	0	692,171	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0.538209	117,602	0	0	63,294	65.00
66.00	06600	PHYSICAL THERAPY		0.312038	81,613	0	0	25,466	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.150469	35,848	0	0	5,394	67.00
68.00	06800	SPEECH PATHOLOGY		0.390277	9,544	0	0	3,725	68.00
69.00	06900	ELECTROCARDIOLOGY		0.097261	5,472,215	0	0	532,233	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.154545	948,929	0	0	146,652	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		1.261290	1,489,677	0	0	1,878,915	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.293854	2,500,100	0	0	734,664	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.150120	17,098,686	0	45,602	2,566,855	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY		0.000000	0	0	0	0	76.00
76.01	03650	VASCULAR LAB		0.137599	1,702,022	0	0	234,197	76.01
76.02	03952	TELEMEDICINE		7.746532	177	0	0	1,371	76.02
76.03	03950	WOUND CARE		0.269768	3,421,210	0	0	922,933	76.03
76.97	07697	CARDIAC REHABILITATION		0.334989	329,170	0	0	110,268	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION		0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.926331	6,694	0	0	6,201	90.00
91.00	09100	EMERGENCY		0.205303	7,949,284	0	0	1,632,012	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.621801	1,263,197	0	0	785,457	92.00
200.00		Subtotal (see instructions)			100,594,634	0	45,602	17,335,407	200.00
201.00		Less PBP Clinic Lab. Services-Program				0	0		201.00
201.00		Only Charges							
202.00		Net Charges (line 200 - line 201)			100,594,634	0	45,602	17,335,407	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet D  
Part V  
Date/Time Prepared:  
1/24/2024 1:12 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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRA SOUND	0	0		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		54.02
54.06	05404	PET SCAN	0	0		54.06
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,846		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0		76.00
76.01	03650	VASCULAR LAB	0	0		76.01
76.02	03952	TELEMEDICINE	0	0		76.02
76.03	03950	WOUND CARE	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0		77.00
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	6,846		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	6,846		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0032	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 1/24/2024 1:12 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)		10,876	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,876	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)		9,147	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)		4,625	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)		14,169,886	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)		14,169,886	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)		14,169,886	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)		1,302.86	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,025,728	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)		6,025,728	41.00

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023

Worksheet D-1

Date/Time Prepared:  
1/24/2024 1:12 pm

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	Program Cost (col. 3 x col. 4)	PPS
		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	3,577,409	1,437	2,489.50	817	2,033,922	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)					7,897,212	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)					15,956,862	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)					969,523	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					761,351	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,730,874	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					14,225,988	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)					1,729	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,302.86	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,252,645	89.00

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023

Worksheet D-1

Date/Time Prepared:  
1/24/2024 1:12 pm

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	1,841,086	14,169,886	0.129929	2,252,645	292,684	90.00
91.00 Nursing Program cost	0	14,169,886	0.000000	2,252,645	0	91.00
92.00 Allied health cost	0	14,169,886	0.000000	2,252,645	0	92.00
93.00 All other Medical Education	0	14,169,886	0.000000	2,252,645	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0032	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3  Date/Time Prepared: 1/24/2024 1:12 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		5,944,477	30.00
31.00	03100	INTENSIVE CARE UNIT		1,805,285	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.256441	2,775,033	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.533088	4,270	52.00
53.00	05300	ANESTHESIOLOGY	0.030119	648,809	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.363182	1,025,696	54.00
54.01	03630	ULTRA SOUND	0.134113	190,485	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.104834	47,427	54.02
54.06	05404	PET SCAN	0.112854	0	54.06
57.00	05700	CT SCAN	0.028818	6,304,801	57.00
58.00	05800	MRI	0.061127	657,527	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.337994	42,981	59.00
60.00	06000	LABORATORY	0.140475	5,078,619	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.538209	983,639	65.00
66.00	06600	PHYSICAL THERAPY	0.312038	1,230,683	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.150469	865,007	67.00
68.00	06800	SPEECH PATHOLOGY	0.390277	83,537	68.00
69.00	06900	ELECTROCARDIOLOGY	0.097261	1,166,170	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.154545	8,898	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.261290	1,648,120	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.293854	881,197	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.150120	7,790,800	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0.000000	0	76.00
76.01	03650	VASCULAR LAB	0.137599	111,102	76.01
76.02	03952	TELEMEDICINE	7.746532	0	76.02
76.03	03950	WOUND CARE	0.271516	30,366	76.03
76.97	07697	CARDIAC REHABILITATION	0.334989	430	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.926331	300	90.00
91.00	09100	EMERGENCY	0.205303	3,593,463	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.621801	564,423	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		35,733,783	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)		35,733,783	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0032	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3	
		Component CCN: 14-U032		Date/Time Prepared: 1/24/2024 1:12 pm	
		Title XIX	Swing Beds - SNF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.256441	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.533088	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.030119	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.363153	0	0	54.00
54.01	03630 ULTRA SOUND	0.134113	0	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.104834	0	0	54.02
54.06	05404 PET SCAN	0.112854	0	0	54.06
57.00	05700 CT SCAN	0.028818	0	0	57.00
58.00	05800 MRI	0.061127	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.337994	0	0	59.00
60.00	06000 LABORATORY	0.140475	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.538209	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.312038	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.150469	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.390277	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.097261	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.154545	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.261290	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.293854	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.150120	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
76.00	03050 BACTERIOLOGY & MICROBIOLOGY	0.000000	0	0	76.00
76.01	03650 VASCULAR LAB	0.137599	0	0	76.01
76.02	03952 TELEMEDICINE	7.746532	0	0	76.02
76.03	03950 WOUND CARE	0.269768	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	0.334989	0	0	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.926331	0	0	90.00
91.00	09100 EMERGENCY	0.205303	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.621801	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		0	0	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		0	0	202.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0032	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 1/24/2024 1:12 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments			0 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			0 1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			12,245,483 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)			30,540 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)			128.12 4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)			0.00 5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)			0.00 5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			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
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00 23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			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
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			2.23 30.00
31.00	Percentage of Medicaid patient days (see instructions)			17.52 31.00
32.00	Sum of lines 30 and 31			19.75 32.00
33.00	Allowable disproportionate share percentage (see instructions)			5.59 33.00
34.00	Disproportionate share adjustment (see instructions)			171,131 34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0032	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 1/24/2024 1:12 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)	7,192,008,710	6,874,403,459	35.00	
35.01	Factor 3 (see instructions)	0.000104674	0.000121193	35.01	
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	752,816	833,130	35.02	
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	189,751	623,135	35.03	
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	812,886		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)	13,260,040		47.00	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	15,675,659		48.00	
			Amount		
			1.00		
49.00	Total payment for inpatient operating costs (see instructions)		15,675,659	49.00	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		915,016	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		39,996	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)		16,630,671	59.00	
60.00	Primary payer payments		13,413	60.00	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		16,617,258	61.00	
62.00	Deductibles billed to program beneficiaries		1,648,916	62.00	
63.00	Coinurance billed to program beneficiaries		19,890	63.00	
64.00	Allowable bad debts (see instructions)		338,641	64.00	
65.00	Adjusted reimbursable bad debts (see instructions)		220,117	65.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		287,135	66.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		15,168,569	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)		-78,263	70.94	
70.95	Recovery of accelerated depreciation		0	70.95	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0032	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 1/24/2024 1:12 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)		15,090,306	71.00	
71.01	Sequestration adjustment (see instructions)		301,806	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		14,900,028	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)		-111,528	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		923,412	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: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
1/24/2024 1:12 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
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,245,483	0	0	12,245,483	12,245,483
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0	0	0
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	30,540	0	0	30,540	30,540
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
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	0
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
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	0
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0559	0.0559	0.0559	0.0559	0
11.00	Disproportionate share adjustment (see instructions)	34.00	171,131	0	0	171,131	171,131
11.01	Uncompensated care payments	36.00	812,886	0	189,751	623,135	812,886
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	13,260,040	0	189,751	13,070,289	13,260,040
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	15,675,659	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	15,675,659	0	0	15,675,659	15,675,659
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	915,016	0	0	915,016	915,016

## LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
1/24/2024 1:12 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	39,996	0	0	39,996	39,996	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	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	16,630,671	16,630,671	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	914,652	0	0	914,652	914,652	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	364	0	0	364	364	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	915,016	0	0	915,016	915,016	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: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
1/24/2024 1:12 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 s. 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	12,245,483		12,245,483	12,245,483	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	30,540		30,540	30,540	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	0.0559	0.0559	0.0559		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	171,131	0	171,131	171,131	11.00
11.01	Uncompensated care payments	36.00	812,886	189,751	623,135	812,886	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	13,260,040	189,751	13,070,289	13,260,040	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	15,675,659	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	15,675,659	0	15,675,659	15,675,659	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	915,016	0	915,016	915,016	16.00
17.00	Special add-on payments for new technologies	54.00	39,996	0	39,996	39,996	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	16,630,671	16,630,671	19.00

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

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
1/24/2024 1:12 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	914,652	0	914,652	914,652	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	364	0	364	364	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	915,016	0	915,016	915,016	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	-78,263	0	-78,263	-78,263	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: 14-0032	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 1/24/2024 1:12 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		6,846	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,335,407	2.00
3.00	OPPS or REH payments		15,427,504	3.00
4.00	Outlier payment (see instructions)		10,227	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)		6,846	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		45,602	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)		45,602	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		45,602	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		38,756	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)		6,846	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		15,437,731	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)		2,955,810	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)		12,488,767	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
28.50	REH facility payment amount			28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		12,488,767	30.00
31.00	Primary payer payments		628	31.00
32.00	Subtotal (line 30 minus line 31)		12,488,139	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)		381,693	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		248,100	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		310,582	36.00
37.00	Subtotal (see instructions)		12,736,239	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-163	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		12,736,402	40.00
40.01	Sequestration adjustment (see instructions)		254,728	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		12,516,902	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		-35,228	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)		0	94.00



Health Financial Systems		ST. ANTHONYS MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0032	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 1/24/2024 1:12 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: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet E-1  
Part I  
Date/Time Prepared:  
1/24/2024 1:12 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		14,977,948		12,833,935	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	01/30/2023	77,920	01/30/2023	317,033	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)		-77,920		-317,033	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)		14,900,028		12,516,902	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		111,528		35,228	6.02
7.00	Total Medicare program liability (see instructions)		14,788,500		12,481,674	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: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet E-1  
Part II  
Date/Time Prepared:  
1/24/2024 1:12 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

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 14-0032	Period: From 07/01/2022 To 06/30/2023	Worksheet E-2
		Component CCN: 14-U032	Date/Time Prepared: 1/24/2024 1:12 pm	
		Title XIX	Swing Beds - SNF	Cost
			Part A	Part B
			1.00	2.00
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)		0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)		0	2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH and swing-bed pass-through, see instructions)		0	3.00
3.01	Nursing and allied health payment-PARHM (see instructions)			3.01
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days		0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only		0	7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)		0	8.00
9.00	Primary payer payments (see instructions)		0	9.00
10.00	Subtotal (line 8 minus line 9)		0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)		0	11.00
12.00	Subtotal (line 10 minus line 11)		0	12.00
13.00	Coinurance billed to program patients (from provider records) (exclude coinurance for physician professional services)		0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (see instructions)		0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)			16.50
16.55	Rural community hospital demonstration project (\$410A Demonstration) payment adjustment (see instructions)			16.55
16.99	Demonstration payment adjustment amount before sequestration		0	16.99
17.00	Allowable bad debts (see instructions)		0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)		0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	18.00
19.00	Total (see instructions)		0	19.00
19.01	Sequestration adjustment (see instructions)		0	19.01
19.02	Demonstration payment adjustment amount after sequestration		0	19.02
19.03	Sequestration adjustment-PARHM pass-throughs			19.03
19.25	Sequestration for non-claims based amounts (see instructions)		0	19.25
20.00	Interim payments		0	20.00
20.01	Interim payments-PARHM			20.01
21.00	Tentative settlement (for contractor use only)		0	21.00
21.01	Tentative settlement-PARHM (for contractor use only)			21.01
22.00	Balance due provider/program (line 19 minus lines 19.01, 19.02, 19.25, 20, and 21)		0	22.00
22.01	Balance due provider/program-PARHM (see instructions)			22.01
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	23.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))			201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))			202.00
203.00	Total (sum of lines 201 and 202)			203.00
204.00	Medicare swing-bed SNF discharges (see instructions)			204.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
205.00	Medicare swing-bed SNF target amount			205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)			206.00
Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)			208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
Comparison of PPS versus Cost Reimbursement				
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)			215.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 14-0032	Period: From 07/01/2022 To 06/30/2023	Worksheet E-5  Date/Time Prepared: 1/24/2024 1:12 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: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023

Worksheet G

Date/Time Prepared:  
1/24/2024 1:12 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	56,337	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	39,636,273	0	0	0	4.00
5.00	Other receivable	919,891	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-18,140,443	0	0	0	6.00
7.00	Inventory	4,296,198	0	0	0	7.00
8.00	Prepaid expenses	468,929	0	0	0	8.00
9.00	Other current assets	185	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)	27,237,370	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	2,699,574	0	0	0	12.00
13.00	Land improvements	3,381,484	0	0	0	13.00
14.00	Accumulated depreciation	-2,737,937	0	0	0	14.00
15.00	Buildings	112,334,876	0	0	0	15.00
16.00	Accumulated depreciation	-61,167,443	0	0	0	16.00
17.00	Leasehold improvements	976,316	0	0	0	17.00
18.00	Accumulated depreciation	-215,378	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	93,121,127	0	0	0	23.00
24.00	Accumulated depreciation	-79,091,438	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	9,279,201	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	78,580,382	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	433,182,548	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	150,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	433,332,548	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	539,150,300	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	4,324,706	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,049,726	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	469,019	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	4,443,594	0	0	0	43.00
44.00	Other current liabilities	4,135,450	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	18,422,495	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	1,124,446	0	0	0	46.00
47.00	Notes payable	4,285,901	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	5,410,347	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	23,832,842	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	515,317,458				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	515,317,458	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	539,150,300	0	0	0	60.00

## STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023

Worksheet G-1

Date/Time Prepared:  
1/24/2024 1:12 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		481,350,702		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		36,343,892				2.00
3.00	Total (sum of line 1 and line 2)		517,694,594		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)		517,694,594		0		11.00
12.00	CHANGE IN NET ASSETS	2,377,136		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		2,377,136		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		515,317,458		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	CHANGE IN NET ASSETS		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
1/24/2024 1:12 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	15,130,383		15,130,383	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)	15,130,383		15,130,383	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
11.00	INTENSIVE CARE UNIT	3,159,559		3,159,559	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)	3,159,559		3,159,559	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	18,289,942		18,289,942	17.00
18.00	Ancillary services	68,383,564	281,701,603	350,085,167	18.00
19.00	Outpatient services	7,865,198	34,602,015	42,467,213	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		21,653,303	21,653,303	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	0	12,155,321	12,155,321	26.00
27.00	PROFESSIONAL SERVICES	1,806,440	6,294,740	8,101,180	27.00
27.01	OTHER NRCC	0	4,888,356	4,888,356	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	96,345,144	361,295,338	457,640,482	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		156,510,865		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)		156,510,865		43.00



## STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0032

Period:  
From 07/01/2022  
To 06/30/2023

Worksheet G-3

Date/Time Prepared:  
1/24/2024 1:12 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	457,640,482	1.00
2.00	Less contractual allowances and discounts on patients' accounts	294,205,370	2.00
3.00	Net patient revenues (line 1 minus line 2)	163,435,112	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	156,510,865	4.00
5.00	Net income from service to patients (line 3 minus line 4)	6,924,247	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	16,282,112	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	12,941,208	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	29,223,320	25.00
26.00	Total (line 5 plus line 25)	36,147,567	26.00
27.00	OTHER NON OPERATING	-196,325	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-196,325	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	36,343,892	29.00

## ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0032

Period:

Worksheet H

HHA CCN: 14-7661

From 07/01/2022

Date/Time Prepared:

To 06/30/2023

1/24/2024 1:12 pm

					Home Health Agency I	PPS
	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)
	1.00	2.00	3.00	4.00	5.00	6.00
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures		0		0	0
2.00	Capital Related - Movable Equipment		0		0	0
3.00	Plant Operation & Maintenance	0	0	0	425,245	425,245
4.00	Transportation	0	0	0	0	0
5.00	Administrative and General	989,214	0	34,575	0	1,292,376
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	6,513,692	0	227,556	0	6,741,248
7.00	Physical Therapy	2,691,906	0	94,038	0	2,785,944
8.00	Occupational Therapy	1,113,660	0	38,907	0	1,152,567
9.00	Speech Pathology	213,062	0	7,438	0	220,500
10.00	Medical Social Services	0	0	0	0	0
11.00	Home Health Aide	176,100	0	6,172	0	182,272
12.00	Supplies (see instructions)	0	0	0	857,815	857,815
13.00	Drugs	0	0	0	0	0
14.00	DME	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0
18.00	Clinic	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0
24.00	Total (sum of lines 1-23)	11,697,634	0	408,686	0	2,575,436
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)		
	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	425,245	0	425,245	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	-21,379	2,294,786	-2,023	2,292,763	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	-24,520	6,716,728	0	6,716,728	6.00
7.00	Physical Therapy	0	2,785,944	0	2,785,944	7.00
8.00	Occupational Therapy	0	1,152,567	0	1,152,567	8.00
9.00	Speech Pathology	0	220,500	0	220,500	9.00
10.00	Medical Social Services	24,520	24,520	0	24,520	10.00
11.00	Home Health Aide	0	182,272	0	182,272	11.00
12.00	Supplies (see instructions)	-844,254	13,561	0	13,561	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	-865,633	13,816,123	-2,023	13,814,100	24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

## COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 14-0032

Period:

Worksheet H-1

HHA CCN: 14-7661

From 07/01/2022  
To 06/30/2023Part I  
Date/Time Prepared:  
1/24/2024 1:12 pmHome Health  
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (col.s. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	425,245	0	0	425,245		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	2,292,763	0	0	425,245	0	2,718,008	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	6,716,728	0	0	0	0	6,716,728	6.00
7.00	Physical Therapy	2,785,944	0	0	0	0	2,785,944	7.00
8.00	Occupational Therapy	1,152,567	0	0	0	0	1,152,567	8.00
9.00	Speech Pathology	220,500	0	0	0	0	220,500	9.00
10.00	Medical Social Services	24,520	0	0	0	0	24,520	10.00
11.00	Home Health Aide	182,272	0	0	0	0	182,272	11.00
12.00	Supplies (see instructions)	13,561	0	0	0	0	13,561	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	13,814,100	0	0	425,245	0	13,814,100	24.00
		Administrative & General	Total (col.s. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	2,718,008						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,645,273	8,362,001					6.00
7.00	Physical Therapy	682,423	3,468,367					7.00
8.00	Occupational Therapy	282,324	1,434,891					8.00
9.00	Speech Pathology	54,012	274,512					9.00
10.00	Medical Social Services	6,006	30,526					10.00
11.00	Home Health Aide	44,648	226,920					11.00
12.00	Supplies (see instructions)	3,322	16,883					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		13,814,100					24.00

## COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0032

Period:

Worksheet H-1

HHA CCN: 14-7661

From 07/01/2022  
To 06/30/2023Part II  
Date/Time Prepared:  
1/24/2024 1:12 pm

						Home Heal th Agency I	PPS		
		Capit al Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MI LEAGE)	Reconci liation	Admini strative & General (ACCUM. COST)		
		Bl dgs & Fi xtures (SQUARE FEET)	Movable Equi pment (DOLLAR VALUE)						
		1. 00	2. 00						3. 00
	GENERAL SERVICE COST CENTERS								
1. 00	Capital Related - Bldg. & Fi xtures	4, 902				0		1. 00	
2. 00	Capital Related - Movable Equi pment		29, 798			0		2. 00	
3. 00	Plant Operati on & Maintenance	0	0	4, 902		0		3. 00	
4. 00	Transportation (see instructions)	0	0	0	0			4. 00	
5. 00	Administrative and General	4, 902	29, 798	4, 902	0	-2, 718, 008	11, 096, 092	5. 00	
	HHA REIMBURSABLE SERVICES								
6. 00	Skilled Nursing Care	0	0	0	0	0	6, 716, 728	6. 00	
7. 00	Physical Therapy	0	0	0	0	0	2, 785, 944	7. 00	
8. 00	Occupational Therapy	0	0	0	0	0	1, 152, 567	8. 00	
9. 00	Speech Pathology	0	0	0	0	0	220, 500	9. 00	
10. 00	Medical Social Services	0	0	0	0	0	24, 520	10. 00	
11. 00	Home Heal th Aide	0	0	0	0	0	182, 272	11. 00	
12. 00	Supplies (see instructions)	0	0	0	0	0	13, 561	12. 00	
13. 00	Drugs	0	0	0		0	0	13. 00	
14. 00	DME	0	0	0	0	0	0	14. 00	
	HHA NONREIMBURSABLE SERVICES								
15. 00	Home Dialysis Aide Services	0	0	0	0	0	0	15. 00	
16. 00	Respiratory Therapy	0	0	0	0	0	0	16. 00	
17. 00	Private Duty Nursing	0	0	0	0	0	0	17. 00	
18. 00	Clinic	0	0	0	0	0	0	18. 00	
19. 00	Heal th Promotion Acti vi ties	0	0	0	0	0	0	19. 00	
20. 00	Day Care Program	0	0	0	0	0	0	20. 00	
21. 00	Home Delivered Meals Program	0	0	0	0	0	0	21. 00	
22. 00	Homemaker Service	0	0	0	0	0	0	22. 00	
23. 00	All Others (speci fy)	0	0	0	0	0	0	23. 00	
23. 50	Telemedi cine	0	0	0	0	0	0	23. 50	
24. 00	Total (sum of lines 1-23)	4, 902	29, 798	4, 902	0	-2, 718, 008	11, 096, 092	24. 00	
25. 00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	425, 245	0		2, 718, 008	25. 00	
26. 00	Unit Cost Multiplier	0. 000000	0. 000000	86. 749286	0. 000000		0. 244952	26. 00	

## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0032

Period:

Worksheet H-2

HHA CCN: 14-7661

From 07/01/2022  
To 06/30/2023Part I  
Date/Time Prepared:  
1/24/2024 1:12 pmHome Health  
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.00	
1.00	Administrative and General	0	79,044	48,659	185,031	312,734	101,885	1.00
2.00	Skilled Nursing Care	8,362,001	0	0	1,218,381	9,580,382	3,121,190	2.00
3.00	Physical Therapy	3,468,367	0	0	503,518	3,971,885	1,293,996	3.00
4.00	Occupational Therapy	1,434,891	0	0	208,309	1,643,200	535,336	4.00
5.00	Speech Pathology	274,512	0	0	39,853	314,365	102,417	5.00
6.00	Medical Social Services	30,526	0	0	0	30,526	9,945	6.00
7.00	Home Health Aide	226,920	0	0	32,939	259,859	84,659	7.00
8.00	Supplies (see instructions)	16,883	0	0	0	16,883	5,500	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	13,814,100	79,044	48,659	2,188,031	16,129,834	5,254,928	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	6,314	153,607	0	32,435	0	394,641	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	6,314	153,607	0	32,435	0	394,641	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0032

Period:

Worksheet H-2

HHA CCN: 14-7661

From 07/01/2022  
To 06/30/2023Part I  
Date/Time Prepared:  
1/24/2024 1:12 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Home Health Agency I SOCIAL SERVICE	Subtotal	
		13.00	14.00	15.00	16.00	17.00	24.00	
1.00	Administrative and General	0	42,752	74,705	152,682	0	1,271,755	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	12,701,572	2.00
3.00	Physical Therapy	0	0	0	0	0	5,265,881	3.00
4.00	Occupational Therapy	0	0	0	0	0	2,178,536	4.00
5.00	Speech Pathology	0	0	0	0	0	416,782	5.00
6.00	Medical Social Services	0	0	0	0	0	40,471	6.00
7.00	Home Health Aide	0	0	0	0	0	344,518	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	22,383	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	42,752	74,705	152,682	0	22,241,898	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs			
		25.00	26.00	27.00	28.00			
1.00	Administrative and General	0	1,271,755					1.00
2.00	Skilled Nursing Care	0	12,701,572	770,300	13,471,872			2.00
3.00	Physical Therapy	0	5,265,881	319,355	5,585,236			3.00
4.00	Occupational Therapy	0	2,178,536	132,119	2,310,655			4.00
5.00	Speech Pathology	0	416,782	25,276	442,058			5.00
6.00	Medical Social Services	0	40,471	2,454	42,925			6.00
7.00	Home Health Aide	0	344,518	20,894	365,412			7.00
8.00	Supplies (see instructions)	0	22,383	1,357	23,740			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
19.50	Telemedicine	0	0	0	0			19.50
20.00	Total (sum of lines 1-19) (2)	0	22,241,898	1,271,755	22,241,898			20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.060646				21.00

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

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

## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0032  
HHA CCN: 14-7661Period:  
From 07/01/2022  
To 06/30/2023Worksheet H-2  
Part II  
Date/Time Prepared:  
1/24/2024 1:12 pm

						Home Health Agency I		PPS	
Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (HOURS OF SERVICE)		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
		1.00	2.00	4.00	5A	5.00	6.00		
1.00	Administrative and General	4,902	29,798	989,214	0	312,734	206	1.00	
2.00	Skilled Nursing Care	0	0	6,513,692	0	9,580,382	0	2.00	
3.00	Physical Therapy	0	0	2,691,906	0	3,971,885	0	3.00	
4.00	Occupational Therapy	0	0	1,113,660	0	1,643,200	0	4.00	
5.00	Speech Pathology	0	0	213,062	0	314,365	0	5.00	
6.00	Medical Social Services	0	0	0	0	30,526	0	6.00	
7.00	Home Health Aide	0	0	176,100	0	259,859	0	7.00	
8.00	Supplies (see instructions)	0	0	0	0	16,883	0	8.00	
9.00	Drugs	0	0	0	0	0	0	9.00	
10.00	DME	0	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	0	19.00	
19.50	Telemedicine	0	0	0	0	0	0	19.50	
20.00	Total (sum of lines 1-19)	4,902	29,798	11,697,634		16,129,834	206	20.00	
21.00	Total cost to be allocated	79,044	48,659	2,188,031		5,254,928	6,314	21.00	
22.00	Unit cost multiplier	16.124847	1.632962	0.187049		0.325789	30.650485	22.00	
Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)		
		7.00	8.00	9.00	10.00	11.00	13.00		
1.00	Administrative and General	4,902	0	4,902	0	13,683	0	1.00	
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00	
3.00	Physical Therapy	0	0	0	0	0	0	3.00	
4.00	Occupational Therapy	0	0	0	0	0	0	4.00	
5.00	Speech Pathology	0	0	0	0	0	0	5.00	
6.00	Medical Social Services	0	0	0	0	0	0	6.00	
7.00	Home Health Aide	0	0	0	0	0	0	7.00	
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00	Drugs	0	0	0	0	0	0	9.00	
10.00	DME	0	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	0	19.00	
19.50	Telemedicine	0	0	0	0	0	0	19.50	
20.00	Total (sum of lines 1-19)	4,902	0	4,902	0	13,683	0	20.00	
21.00	Total cost to be allocated	153,607	0	32,435	0	394,641	0	21.00	
22.00	Unit cost multiplier	31.335577	0.000000	6.616687	0.000000	28.841701	0.000000	22.00	

## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0032

Period:

Worksheet H-2

HHA CCN: 14-7661

From 07/01/2022  
To 06/30/2023Part II  
Date/Time Prepared:  
1/24/2024 1:12 pmHome Health  
Agency I

PPS

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)		
		14.00	15.00	16.00	17.00		
1.00	Administrative and General	844,274	14,307	21,420,006	0		1.00
2.00	Skilled Nursing Care	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0		8.00
9.00	Drugs	0	0	0	0		9.00
10.00	DME	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0		13.00
14.00	Clinic	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0		19.50
20.00	Total (sum of lines 1-19)	844,274	14,307	21,420,006	0		20.00
21.00	Total cost to be allocated	42,752	74,705	152,682	0		21.00
22.00	Unit cost multiplier	0.050638	5.221570	0.007128	0.000000		22.00



## APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0032

Period:

Worksheet H-3

HHA CCN: 14-7661

From 07/01/2022

Part I

To 06/30/2023

Date/Time Prepared:

1/24/2024 1:12 pm

				Title XVIII		Home Health Agency I	PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	13,471,872		13,471,872	66,427	202.81	1.00
2.00	Physical Therapy	3.00	5,585,236	0	5,585,236	21,066	265.13	2.00
3.00	Occupational Therapy	4.00	2,310,655	0	2,310,655	7,624	303.08	3.00
4.00	Speech Pathology	5.00	442,058	0	442,058	1,710	258.51	4.00
5.00	Medical Social Services	6.00	42,925		42,925	613	70.02	5.00
6.00	Home Health Aide	7.00	365,412		365,412	5,445	67.11	6.00
7.00	Total (sum of lines 1-6)		22,218,158	0	22,218,158	102,885		7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits			
					Part B			
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		16060	0	106			8.00
8.01	Skilled Nursing Care		16580	0	138			8.01
8.02	Skilled Nursing Care		19500	0	2,430			8.02
8.03	Skilled Nursing Care		41180	0	5,932			8.03
8.04	Skilled Nursing Care		44100	0	2,707			8.04
8.05	Skilled Nursing Care		99914	0	12,925			8.05
9.00	Physical Therapy		16060	0	22			9.00
9.01	Physical Therapy		16580	0	31			9.01
9.02	Physical Therapy		19500	0	1,727			9.02
9.03	Physical Therapy		41180	0	2,915			9.03
9.04	Physical Therapy		44100	0	858			9.04
9.05	Physical Therapy		99914	0	5,075			9.05
10.00	Occupational Therapy		16060	0	2			10.00
10.01	Occupational Therapy		16580	0	4			10.01
10.02	Occupational Therapy		19500	0	633			10.02
10.03	Occupational Therapy		41180	0	801			10.03
10.04	Occupational Therapy		44100	0	571			10.04
10.05	Occupational Therapy		99914	0	1,690			10.05
11.00	Speech Pathology		16060	0	1			11.00
11.01	Speech Pathology		16580	0	0			11.01
11.02	Speech Pathology		19500	0	85			11.02
11.03	Speech Pathology		41180	0	311			11.03
11.04	Speech Pathology		44100	0	90			11.04
11.05	Speech Pathology		99914	0	202			11.05
12.00	Medical Social Services		16060	0	0			12.00
12.01	Medical Social Services		16580	0	0			12.01
12.02	Medical Social Services		19500	0	39			12.02
12.03	Medical Social Services		41180	0	27			12.03
12.04	Medical Social Services		44100	0	37			12.04
12.05	Medical Social Services		99914	0	61			12.05
13.00	Home Health Aide		16060	0	19			13.00
13.01	Home Health Aide		16580	0	6			13.01
13.02	Home Health Aide		19500	0	187			13.02
13.03	Home Health Aide		41180	0	594			13.03
13.04	Home Health Aide		44100	0	312			13.04
13.05	Home Health Aide		99914	0	2,082			13.05
14.00	Total (sum of lines 8-13)			0	42,620			14.00

## APPORTIONMENT OF PATIENT SERVICE COSTS

 Provider CCN: 14-0032  
 HHA CCN: 14-7661

 Period:  
 From 07/01/2022  
 To 06/30/2023

 Worksheet H-3  
 Part I  
 Date/Time Prepared:  
 1/24/2024 1:12 pm

				Title XVIII		Home Health Agency I	PPS	
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	23,740	0	23,740	211,407	0.112295	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Cost Center Description		Program Visits			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance	
			6.00	7.00		8.00	9.00	10.00
		PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
		Cost Per Visit Computation						
1.00	Skilled Nursing Care	0	24,238		0	4,915,709		1.00
2.00	Physical Therapy	0	10,628		0	2,817,802		2.00
3.00	Occupational Therapy	0	3,701		0	1,121,699		3.00
4.00	Speech Pathology	0	689		0	178,113		4.00
5.00	Medi cal Soci al Servi ces	0	164		0	11,483		5.00
6.00	Home Heal th Ai de	0	3,200		0	214,752		6.00
7.00	Total (sum of lines 1-6)	0	42,620		0	9,259,558		7.00
Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
		Limitation Cost Computation						
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursi ng Care							8.02
8.03	Skilled Nursi ng Care							8.03
8.04	Skilled Nursi ng Care							8.04
8.05	Skilled Nursi ng Care							8.05
9.00	Physi cal Therapy							9.00
9.01	Physi cal Therapy							9.01
9.02	Physi cal Therapy							9.02
9.03	Physi cal Therapy							9.03
9.04	Physi cal Therapy							9.04
9.05	Physi cal Therapy							9.05
10.00	Occupati onal Therapy							10.00
10.01	Occupati onal Therapy							10.01
10.02	Occupati onal Therapy							10.02
10.03	Occupati onal Therapy							10.03
10.04	Occupati onal Therapy							10.04
10.05	Occupati onal Therapy							10.05
11.00	Speech Pathol ogy							11.00
11.01	Speech Pathol ogy							11.01
11.02	Speech Pathol ogy							11.02
11.03	Speech Pathol ogy							11.03
11.04	Speech Pathol ogy							11.04
11.05	Speech Pathol ogy							11.05
12.00	Medi cal Soci al Servi ces							12.00
12.01	Medi cal Soci al Servi ces							12.01
12.02	Medi cal Soci al Servi ces							12.02
12.03	Medi cal Soci al Servi ces							12.03
12.04	Medi cal Soci al Servi ces							12.04
12.05	Medi cal Soci al Servi ces							12.05
13.00	Home Heal th Ai de							13.00
13.01	Home Heal th Ai de							13.01
13.02	Home Heal th Ai de							13.02
13.03	Home Heal th Ai de							13.03
13.04	Home Heal th Ai de							13.04
13.05	Home Heal th Ai de							13.05
14.00	Total (sum of lines 8-13)							14.00

## APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0032

Period:

Worksheet H-3

HHA CCN: 14-7661

From 07/01/2022  
To 06/30/2023Part I  
Date/Time Prepared:  
1/24/2024 1:12 pm

Title XVIII

Home Health  
Agency I

PPS

Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	211,407	0	0	23,740	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	4,915,709						1.00
2.00	Physical Therapy	2,817,802						2.00
3.00	Occupational Therapy	1,121,699						3.00
4.00	Speech Pathology	178,113						4.00
5.00	Medical Social Services	11,483						5.00
6.00	Home Health Aide	214,752						6.00
7.00	Total (sum of lines 1-6)	9,259,558						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
8.04	Skilled Nursing Care							8.04
8.05	Skilled Nursing Care							8.05
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
9.04	Physical Therapy							9.04
9.05	Physical Therapy							9.05
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
10.04	Occupational Therapy							10.04
10.05	Occupational Therapy							10.05
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
11.04	Speech Pathology							11.04
11.05	Speech Pathology							11.05
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
12.04	Medical Social Services							12.04
12.05	Medical Social Services							12.05
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
13.04	Home Health Aide							13.04
13.05	Home Health Aide							13.05
14.00	Total (sum of lines 8-13)							14.00

## APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0032

Period:

Worksheet H-3

HHA CCN: 14-7661

From 07/01/2022  
To 06/30/2023Part II  
Date/Time Prepared:  
1/24/2024 1:12 pmHome Health  
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.312038	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.150469	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.390277	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	1.261290	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.150120	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0032 HHA CCN: 14-7661	Period: From 07/01/2022 To 06/30/2023	Worksheet H-4 Part I-II Date/Time Prepared: 1/24/2024 1:12 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	9,323,115	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	9,323,115	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	9,323,115	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	1,214	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	-1,214
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	6,766,982
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	1,322,939
13.00	Total PPS Reimbursement - LUPA Episodes		0	125,607
14.00	Total PPS Reimbursement - PEP Episodes		0	45,912
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	407,380
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	3,776
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	8,671,382
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	8,671,382
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	8,671,382
27.00	Allowable bad debts (from your records)			0
27.01	Adjusted reimbursable bad debts (see instructions)			0
28.00	Allowable bad debts for dual eligible (see instructions)			0
29.00	Total costs - current cost reporting period (see instructions)		0	8,671,382
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	8,671,382
31.01	Sequestration adjustment (see instructions)		0	173,425
31.02	Demonstration payment adjustment amount after sequestration		0	0
31.75	Sequestration adjustment for non-claims based amounts (see instructions)		0	0
32.00	Interim payments (see instructions)		0	8,497,957
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 31.75, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED  
TO PROGRAM BENEFICIARIESProvider CCN: 14-0032  
HHA CCN: 14-7661Period:  
From 07/01/2022  
To 06/30/2023Worksheet H-5  
Date/Time Prepared:  
1/24/2024 1:12 pm

				Home Health Agency I		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0			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		8,497,957	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		8,497,957	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		8,497,957	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

## ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0032

Period:

Worksheet 0

Hospice CCN: 14-1658

From 07/01/2022

To 06/30/2023

Date/Time Prepared:  
1/24/2024 1:12 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		651,610	651,610	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	1,393,861	173,150	1,567,011	0	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	34,959	34,959	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	815	815	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	127,534	127,534	-127,534	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	13.00
14.00	PHARMACY*	0	499,368	499,368	-499,368	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		1,524,733	1,524,733	0	25.00
26.00	PHYSICIAN SERVICES**	0	135,656	135,656	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	2,615,047	14,847	2,629,894	0	28.00
29.00	LPN/LVN**	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	261,527	1,484	263,011	0	33.00
34.00	SPIRITUAL COUNSELING**	129,066	733	129,799	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	369,678	2,098	371,776	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	2,218	12	2,230	0	46.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	71.00
100.00	TOTAL	4,771,397	3,166,999	7,938,396	-626,902	7,311,494

\* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

\*\* See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

## ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0032

Period:

Worksheet 0

Hospice CCN: 14-1658

From 07/01/2022  
To 06/30/2023Date/Time Prepared:  
1/24/2024 1:12 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	651,610	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	-14,283	1,552,728	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	34,959	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	815	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	1,524,733	25.00
26.00	PHYSICIAN SERVICES**	0	135,656	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	2,629,894	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	263,011	33.00
34.00	SPIRITUAL COUNSELING**	0	129,799	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	371,776	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	2,230	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-14,283	7,297,211	100.00

\* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

\*\* See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.



ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE

Provider CCN: 14-0032

Period:

Worksheet 0-2

Hospice CCN: 14-1658

From 07/01/2022  
To 06/30/2023Date/Time Prepared:  
1/24/2024 1:12 pm

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	131,870	131,870	0	131,870	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	2,542,071	14,433	2,556,504	0	2,556,504	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	254,229	1,443	255,672	0	255,672	33.00
34.00	SPIRITUAL COUNSELING	125,464	712	126,176	0	126,176	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	359,361	2,040	361,401	0	361,401	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	2,156	12	2,168	0	2,168	46.00
100.00	TOTAL *	3,283,281	150,510	3,433,791	0	3,433,791	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	131,870	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	2,556,504	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	255,672	33.00
34.00	SPIRITUAL COUNSELING	0	126,176	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	361,401	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	2,168	46.00
100.00	TOTAL *	0	3,433,791	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT  
RESPIRE CARE

Provider CCN: 14-0032

Period:

Worksheet 0-3

Hospice CCN: 14-1658

From 07/01/2022  
To 06/30/2023Date/Time Prepared:  
1/24/2024 1:12 pm

		SALARIES	OTHER	SUBTOTAL (col . 1 + col . 2)	Hospice I RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		114,642	114,642	0	114,642	25.00
26.00	PHYSICIAN SERVICES	0	285	285	0	285	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	5,487	31	5,518	0	5,518	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	549	3	552	0	552	33.00
34.00	SPIRITUAL COUNSELING	271	2	273	0	273	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	776	4	780	0	780	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	5	0	5	0	5	46.00
100.00	TOTAL *	7,088	114,967	122,055	0	122,055	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col . 5 ± col . 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	114,642	25.00
26.00	PHYSICIAN SERVICES	0	285	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	5,518	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	552	33.00
34.00	SPIRITUAL COUNSELING	0	273	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	780	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	5	46.00
100.00	TOTAL *	0	122,055	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET  
EXPENSES FOR ALLOCATION

Provider CCN: 14-0032

Period:

Worksheet 0-5

Hospice CCN: 14-1658

From 07/01/2022  
To 06/30/2023Date/Time Prepared:  
1/24/2024 1:12 pm

Descriptions		Hospice I			
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols. 1 + 2)	
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	651,610	5,390	657,000	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	892,475	892,475	3.00
4.00	ADMINISTRATIVE & GENERAL	1,552,728	2,843,212	4,395,940	4.00
5.00	PLANT OPERATION & MAINTENANCE	34,959	0	34,959	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	815	0	815	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	6,458	6,458	10.00
11.00	MEDICAL RECORDS	0	85,363	85,363	11.00
12.00	STAFF TRANSPORTATION	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	0	2,607,480	2,607,480	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	3,433,791	0	3,433,791	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	122,055	0	122,055	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,501,253	0	1,501,253	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	7,297,211	6,440,378	13,737,589	100.00

## COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:

Worksheet 0-6

Hospice CCN: 14-1658

From 07/01/2022  
To 06/30/2023Part I  
Date/Time Prepared:  
1/24/2024 1:12 pm

Descriptions		TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	657,000		657,000			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	892,475	0	657,000	1,549,475		3.00
4.00	ADMINISTRATIVE & GENERAL	4,395,940	0	0	452,645	4,848,585	4.00
5.00	PLANT OPERATION & MAINTENANCE	34,959	0	0	0	34,959	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	815	0	0	0	815	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	6,458	0	0	0	6,458	10.00
11.00	MEDICAL RECORDS	85,363	0	0	0	85,363	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	2,607,480	0	0	0	2,607,480	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	3,433,791			1,066,222	4,500,013	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	122,055	0	0	2,301	124,356	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,501,253	0	0	28,307	1,529,560	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	13,737,589	0	657,000	1,549,475	13,737,589	100.00

## COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:

Worksheet 0-6

Hospice CCN: 14-1658

From 07/01/2022  
To 06/30/2023Part I  
Date/Time Prepared:  
1/24/2024 1:12 pm

Descriptions		ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOSPICE I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL	4,848,585					4.00
5.00	PLANT OPERATION & MAINTENANCE	19,069	54,028				5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00	HOUSEKEEPING	0	0		0		7.00
8.00	DIETARY	445	0		0	1,260	8.00
9.00	NURSING ADMINISTRATION	0	0		0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	3,523	0		0		10.00
11.00	MEDICAL RECORDS	46,562	0		0		11.00
12.00	STAFF TRANSPORTATION	0	0		0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0		0		13.00
14.00	PHARMACY	1,422,273	0		0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0		15.00
16.00	OTHER GENERAL SERVICE	0	0		0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00	HOSPICE ROUTINE HOME CARE	2,454,570					51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	67,831	5,596	0	0	95	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	834,312	48,432	0	0	1,165	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0		0		60.00
61.00	VOLUNTEER PROGRAM	0	0		0		61.00
62.00	FUNDRAISING	0	0		0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0		0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00	THRIFT STORE	0	0		0		69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	4,848,585	54,028	0	0	1,260	100.00

## COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:

Worksheet 0-6

Hospice CCN: 14-1658

From 07/01/2022  
To 06/30/2023Part I  
Date/Time Prepared:  
1/24/2024 1:12 pm

Descriptions		Hospice I					
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	9,981				10.00
11.00	MEDICAL RECORDS	0		131,925			11.00
12.00	STAFF TRANSPORTATION	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	0	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	9,702	128,243	0	0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	21	277	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	258	3,405	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	9,981	131,925	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:

Worksheet 0-6

Hospice CCN: 14-1658

From 07/01/2022  
To 06/30/2023Part I  
Date/Time Prepared:  
1/24/2024 1:12 pm

Descriptions		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	HOSPICE I PATIENT/ RESIDENTIAL CARE SERVICES	TOTAL	
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	4,029,753					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	3,917,293	0	0		11,009,821	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	8,457	0	0	0	206,633	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	104,003	0	0	0	2,521,135	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	4,029,753	0	0	0	13,737,589	100.00



COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS  
STATISTICAL BASIS

Provider CCN: 14-0032

Period:

Worksheet 0-6

Hospice CCN: 14-1658

From 07/01/2022  
To 06/30/2023Part II  
Date/Time Prepared:  
1/24/2024 1:12 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		3,301				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	3,301	4,771,396			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	1,393,861	-4,848,585	8,889,004	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	34,959	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	815	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	6,458	10.00
11.00	MEDICAL RECORDS	0	0	0	0	85,363	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	2,607,480	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			3,283,281	0	4,500,013	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	7,087	0	124,356	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	87,167	0	1,529,560	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	657,000	1,549,475		4,848,585	100.00
101.00	UNIT COST MULTIPLIER	0.000000	199.030597	0.324742		0.545459	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS  
STATISTICAL BASIS

Provider CCN: 14-0032

Period:

Worksheet 0-6

Hospice CCN: 14-1658

From 07/01/2022  
To 06/30/2023Part II  
Date/Time Prepared:  
1/24/2024 1:12 pm

Cost Center Descriptions		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	280					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	931		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	29	0	0	70	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	251	0	0	861	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	54,028	0	0	1,260	0	100.00
101.00	UNIT COST MULTIPLIER	192.957143	0.000000	0.000000	1.353383	0.000000	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS  
STATISTICAL BASIS

Provider CCN: 14-0032

Period:

Worksheet 0-6

Hospice CCN: 14-1658

From 07/01/2022  
To 06/30/2023Part II  
Date/Time Prepared:  
1/24/2024 1:12 pm

Cost Center Descriptions		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	33,362					10.00
11.00	MEDICAL RECORDS		33,362				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0		13.00
14.00	PHARMACY			0	0	499,366	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	32,431	32,431	0	0	485,430	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	70	70	0	0	1,048	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	861	861	0	0	12,888	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	9,981	131,925	0	0	4,029,753	100.00
101.00	UNIT COST MULTIPLIER	0.299173	3.954349	0.000000	0.000000	8.069738	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS  
STATISTICAL BASIS

Provider CCN: 14-0032

Period:

Worksheet 0-6

Hospice CCN: 14-1658

From 07/01/2022  
To 06/30/2023Part II  
Date/Time Prepared:  
1/24/2024 1:12 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0			51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER		0	0		99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY  
LEVEL OF CARE

Provider CCN: 14-0032

Period:

Worksheet 0-7

Hospice CCN: 14-1658

From 07/01/2022  
To 06/30/2023

Date/Time Prepared:  
1/24/2024 1:12 pm

				Hospice I			
Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS	0	1.00	2.00	3.00	4.00	
1.00	PHYSICAL THERAPY	66.00	0.312038	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.150469	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.390277	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.150120	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.140475	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	1.261290	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	BACTERIOLOGY & MICROBIOLOGY	76.00	0.000000	0	0	0	10.00
10.01	VASCULAR LAB	76.01	0.137599	0	0	0	10.01
10.02	TELEMEDICINE	76.02	7.746532	0	0	0	10.02
10.03	WOUND CARE	76.03	0.269768	0	0	0	10.03
10.97	CARDIAC REHABILITATION	76.97	0.334989	0	0	0	10.97
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC				
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.00	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	10.00
10.01	VASCULAR LAB	0	0	0	0	0	10.01
10.02	TELEMEDICINE	0	0	0	0	0	10.02
10.03	WOUND CARE	0	0	0	0	0	10.03
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

## CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0032

Period:

Worksheet 0-8

Hospice CCN: 14-1658

From 07/01/2022  
To 06/30/2023Date/Time Prepared:  
1/24/2024 1:12 pm

		Hospice I			
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			11,009,821	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			32,431	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			339.48	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	28,073	157		9.00
10.00	Program cost (line 8 times line 9)	9,530,222	53,298		10.00
HOSPICE INPATIENT RESPIRE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			206,633	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			70	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			2,951.90	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	53	0		14.00
15.00	Program cost (line 13 times line 14)	156,451	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			2,521,135	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			861	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			2,928.15	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	547	15		19.00
20.00	Program cost (line 18 times line 19)	1,601,698	43,922		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			13,737,589	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			33,362	22.00
23.00	Average cost per diem (line 21 divided by line 22)			411.77	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0032	Period: From 07/01/2022 To 06/30/2023	Worksheet L Parts I-III Date/Time Prepared: 1/24/2024 1:12 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	914,652	1.00	
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01	
2.00	Capital DRG outlier payments	364	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)	29.74	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)	915,016	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	