

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: 14-0089	Period: From 07/01/2022 To 06/30/2023	Worksheet S Parts I-III Date/Time Prepared: 11/29/2023 2:49 pm
--	-----------------------	---	---

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 11/29/2023	Time: 2:49 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 MCDONOUGH DISTRICT HOSPITAL (14-0089) 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	William Murdock	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	William Murdock		2
3	Signatory Title	CFO		3
4	Date	(Dated when report is electronic)		4

		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY							
1.00	HOSPITAL	0	-55,213	-42,731	0	0	1.00
2.00	SUBPROVIDER - IPF	0	0	0		0	2.00
3.00	SUBPROVIDER - IRF	0	0	0		0	3.00
5.00	SWING BED - SNF	0	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
10.00	RURAL HEALTH CLINIC I	0		6,443		0	10.00
10.01	RURAL HEALTH CLINIC II	0		48,314		0	10.01
200.00	TOTAL	0	-55,213	12,026	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The number for this information collection is OMB 0938-0050 and the number for the Supplement to Form CMS 2552-10, Worksheet N95, is OMB 0938-1425. The time required to complete and review the information collection is estimated 675 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 14-0089		Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part I Date/Time Prepared: 11/29/2023 2:49 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 525 E GRANT ST			PO Box:				1.00			
2.00	City: MACOMB			State: IL		Zip Code: 61455-		County: MC DONOUGH			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		MCDONOUGH DISTRICT HOSPITAL	140089	99914	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF		MDH SWING BEDS	14U089	99914		04/29/2015	N	P	N	7.00
8.00	Swing Beds - NF		MDH SWING BEDS	14U089	99914		04/29/2015	N		N	8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		MDH HOME HEALTH	147293	99914		12/14/1984	N	P	O	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		MDH HOSPICE	141524	99914		01/12/1989				14.00
15.00	Hospital-Based Health Clinic - RHC		BUSHNELL FAMILY PRACTICE	148522	99914		01/31/2013	N	O	O	15.00
15.01	Hospital-Based Health Clinic - RHC II		MDH FAM MEDICINE/CONVENIENCE CARE/SU	148619	99914		11/03/2020	N	O	O	15.01
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2022	06/30/2023		20.00	
21.00	Type of Control (see instructions)						11			21.00	
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim UCPs, including supplemental UCPs, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01	
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N			22.03	
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									22.04	
23.00	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)									23.00	
23.00	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	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet S-2
Part I
Date/Time Prepared:
11/29/2023 2:49 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.	109	89	0	0	675	51	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)					Y	Y	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	N	N
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00 Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N		
57.00 For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.							
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.							

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0089		Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part I Date/Time Prepared: 11/29/2023 2:49 pm	
				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: 14-0089		Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part I Date/Time Prepared: 11/29/2023 2:49 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0089	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 11/29/2023 2:49 pm		
			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)			N N 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: 14-0089	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 11/29/2023 2:49 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.	N	N		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	110.00
				1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
				1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			112.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			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: 14-0089	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 11/29/2023 2:49 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	270,409	0	0
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.			123.00
Certified Transplant Center Information				
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N		140.00
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name:	Contractor's Name:	Contractor's Number:	
142.00	Street:	PO Box:		
143.00	City:	State:	Zip Code:	
				1.00
144.00	Are provider based physicians' costs included in Worksheet A?			Y
				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: 14-0089		Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part I Date/Time Prepared: 11/29/2023 2:49 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	0
						171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0089		Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part II Date/Time Prepared: 11/29/2023 2:49 pm	
		Y/N	Date				
		1.00	2.00				
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	12/31/2023			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				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y				12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N				13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.		N				14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N				15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/03/2023	Y	10/03/2023		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet S-2
Part II
Date/Time Prepared:
11/29/2023 2:49 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				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.		N		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?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				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.	JILL	NELSON		41.00
42.00	Enter the employer/company name of the cost report preparer.	RSM US LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	6124559706	JILL.NELSON@RSMUS.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet S-2
Part II
Date/Time Prepared:
11/29/2023 2:49 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.	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: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet S-3
Part I
Date/Time Prepared:
11/29/2023 2:49 pm

Component	Worksheet A	No. of Beds	Bed Days	CAH/REH Hours	I/P Days / O/P	
	Line No.		Avai l a b l e		Vi s i t s / T r i p s	
	1. 00	2. 00	3. 00	4. 00	5. 00	
PART I - STATISTICAL DATA						
1. 00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	38	13,870	0.00	0
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)		38	13,870	0.00	0
8. 00	INTENSIVE CARE UNIT	31.00	7	2,555	0.00	0
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)		45	16,425	0.00	0
15. 00	CAH visits				0	15.00
15. 10	REH hours and visits					15.10
16. 00	SUBPROVIDER - IPF	40.00	0	0	0	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	88.00			0	26.00
26. 01	RHC (CONSOLIDATED)	88.01			0	26.01
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	89.00			0	26.25
27. 00	Total (sum of lines 14-26)		45			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)		3	1,095		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: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet S-3
Part I
Date/Time Prepared:
11/29/2023 2:49 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)	999	180	2,300		1.00
2.00	HMO and other (see instructions)	463	675			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	38		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	999	180	2,338		7.00
8.00	INTENSIVE CARE UNIT	379	6	736		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		12	427		13.00
14.00	Total (see instructions)	1,378	198	3,501	0.00	14.00
15.00	CAH visits	0	0	0		15.00
15.10	REH hours and visits					15.10
16.00	SUBPROVIDER - IPF	0	0	0	0.00	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	3,439	0	17,358	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE	0	0	0	0.00	24.00
24.10	HOSPICE (non-distinct part)			0		24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC	918	31	2,903	0.00	26.00
26.01	RHC (CONSOLIDATED)	3,979	525	27,588	0.00	26.01
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	27.00
28.00	Observation Bed Days		3	745		28.00
29.00	Ambulance Trips	0				29.00
30.00	Employee discount days (see instruction)			0		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	51	92		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: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet S-3
Part I
Date/Time Prepared:
11/29/2023 2:49 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	
PART I - STATISTICAL DATA						
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	402	16	1,063	1.00
2.00 HMO and other (see instructions)			137	195		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	402	16	1,063	14.00
15.00 CAH visits						15.00
15.10 REH hours and visits						15.10
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	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	0.00					26.00
26.01 RHC (CONSOLIDATED)	0.00					26.01
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: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet S-3
Part II
Date/Time Prepared:
11/29/2023 2:49 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 + col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	37,064,313	0	37,064,313	907,368.00	40.85
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		805,038	0	805,038	4,983.60	161.54
4.00	Physician-Part A - Administrative		30,523	0	30,523	551.00	55.40
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		5,482,076	0	5,482,076	49,998.70	109.64
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		2,181,155	0	2,181,155	40,629.10	53.68
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		3,168,665	-602,854	2,565,811	70,159.00	36.57
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		3,183,166	0	3,183,166	27,703.70	114.90
12.00	Contract Labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		9,759,964	0	9,759,964		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		926,969	0	926,969		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		117,448	0	117,448		
22.00	Physician Part A - Administrative		9,650	0	9,650		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		1,030,327	0	1,030,327		
24.00	Wage-related costs (RHC/FQHC)		622,519	0	622,519		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet S-3
Part II
Date/Time Prepared:
11/29/2023 2:49 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	394,349	0	394,349	8,384.50	47.03	26.00
27.00	Administrative & General	5.00	5,544,648	0	5,544,648	149,604.83	37.06	27.00
28.00	Administrative & General under contract (see inst.)		958,980	0	958,980	4,398.18	218.04	28.00
29.00	Maintenance & Repairs	6.00	589,647	0	589,647	19,198.31	30.71	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	538,706	0	538,706	21,793.34	24.72	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	674,196	-540,679	133,517	7,079.91	18.86	34.00
35.00	Dietary under contract (see instructions)		674,196	0	674,196	35,750.15	18.86	35.00
36.00	Cafeteria	11.00	0	540,679	540,679	28,670.24	18.86	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	435,076	0	435,076	8,036.07	54.14	38.00
39.00	Central Services and Supply	14.00	288,206	0	288,206	15,809.27	18.23	39.00
40.00	Pharmacy	15.00	812,180	0	812,180	17,122.99	47.43	40.00
41.00	Medical Records & Medical Records Library	16.00	446,038	0	446,038	19,195.04	23.24	41.00
42.00	Social Service	17.00	404,581	0	404,581	9,562.89	42.31	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet S-3
Part III
Date/Time Prepared:
11/29/2023 2:49 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)	30,229,220	0	30,229,220	851,904.93	35.48	1.00
2.00	Excluded area salaries (see instructions)	3,168,665	-602,854	2,565,811	70,159.00	36.57	2.00
3.00	Subtotal salaries (line 1 minus line 2)	27,060,555	602,854	27,663,409	781,745.93	35.39	3.00
4.00	Subtotal other wages & related costs (see inst.)	3,183,166	0	3,183,166	27,703.70	114.90	4.00
5.00	Subtotal wage-related costs (see inst.)	9,769,614	0	9,769,614	0.00	35.32	5.00
6.00	Total (sum of lines 3 thru 5)	40,013,335	602,854	40,616,189	809,449.63	50.18	6.00
7.00	Total overhead cost (see instructions)	11,760,803	0	11,760,803	344,605.72	34.13	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet S-3
Part IV
Date/Time Prepared:
11/29/2023 2:49 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,562,888	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)	0	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)	7,692,096	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	173,941	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	37,593	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)	310,515	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	189,211	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	2,455,027	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	13,816	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	31,790	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	12,466,877	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: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet S-3
Part V
Date/Time Prepared:
11/29/2023 2:49 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	3,183,166	12,466,877	1.00
2.00	Hospital	3,183,166	9,759,964	2.00
3.00	SUBPROVIDER - IPF	0	0	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	0	622,519	14.00
14.01	Hospital-Based Health Clinic RHC 1	0	0	14.01
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I			17.00
18.00	Other	0	2,084,394	18.00

HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 14-0089 Component CCN: 14-7293		Period: From 07/01/2022 To 06/30/2023		Worksheet S-4 Date/Time Prepared: 11/29/2023 2:49 pm	
						Home Health Agency I		PPS	
						1.00			
0.00	County			MCDONOUGH				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	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)			0.00	139.00	4.00	196.00	339.00	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)					0.50	0.00	0.50	4.00
5.00	Other Administrative Personnel					4.66	0.00	4.66	5.00
6.00	Direct Nursing Service					7.65	0.00	7.65	6.00
7.00	Nursing Supervisor					0.00	0.00	0.00	7.00
8.00	Physical Therapy Service					2.46	0.00	2.46	8.00
9.00	Physical Therapy Supervisor					0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service					1.86	0.00	1.86	10.00
11.00	Occupational Therapy Supervisor					0.00	0.00	0.00	11.00
12.00	Speech Pathology Service					0.08	0.00	0.08	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					1.96	0.00	1.96	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.							2	19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).							37900	20.00
20.01								99914	20.01
				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			1,287	522	18	11	1,838	21.00
22.00	Skilled Nursing Visit Charges			225,225	91,350	3,150	1,925	321,650	22.00
23.00	Physical Therapy Visits			346	303	9	14	672	23.00
24.00	Physical Therapy Visit Charges			60,550	53,025	1,575	2,450	117,600	24.00
25.00	Occupational Therapy Visits			200	300	4	8	512	25.00
26.00	Occupational Therapy Visit Charges			33,950	52,495	700	1,400	88,545	26.00
27.00	Speech Pathology Visits			19	15	0	0	34	27.00
28.00	Speech Pathology Visit Charges			3,325	2,625	0	0	5,950	28.00
29.00	Medical Social Service Visits			5	8	0	0	13	29.00
30.00	Medical Social Service Visit Charges			875	1,225	0	0	2,100	30.00
31.00	Home Health Aide Visits			212	158	0	0	370	31.00
32.00	Home Health Aide Visit Charges			24,592	18,328	0	0	42,920	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)			2,069	1,306	31	33	3,439	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)			348,517	219,048	5,425	5,775	578,765	35.00
36.00	Total Number of Episodes (standard/non outlier)			234		18	2	254	36.00
37.00	Total Number of Outlier Episodes				62		1	63	37.00
38.00	Total Non-Routine Medical Supply Charges			6,587	3,368	23	6	9,984	38.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA

 Provider CCN: 14-0089
 Component CCN: 14-8522

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

 Worksheet S-8
 Date/Time Prepared:
 11/29/2023 2:49 pm

		RHC I		Cost	
		1.00			
Clinic Address and Identification					
1.00	Street		1150 N COLE ST		1.00
		City	State	ZIP Code	
		1.00	2.00	3.00	
2.00	City, State, ZIP Code, County		BUSHNELL IL 61422		2.00
		1.00			
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban				0 3.00
		Grant Award		Date	
		1.00		2.00	
Source of Federal Funds					
4.00	Community Health Center (Section 330(d), PHS Act)				4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)				5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)				6.00
7.00	Appalachian Regional Commission				7.00
8.00	Look-Alikes				8.00
9.00	OTHER (SPECIFY)				9.00
		1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)		N 0		10.00
		Sunday		Monday	
		from	to	from	to
		1.00	2.00	3.00	4.00
		Tuesday		from	
		1.00		2.00	
11.00	Facility hours of operations (1)		CLINIC		11.00
		08:00		17:00	
		08:00		11.00	
		1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?		N		12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.		N 0		13.00
		Provider name		CCN	
		1.00		2.00	
14.00	RHC/FQHC name, CCN				14.00
		Y/N	V	XVIII	XIX
		1.00	2.00	3.00	4.00
		Total Visits		5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)				15.00
		County		4.00	
2.00	City, State, ZIP Code, County		MCDONOUGH		2.00
		Tuesday	Wednesday	Thursday	
		to	from	to	from
		6.00	7.00	8.00	9.00
		10.00			
Facility hours of operations (1)					
11.00	CLINIC		17:00	08:00	17:00
		08:00		17:00	
		17:00		11.00	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA

Provider CCN: 14-0089

Period:

Worksheet S-8

Component CCN: 14-8522

From 07/01/2022

To 06/30/2023

Date/Time Prepared:
11/29/2023 2:49 pm

RHC I

Cost

		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
11.00	Facility hours of operations (1) CLINIC	08:00	17:00				11.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA

 Provider CCN: 14-0089
 Component CCN: 14-8619

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

Worksheet S-8

 Date/Time Prepared:
 11/29/2023 2:49 pm

		RHC II		Cost	
		1.00			
1.00	Clinic Address and Identification				
	Street			515 EAST GRANT STREET	1.00
	City			State	ZIP Code
	1.00			2.00	3.00
2.00	City, State, ZIP Code, County			MACOMB	IL 61455
				1.00	
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0	3.00
	Grant Award			Date	
	1.00			2.00	
	Source of Federal Funds				
4.00	Community Health Center (Section 330(d), PHS Act)				
5.00	Migrant Health Center (Section 329(d), PHS Act)				
6.00	Health Services for the Homeless (Section 340(d), PHS Act)				
7.00	Appalachian Regional Commission				
8.00	Look-Alikes				
9.00	OTHER (SPECIFY)				
				1.00	2.00
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)			N	0
				1.00	2.00
				1.00	2.00
				1.00	2.00
11.00	Facility hours of operations (1)				
	CLINIC			08:00	16:00
				08:00	19:00
				08:00	11:00
				1.00	2.00
12.00	Have you received an approval for an exception to the productivity standard?			Y	2
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.				
				1.00	2.00
14.00	RHC/FQHC name, CCN			MDH FAM MEDICINE/CONVENIENCE CARE/SU	148619
14.01				MDH PEDIATRIC CLINIC	148617
				Y/N	V
				1.00	2.00
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)			XVIII	XIX
				3.00	4.00
				5.00	
				1.00	2.00
2.00	City, State, ZIP Code, County			MCDONOUGH	
				1.00	2.00
				1.00	2.00
				1.00	2.00
				1.00	2.00
11.00	Facility hours of operations (1)				
	CLINIC			19:00	08:00
				19:00	08:00
				19:00	11:00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA			Provider CCN: 14-0089 Component CCN: 14-8619		Period: From 07/01/2022 To 06/30/2023	Worksheet S-8 Date/Time Prepared: 11/29/2023 2:49 pm	
					RHC II	Cost	
			Friday		Saturday		
			from	to	from	to	
			11.00	12.00	13.00	14.00	
11.00	Facility hours of operations (1)						
	CLINIC	09:00	18:00	08:00	16:00		11.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0089

Period:

Worksheet S-9

Hospice CCN: 14-1524

From 07/01/2022
To 06/30/2023PARTS I THROUGH IV
Date/Time Prepared:
11/29/2023 2:49 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	3,665	350	4,881	8,896	11.00
12.00	Hospice Inpatient Respite Care	0	0	0	0	12.00
13.00	Hospice General Inpatient Care	0	0	0	0	13.00
14.00	Total Hospice Days	3,665	350	4,881	8,896	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: 14-0089	Period: From 07/01/2022 To 06/30/2023	Worksheet S-10 Date/Time Prepared: 11/29/2023 2:49 pm
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.392216 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	787,204		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	N		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	4,708,572		5.00
6.00	Medicaid charges	33,218,302		6.00
7.00	Medicaid cost (line 1 times line 6)	13,028,750		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)	7,532,974		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	14,008		9.00
10.00	Stand-alone CHIP charges	122,214		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	47,934		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	33,926		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	148,773		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	83,707		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	7,566,900		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	809,561	494,108	1,303,669 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	317,523	494,108	811,631 21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0 22.00
23.00	Cost of charity care (line 21 minus line 22)	317,523	494,108	811,631 23.00
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	4,532,483		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	143,231		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	220,355		27.01
28.00	Non-Medicare bad debt expense (see instructions)	4,312,128		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	1,768,410		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	2,580,041		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	10,146,941		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0089

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

Worksheet A

Date/Time Prepared:
11/29/2023 2:49 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	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	0	0	1.00
1.01	00101	CAP REL COSTS-HOSPITAL		5,783,199	5,783,199	73,523	5,856,722	1.01
1.02	00102	CAP REL COSTS-HSB I		426,934	426,934	0	426,934	1.02
1.03	00103	CAP REL COSTS-HSB II		372,428	372,428	0	372,428	1.03
1.04	00104	CAP REL COSTS-REHAB CNT		44,015	44,015	0	44,015	1.04
1.05	00105	CAP REL COSTS-DIAGNOSIS		0	0	0	0	1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE		10,359	10,359	0	10,359	1.06
1.07	00107	CAP REL COSTS-MAB		32,990	32,990	0	32,990	1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG		26,156	26,156	0	26,156	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN		0	0	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG		137,691	137,691	0	137,691	1.10
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	394,349	13,460,674	13,855,023	0	13,855,023	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,544,648	5,773,560	11,318,208	-58,177	11,260,031	5.00
6.00	00600	MAINTENANCE & REPAIRS	530,698	2,699,338	3,230,036	0	3,230,036	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	28,812	249,512	278,324	0	278,324	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	22,347	190,218	212,565	0	212,565	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	1,243	32,156	33,399	0	33,399	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	2,432	19,871	22,303	0	22,303	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	1,853	9,878	11,731	0	11,731	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	2,262	26,513	28,775	0	28,775	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	201,760	201,760	0	201,760	8.00
9.00	00900	HOUSEKEEPING	538,706	327,484	866,190	-293,634	572,556	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	165,660	165,660	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	117,519	117,519	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	10,455	10,455	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	674,196	464,299	1,138,495	-913,029	225,466	10.00
11.00	01100	CAFETERIA	0	0	0	913,029	913,029	11.00
13.00	01300	NURSING ADMINISTRATION	435,076	1,519	436,595	0	436,595	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	288,206	251,897	540,103	0	540,103	14.00
15.00	01500	PHARMACY	812,180	2,637,592	3,449,772	0	3,449,772	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	446,038	190,749	636,787	-15,597	621,190	16.00
17.00	01700	SOCIAL SERVICE	404,581	37,411	441,992	0	441,992	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	1,196,048	1,196,048	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,558,193	1,053,818	5,612,011	-861,828	4,750,183	30.00
31.00	03100	INTENSIVE CARE UNIT	1,104,931	193,980	1,298,911	0	1,298,911	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	424,387	424,387	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,149,545	602,283	1,751,828	-256	1,751,572	50.00
51.00	05100	RECOVERY ROOM	496,755	34,800	531,555	0	531,555	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	437,441	437,441	52.00
53.00	05300	ANESTHESIOLOGY	1,341,511	457,100	1,798,611	-1,196,048	602,563	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,293,138	716,937	2,010,075	-100,633	1,909,442	54.00
57.00	05700	CT SCAN	0	333,254	333,254	100,633	433,887	57.00
58.00	05800	MRI	0	497,739	497,739	0	497,739	58.00
60.00	06000	LABORATORY	2,244,524	2,160,045	4,404,569	0	4,404,569	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	228,924	228,924	0	228,924	63.00
65.00	06500	RESPIRATORY THERAPY	863,050	599,741	1,462,791	-32,176	1,430,615	65.00
66.00	06600	PHYSICAL THERAPY	1,529,821	210,154	1,739,975	0	1,739,975	66.00
67.00	06700	OCCUPATIONAL THERAPY	104,182	114,693	218,875	0	218,875	67.00
68.00	06800	SPEECH PATHOLOGY	149,499	4,007	153,506	0	153,506	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	958,567	958,567	32,683	991,250	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	521,980	521,980	0	521,980	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	970,185	970,185	0	970,185	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	671,541	12,030	683,571	0	683,571	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	279,402	13,891	293,293	0	293,293	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	491,764	59,790	551,554	70,446	622,000	88.00
88.01	08801	RURAL HEALTH CLINIC II	3,914,101	1,005,980	4,920,081	667,552	5,587,633	88.01
90.00	09000	CLINIC	2,116,540	543,799	2,660,339	0	2,660,339	90.00
91.00	09100	EMERGENCY	1,459,524	1,570,134	3,029,658	0	3,029,658	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	107,076	185,571	292,647	0	292,647	95.00
101.00	10100	HOME HEALTH AGENCY	1,484,683	227,359	1,712,042	0	1,712,042	101.00
102.00	10200	OPICOID TREATMENT PROGRAM	0	0	0	0	0	102.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0089

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

Worksheet A

Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	365,964	352,210	718,174	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	35,853,371	47,037,174	82,890,545	737,998	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	194.00
194.01	07962	OUTREACH	179,747	5,735	185,482	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	161,209	265,397	426,606	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	275,992	275,992	0	194.05
194.06	07955	HOSPITALITY HOUSE	838	3,808	4,646	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	78,014	584	78,598	0	194.09
194.10	07959	FARM LAND	0	11,405	11,405	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	602,854	538,422	1,141,276	-737,998	194.12
194.13	07961	VALET PARKING SERVICE	56,848	6,256	63,104	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	131,432	6,501	137,933	0	194.15
200.00		TOTAL (SUM OF LINES 118 through 199)	37,064,313	48,151,274	85,215,587	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet A
Date/Time Prepared:
11/29/2023 2:49 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	0	0	1.00
1.01	00101	CAP REL COSTS-HOSPITAL	-865,420	4,991,302	1.01
1.02	00102	CAP REL COSTS-HSB I	-57,683	369,251	1.02
1.03	00103	CAP REL COSTS-HSB II	0	372,428	1.03
1.04	00104	CAP REL COSTS-REHAB CNT	0	44,015	1.04
1.05	00105	CAP REL COSTS-DIAGNOSIS	0	0	1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	10,359	1.06
1.07	00107	CAP REL COSTS-MAB	-3,847	29,143	1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	26,156	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	-10,771	126,920	1.10
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,601,820	11,253,203	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-619,188	10,640,843	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	3,230,036	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	278,324	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	212,565	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	33,399	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	22,303	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	11,731	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	28,775	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	201,760	8.00
9.00	00900	HOUSEKEEPING	0	572,556	9.00
9.01	00901	HOUSEKEEPING-HSB	0	165,660	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	117,519	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	10,455	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	9.04
10.00	01000	DIETARY	0	225,466	10.00
11.00	01100	CAFETERIA	-280,533	632,496	11.00
13.00	01300	NURSING ADMINISTRATION	0	436,595	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	540,103	14.00
15.00	01500	PHARMACY	0	3,449,772	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-877	620,313	16.00
17.00	01700	SOCIAL SERVICE	0	441,992	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-1,196,048	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,382,055	3,368,128	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,298,911	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
43.00	04300	NURSERY	0	424,387	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-95,591	1,655,981	50.00
51.00	05100	RECOVERY ROOM	0	531,555	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	437,441	52.00
53.00	05300	ANESTHESIOLOGY	-523,317	79,246	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,909,442	54.00
57.00	05700	CT SCAN	0	433,887	57.00
58.00	05800	MRI	0	497,739	58.00
60.00	06000	LABORATORY	-534,562	3,870,007	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	228,924	63.00
65.00	06500	RESPIRATORY THERAPY	-63,520	1,367,095	65.00
66.00	06600	PHYSICAL THERAPY	-19,949	1,720,026	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	218,875	67.00
68.00	06800	SPEECH PATHOLOGY	0	153,506	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	991,250	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	521,980	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-682,207	287,978	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-8,305	675,266	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	293,293	76.01
76.02	03951	PAIN MANAGEMENT	0	0	76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	622,000	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	5,587,633	88.01
90.00	09000	CLINIC	-1,325,714	1,334,625	90.00
91.00	09100	EMERGENCY	0	3,029,658	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	292,647	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,712,042	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

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0089

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

Worksheet A

Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
116.00	11600	HOSPICE	0	718,174	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-10,271,407	73,357,136	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	DAY HEALTH	0	0	194.00
194.01	07962	OUTREACH	0	185,482	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	426,606	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	275,992	194.05
194.06	07955	HOSPITALITY HOUSE	0	4,646	194.06
194.07	07956	HSK DIALYSIS	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	78,598	194.09
194.10	07959	FARM LAND	0	11,405	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	403,278	194.12
194.13	07961	VALET PARKING SERVICE	0	63,104	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	194.14
194.15	07965	ASSISTED LIVING	0	137,933	194.15
200.00		TOTAL (SUM OF LINES 118 through 199)	-10,271,407	74,944,180	200.00

RECLASSIFICATIONS

Provider CCN: 14-0089

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

Worksheet A-6

Date/Time Prepared:
11/29/2023 2:49 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS OB SALARY					
1.00	NURSERY	43.00	424,387	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	437,441	0		2.00
	0		861,828	0		
	B - RECLASS FOOD SERVICE					
1.00	CAFETERIA	11.00	540,679	372,350		1.00
	0		540,679	372,350		
	C - RECLASS CT EXPENSE					
1.00	CT SCAN	57.00	100,633	0		1.00
	0		100,633	0		
	D - RECLASS CRNA SALARIES					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	805,038	391,010		1.00
	0		805,038	391,010		
	E - RECLASS COPY MACHINE EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	15,597		1.00
	0		0	15,597		
	F - RECLASS O2 EXPENSE					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	32,683		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	32,683		
	G - RECLASS AUTO & AMBULANCE COLLISION I					
1.00	CAP REL COSTS-HOSPITAL	1.01	0	16,016		1.00
	0		0	16,016		
	H - RECLASS MITEL LEASE OF PHONE SERVICE					
1.00	CAP REL COSTS-HOSPITAL	1.01	0	57,507		1.00
	0		0	57,507		
	K - RECLASS RHC/CLINIC CODING & ADMIN EX					
1.00	RURAL HEALTH CLINIC	88.00	57,546	12,900		1.00
2.00	RURAL HEALTH CLINIC II	88.01	545,308	122,244		2.00
	0		602,854	135,144		
	M - HOUSEKEEPING RECLASS					
1.00	HOUSEKEEPING-HSB	9.01	103,028	62,632		1.00
2.00	HOUSEKEEPING-HSB II	9.02	73,088	44,431		2.00
3.00	HOUSEKEEPING-ORTHO	9.03	6,502	3,953		3.00
	TOTALS		182,618	111,016		
500.00	Grand Total: Increases		3,093,650	1,131,323		500.00

RECLASSIFICATIONS

Provider CCN: 14-0089

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

Worksheet A-6

Date/Time Prepared:
11/29/2023 2:49 pm

		Decreases				Wkst. A-7 Ref.		
		Cost Center	Line #	Salary	Other			
		6.00	7.00	8.00	9.00	10.00		
		A - RECLASS OB SALARY						
1.00		ADULTS & PEDIATRICS	30.00	861,828	0	0		1.00
2.00			0.00	0	0	0		2.00
				861,828	0			
		B - RECLASS FOOD SERVICE						
1.00		DIETARY	10.00	540,679	372,350	0		1.00
				540,679	372,350			
		C - RECLASS CT EXPENSE						
1.00		RADIOLOGY-DIAGNOSTIC	54.00	100,633	0	0		1.00
				100,633	0			
		D - RECLASS CRNA SALARIES						
1.00		ANESTHESIOLOGY	53.00	805,038	391,010	0		1.00
				805,038	391,010			
		E - RECLASS COPY MACHINE EXPENSE						
1.00		MEDICAL RECORDS & LIBRARY	16.00	0	15,597	0		1.00
				0	15,597			
		F - RECLASS O2 EXPENSE						
1.00		RESPIRATORY THERAPY	65.00	0	32,176	0		1.00
2.00		OPERATING ROOM	50.00	0	256	0		2.00
3.00		ADMINISTRATIVE & GENERAL	5.00	0	251	0		3.00
				0	32,683			
		G - RECLASS AUTO & AMBULANCE COLLISION I						
1.00		ADMINISTRATIVE & GENERAL	5.00	0	16,016	12		1.00
				0	16,016			
		H - RECLASS MITEL LEASE OF PHONE SERVICE						
1.00		ADMINISTRATIVE & GENERAL	5.00	0	57,507	10		1.00
				0	57,507			
		K - RECLASS RHC/CLINIC CODING & ADMIN EX						
1.00		MMG-PHYSICIAN OFFICES	194.12	602,854	135,144	0		1.00
2.00			0.00	0	0	0		2.00
				602,854	135,144			
		M - HOUSEKEEPING RECLASS						
1.00		HOUSEKEEPING	9.00	182,618	111,016	0		1.00
2.00			0.00	0	0	0		2.00
3.00			0.00	0	0	0		3.00
		TOTALS		182,618	111,016			
500.00		Grand Total: Decreases		3,093,650	1,131,323			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet A-7
Part I
Date/Time Prepared:
11/29/2023 2:49 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	111,602	305,234	0	305,234	0	1.00
2.00	Land Improvements	4,320,568	329,903	0	329,903	0	2.00
3.00	Buildings and Fixtures	57,739,540	3,252,408	0	3,252,408	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	78,759,762	1,658,705	0	1,658,705	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	140,931,472	5,546,250	0	5,546,250	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	140,931,472	5,546,250	0	5,546,250	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	416,836	0				1.00
2.00	Land Improvements	4,650,471	0				2.00
3.00	Buildings and Fixtures	60,991,948	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	80,418,467	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	146,477,722	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	146,477,722	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet A-7
Part II
Date/Time Prepared:
11/29/2023 2:49 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	0	0	0	0	0	1.00
1.01	CAP REL COSTS-HOSPITAL	5,783,199	0	0	0	0	1.01
1.02	CAP REL COSTS-HSB I	426,934	0	0	0	0	1.02
1.03	CAP REL COSTS-HSB II	372,428	0	0	0	0	1.03
1.04	CAP REL COSTS-REHAB CNT	44,015	0	0	0	0	1.04
1.05	CAP REL COSTS-DIAGNOSIS	0	0	0	0	0	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	10,359	0	0	0	0	1.06
1.07	CAP REL COSTS-MAB	32,990	0	0	0	0	1.07
1.08	CAP REL COSTS-ORTHO BLDG	26,156	0	0	0	0	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	137,691	0	0	0	0	1.10
3.00	Total (sum of lines 1-2)	6,833,772	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	CAP REL COSTS-HOSPITAL	0	5,783,199				1.01
1.02	CAP REL COSTS-HSB I	0	426,934				1.02
1.03	CAP REL COSTS-HSB II	0	372,428				1.03
1.04	CAP REL COSTS-REHAB CNT	0	44,015				1.04
1.05	CAP REL COSTS-DIAGNOSIS	0	0				1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	10,359				1.06
1.07	CAP REL COSTS-MAB	0	32,990				1.07
1.08	CAP REL COSTS-ORTHO BLDG	0	26,156				1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0				1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	137,691				1.10
3.00	Total (sum of lines 1-2)	0	6,833,772				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet A-7
Part III
Date/Time Prepared:
11/29/2023 2:49 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	0	0	0	0.000000	0	1.00	
1.01	CAP REL COSTS-HOSPITAL	141,560,758	0	141,560,758	0.966432	0	1.01	
1.02	CAP REL COSTS-HSB I	2,455,192	0	2,455,192	0.016762	0	1.02	
1.03	CAP REL COSTS-HSB II	2,016,146	0	2,016,146	0.013764	0	1.03	
1.04	CAP REL COSTS-REHAB CNT	168,641	0	168,641	0.001151	0	1.04	
1.05	CAP REL COSTS-DIAYSIS	1,518	0	1,518	0.000010	0	1.05	
1.06	CAP REL COSTS-HOSPITALITY HOUSE	31,617	0	31,617	0.000216	0	1.06	
1.07	CAP REL COSTS-MAB	228,466	0	228,466	0.001560	0	1.07	
1.08	CAP REL COSTS-ORTHO BLDG	8,950	0	8,950	0.000061	0	1.08	
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	4,484	0	4,484	0.000031	0	1.09	
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	1,950	0	1,950	0.000013	0	1.10	
3.00	Total (sum of lines 1-2)	146,477,722	0	146,477,722	0.000000	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	0	0	1.00	
1.01	CAP REL COSTS-HOSPITAL	0	0	0	4,918,481	56,805	1.01	
1.02	CAP REL COSTS-HSB I	0	0	0	426,934	0	1.02	
1.03	CAP REL COSTS-HSB II	0	0	0	372,428	0	1.03	
1.04	CAP REL COSTS-REHAB CNT	0	0	0	44,015	0	1.04	
1.05	CAP REL COSTS-DIAYSIS	0	0	0	0	0	1.05	
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	0	0	10,359	0	1.06	
1.07	CAP REL COSTS-MAB	0	0	0	32,990	0	1.07	
1.08	CAP REL COSTS-ORTHO BLDG	0	0	0	26,156	0	1.08	
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09	
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	137,691	0	1.10	
3.00	Total (sum of lines 1-2)	0	0	0	5,969,054	56,805	3.00	
Cost Center Description		SUMMARY OF CAPITAL						
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)		
		11.00	12.00	13.00	14.00	15.00		
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00	
1.01	CAP REL COSTS-HOSPITAL	0	16,016	0	0	4,991,302	1.01	
1.02	CAP REL COSTS-HSB I	0	0	-57,683	0	369,251	1.02	
1.03	CAP REL COSTS-HSB II	0	0	0	0	372,428	1.03	
1.04	CAP REL COSTS-REHAB CNT	0	0	0	0	44,015	1.04	
1.05	CAP REL COSTS-DIAYSIS	0	0	0	0	0	1.05	
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	0	0	0	10,359	1.06	
1.07	CAP REL COSTS-MAB	0	0	-3,847	0	29,143	1.07	
1.08	CAP REL COSTS-ORTHO BLDG	0	0	0	0	26,156	1.08	
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09	
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	-10,771	0	126,920	1.10	
3.00	Total (sum of lines 1-2)	0	16,016	-72,301	0	5,969,574	3.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0089

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

Worksheet A-8

Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - CAP REL COSTS-HOSPITAL (chapter 2)	B	-862,030	CAP REL COSTS-HOSPITAL	1.01	9	1.01
1.02	Investment income - CAP REL COSTS-HSB I (chapter 2)			0CAP REL COSTS-HSB I	1.02	0	1.02
1.03	Investment income - CAP REL COSTS-HSB II (chapter 2)			0CAP REL COSTS-HSB II	1.03	0	1.03
1.04	Investment income - CAP REL COSTS-REHAB CNT (chapter 2)			0CAP REL COSTS-REHAB CNT	1.04	0	1.04
1.05	Investment income - CAP REL COSTS-DIAYSIS (chapter 2)			0CAP REL COSTS-DIAYSIS	1.05	0	1.05
1.06	Investment income - CAP REL COSTS-HOSPITALITY HOUSE (chapter 2)			0CAP REL COSTS-HOSPITALITY HOUSE	1.06	0	1.06
1.07	Investment income - CAP REL COSTS-MAB (chapter 2)			0CAP REL COSTS-MAB	1.07	0	1.07
1.08	Investment income - CAP REL COSTS-ORTHO BLDG (chapter 2)			0CAP REL COSTS-ORTHO BLDG	1.08	0	1.08
1.09	Investment income - CAP REL COSTS-CONVENIENCE CARE CLIN (chapter 2)			0CAP REL COSTS-CONVENIENCE CARE CLIN	1.09	0	1.09
1.10	Investment income - CAP REL COSTS-BUSHNELL OFFICE BLDG (chapter 2)			0CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	0	1.10
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0*** Cost Center Deleted ***	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)	B	-104,971	ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0	0.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-2,563	CAP REL COSTS-HOSPITAL	1.01	9	8.00
9.00	Parking lot (chapter 21)			0	0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-3,924,759			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	A	-125	CAP REL COSTS-HOSPITAL	1.01	9	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-280,533	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others			0	0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	B		0MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	16.00
17.00	Sale of drugs to other than patients			0	0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-877	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00	Vending machines			0	0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-17,576	ADMINISTRATIVE & GENERAL	5.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0089

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

Worksheet A-8

Date/Time Prepared:
11/29/2023 2:49 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	
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0 PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0 *** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0 CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - CAP REL COSTS-HOSPITAL			0 CAP REL COSTS-HOSPITAL	1.01	0	26.01
26.02	Depreciation - CAP REL COSTS-HSB I			0 CAP REL COSTS-HSB I	1.02	0	26.02
26.03	Depreciation - CAP REL COSTS-HSB II			0 CAP REL COSTS-HSB II	1.03	0	26.03
26.04	Depreciation - CAP REL COSTS-REHAB CNT			0 CAP REL COSTS-REHAB CNT	1.04	0	26.04
26.05	Depreciation - CAP REL COSTS-DIAYSIS			0 CAP REL COSTS-DIAYSIS	1.05	0	26.05
26.06	Depreciation - CAP REL COSTS-HOSPITALITY HOUSE			0 CAP REL COSTS-HOSPITALITY HOUSE	1.06	0	26.06
26.07	Depreciation - CAP REL COSTS-MAB			0 CAP REL COSTS-MAB	1.07	0	26.07
26.08	Depreciation - CAP REL COSTS-ORTHO BLDG			0 CAP REL COSTS-ORTHO BLDG	1.08	0	26.08
26.09	Depreciation - CAP REL COSTS-CONVENIENCE CARE CLIN			0 CAP REL COSTS-CONVENIENCE CARE CLIN	1.09	0	26.09
26.10	Depreciation - CAP REL COSTS-BUSHNELL OFFICE BLDG			0 CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	0	26.10
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0 *** Cost Center Deleted ***	2.00	0	27.00
28.00	Non-physician Anesthetist	A	-1,196,048	0 NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0 ADULTS & PEDIATRICS	30.00		30.99
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	TELEPHONE LEASE	A	-702	0 CAP REL COSTS-HOSPITAL	1.01	10	33.00
33.01	PATHOLOGIST CONSULTING REV	B		0 LABORATORY	60.00	0	33.01
33.02	MISCELLANEOUS REV	B	-1,707	0 ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	AHA/IHA DUES	A	-25,861	0 ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	DAY HEALTH MEALS	B		0 DIETARY	10.00	0	33.04
33.05	RADIOLOGY BILLING	B	-114,876	0 ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06	NUTRITION COUNSELING	B		0 DIETARY	10.00	0	33.06
33.07	KARE-A-LOT	B		0 ADULTS & PEDIATRICS	30.00	0	33.07
33.08	CONSULTING-PT/OT	B	-19,949	0 PHYSICAL THERAPY	66.00	0	33.08
33.09	TELEPHONE SERVICES-SALARIES	A	-1,950	0 ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10	SELF INSUR EMPLOYEE HEALTH INSUR EXP	A	-1,454,045	0 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.10
33.11	CRNA EMPLOYEE BENEFITS	A	-117,448	0 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.11
33.12	PHYSICIAN PART B EMPLOYEE BENEFITS	A	-1,030,327	0 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.12
33.13	ADVERTISING	A	-352,247	0 ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14	NON-ALLOWABLE PROPERTY TAX	A		0 CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	13	33.14
34.00	NON-ALLOWABLE PROPERTY TAX	A		0 CAP REL COSTS-HSB II	1.03	13	34.00
34.50	NON-ALLOWABLE PROPERTY TAX	A		0 CAP REL COSTS-REHAB CNT	1.04	13	34.50
35.00	NON-ALLOWABLE PROPERTY TAX	A	-3,847	0 CAP REL COSTS-MAB	1.07	13	35.00
35.50	NON-ALLOWABLE PROPERTY TAX	A	-57,683	0 CAP REL COSTS-HSB I	1.02	13	35.50
36.00	NON-ALLOWABLE PROPERTY TAX	A		0 CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	13	36.00
36.01	NON-ALLOWABLE PROPERTY TAX	A	-716	0 CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	13	36.01
36.02	NON-ALLOWABLE PROPERTY TAX	A	-10,055	0 CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	13	36.02
36.50	OUTREACH SERVICES	B		0 ADULTS & PEDIATRICS	30.00	0	36.50

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0089

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

Worksheet A-8

Date/Time Prepared:
11/29/2023 2:49 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	
37.00	ADVERTISING	A		0 AMBULANCE SERVICES	95.00	0	37.00
38.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES 0	B	-8,305	0 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	38.00
38.01	CONTRACT PHARMACY	A	-682,207	0 DRUGS CHARGED TO PATIENTS	73.00	0	38.01
38.02	CLINIC MID-LEVELS	B		0 CLINIC	90.00	0	38.02
38.03	SOCIAL SERVICE OTHER REVENUE	B		0 SOCIAL SERVICE	17.00	0	38.03
38.04	PHARMACY OTHER REVENUE	B		0 PHARMACY	15.00	0	38.04
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,271,407				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0089

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

Worksheet A-8-2

Date/Time Prepared:
11/29/2023 2:49 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	60.00	LABORATORY	345,646	315,123	30,523	260,300	551	1.00
2.00	53.00	ANESTHESIOLOGY	523,317	523,317	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	1,204,462	1,204,462	0	0	0	3.00
4.00	90.00	CLINIC	1,214,464	1,214,464	0	0	0	4.00
5.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	0	0	0	0	0	6.00
7.00	90.00	CLINIC	111,250	111,250	0	0	0	7.00
8.00	50.00	OPERATING ROOM	95,591	95,591	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	63,520	63,520	0	0	0	10.00
11.00	60.00	LABORATORY	219,439	219,439	0	0	0	11.00
12.00	30.00	ADULTS & PEDIATRICS	177,593	177,593	0	0	0	12.00
200.00			3,955,282	3,924,759	30,523		551	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	60.00	LABORATORY	68,955	3,448	3,492	308	6,070	1.00
2.00	53.00	ANESTHESIOLOGY	0	0	3,857	0	8,419	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	10,242	0	23,598	3.00
4.00	90.00	CLINIC	0	0	10,525	0	108,680	4.00
5.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	0	0	0	0	0	6.00
7.00	90.00	CLINIC	0	0	0	0	0	7.00
8.00	50.00	OPERATING ROOM	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	10.00
11.00	60.00	LABORATORY	0	0	0	0	0	11.00
12.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	12.00
200.00			68,955	3,448	28,116	308	146,767	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	60.00	LABORATORY	536	69,799	0	315,123		1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	523,317		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,204,462		3.00
4.00	90.00	CLINIC	0	0	0	1,214,464		4.00
5.00	65.00	RESPIRATORY THERAPY	0	0	0	0		5.00
6.00	60.00	LABORATORY	0	0	0	0		6.00
7.00	90.00	CLINIC	0	0	0	111,250		7.00
8.00	50.00	OPERATING ROOM	0	0	0	95,591		8.00
9.00	91.00	EMERGENCY	0	0	0	0		9.00
10.00	65.00	RESPIRATORY THERAPY	0	0	0	63,520		10.00
11.00	60.00	LABORATORY	0	0	0	219,439		11.00
12.00	30.00	ADULTS & PEDIATRICS	0	0	0	177,593		12.00
200.00			536	69,799	0	3,924,759		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part I
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II	
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	00101	CAP REL COSTS-HOSPITAL	4,991,302	0	4,991,302			1.01
1.02	00102	CAP REL COSTS-HSB I	369,251	0	0	369,251		1.02
1.03	00103	CAP REL COSTS-HSB II	372,428	0	0	0	372,428	1.03
1.04	00104	CAP REL COSTS-REHAB CNT	44,015	0	0	0	0	1.04
1.05	00105	CAP REL COSTS-DIAYSIS	0	0	0	0	0	1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	10,359	0	0	0	0	1.06
1.07	00107	CAP REL COSTS-MAB	29,143	0	0	0	0	1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	26,156	0	0	0	0	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	126,920	0	0	0	0	1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	11,253,203	0	41,754	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,640,843	0	314,318	63,942	133,812	5.00
6.00	00600	MAINTENANCE & REPAIRS	3,230,036	0	197,111	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	278,324	0	0	66,993	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	212,565	0	0	0	39,218	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	33,399	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	22,303	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	11,731	0	0	11,731	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	28,775	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	201,760	0	78,421	0	0	8.00
9.00	00900	HOUSEKEEPING	572,556	0	82,660	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	165,660	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	117,519	0	0	117,519	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	10,455	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	225,466	0	59,557	0	0	10.00
11.00	01100	CAFETERIA	632,496	0	84,779	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	436,595	0	15,684	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	540,103	0	155,146	0	0	14.00
15.00	01500	PHARMACY	3,449,772	0	29,122	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	620,313	0	32,852	0	0	16.00
17.00	01700	SOCIAL SERVICE	441,992	0	19,075	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,368,128	0	1,141,974	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,298,911	0	77,573	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	424,387	0	20,983	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,655,981	0	806,249	11,825	0	50.00
51.00	05100	RECOVERY ROOM	531,555	0	55,106	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	437,441	0	36,031	0	0	52.00
53.00	05300	ANESTHESIOLOGY	79,246	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,909,442	0	341,999	0	0	54.00
57.00	05700	CT SCAN	433,887	0	14,200	0	0	57.00
58.00	05800	MRI	497,739	0	10,597	0	0	58.00
60.00	06000	LABORATORY	3,870,007	0	167,714	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	228,924	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,367,095	0	104,363	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,720,026	0	105,041	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	218,875	0	7,206	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	153,506	0	21,703	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	991,250	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	521,980	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	287,978	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	675,266	0	0	14,789	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	293,293	0	65,958	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	622,000	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	5,587,633	0	0	13,960	123,935	88.01
90.00	09000	CLINIC	1,334,625	0	107,182	41,170	33,902	90.00
91.00	09100	EMERGENCY	3,029,658	0	346,683	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	292,647	0	71,935	0	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part I
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II	
			0	1.00	1.01	1.02	1.03	
101.00	10100	HOME HEALTH AGENCY	1,712,042	0	0	0	0	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	718,174	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	73,357,136	0	4,612,976	212,679	330,867	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	129,351	0	192.00
194.00	07950	DAY HEALTH	0	0	0	19,027	0	194.00
194.01	07962	OUTREACH	185,482	0	0	1,387	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	426,606	0	55,106	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	275,992	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	4,646	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	78,598	0	0	0	0	194.09
194.10	07959	FARM LAND	11,405	0	211,948	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	403,278	0	95,376	6,807	41,561	194.12
194.13	07961	VALET PARKING SERVICE	63,104	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	137,933	0	15,896	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	74,944,180	0	4,991,302	369,251	372,428	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part I
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			CAPITAL RELATED COSTS					
			CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAYSIS	CAP REL COSTS-HOSPITAL ITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
			1.04	1.05	1.06	1.07	1.08	
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT	44,015					1.04
1.05	00105	CAP REL COSTS-DIAYSIS	0	0				1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	0	10,359			1.06
1.07	00107	CAP REL COSTS-MAB	0	0	0	29,143		1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	0	0	0	26,156	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINIC	0	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	0	0	1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	0		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	13,078	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING		0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY		0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	44,015	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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
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				92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	4,250	0	101.00
102.00	10200	OPICOID TREATMENT PROGRAM	0	0	0	0	0	102.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part I
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			CAPITAL RELATED COSTS					
			CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAGNOSIS	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
			1.04	1.05	1.06	1.07	1.08	
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	4,250	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	44,015	0	0	8,500	13,078	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	12,143	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	10,359	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	3,643	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	4,857	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	0	13,078	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	0	194.15
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)	44,015	0	10,359	29,143	26,156	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part I
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			CONVENIENCE CLIN	BUSHNELL OFFICE BLDG				
			1. 09	1. 10				
GENERAL SERVICE COST CENTERS								
1. 00	00100	CAP REL COSTS-BLDG & FIXT						1. 00
1. 01	00101	CAP REL COSTS-HOSPITAL						1. 01
1. 02	00102	CAP REL COSTS-HSB I						1. 02
1. 03	00103	CAP REL COSTS-HSB II						1. 03
1. 04	00104	CAP REL COSTS-REHAB CNT						1. 04
1. 05	00105	CAP REL COSTS-DIAGNOSIS						1. 05
1. 06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1. 06
1. 07	00107	CAP REL COSTS-MAB						1. 07
1. 08	00108	CAP REL COSTS-ORTHO BLDG						1. 08
1. 09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0					1. 09
1. 10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	126, 920				1. 10
4. 00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	11, 294, 957			4. 00
5. 00	00500	ADMINISTRATIVE & GENERAL	0	0	1, 920, 085	13, 086, 078	13, 086, 078	5. 00
6. 00	00600	MAINTENANCE & REPAIRS	0	0	183, 778	3, 610, 925	763, 891	6. 00
6. 01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	9, 977	355, 294	75, 162	6. 01
6. 02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	7, 739	259, 522	54, 902	6. 02
6. 03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	430	33, 829	7, 157	6. 03
6. 04	00604	MAINTENANCE & REPAIRS-MAB	0	0	842	23, 145	4, 896	6. 04
6. 05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	642	12, 373	2, 618	6. 05
6. 06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	783	29, 558	6, 253	6. 06
8. 00	00800	LAUNDRY & LINEN SERVICE	0	0	0	280, 181	59, 272	8. 00
9. 00	00900	HOUSEKEEPING	0	0	123, 311	778, 527	164, 697	9. 00
9. 01	00901	HOUSEKEEPING-HSB	0	0	35, 678	201, 338	42, 593	9. 01
9. 02	00902	HOUSEKEEPING-HSB II	0	0	25, 310	142, 829	30, 215	9. 02
9. 03	00903	HOUSEKEEPING-ORTHO	0	0	2, 252	12, 707	2, 688	9. 03
9. 04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9. 04
10. 00	01000	DIETARY	0	0	46, 236	331, 259	70, 078	10. 00
11. 00	01100	CAFETERIA	0	0	187, 234	904, 509	191, 349	11. 00
13. 00	01300	NURSING ADMINISTRATION	0	0	150, 664	602, 943	127, 553	13. 00
14. 00	01400	CENTRAL SERVICES & SUPPLY	0	0	99, 804	795, 053	168, 193	14. 00
15. 00	01500	PHARMACY	0	0	281, 253	3, 760, 147	795, 459	15. 00
16. 00	01600	MEDICAL RECORDS & LIBRARY	0	0	154, 460	807, 625	170, 853	16. 00
17. 00	01700	SOCIAL SERVICE	0	0	140, 104	601, 171	127, 178	17. 00
19. 00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19. 00
INPATIENT ROUTINE SERVICE COST CENTERS								
30. 00	03000	ADULTS & PEDIATRICS	0	0	862, 931	5, 373, 033	1, 136, 665	30. 00
31. 00	03100	INTENSIVE CARE UNIT	0	0	382, 631	1, 759, 115	372, 141	31. 00
40. 00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40. 00
43. 00	04300	NURSERY	0	0	146, 963	592, 333	125, 308	43. 00
ANCILLARY SERVICE COST CENTERS								
50. 00	05000	OPERATING ROOM	0	0	398, 081	2, 872, 136	607, 600	50. 00
51. 00	05100	RECOVERY ROOM	0	0	172, 023	758, 684	160, 500	51. 00
52. 00	05200	DELIVERY ROOM & LABOR ROOM	0	0	151, 483	624, 955	132, 209	52. 00
53. 00	05300	ANESTHESIOLOGY	0	0	4, 556	83, 802	17, 728	53. 00
54. 00	05400	RADIOLOGY-DIAGNOSTIC	0	0	412, 957	2, 664, 398	563, 653	54. 00
57. 00	05700	CT SCAN	0	0	34, 849	482, 936	102, 165	57. 00
58. 00	05800	MRI	0	0	0	508, 336	107, 538	58. 00
60. 00	06000	LABORATORY	0	0	668, 140	4, 705, 861	995, 525	60. 00
63. 00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	228, 924	48, 429	63. 00
65. 00	06500	RESPIRATORY THERAPY	0	0	298, 869	1, 770, 327	374, 513	65. 00
66. 00	06600	PHYSICAL THERAPY	0	28, 549	529, 768	2, 427, 399	513, 516	66. 00
67. 00	06700	OCCUPATIONAL THERAPY	0	0	36, 078	262, 159	55, 460	67. 00
68. 00	06800	SPEECH PATHOLOGY	0	0	51, 771	226, 980	48, 018	68. 00
71. 00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	991, 250	209, 699	71. 00
72. 00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	521, 980	110, 425	72. 00
73. 00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	287, 978	60, 922	73. 00
76. 00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	232, 551	922, 606	195, 177	76. 00
76. 01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	96, 755	456, 006	96, 468	76. 01
76. 02	03951	PAIN MANAGEMENT	0	0	0	0	0	76. 02
77. 00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77. 00
OUTPATIENT SERVICE COST CENTERS								
88. 00	08800	RURAL HEALTH CLINIC	0	98, 371	190, 223	910, 594	192, 636	88. 00
88. 01	08801	RURAL HEALTH CLINIC II	0	0	1, 544, 267	7, 269, 795	1, 537, 923	88. 01
90. 00	09000	CLINIC	0	0	312, 384	1, 829, 263	386, 981	90. 00
91. 00	09100	EMERGENCY	0	0	505, 424	3, 881, 765	821, 187	91. 00
92. 00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92. 00
OTHER REIMBURSABLE COST CENTERS								
95. 00	09500	AMBULANCE SERVICES	0	0	37, 080	401, 662	84, 972	95. 00
101. 00	10100	HOME HEALTH AGENCY	0	0	514, 137	2, 230, 429	471, 847	101. 00
102. 00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102. 00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part I
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			CONVENIENCE CARE CLINIC	BUSHNELL OFFICE BLDG				
			1. 09	1. 10	4. 00	4A	5. 00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	126,731	849,155	179,639	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	126,920	11,081,234	72,522,874	12,573,851	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	141,494	29,933	192.00
194.00	07950	DAY HEALTH	0	0	0	19,027	4,025	194.00
194.01	07962	OUTREACH	0	0	62,245	249,114	52,700	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	55,826	537,538	113,716	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	275,992	58,386	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	290	15,295	3,236	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	3,643	771	194.08
194.09	07958	VISITING PHYSICIANS	0	0	27,016	110,471	23,370	194.09
194.10	07959	FARM LAND	0	0	0	223,353	47,250	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	3,146	563,246	119,155	194.12
194.13	07961	VALET PARKING SERVICE	0	0	19,686	82,790	17,514	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	45,514	199,343	42,171	194.15
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	126,920	11,294,957	74,944,180	13,086,078	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part I
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
			6.00	6.01	6.02	6.03	6.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAGNOSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINIC						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	4,374,816					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	430,456				6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	314,424			6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	40,986		6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	28,041	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	77,302	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	81,481	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	58,708	0	0	0	0	10.00
11.00	01100	CAFETERIA	83,570	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	15,460	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	152,933	0	0	0	0	14.00
15.00	01500	PHARMACY	28,706	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	32,383	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	18,803	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,125,687	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	76,466	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	20,684	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	794,749	21,358	0	0	0	50.00
51.00	05100	RECOVERY ROOM	54,320	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,517	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	337,121	0	0	0	0	54.00
57.00	05700	CT SCAN	13,998	0	0	0	0	57.00
58.00	05800	MRI	10,446	0	0	0	0	58.00
60.00	06000	LABORATORY	165,322	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	102,874	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	103,543	0	0	40,986	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,103	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	21,394	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	26,713	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	65,017	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	25,215	195,429	0	0	88.01
90.00	09000	CLINIC	105,653	74,363	53,459	0	0	90.00
91.00	09100	EMERGENCY	341,738	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	70,909	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	4,089	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part I
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
			6.00	6.01	6.02	6.03	6.04	
116.00	11600	HOSPICE	0	0	0	0	4,089	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,001,887	147,649	248,888	40,986	8,178	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	233,640	0	0	11,685	192.00
194.00	07950	DAY HEALTH	0	34,367	0	0	0	194.00
194.01	07962	OUTREACH	0	2,506	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	54,320	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	3,505	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	4,673	194.09
194.10	07959	FARM LAND	208,924	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	94,016	12,294	65,536	0	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	15,669	0	0	0	0	194.15
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)	4,374,816	430,456	314,424	40,986	28,041	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part I
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			MAINTENANCE & REPAIRS-ORTHO BLDG	MAINTENANCE & REPAIRS-BUSHNE LL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-H SB	
			6.05	6.06	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAGNOSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	14,991					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	35,811				6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	416,755			8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,024,705		9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	243,931	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	95,036	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	20,396	40,083	0	14.00
15.00	01500	PHARMACY	0	0	0	9,051	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	4,526	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	647	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	90,194	215,928	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31,341	27,153	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	73,976	129,947	12,103	50.00
51.00	05100	RECOVERY ROOM	0	0	5,044	18,102	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	30,737	40,730	0	54.00
57.00	05700	CT SCAN	0	0	0	21,981	0	57.00
58.00	05800	MRI	0	0	5,358	0	0	58.00
60.00	06000	LABORATORY	0	0	1,779	34,911	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	7,193	39,437	0	65.00
66.00	06600	PHYSICAL THERAPY	0	8,055	27,050	43,962	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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	3,233	15,138	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	2,822	1,293	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	27,756	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	1,293	14,289	88.01
90.00	09000	CLINIC	0	0	0	57,539	42,140	90.00
91.00	09100	EMERGENCY	0	0	119,770	162,272	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	12,284	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	7,758	0	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part I
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			MAINTENANCE & REPAIRS-ORTHO BLDG 6.05	MAINTENANCE & REPAIRS-BUSHNE LL 6.06	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	HOUSEKEEPING-H SB 9.01	
116.00	11600	HOSPICE	0	0	958	7,758	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	35,811	416,618	974,924	83,670	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	132,399	192.00
194.00	07950	DAY HEALTH	0	0	0	0	19,475	194.00
194.01	07962	OUTREACH	0	0	0	1,293	1,420	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	14,223	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	12,930	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	14,991	0	137	21,335	6,967	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	14,991	35,811	416,755	1,024,705	243,931	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part I
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			HOUSEKEEPING-H	HOUSEKEEPING-O	HOUSEKEEPING-M	DIETARY	CAFETERIA	
			SB II	RTHO	AB			
			9.02	9.03	9.04	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAGNOSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II	173,044					9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	15,395				9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0			9.04
10.00	01000	DIETARY	0	0	0	555,081		10.00
11.00	01100	CAFETERIA	0	0	0	0	1,179,428	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	14,625	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	28,796	14.00
15.00	01500	PHARMACY	0	0	0	0	31,183	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	34,972	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17,429	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	9,094	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	429,721	115,791	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	125,360	38,003	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	16,596	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	55,963	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	26,561	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	17,088	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	58,198	54.00
57.00	05700	CT SCAN	0	0	0	0	5,418	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	114,843	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	41,603	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	71,573	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	5,380	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	6,896	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	41,830	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	16,785	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	107,555	0	0	0	143,757	88.01
90.00	09000	CLINIC	29,421	0	0	0	65,852	90.00
91.00	09100	EMERGENCY	0	0	0	0	73,354	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	6,706	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	72,672	101.00
102.00	10200	OPICOID 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	0	0	0	17,164	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part I
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description		HOUSEKEEPING-H	HOUSEKEEPING-O	HOUSEKEEPING-M	DIETARY	CAFETERIA	
		SB 11	RTHO	AB			
		9.02	9.03	9.04	10.00	11.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	136,976	0	0	555,081	1,148,132	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 DAY HEALTH	0	0	0	0	0	194.00
194.01	07962 OUTREACH	0	0	0	0	3,789	194.01
194.02	07951 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952 FUND DEVELOPMENT	0	0	0	0	8,866	194.03
194.04	07953 OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954 PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955 HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956 HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957 LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958 VISITING PHYSICIANS	0	0	0	0	3,827	194.09
194.10	07959 FARM LAND	0	0	0	0	0	194.10
194.11	07963 CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960 MMG-PHYSICIAN OFFICES	36,068	15,395	0	0	0	194.12
194.13	07961 VALET PARKING SERVICE	0	0	0	0	7,729	194.13
194.14	07964 PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965 ASSISTED LIVING	0	0	0	0	7,085	194.15
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)	173,044	15,395	0	555,081	1,179,428	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part I
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAGNOSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II						9.02
9.03	00903	HOUSEKEEPING-ORTHO						9.03
9.04	00904	HOUSEKEEPING-MAB						9.04
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	760,581					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,205,454				14.00
15.00	01500	PHARMACY	0	3,837	4,628,383			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,040	0	1,052,399		16.00
17.00	01700	SOCIAL SERVICE	0	761	0	0	765,989	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	284,722	43,095	0	585,683	603,301	30.00
31.00	03100	INTENSIVE CARE UNIT	0	10,180	0	0	132,184	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	229,264	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	84,585	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	7,381	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	239,167	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	6,760	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	15,030	0	0	0	54.00
57.00	05700	CT SCAN	0	449	0	0	0	57.00
58.00	05800	MRI	0	3	0	0	0	58.00
60.00	06000	LABORATORY	0	368,428	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,715	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	10,923	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,866	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	439	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	118	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	269,279	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	147,760	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	81,520	4,628,383	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,136	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	2,603	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	2,716	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	33,993	0	0	0	88.01
90.00	09000	CLINIC	0	23,290	0	0	0	90.00
91.00	09100	EMERGENCY	7,428	56,216	0	466,716	16,947	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	70	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	7,243	0	0	0	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part I
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
116.00	11600	HOSPICE	0	2,870	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	760,581	1,199,306	4,628,383	1,052,399	752,432	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	49	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	2,549	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	240	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	13	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	165	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	1,646	0	0	13,557	194.12
194.13	07961	VALET PARKING SERVICE	0	1,281	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	205	0	0	0	194.15
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)	760,581	1,205,454	4,628,383	1,052,399	765,989	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part I
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAGNOSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL					6.06
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-HSB					9.01
9.02	00902	HOUSEKEEPING-HSB II					9.02
9.03	00903	HOUSEKEEPING-ORTHO					9.03
9.04	00904	HOUSEKEEPING-MAB					9.04
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	9,094				19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	10,003,820	0	10,003,820	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,571,943	0	2,571,943	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	984,185	0	984,185	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	4,652,417	0	4,652,417	50.00
51.00	05100	RECOVERY ROOM	0	1,030,592	0	1,030,592	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,048,936	0	1,048,936	52.00
53.00	05300	ANESTHESIOLOGY	9,094	117,384	0	117,384	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,709,867	0	3,709,867	54.00
57.00	05700	CT SCAN	0	626,947	0	626,947	57.00
58.00	05800	MRI	0	631,681	0	631,681	58.00
60.00	06000	LABORATORY	0	6,386,669	0	6,386,669	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	288,068	0	288,068	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,346,870	0	2,346,870	65.00
66.00	06600	PHYSICAL THERAPY	0	3,241,950	0	3,241,950	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	330,541	0	330,541	67.00
68.00	06800	SPEECH PATHOLOGY	0	303,406	0	303,406	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,470,228	0	1,470,228	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	780,165	0	780,165	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,058,803	0	5,058,803	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,205,833	0	1,205,833	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	640,994	0	640,994	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	1,133,702	0	1,133,702	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	9,329,249	0	9,329,249	88.01
90.00	09000	CLINIC	0	2,667,961	0	2,667,961	90.00
91.00	09100	EMERGENCY	0	5,947,393	0	5,947,393	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	576,603	0	576,603	95.00
101.00	10100	HOME HEALTH AGENCY	0	2,794,038	0	2,794,038	101.00
102.00	10200	OPICOID TREATMENT PROGRAM	0	0	0	0	102.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part I
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		19.00	24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	1,061,633	0	1,061,633		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,094	70,941,878	0	70,941,878	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	549,151	0	549,151	192.00
194.00	07950	DAY HEALTH	0	76,894	0	76,894	194.00
194.01	07962	OUTREACH	0	310,871	0	310,871	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	731,212	0	731,212	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	347,548	0	347,548	194.05
194.06	07955	HOSPITALITY HOUSE	0	18,544	0	18,544	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	7,919	0	7,919	194.08
194.09	07958	VISITING PHYSICIANS	0	142,506	0	142,506	194.09
194.10	07959	FARM LAND	0	479,527	0	479,527	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	964,343	0	964,343	194.12
194.13	07961	VALET PARKING SERVICE	0	109,314	0	109,314	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	264,473	0	264,473	194.15
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	9,094	74,944,180	0	74,944,180	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part II
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II	
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	41,754	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	314,318	63,942	133,812	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	197,111	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	66,993	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	39,218	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	78,421	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	82,660	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	59,557	0	0	10.00
11.00	01100	CAFETERIA	0	0	84,779	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	15,684	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	155,146	0	0	14.00
15.00	01500	PHARMACY	0	0	29,122	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	32,852	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	19,075	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	1,141,974	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	77,573	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	20,983	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	806,249	11,825	0	50.00
51.00	05100	RECOVERY ROOM	0	0	55,106	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	36,031	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	341,999	0	0	54.00
57.00	05700	CT SCAN	0	0	14,200	0	0	57.00
58.00	05800	MRI	0	0	10,597	0	0	58.00
60.00	06000	LABORATORY	0	0	167,714	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	104,363	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	105,041	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	7,206	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	21,703	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	14,789	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	65,958	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	13,960	123,935	88.01
90.00	09000	CLINIC	0	0	107,182	41,170	33,902	90.00
91.00	09100	EMERGENCY	0	0	346,683	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	71,935	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part II
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSBI	CAP REL COSTS-HSBI I	
			0	1.00	1.01	1.02	1.03	
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	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	4,612,976	212,679	330,867	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	129,351	0	192.00
194.00	07950	DAY HEALTH	0	0	0	19,027	0	194.00
194.01	07962	OUTREACH	0	0	0	1,387	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	55,106	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	211,948	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	95,376	6,807	41,561	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	15,896	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	4,991,302	369,251	372,428	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part II
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			CAPITAL RELATED COSTS					
			CAP REL COSTS-REHAB CNT	CAP REL COSTS-DI AYSI S	CAP REL COSTS-HOSPI TAL ITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
			1. 04	1. 05	1. 06	1. 07	1. 08	
GENERAL SERVICE COST CENTERS								
1. 00	00100	CAP REL COSTS-BLDG & FIXT						1. 00
1. 01	00101	CAP REL COSTS-HOSPI TAL						1. 01
1. 02	00102	CAP REL COSTS-HSB I						1. 02
1. 03	00103	CAP REL COSTS-HSB II						1. 03
1. 04	00104	CAP REL COSTS-REHAB CNT						1. 04
1. 05	00105	CAP REL COSTS-DI AYSI S						1. 05
1. 06	00106	CAP REL COSTS-HOSPI TALI TY HOUSE						1. 06
1. 07	00107	CAP REL COSTS-MAB						1. 07
1. 08	00108	CAP REL COSTS-ORTHO BLDG						1. 08
1. 09	00109	CAP REL COSTS-CONVENI ENCE CARE CLIN						1. 09
1. 10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1. 10
4. 00	00400	EMPLOYEE BENEFIT S DEPARTMENT	0	0	0	0	0	4. 00
5. 00	00500	ADMINI STRATIVE & GENERAL	0	0	0	0	13, 078	5. 00
6. 00	00600	MAI NTENANCE & REPAI RS	0	0	0	0	0	6. 00
6. 01	00601	MAI NTENANCE & REPAI RS-HSB I	0	0	0	0	0	6. 01
6. 02	00602	MAI NTENANCE & REPAI RS-HSB II	0	0	0	0	0	6. 02
6. 03	00603	MAI NTENANCE & REPAI RS-REHAB CLINI C	0	0	0	0	0	6. 03
6. 04	00604	MAI NTENANCE & REPAI RS-MAB	0	0	0	0	0	6. 04
6. 05	00605	MAI NTENANCE & REPAI RS-ORTHO BLDG	0	0	0	0	0	6. 05
6. 06	00606	MAI NTENANCE & REPAI RS-BUSHNELL	0	0	0	0	0	6. 06
8. 00	00800	LAUNDRY & LI NEN SERVIC E	0	0	0	0	0	8. 00
9. 00	00900	HOUSEKEEPI NG	0	0	0	0	0	9. 00
9. 01	00901	HOUSEKEEPI NG-HSB	0	0	0	0	0	9. 01
9. 02	00902	HOUSEKEEPI NG-HSB II	0	0	0	0	0	9. 02
9. 03	00903	HOUSEKEEPI NG-ORTHO	0	0	0	0	0	9. 03
9. 04	00904	HOUSEKEEPI NG-MAB	0	0	0	0	0	9. 04
10. 00	01000	DI ETARY	0	0	0	0	0	10. 00
11. 00	01100	CAFETERI A	0	0	0	0	0	11. 00
13. 00	01300	NURSI NG ADMINI STRATION	0	0	0	0	0	13. 00
14. 00	01400	CENTRAL SERVIC ES & SUPPLY	0	0	0	0	0	14. 00
15. 00	01500	PHARMACY	0	0	0	0	0	15. 00
16. 00	01600	MEDI CAL RECORDS & LI BRARY	0	0	0	0	0	16. 00
17. 00	01700	SOCI AL SERVIC E	0	0	0	0	0	17. 00
19. 00	01900	NONPHYSICI AN ANESTHETI STS	0	0	0	0	0	19. 00
INPATI ENT ROUTI NE SERVIC E COST CENTERS								
30. 00	03000	ADULTS & PEDI ATRI CS	0	0	0	0	0	30. 00
31. 00	03100	INTENSIV E CARE UNI T	0	0	0	0	0	31. 00
40. 00	04000	SUBPROVID ER - I PF	0	0	0	0	0	40. 00
43. 00	04300	NURSERY	0	0	0	0	0	43. 00
ANCI LLARY SERVIC E COST CENTERS								
50. 00	05000	OPERATI NG ROOM	0	0	0	0	0	50. 00
51. 00	05100	RECOVERY ROOM	0	0	0	0	0	51. 00
52. 00	05200	DELI VERY ROOM & LABOR ROOM	0	0	0	0	0	52. 00
53. 00	05300	ANESTHESI OLOGY	0	0	0	0	0	53. 00
54. 00	05400	RADI OLOGY-DI AGNOSTI C	0	0	0	0	0	54. 00
57. 00	05700	CT SCAN	0	0	0	0	0	57. 00
58. 00	05800	MRI	0	0	0	0	0	58. 00
60. 00	06000	LABORATORY	0	0	0	0	0	60. 00
63. 00	06300	BLOOD STORI NG, PROCESSI NG & TRANS.	0	0	0	0	0	63. 00
65. 00	06500	RESPI RATORY THERAPY	0	0	0	0	0	65. 00
66. 00	06600	PHYSI CAL THERAPY	44, 015	0	0	0	0	66. 00
67. 00	06700	OCCUPATI ONAL THERAPY	0	0	0	0	0	67. 00
68. 00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68. 00
71. 00	07100	MEDI CAL SUPPLI ES CHARGED TO PATI ENT	0	0	0	0	0	71. 00
72. 00	07200	IMPL. DEV. CHARGED TO PATI ENTS	0	0	0	0	0	72. 00
73. 00	07300	DRUGS CHARGED TO PATI ENTS	0	0	0	0	0	73. 00
76. 00	03550	PSYCHI ATRI C/PSYCHOLOGI CAL SERVIC ES	0	0	0	0	0	76. 00
76. 01	03950	DI ABETES/WOUN D CARE/COUMADI N CNTR	0	0	0	0	0	76. 01
76. 02	03951	PAI N MANAGEM ENT	0	0	0	0	0	76. 02
77. 00	07700	ALLOGENEI C HSCT ACQUI SITI ON	0	0	0	0	0	77. 00
OUTPATI ENT SERVIC E COST CENTERS								
88. 00	08800	RURAL HEALTH CLINI C	0	0	0	0	0	88. 00
88. 01	08801	RURAL HEALTH CLINI C II	0	0	0	0	0	88. 01
90. 00	09000	CLINI C	0	0	0	0	0	90. 00
91. 00	09100	EMERGENCY	0	0	0	0	0	91. 00
92. 00	09200	OBSERVATI ON BEDS (NON-DI STI NCT PART	0	0	0	0	0	92. 00
OTHER REIMBURSABLE COST CENTERS								
95. 00	09500	AMBULANCE SERVIC ES	0	0	0	0	0	95. 00
101. 00	10100	HOME HEALTH AGENCY	0	0	0	4, 250	0	101. 00
102. 00	10200	OPI OI D TREATMENT PROGRAM	0	0	0	0	0	102. 00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part II
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			CAPITAL RELATED COSTS					
			CAP REL COSTS-REHAB CNT	CAP REL COSTS-DI AYSI S	CAP REL COSTS-HOSPI TAL ITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
			1. 04	1. 05	1. 06	1. 07	1. 08	
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	4,250	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	44,015	0	0	8,500	13,078	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	12,143	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	10,359	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	3,643	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	4,857	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	0	13,078	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	0	194.15
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)	44,015	0	10,359	29,143	26,156	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part II
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
			CONVENIENCE CLIN	BUSHNELL OFFICE BLDG				
			1. 09	1. 10				
GENERAL SERVICE COST CENTERS			1. 09	1. 10	2A	4. 00	5. 00	
1. 00	00100	CAP REL COSTS-BLDG & FIXT						1. 00
1. 01	00101	CAP REL COSTS-HOSPITAL						1. 01
1. 02	00102	CAP REL COSTS-HSB I						1. 02
1. 03	00103	CAP REL COSTS-HSB II						1. 03
1. 04	00104	CAP REL COSTS-REHAB CNT						1. 04
1. 05	00105	CAP REL COSTS-DIAGNOSIS						1. 05
1. 06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1. 06
1. 07	00107	CAP REL COSTS-MAB						1. 07
1. 08	00108	CAP REL COSTS-ORTHO BLDG						1. 08
1. 09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1. 09
1. 10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1. 10
4. 00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	41,754	41,754		4. 00
5. 00	00500	ADMINISTRATIVE & GENERAL	0	0	525,150	7,101	532,251	5. 00
6. 00	00600	MAINTENANCE & REPAIRS	0	0	197,111	679	31,068	6. 00
6. 01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	66,993	37	3,057	6. 01
6. 02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	39,218	29	2,233	6. 02
6. 03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	2	291	6. 03
6. 04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	3	199	6. 04
6. 05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	2	106	6. 05
6. 06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	3	254	6. 06
8. 00	00800	LAUNDRY & LINEN SERVICE	0	0	78,421	0	2,411	8. 00
9. 00	00900	HOUSEKEEPING	0	0	82,660	456	6,698	9. 00
9. 01	00901	HOUSEKEEPING-HSB	0	0	0	132	1,732	9. 01
9. 02	00902	HOUSEKEEPING-HSB II	0	0	0	94	1,229	9. 02
9. 03	00903	HOUSEKEEPING-ORTHO	0	0	0	8	109	9. 03
9. 04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9. 04
10. 00	01000	DIETARY	0	0	59,557	171	2,850	10. 00
11. 00	01100	CAFETERIA	0	0	84,779	692	7,782	11. 00
13. 00	01300	NURSING ADMINISTRATION	0	0	15,684	557	5,188	13. 00
14. 00	01400	CENTRAL SERVICES & SUPPLY	0	0	155,146	369	6,841	14. 00
15. 00	01500	PHARMACY	0	0	29,122	1,040	32,352	15. 00
16. 00	01600	MEDICAL RECORDS & LIBRARY	0	0	32,852	571	6,949	16. 00
17. 00	01700	SOCIAL SERVICE	0	0	19,075	518	5,172	17. 00
19. 00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19. 00
INPATIENT ROUTINE SERVICE COST CENTERS								
30. 00	03000	ADULTS & PEDIATRICS	0	0	1,141,974	3,190	46,230	30. 00
31. 00	03100	INTENSIVE CARE UNIT	0	0	77,573	1,414	15,135	31. 00
40. 00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40. 00
43. 00	04300	NURSERY	0	0	20,983	543	5,096	43. 00
ANCILLARY SERVICE COST CENTERS								
50. 00	05000	OPERATING ROOM	0	0	818,074	1,471	24,712	50. 00
51. 00	05100	RECOVERY ROOM	0	0	55,106	636	6,528	51. 00
52. 00	05200	DELIVERY ROOM & LABOR ROOM	0	0	36,031	560	5,377	52. 00
53. 00	05300	ANESTHESIOLOGY	0	0	0	17	721	53. 00
54. 00	05400	RADIOLOGY-DIAGNOSTIC	0	0	341,999	1,526	22,924	54. 00
57. 00	05700	CT SCAN	0	0	14,200	129	4,155	57. 00
58. 00	05800	MRI	0	0	10,597	0	4,374	58. 00
60. 00	06000	LABORATORY	0	0	167,714	2,470	40,489	60. 00
63. 00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,970	63. 00
65. 00	06500	RESPIRATORY THERAPY	0	0	104,363	1,105	15,232	65. 00
66. 00	06600	PHYSICAL THERAPY	0	28,549	177,605	1,958	20,885	66. 00
67. 00	06700	OCCUPATIONAL THERAPY	0	0	7,206	133	2,256	67. 00
68. 00	06800	SPEECH PATHOLOGY	0	0	21,703	191	1,953	68. 00
71. 00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	8,529	71. 00
72. 00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,491	72. 00
73. 00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,478	73. 00
76. 00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	14,789	860	7,938	76. 00
76. 01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	65,958	358	3,923	76. 01
76. 02	03951	PAIN MANAGEMENT	0	0	0	0	0	76. 02
77. 00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77. 00
OUTPATIENT SERVICE COST CENTERS								
88. 00	08800	RURAL HEALTH CLINIC	0	98,371	98,371	703	7,835	88. 00
88. 01	08801	RURAL HEALTH CLINIC II	0	0	137,895	5,708	62,576	88. 01
90. 00	09000	CLINIC	0	0	182,254	1,155	15,739	90. 00
91. 00	09100	EMERGENCY	0	0	346,683	1,868	33,399	91. 00
92. 00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0			92. 00
OTHER REIMBURSABLE COST CENTERS								
95. 00	09500	AMBULANCE SERVICES	0	0	71,935	137	3,456	95. 00
101. 00	10100	HOME HEALTH AGENCY	0	0	4,250	1,900	19,191	101. 00
102. 00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102. 00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part II
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
			CONVENIENCE CARE CLINIC	BUSHNELL OFFICE BLDG				
			1.09	1.10				
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	4,250	468	7,306	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	126,920	5,349,035	40,964	511,419	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	141,494	0	1,217	192.00
194.00	07950	DAY HEALTH	0	0	19,027	0	164	194.00
194.01	07962	OUTREACH	0	0	1,387	230	2,143	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	55,106	206	4,625	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	2,375	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	10,359	1	132	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	3,643	0	31	194.08
194.09	07958	VISITING PHYSICIANS	0	0	4,857	100	950	194.09
194.10	07959	FARM LAND	0	0	211,948	0	1,922	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	156,822	12	4,846	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	73	712	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	15,896	168	1,715	194.15
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	126,920	5,969,574	41,754	532,251	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part II
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
			6.00	6.01	6.02	6.03	6.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAGNOSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	228,858					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	70,087				6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	41,480			6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	293		6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	202	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	4,044	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,262	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	3,071	0	0	0	0	10.00
11.00	01100	CAFETERIA	4,372	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	809	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,000	0	0	0	0	14.00
15.00	01500	PHARMACY	1,502	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,694	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	984	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	58,888	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,000	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	1,082	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	41,575	3,478	0	0	0	50.00
51.00	05100	RECOVERY ROOM	2,842	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,858	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,636	0	0	0	0	54.00
57.00	05700	CT SCAN	732	0	0	0	0	57.00
58.00	05800	MRI	546	0	0	0	0	58.00
60.00	06000	LABORATORY	8,648	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	5,382	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	5,417	0	0	293	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	372	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,119	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	4,349	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	3,401	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	4,106	25,781	0	0	88.01
90.00	09000	CLINIC	5,527	12,108	7,053	0	0	90.00
91.00	09100	EMERGENCY	17,877	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,709	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	29	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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part II
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
			6.00	6.01	6.02	6.03	6.04	
116.00	11600	HOSPICE	0	0	0	0	29	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	209,349	24,041	32,834	293	58	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	38,040	0	0	85	192.00
194.00	07950	DAY HEALTH	0	5,596	0	0	0	194.00
194.01	07962	OUTREACH	0	408	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	2,842	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	25	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	34	194.09
194.10	07959	FARM LAND	10,929	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	4,918	2,002	8,646	0	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	820	0	0	0	0	194.15
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)	228,858	70,087	41,480	293	202	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part II
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			MAINTENANCE & REPAIRS-ORTHO BLDG	MAINTENANCE & REPAIRS-BUSHNE LL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-H SB	
			6.05	6.06	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	108					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	257				6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	84,876			8.00
9.00	00900	HOUSEKEEPING	0	0	0	94,076		9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	1,864	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	8,725	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	4,154	3,680	0	14.00
15.00	01500	PHARMACY	0	0	0	831	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	415	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	59	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	18,369	19,823	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	6,383	2,493	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	15,066	11,930	92	50.00
51.00	05100	RECOVERY ROOM	0	0	1,027	1,662	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	6,260	3,739	0	54.00
57.00	05700	CT SCAN	0	0	0	2,018	0	57.00
58.00	05800	MRI	0	0	1,091	0	0	58.00
60.00	06000	LABORATORY	0	0	362	3,205	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,465	3,621	0	65.00
66.00	06600	PHYSICAL THERAPY	0	58	5,509	4,036	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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	297	116	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	575	119	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	199	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	119	109	88.01
90.00	09000	CLINIC	0	0	0	5,283	322	90.00
91.00	09100	EMERGENCY	0	0	24,392	14,898	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	1,128	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	712	0	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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part II
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			MAINTENANCE & REPAIRS-ORTHO BLDG 6.05	MAINTENANCE & REPAIRS-BUSHNE LL 6.06	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	HOUSEKEEPING-H SB 9.01	
116.00	11600	HOSPICE	0	0	195	712	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	257	84,848	89,505	639	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,012	192.00
194.00	07950	DAY HEALTH	0	0	0	0	149	194.00
194.01	07962	OUTREACH	0	0	0	119	11	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	1,306	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	1,187	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	108	0	28	1,959	53	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	0	194.15
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)	108	257	84,876	94,076	1,864	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part II
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			HOUSEKEEPING-H	HOUSEKEEPING-O	HOUSEKEEPING-M	DIETARY	CAFETERIA	
			SB II	RTHO	AB			
			9.02	9.03	9.04	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAGNOSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II	1,323					9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	117				9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0			9.04
10.00	01000	DIETARY	0	0	0	74,374		10.00
11.00	01100	CAFETERIA	0	0	0	0	97,625	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	1,211	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	2,384	14.00
15.00	01500	PHARMACY	0	0	0	0	2,581	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	2,895	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	1,443	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	753	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	57,577	9,584	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	16,797	3,146	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	1,374	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	4,632	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	2,199	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	1,414	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	4,817	54.00
57.00	05700	CT SCAN	0	0	0	0	448	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	9,506	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	3,444	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	5,924	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	445	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	571	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	3,462	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	1,389	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	822	0	0	0	11,898	88.01
90.00	09000	CLINIC	225	0	0	0	5,451	90.00
91.00	09100	EMERGENCY	0	0	0	0	6,072	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	555	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	6,015	101.00
102.00	10200	OPICOID 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	0	0	0	1,421	116.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part II
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description		HOUSEKEEPING-H SB 11	HOUSEKEEPING-O RTHO	HOUSEKEEPING-M AB	DIETARY	CAFETERIA	
		9.02	9.03	9.04	10.00	11.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,047	0	0	74,374	95,034	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 DAY HEALTH	0	0	0	0	0	194.00
194.01	07962 OUTREACH	0	0	0	0	314	194.01
194.02	07951 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952 FUND DEVELOPMENT	0	0	0	0	734	194.03
194.04	07953 OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954 PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955 HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956 HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957 LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958 VISITING PHYSICIANS	0	0	0	0	317	194.09
194.10	07959 FARM LAND	0	0	0	0	0	194.10
194.11	07963 CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960 MMG-PHYSICIAN OFFICES	276	117	0	0	0	194.12
194.13	07961 VALET PARKING SERVICE	0	0	0	0	640	194.13
194.14	07964 PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965 ASSISTED LIVING	0	0	0	0	586	194.15
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,323	117	0	74,374	97,625	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part II
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAGNOSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II						9.02
9.03	00903	HOUSEKEEPING-ORTHO						9.03
9.04	00904	HOUSEKEEPING-MAB						9.04
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	23,449					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	180,574				14.00
15.00	01500	PHARMACY	0	575	68,003			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	306	0	45,682		16.00
17.00	01700	SOCIAL SERVICE	0	114	0	0	27,365	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,778	6,456	0	25,423	21,554	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,525	0	0	4,722	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	7,068	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	12,671	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	1,106	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,374	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,013	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,252	0	0	0	54.00
57.00	05700	CT SCAN	0	67	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	55,186	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,605	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,636	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	879	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	66	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	18	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	40,337	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	22,134	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,211	68,003	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	170	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	390	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	407	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	5,092	0	0	0	88.01
90.00	09000	CLINIC	0	3,489	0	0	0	90.00
91.00	09100	EMERGENCY	229	8,421	0	20,259	605	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	11	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,085	0	0	0	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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part II
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
116.00	11600	HOSPICE	0	430	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,449	179,652	68,003	45,682	26,881	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	7	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	382	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	36	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	2	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	25	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	247	0	0	484	194.12
194.13	07961	VALET PARKING SERVICE	0	192	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	31	0	0	0	194.15
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)	23,449	180,574	68,003	45,682	27,365	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part II
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAGNOSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL					6.06
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-HSB					9.01
9.02	00902	HOUSEKEEPING-HSB II					9.02
9.03	00903	HOUSEKEEPING-ORTHO					9.03
9.04	00904	HOUSEKEEPING-MAB					9.04
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	753				19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		1,417,846	0	1,417,846	30.00
31.00	03100	INTENSIVE CARE UNIT		133,188	0	133,188	31.00
40.00	04000	SUBPROVIDER - IPF		0	0	0	40.00
43.00	04300	NURSERY		36,146	0	36,146	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		933,701	0	933,701	50.00
51.00	05100	RECOVERY ROOM		71,106	0	71,106	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		52,614	0	52,614	52.00
53.00	05300	ANESTHESIOLOGY		1,751	0	1,751	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		401,153	0	401,153	54.00
57.00	05700	CT SCAN		21,749	0	21,749	57.00
58.00	05800	MRI		16,608	0	16,608	58.00
60.00	06000	LABORATORY		287,580	0	287,580	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		3,575	0	3,575	63.00
65.00	06500	RESPIRATORY THERAPY		136,248	0	136,248	65.00
66.00	06600	PHYSICAL THERAPY		222,564	0	222,564	66.00
67.00	06700	OCCUPATIONAL THERAPY		10,478	0	10,478	67.00
68.00	06800	SPEECH PATHOLOGY		25,555	0	25,555	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		48,866	0	48,866	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		26,625	0	26,625	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		82,692	0	82,692	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		31,981	0	31,981	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR		76,113	0	76,113	76.01
76.02	03951	PAIN MANAGEMENT		0	0	0	76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION		0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC		107,515	0	107,515	88.00
88.01	08801	RURAL HEALTH CLINIC II		254,106	0	254,106	88.01
90.00	09000	CLINIC		238,606	0	238,606	90.00
91.00	09100	EMERGENCY		474,703	0	474,703	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES		80,931	0	80,931	95.00
101.00	10100	HOME HEALTH AGENCY		33,182	0	33,182	101.00
102.00	10200	OPICOID TREATMENT PROGRAM		0	0	0	102.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet B
Part II
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		19.00	24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	14,811	0	14,811		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	5,241,993	0	5,241,993	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	181,848	0	181,848		192.00
194.00	07950	DAY HEALTH	24,936	0	24,936		194.00
194.01	07962	OUTREACH	4,619	0	4,619		194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0		194.02
194.03	07952	FUND DEVELOPMENT	65,201	0	65,201		194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0		194.04
194.05	07954	PHYSICIAN SUPPORT	3,598	0	3,598		194.05
194.06	07955	HOSPITALITY HOUSE	10,494	0	10,494		194.06
194.07	07956	HSK DIALYSIS	0	0	0		194.07
194.08	07957	LEASED SALARIES	3,699	0	3,699		194.08
194.09	07958	VISITING PHYSICIANS	6,283	0	6,283		194.09
194.10	07959	FARM LAND	224,799	0	224,799		194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0		194.11
194.12	07960	MMG-PHYSICIAN OFFICES	180,518	0	180,518		194.12
194.13	07961	VALET PARKING SERVICE	1,617	0	1,617		194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0		194.14
194.15	07965	ASSISTED LIVING	19,216	0	19,216		194.15
200.00		Cross Foot Adjustments	753	753	0	753	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	753	5,969,574	0	5,969,574	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

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

Worksheet B-1

Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	CAP REL	CAP REL	CAP REL	CAP REL	
				COSTS-HOSPITAL	COSTS-HSB I	COSTS-HSB II	COSTS-REHAB	
				(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	CNT (PER CENT)	
1.00			1.01	1.02	1.03	1.04		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	0					1.00
1.01	00101	CAP REL COSTS-HOSPITAL	0	235,497				1.01
1.02	00102	CAP REL COSTS-HSB I	0	0	68,137			1.02
1.03	00103	CAP REL COSTS-HSB II	0	0	0	48,336		1.03
1.04	00104	CAP REL COSTS-REHAB CNT	0	0	0	0	4,300	1.04
1.05	00105	CAP REL COSTS-DIAGNOSIS	0	0	0	0	0	1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	0	0	0	0	1.06
1.07	00107	CAP REL COSTS-MAB	0	0	0	0	0	1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	0	0	0	0	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINIC	0	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	0	0	1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	1,970	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	14,830	11,799	17,367	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	9,300	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	12,362	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	5,090	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,700	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	3,900	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	2,810	0	0	0	10.00
11.00	01100	CAFETERIA	0	4,000	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	740	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,320	0	0	0	14.00
15.00	01500	PHARMACY	0	1,374	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,550	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	900	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	53,880	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,660	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	990	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	38,040	2,182	0	0	50.00
51.00	05100	RECOVERY ROOM	0	2,600	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,700	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	16,136	0	0	0	54.00
57.00	05700	CT SCAN	0	670	0	0	0	57.00
58.00	05800	MRI	0	500	0	0	0	58.00
60.00	06000	LABORATORY	0	7,913	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	4,924	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,956	0	0	4,300	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	340	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,024	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	2,729	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	3,112	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	2,576	16,085	0	88.01
90.00	09000	CLINIC	0	5,057	7,597	4,400	0	90.00
91.00	09100	EMERGENCY	0	16,357	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	3,394	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

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

Worksheet B-1

Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HOSPITAL (SQUARE FEET)	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)	CAP REL COSTS-REHAB CNT (PER CENT)	
			1.00	1.01	1.02	1.03	1.04	
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	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	217,647	39,245	42,942	4,300	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	23,869	0	0	192.00
194.00	07950	DAY HEALTH	0	0	3,511	0	0	194.00
194.01	07962	OUTREACH	0	0	256	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	2,600	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	10,000	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	4,500	1,256	5,394	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	750	0	0	0	194.15
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)	0	4,991,302	369,251	372,428	44,015	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	21.194758	5.419244	7.704982	10.236047	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

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

Worksheet B-1

Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			CAPITAL RELATED COSTS					
			CAP REL COSTS-DI AYS S (PER CENT)	CAP REL COSTS-HOSPITAL ITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLIN (PER CENT)	
			1.05	1.06	1.07	1.08	1.09	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DI AYS S	0					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	2,160				1.06
1.07	00107	CAP REL COSTS-MAB	0	0	7,200			1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	0	0	9,172		1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	0	0	1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	4,586	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
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						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	1,050	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

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

Worksheet B-1

Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			CAPITAL RELATED COSTS					
			CAP REL COSTS-DIAGNOSIS (PER CENT)	CAP REL COSTS-HOSPITALITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLINIC (PER CENT)	
			1.05	1.06	1.07	1.08	1.09	
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	0	1,050	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	2,100	4,586	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	3,000	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	2,160	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	900	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	1,200	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	4,586	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	0	194.15
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)	0	10,359	29,143	26,156	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	4.795833	4.047639	2.851723	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

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

Worksheet B-1

Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description		CAPITAL RELATED COSTS BUSHNELL OFFICE BLDG (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		1.10	4.00	5A	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAGNOSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	5,806				1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	32,616,645			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	5,544,648	-13,086,078	61,858,102	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	530,698	0	3,610,925	209,397 6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	28,812	0	355,294	0 6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	22,347	0	259,522	0 6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	1,243	0	33,829	0 6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	2,432	0	23,145	0 6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	1,853	0	12,373	0 6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	2,262	0	29,558	0 6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	280,181	3,700 8.00
9.00	00900	HOUSEKEEPING	0	356,088	0	778,527	3,900 9.00
9.01	00901	HOUSEKEEPING-HSB	0	103,028	0	201,338	0 9.01
9.02	00902	HOUSEKEEPING-HSB II	0	73,088	0	142,829	0 9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	6,502	0	12,707	0 9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0 9.04
10.00	01000	DIETARY	0	133,517	0	331,259	2,810 10.00
11.00	01100	CAFETERIA	0	540,679	0	904,509	4,000 11.00
13.00	01300	NURSING ADMINISTRATION	0	435,076	0	602,943	740 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	288,206	0	795,053	7,320 14.00
15.00	01500	PHARMACY	0	812,180	0	3,760,147	1,374 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	446,038	0	807,625	1,550 16.00
17.00	01700	SOCIAL SERVICE	0	404,581	0	601,171	900 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	2,491,903	0	5,373,033	53,880 30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,104,931	0	1,759,115	3,660 31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
43.00	04300	NURSERY	0	424,387	0	592,333	990 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	1,149,545	0	2,872,136	38,040 50.00
51.00	05100	RECOVERY ROOM	0	496,755	0	758,684	2,600 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	437,441	0	624,955	1,700 52.00
53.00	05300	ANESTHESIOLOGY	0	13,156	0	83,802	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,192,505	0	2,664,398	16,136 54.00
57.00	05700	CT SCAN	0	100,633	0	482,936	670 57.00
58.00	05800	MRI	0	0	0	508,336	500 58.00
60.00	06000	LABORATORY	0	1,929,401	0	4,705,861	7,913 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	228,924	0 63.00
65.00	06500	RESPIRATORY THERAPY	0	863,050	0	1,770,327	4,924 65.00
66.00	06600	PHYSICAL THERAPY	1,306	1,529,821	0	2,427,399	4,956 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	104,182	0	262,159	340 67.00
68.00	06800	SPEECH PATHOLOGY	0	149,499	0	226,980	1,024 68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	991,250	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	521,980	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	287,978	0 73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	671,541	0	922,606	0 76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	279,402	0	456,006	3,112 76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0 76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	4,500	549,310	0	910,594	0 88.00
88.01	08801	RURAL HEALTH CLINIC II	0	4,459,409	0	7,269,795	0 88.01
90.00	09000	CLINIC	0	902,076	0	1,829,263	5,057 90.00
91.00	09100	EMERGENCY	0	1,459,524	0	3,881,765	16,357 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	107,076	0	401,662	3,394 95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

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

Worksheet B-1

Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			BUSHNELL OFFICE BLDG (SQUARE FEET)					
			1.10	4.00	5A	5.00	6.00	
101.00	10100	HOME HEALTH AGENCY	0	1,484,683	0	2,230,429	0	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	365,964	0	849,155	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,806	31,999,472	-13,086,078	59,436,796	191,547	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	141,494	0	192.00
194.00	07950	DAY HEALTH	0	0	0	19,027	0	194.00
194.01	07962	OUTREACH	0	179,747	0	249,114	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	161,209	0	537,538	2,600	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	275,992	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	838	0	15,295	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	3,643	0	194.08
194.09	07958	VISITING PHYSICIANS	0	78,014	0	110,471	0	194.09
194.10	07959	FARM LAND	0	0	0	223,353	10,000	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	9,085	0	563,246	4,500	194.12
194.13	07961	VALET PARKING SERVICE	0	56,848	0	82,790	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	131,432	0	199,343	750	194.15
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)	126,920	11,294,957		13,086,078	4,374,816	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	21.860145	0.346294		0.211550	20.892448	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		41,754		532,251	228,858	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.001280		0.008604	1.092938	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: 14-0089

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

Worksheet B-1

Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB II (SQUARE FEET)	MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	
			6.01	6.02	6.03	6.04	6.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAGNOSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	43,976					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	25,879				6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	4,300			6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	7,200		6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	4,586	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,182	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	4,300	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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,729	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	2,576	16,085	0	0	0	88.01
90.00	09000	CLINIC	7,597	4,400	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	1,050	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

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

Worksheet B-1

Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description		MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB II (SQUARE FEET)	MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	
		6.01	6.02	6.03	6.04	6.05	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	1,050	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,084	20,485	4,300	2,100	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	23,869	0	0	3,000	0 192.00
194.00	07950	DAY HEALTH	3,511	0	0	0	0 194.00
194.01	07962	OUTREACH	256	0	0	0	0 194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0 194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0 194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0 194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0 194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0 194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0 194.07
194.08	07957	LEASED SALARIES	0	0	0	900	0 194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	1,200	0 194.09
194.10	07959	FARM LAND	0	0	0	0	0 194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0 194.11
194.12	07960	MMG-PHYSICIAN OFFICES	1,256	5,394	0	0	4,586 194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0 194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0 194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	0 194.15
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)	430,456	314,424	40,986	28,041	14,991 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.788430	12.149774	9.531628	3.894583	3.268862 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	70,087	41,480	293	202	108 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.593756	1.602844	0.068140	0.028056	0.023550 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: 14-0089

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

Worksheet B-1

Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			MAINTENANCE & REPAIRS-BUSHNELL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	HOUSEKEEPING (TIME SPENT)	HOUSEKEEPING-HSB (SQUARE FEET)	HOUSEKEEPING-HSB II (SQUARE FEET)	
			6.06	8.00	9.00	9.01	9.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAGNOSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	5,806					6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	103,535				8.00
9.00	00900	HOUSEKEEPING	0	0	1,585			9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	43,976		9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	25,879	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	147	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,067	62	0	0	14.00
15.00	01500	PHARMACY	0	0	14	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	7	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	1	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	22,407	334	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,786	42	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	18,378	201	2,182	0	50.00
51.00	05100	RECOVERY ROOM	0	1,253	28	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,636	63	0	0	54.00
57.00	05700	CT SCAN	0	0	34	0	0	57.00
58.00	05800	MRI	0	1,331	0	0	0	58.00
60.00	06000	LABORATORY	0	442	54	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,787	61	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,306	6,720	68	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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	5	2,729	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	701	2	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	4,500	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	2	2,576	16,085	88.01
90.00	09000	CLINIC	0	0	89	7,597	4,400	90.00
91.00	09100	EMERGENCY	0	29,755	251	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	19	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	12	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

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

Worksheet B-1

Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description		MAINTENANCE & REPAIRS-BUSHNE LL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	HOUSEKEEPING (TIME SPENT)	HOUSEKEEPING-H SB (SQUARE FEET)	HOUSEKEEPING-H SB II (SQUARE FEET)	
		6.06	8.00	9.00	9.01	9.02	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	238	12	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,806	103,501	1,508	15,084	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	23,869	192.00
194.00	07950	DAY HEALTH	0	0	0	3,511	194.00
194.01	07962	OUTREACH	0	0	2	256	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	22	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	20	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	34	33	1,256	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	194.15
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)	35,811	416,755	1,024,705	243,931	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.167930	4.025257	646.501577	5.546912	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	257	84,876	94,076	1,864	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.044265	0.819781	59.353943	0.042387	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: 14-0089

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

Worksheet B-1

Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			HOUSEKEEPING-ORTHO (SQUARE FEET)	HOUSEKEEPING-MAB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRS IN)	
			9.03	9.04	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAGNOSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINIC						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II						9.02
9.03	00903	HOUSEKEEPING-ORTHO	4,586					9.03
9.04	00904	HOUSEKEEPING-MAB	0	7,200				9.04
10.00	01000	DIETARY	0	0	952			10.00
11.00	01100	CAFETERIA	0	0	0	31,128		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	386	1,536	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	760	0	14.00
15.00	01500	PHARMACY	0	0	0	823	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	923	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	460	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	240	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	737	3,056	575	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	215	1,003	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	438	463	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	1,477	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	701	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	451	483	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,536	0	54.00
57.00	05700	CT SCAN	0	0	0	143	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	3,031	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,098	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,889	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	142	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	182	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,104	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	443	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	3,794	0	88.01
90.00	09000	CLINIC	0	0	0	1,738	0	90.00
91.00	09100	EMERGENCY	0	0	0	1,936	15	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	177	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,050	0	1,918	0	101.00
102.00	10200	OPICOID TREATMENT PROGRAM	0	0	0	0	0	102.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

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

Worksheet B-1

Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description		HOUSEKEEPING-OUTPATIENT (SQUARE FEET)	HOUSEKEEPING-MEDICAL (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRS IN)	
		9.03	9.04	10.00	11.00	13.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	1,050	0	453	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,100	952	30,302	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,000	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	100	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	234	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	900	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	1,200	0	101	194.09
194.10	07959	FARM LAND	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	4,586	0	0	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	204	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	187	194.15
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	15,395	0	555,081	1,179,428	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.356956	0.000000	583.068277	37.889617	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	117	0	74,374	97,625	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.025512	0.000000	78.123950	3.136244	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: 14-0089

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

Worksheet B-1

Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAGNOSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II						9.02
9.03	00903	HOUSEKEEPING-ORTHO						9.03
9.04	00904	HOUSEKEEPING-MAB						9.04
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	4,258,406					14.00
15.00	01500	PHARMACY	13,555	100				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,205	0	460			16.00
17.00	01700	SOCIAL SERVICE	2,690	0	0	226		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	100	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	152,238	0	256	178	0	30.00
31.00	03100	INTENSIVE CARE UNIT	35,962	0	0	39	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	298,805	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	26,075	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	23,880	0	0	0	100	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,097	0	0	0	0	54.00
57.00	05700	CT SCAN	1,586	0	0	0	0	57.00
58.00	05800	MRI	11	0	0	0	0	58.00
60.00	06000	LABORATORY	1,301,511	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	37,852	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	38,586	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	20,721	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,551	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	417	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	951,261	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	521,980	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	287,978	100	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,013	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	9,195	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	9,593	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	120,085	0	0	0	0	88.01
90.00	09000	CLINIC	82,276	0	0	0	0	90.00
91.00	09100	EMERGENCY	198,590	0	204	5	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	249	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	25,586	0	0	0	0	101.00
102.00	10200	OPICOID TREATMENT PROGRAM	0	0	0	0	0	102.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

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

Worksheet B-1

Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	19.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	10,138	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,236,686	100	460	222	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	194.00
194.01	07962	OUTREACH	172	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	9,003	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	849	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	45	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	584	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	5,816	0	0	4	194.12
194.13	07961	VALET PARKING SERVICE	4,526	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	725	0	0	0	194.15
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)	1,205,454	4,628,383	1,052,399	765,989	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.283076	46,283.830000	2,287.823913	3,389.331858	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	180,574	68,003	45,682	27,365	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.042404	680.030000	99.308696	121.084071	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

Worksheet C
Part I
Date/Time Prepared:
11/29/2023 2:49 pm

MCRI F32 - 21.2.177.0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet C
Part I
Date/Time Prepared:
11/29/2023 2:49 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	6,032,607		6,032,607			30.00
31.00	03100	INTENSIVE CARE UNIT	3,999,250		3,999,250			31.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
43.00	04300	NURSERY	781,525		781,525			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,825,273	13,545,891	15,371,164	0.302672	0.000000	50.00
51.00	05100	RECOVERY ROOM	367,940	5,620,102	5,988,042	0.172108	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,693,172	0	1,693,172	0.619509	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	273,044	3,004,333	3,277,377	0.035816	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	297,492	8,172,007	8,469,499	0.438027	0.000000	54.00
57.00	05700	CT SCAN	885,851	14,759,153	15,645,004	0.040073	0.000000	57.00
58.00	05800	MRI	208,765	4,458,666	4,667,431	0.135338	0.000000	58.00
60.00	06000	LABORATORY	2,518,717	19,597,012	22,115,729	0.288784	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,779,672	3,436,450	5,216,122	0.055226	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	1,717,861	7,239,875	8,957,736	0.261994	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	603,490	6,160,790	6,764,280	0.479275	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	231,656	529,301	760,957	0.434375	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	63,308	494,645	557,953	0.543784	0.000000	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,488,140	5,006,942	6,495,082	0.226360	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	854,521	771,931	1,626,452	0.479673	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,037,369	11,655,499	15,692,868	0.322363	0.000000	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	302	2,200,352	2,200,654	0.547943	0.000000	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	4,467	908,798	913,265	0.701871	0.000000	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0.000000	0.000000	76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	580,610	580,610			88.00
88.01	08801	RURAL HEALTH CLINIC II	0	7,169,601	7,169,601			88.01
90.00	09000	CLINIC	1,072	6,334,850	6,335,922	0.421085	0.000000	90.00
91.00	09100	EMERGENCY	2,193,710	23,069,063	25,262,773	0.235421	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	494,700	1,460,990	1,955,690	1.251513	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,411,257	1,411,257			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	932,425	932,425			116.00
200.00		Subtotal (see instructions)	32,353,904	148,520,543	180,874,447			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	32,353,904	148,520,543	180,874,447			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet C
Part I
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.302672			50.00
51.00	05100	RECOVERY ROOM	0.172108			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.619509			52.00
53.00	05300	ANESTHESIOLOGY	0.035816			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.438027			54.00
57.00	05700	CT SCAN	0.040073			57.00
58.00	05800	MRI	0.135338			58.00
60.00	06000	LABORATORY	0.288784			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.055226			63.00
65.00	06500	RESPIRATORY THERAPY	0.261994			65.00
66.00	06600	PHYSICAL THERAPY	0.479275			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.434375			67.00
68.00	06800	SPEECH PATHOLOGY	0.543784			68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.226360			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.479673			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.322363			73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.547943			76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0.701871			76.01
76.02	03951	PAIN MANAGEMENT	0.000000			76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000			77.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
88.01	08801	RURAL HEALTH CLINIC II				88.01
90.00	09000	CLINIC	0.421085			90.00
91.00	09100	EMERGENCY	0.235421			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.251513			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
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: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet C
Part I
Date/Time Prepared:
11/29/2023 2:49 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,003,820		10,003,820	0	10,003,820	30.00
31.00	03100	INTENSIVE CARE UNIT	2,571,943		2,571,943	0	2,571,943	31.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
43.00	04300	NURSERY	984,185		984,185	0	984,185	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,652,417		4,652,417	0	4,652,417	50.00
51.00	05100	RECOVERY ROOM	1,030,592		1,030,592	0	1,030,592	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,048,936		1,048,936	0	1,048,936	52.00
53.00	05300	ANESTHESIOLOGY	117,384		117,384	0	117,384	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,709,867		3,709,867	0	3,709,867	54.00
57.00	05700	CT SCAN	626,947		626,947	0	626,947	57.00
58.00	05800	MRI	631,681		631,681	0	631,681	58.00
60.00	06000	LABORATORY	6,386,669		6,386,669	0	6,386,669	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	288,068		288,068	0	288,068	63.00
65.00	06500	RESPIRATORY THERAPY	2,346,870	0	2,346,870	0	2,346,870	65.00
66.00	06600	PHYSICAL THERAPY	3,241,950	0	3,241,950	0	3,241,950	66.00
67.00	06700	OCCUPATIONAL THERAPY	330,541	0	330,541	0	330,541	67.00
68.00	06800	SPEECH PATHOLOGY	303,406	0	303,406	0	303,406	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,470,228		1,470,228	0	1,470,228	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	780,165		780,165	0	780,165	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,058,803		5,058,803	0	5,058,803	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,205,833		1,205,833	0	1,205,833	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	640,994		640,994	0	640,994	76.01
76.02	03951	PAIN MANAGEMENT	0		0	0	0	76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	1,133,702		1,133,702	0	1,133,702	88.00
88.01	08801	RURAL HEALTH CLINIC II	9,329,249		9,329,249	0	9,329,249	88.01
90.00	09000	CLINIC	2,667,961		2,667,961	0	2,667,961	90.00
91.00	09100	EMERGENCY	5,947,393		5,947,393	0	5,947,393	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,447,571		2,447,571		2,447,571	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	576,603		576,603	0	576,603	95.00
101.00	10100	HOME HEALTH AGENCY	2,794,038		2,794,038		2,794,038	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	1,061,633		1,061,633		1,061,633	116.00
200.00		Subtotal (see instructions)	73,389,449	0	73,389,449	0	73,389,449	200.00
201.00		Less Observation Beds	2,447,571		2,447,571		2,447,571	201.00
202.00		Total (see instructions)	70,941,878	0	70,941,878	0	70,941,878	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet C
Part I
Date/Time Prepared:
11/29/2023 2:49 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				
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	6,032,607		6,032,607			30.00	
31.00	03100	INTENSIVE CARE UNIT	3,999,250		3,999,250			31.00	
40.00	04000	SUBPROVIDER - IPF	0		0			40.00	
43.00	04300	NURSERY	781,525		781,525			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	1,825,273	13,545,891	15,371,164	0.302672	0.000000	50.00	
51.00	05100	RECOVERY ROOM	367,940	5,620,102	5,988,042	0.172108	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,693,172	0	1,693,172	0.619509	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	273,044	3,004,333	3,277,377	0.035816	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	297,492	8,172,007	8,469,499	0.438027	0.000000	54.00	
57.00	05700	CT SCAN	885,851	14,759,153	15,645,004	0.040073	0.000000	57.00	
58.00	05800	MRI	208,765	4,458,666	4,667,431	0.135338	0.000000	58.00	
60.00	06000	LABORATORY	2,518,717	19,597,012	22,115,729	0.288784	0.000000	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,779,672	3,436,450	5,216,122	0.055226	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	1,717,861	7,239,875	8,957,736	0.261994	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	603,490	6,160,790	6,764,280	0.479275	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	231,656	529,301	760,957	0.434375	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	63,308	494,645	557,953	0.543784	0.000000	68.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,488,140	5,006,942	6,495,082	0.226360	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	854,521	771,931	1,626,452	0.479673	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	4,037,369	11,655,499	15,692,868	0.322363	0.000000	73.00	
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	302	2,200,352	2,200,654	0.547943	0.000000	76.00	
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	4,467	908,798	913,265	0.701871	0.000000	76.01	
76.02	03951	PAIN MANAGEMENT	0	0	0	0.000000	0.000000	76.02	
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	0.000000	77.00	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	580,610	580,610	1.952605	0.000000	88.00	
88.01	08801	RURAL HEALTH CLINIC II	0	7,169,601	7,169,601	1.301223	0.000000	88.01	
90.00	09000	CLINIC	1,072	6,334,850	6,335,922	0.421085	0.000000	90.00	
91.00	09100	EMERGENCY	2,193,710	23,069,063	25,262,773	0.235421	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	494,700	1,460,990	1,955,690	1.251513	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00	
101.00	10100	HOME HEALTH AGENCY	0	1,411,257	1,411,257			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	932,425	932,425			116.00	
200.00		Subtotal (see instructions)	32,353,904	148,520,543	180,874,447			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	32,353,904	148,520,543	180,874,447			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet C
Part I
Date/Time Prepared:
11/29/2023 2:49 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
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
60.00	06000	LABORATORY	0.000000			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000			76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0.000000			76.01
76.02	03951	PAIN MANAGEMENT	0.000000			76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000			77.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000			88.01
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						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
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: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet D
Part I
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	1,417,846	0	1,417,846	3,045	465.63	30.00	
31.00	INTENSIVE CARE UNIT	133,188		133,188	736	180.96	31.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
43.00	NURSERY	36,146		36,146	427	84.65	43.00	
200.00	Total (lines 30 through 199)	1,587,180		1,587,180	4,208		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	999	465,164					30.00
31.00	INTENSIVE CARE UNIT	379	68,584					31.00
40.00	SUBPROVIDER - IPF	0	0					40.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	1,378	533,748					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet D
Part II
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	933,701	15,371,164	0.060744	577,329	35,069	50.00
51.00	05100	RECOVERY ROOM	71,106	5,988,042	0.011875	102,758	1,220	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,614	1,693,172	0.031074	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,751	3,277,377	0.000534	67,930	36	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	401,153	8,469,499	0.047364	297,492	14,090	54.00
57.00	05700	CT SCAN	21,749	15,645,004	0.001390	885,851	1,231	57.00
58.00	05800	MRI	16,608	4,667,431	0.003558	130,332	464	58.00
60.00	06000	LABORATORY	287,580	22,115,729	0.013003	1,022,999	13,302	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,575	5,216,122	0.000685	577,134	395	63.00
65.00	06500	RESPIRATORY THERAPY	136,248	8,957,736	0.015210	935,295	14,226	65.00
66.00	06600	PHYSICAL THERAPY	222,564	6,764,280	0.032903	316,395	10,410	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,478	760,957	0.013770	115,045	1,584	67.00
68.00	06800	SPEECH PATHOLOGY	25,555	557,953	0.045801	47,351	2,169	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,866	6,495,082	0.007524	670,625	5,046	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,625	1,626,452	0.016370	269,166	4,406	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	82,692	15,692,868	0.005269	1,994,214	10,508	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	31,981	2,200,654	0.014532	302	4	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	76,113	913,265	0.083342	2,361	197	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0.000000	0	0	76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	107,515	580,610	0.185176	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	254,106	7,169,601	0.035442	0	0	88.01
90.00	09000	CLINIC	238,606	6,335,922	0.037659	0	0	90.00
91.00	09100	EMERGENCY	474,703	25,262,773	0.018791	1,136,674	21,359	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	346,894	1,955,690	0.177377	181,687	32,227	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	3,872,783	167,717,383		9,330,940	167,943	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0089		Period: From 07/01/2022 To 06/30/2023		Worksheet D Part III Date/Time Prepared: 11/29/2023 2:49 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	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00		
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	3,045	0.00	999	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	736	0.00	379	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00		
43.00	04300	NURSERY	0	0	427	0.00	0	43.00		
200.00		Total (lines 30 through 199)	0	0	4,208		1,378	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	
40.00	04000	SUBPROVIDER - IPF	0						40.00	
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: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet D
Part IV
Date/Time Prepared:
11/29/2023 2:49 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
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
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	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet D
Part IV
Date/Time Prepared:
11/29/2023 2:49 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	15,371,164	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	5,988,042	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,693,172	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	3,277,377	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	8,469,499	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	15,645,004	0.000000	57.00
58.00	05800	MRI	0	0	0	4,667,431	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	22,115,729	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	5,216,122	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	8,957,736	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,764,280	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	760,957	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	557,953	0.000000	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,495,082	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,626,452	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	15,692,868	0.000000	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	2,200,654	0.000000	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	913,265	0.000000	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0.000000	76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	580,610	0.000000	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	7,169,601	0.000000	88.01
90.00	09000	CLINIC	0	0	0	6,335,922	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	25,262,773	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	1,955,690	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	167,717,383		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet D
Part IV
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	577,329	0	3,326,358	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	102,758	0	1,285,008	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	67,930	0	728,689	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	297,492	0	1,831,376	0	54.00	
57.00	05700 CT SCAN	0.000000	885,851	0	4,285,191	0	57.00	
58.00	05800 MRI	0.000000	130,332	0	1,170,798	0	58.00	
60.00	06000 LABORATORY	0.000000	1,022,999	0	2,410,715	0	60.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	577,134	0	706,074	0	63.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	935,295	0	2,103,300	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	316,395	0	158,019	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	115,045	0	787	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	47,351	0	7,706	0	68.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	670,625	0	1,005,615	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	269,166	0	257,193	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	1,994,214	0	3,741,725	0	73.00	
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	302	0	154,793	0	76.00	
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	0.000000	2,361	0	144,358	0	76.01	
76.02	03951 PAIN MANAGEMENT	0.000000	0	0	0	0	76.02	
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
88.01	08801 RURAL HEALTH CLINIC II	0.000000	0	0	0	0	88.01	
90.00	09000 CLINIC	0.000000	0	0	153,215	0	90.00	
91.00	09100 EMERGENCY	0.000000	1,136,674	0	4,146,004	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	181,687	0	206,869	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		9,330,940	0	27,823,793	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet D
Part V
Date/Time Prepared:
11/29/2023 2:49 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	0.302672	3,326,358	0	0	1,006,795	50.00
51.00	05100	RECOVERY ROOM	0.172108	1,285,008	0	0	221,160	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.619509	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.035816	728,689	0	0	26,099	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.438027	1,831,376	0	0	802,192	54.00
57.00	05700	CT SCAN	0.040073	4,285,191	0	0	171,720	57.00
58.00	05800	MRI	0.135338	1,170,798	0	0	158,453	58.00
60.00	06000	LABORATORY	0.288784	2,410,715	0	0	696,176	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.055226	706,074	0	0	38,994	63.00
65.00	06500	RESPIRATORY THERAPY	0.261994	2,103,300	0	0	551,052	65.00
66.00	06600	PHYSICAL THERAPY	0.479275	158,019	0	0	75,735	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.434375	787	0	0	342	67.00
68.00	06800	SPEECH PATHOLOGY	0.543784	7,706	0	0	4,190	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.226360	1,005,615	0	0	227,631	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.479673	257,193	0	0	123,369	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.322363	3,741,725	0	7,662	1,206,194	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.547943	154,793	0	0	84,818	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0.701871	144,358	0	0	101,321	76.01
76.02	03951	PAIN MANAGEMENT	0.000000	0	0	0	0	76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
88.01	08801	RURAL HEALTH CLINIC II						88.01
90.00	09000	CLINIC	0.421085	153,215	0	0	64,517	90.00
91.00	09100	EMERGENCY	0.235421	4,146,004	0	0	976,056	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.251513	206,869	0	0	258,899	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
200.00		Subtotal (see instructions)		27,823,793	0	7,662	6,795,713	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		27,823,793	0	7,662	6,795,713	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet D
Part V
Date/Time Prepared:
11/29/2023 2:49 pm

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
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	2,470		73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0		76.01
76.02	03951	PAIN MANAGEMENT	0	0		76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0		77.00
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC				88.00
88.01	08801	RURAL HEALTH CLINIC II				88.01
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
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	2,470		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	2,470		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0089	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/29/2023 2:49 pm
		Title XVIII	Hospital	PPS
Cost Center Description				
	PART I - ALL PROVIDER COMPONENTS			1.00
	INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,083	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,045	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,300	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		19	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)		19	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		999	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		250.38	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		259.03	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)		10,003,820	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)		10,003,820	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)		10,003,820	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)		3,285.33	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,282,045	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)		3,282,045	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0089

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

Worksheet D-1

Date/Time Prepared:
11/29/2023 2:49 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	2,571,943	736	3,494.49	379	1,324,412
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)					2,598,589
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					7,205,046
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					533,748
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					167,943
52.00	Total Program excludable cost (sum of lines 50 and 51)					701,691
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,503,355
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
55.01	Permanent adjustment amount per discharge					0.00
55.02	Adjustment amount per discharge (contractor use only)					0.00
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					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)					745
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					3,285.33
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,447,571

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0089

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

Worksheet D-1

Date/Time Prepared:
11/29/2023 2:49 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	1,417,846	10,003,820	0.141730	2,447,571	346,894	90.00
91.00 Nursing Program cost	0	10,003,820	0.000000	2,447,571	0	91.00
92.00 Allied health cost	0	10,003,820	0.000000	2,447,571	0	92.00
93.00 All other Medical Education	0	10,003,820	0.000000	2,447,571	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0089	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3 Date/Time Prepared: 11/29/2023 2:49 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		1,580,018	30.00
31.00	03100	INTENSIVE CARE UNIT		1,666,169	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.302672	577,329	50.00
51.00	05100	RECOVERY ROOM	0.172108	102,758	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.619509	0	52.00
53.00	05300	ANESTHESIOLOGY	0.035816	67,930	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.438027	297,492	54.00
57.00	05700	CT SCAN	0.040073	885,851	57.00
58.00	05800	MRI	0.135338	130,332	58.00
60.00	06000	LABORATORY	0.288784	1,022,999	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.055226	577,134	63.00
65.00	06500	RESPIRATORY THERAPY	0.261994	935,295	65.00
66.00	06600	PHYSICAL THERAPY	0.479275	316,395	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.434375	115,045	67.00
68.00	06800	SPEECH PATHOLOGY	0.543784	47,351	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.226360	670,625	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.479673	269,166	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.322363	1,994,214	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.547943	302	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0.701871	2,361	76.01
76.02	03951	PAIN MANAGEMENT	0.000000	0	76.02
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000		88.01
90.00	09000	CLINIC	0.421085	0	90.00
91.00	09100	EMERGENCY	0.235421	1,136,674	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.251513	181,687	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		9,330,940	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)		9,330,940	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0089	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 11/29/2023 2:49 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)		849,912	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		2,309,604	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)		593	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		29,595	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)		45.85	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)		4.07	30.00
31.00	Percentage of Medicaid patient days (see instructions)		25.99	31.00
32.00	Sum of lines 30 and 31		30.06	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.00	33.00
34.00	Disproportionate share adjustment (see instructions)		94,785	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0089	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 11/29/2023 2:49 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)	0.000072589	0.000078130	35.01	
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	522,061	537,097	35.02	
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	131,588	401,719	35.03	
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	533,307		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)	3,817,796		47.00	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	4,103,438		48.00	
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)		4,103,438	49.00	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		240,713	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		77,816	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)		4,421,967	59.00	
60.00	Primary payer payments		0	60.00	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		4,421,967	61.00	
62.00	Deductibles billed to program beneficiaries		439,624	62.00	
63.00	Coinurance billed to program beneficiaries		0	63.00	
64.00	Allowable bad debts (see instructions)		109,730	64.00	
65.00	Adjusted reimbursable bad debts (see instructions)		71,325	65.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		109,730	66.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		4,053,668	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)		-12,854	70.94	
70.95	Recovery of accelerated depreciation		0	70.95	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0089	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 11/29/2023 2:49 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)	2022	234,532	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)	2023	672,903	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)		4,948,249	71.00
71.01	Sequestration adjustment (see instructions)		98,965	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		4,904,497	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)		-55,213	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		105,357	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	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	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: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2023 2:49 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	849,912	0	849,912		849,912	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,309,604	0		2,309,604	2,309,604	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	593	0	593		593	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	29,595	0		29,595	29,595	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1200	0.1200	0.1200	0.1200		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	94,785	0	25,497	69,288	94,785	11.00
11.01	Uncompensated care payments	36.00	533,307	0	131,588	401,719	533,307	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	3,817,796	0	1,007,590	2,810,206	3,817,796	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	4,103,438	0	1,073,845	3,029,593	4,103,438	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	4,103,438	0	1,073,845	3,029,593	4,103,438	15.00
16.00	Payment for inpatient program capital (From Wkst. L, Pt. I, if applicable)	50.00	240,713	0	63,817	176,896	240,713	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2023 2:49 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	77,816	0	31,901	45,915	77,816	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	1,169,563	3,252,404	4,421,967	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	231,916	0	62,588	169,328	231,916	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	8,797	0	1,229	7,568	8,797	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	240,713	0	63,817	176,896	240,713	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				0.200530	0.206894		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			234,532		234,532	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				672,903	672,903	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: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/29/2023 2:49 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	849,912	849,912		849,912	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,309,604		2,309,604	2,309,604	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	593	593		593	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	29,595		29,595	29,595	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	0.1200	0.1200	0.1200		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	94,785	25,497	69,288	94,785	11.00
11.01	Uncompensated care payments	36.00	533,307	131,588	401,719	533,307	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	3,817,796	1,007,590	2,810,206	3,817,796	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	4,103,438	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	4,103,438	0	4,103,438	4,103,438	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	240,713	63,817	176,896	240,713	16.00
17.00	Special add-on payments for new technologies	54.00	77,816	31,901	45,915	77,816	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			95,718	4,326,249	4,421,967	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/29/2023 2:49 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	231,916	62,588	169,328	231,916	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	8,797	1,229	7,568	8,797	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	240,713	63,817	176,896	240,713	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	234,532	234,532		234,532	28.00
29.00	Low volume adjustment on or after October 1	70.97	672,903		672,903	672,903	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	-12,854	-7,672	-5,182	-12,854	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: 14-0089	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 11/29/2023 2:49 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		2,470	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		6,795,713	2.00
3.00	OPPS or REH payments		4,787,628	3.00
4.00	Outlier payment (see instructions)		3,577	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)		2,470	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		7,662	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)		7,662	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)		7,662	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		5,192	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)		2,470	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)		4,791,205	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)		1,014,203	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		3,779,472	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)		3,779,472	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		3,779,472	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)		110,625	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		71,906	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		110,625	36.00
37.00	Subtotal (see instructions)		3,851,378	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		3,851,378	40.00
40.01	Sequestration adjustment (see instructions)		77,028	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		3,817,081	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)		-42,731	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		86,375	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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0089	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 11/29/2023 2:49 pm
	Title XVIII	Hospital	PPS
			1.00
200.00	MEDICARE PART B ANCILLARY COSTS		
200.00	Part B Combined Billed Days		0200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet E-1
Part I
Date/Time Prepared:
11/29/2023 2:49 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		4,904,497		3,817,081	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,904,497		3,817,081	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		55,213		42,731	6.02	
7.00	Total Medicare program liability (see instructions)		4,849,284		3,774,350	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: 14-0089	Period: From 07/01/2022 To 06/30/2023	Worksheet E-1 Part II Date/Time Prepared: 11/29/2023 2:49 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 14-0089	Period: From 07/01/2022 To 06/30/2023	Worksheet E-5 Date/Time Prepared: 11/29/2023 2:49 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: 14-0089

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

Worksheet G

Date/Time Prepared:
11/29/2023 2:49 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	57,481,034	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	8,294,059	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,138,368	0	0	0	7.00
8.00	Prepaid expenses	2,224,500	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	70,137,961	0	0	0	11.00
FIXED ASSETS						
12.00	Land	416,836	0	0	0	12.00
13.00	Land improvements	4,650,471	0	0	0	13.00
14.00	Accumulated depreciation	-3,083,360	0	0	0	14.00
15.00	Buildings	60,991,948	0	0	0	15.00
16.00	Accumulated depreciation	-28,491,202	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	80,418,465	0	0	0	23.00
24.00	Accumulated depreciation	-59,528,642	0	0	0	24.00
25.00	Minor equipment depreciable	6,138,535	0	0	0	25.00
26.00	Accumulated depreciation	-1,701,219	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	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	59,811,832	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	2,494,656	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,494,656	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	132,444,449	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	7,404,978	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,254,858	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	1,089,824	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	10,749,660	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	24,565,436	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	4,748,229	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	29,313,665	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	40,063,325	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	92,381,124				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)	92,381,124	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	132,444,449	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0089

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

Worksheet G-1

Date/Time Prepared:
11/29/2023 2:49 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		93,400,953		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-46,689				2.00
3.00	Total (sum of line 1 and line 2)		93,354,264		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)		93,354,264		0		11.00
12.00	PRIOR YEAR ADJUSTMENT	973,138		0		0	12.00
13.00	ROUNDING	2		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)		973,140		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		92,381,124		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	PRIOR YEAR ADJUSTMENT		0				12.00
13.00	ROUNDING		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: 14-0089

Period:
From 07/01/2022
To 06/30/2023Worksheet G-2
Parts I & II
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	11,643,300		11,643,300	1.00
2.00	SUBPROVIDER - IPF	2,349		2,349	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	56,287		56,287	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)	11,701,936		11,701,936	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,999,250		3,999,250	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)	3,999,250		3,999,250	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	15,701,186		15,701,186	17.00
18.00	Ancillary services	19,413,639	115,952,083	135,365,722	18.00
19.00	Outpatient services	2,194,782	29,414,158	31,608,940	19.00
20.00	RURAL HEALTH CLINIC	0	580,810	580,810	20.00
20.01	RURAL HEALTH CLINIC II	15,649	10,135,783	10,151,432	20.01
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		1,411,257	1,411,257	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	1	932,424	932,425	26.00
27.00	MCDONOUGH MEDICAL GROUP & OTHER	9,476	814,999	824,475	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	37,334,733	159,241,514	196,576,247	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		85,215,587		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	RECONCILIATION TO FINANCIAL STATEMENT	2,292,326			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)		2,292,326		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		82,923,261		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0089

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

Worksheet G-3

Date/Time Prepared:
11/29/2023 2:49 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	196,576,247	1.00
2.00	Less contractual allowances and discounts on patients' accounts	117,011,694	2.00
3.00	Net patient revenues (line 1 minus line 2)	79,564,553	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	82,923,261	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-3,358,708	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	431,019	6.00
7.00	Income from investments	332,808	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 OPERATING REVENUES	850,106	24.00
24.01	OTHER (SPECIFY)	0	24.01
24.50	COVID-19 PHE Funding	3,310,339	24.50
25.00	Total other income (sum of lines 6-24)	4,924,272	25.00
26.00	Total (line 5 plus line 25)	1,565,564	26.00
27.00	OTHER NON-OP NET	246,915	27.00
27.01	INTEREST EXPENSE	894,212	27.01
27.02	OTHER EXPENSES	471,126	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	1,612,253	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-46,689	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0089

Period: From 07/01/2022

Worksheet H

HHA CCN: 14-7293

To 06/30/2023

Date/Time Prepared:
11/29/2023 2:49 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	0	0	0
4.00	Transportation	0	0	0	0	0	0
5.00	Administrative and General	414,260	0	0	90,267	6,918	511,445
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	595,846	0	54,168	0	13,623	663,637
7.00	Physical Therapy	209,424	0	15,749	0	0	225,173
8.00	Occupational Therapy	183,854	0	10,169	0	0	194,023
9.00	Speech Pathology	7,294	0	632	0	0	7,926
10.00	Medical Social Services	0	0	0	0	0	0
11.00	Home Health Aide	74,005	0	10,247	0	0	84,252
12.00	Supplies (see instructions)	0	0	0	0	25,586	25,586
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	1,484,683	0	90,965	90,267	46,127	1,712,042
		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	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	511,445	0	511,445		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	663,637	0	663,637		6.00
7.00	Physical Therapy	0	225,173	0	225,173		7.00
8.00	Occupational Therapy	0	194,023	0	194,023		8.00
9.00	Speech Pathology	0	7,926	0	7,926		9.00
10.00	Medical Social Services	0	0	0	0		10.00
11.00	Home Health Aide	0	84,252	0	84,252		11.00
12.00	Supplies (see instructions)	0	25,586	0	25,586		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)	0	1,712,042	0	1,712,042		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: 14-0089

Period:

Worksheet H-1

HHA CCN: 14-7293

From 07/01/2022
To 06/30/2023Part I
Date/Time Prepared:
11/29/2023 2:49 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	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	511,445	0	0	0	0	511,445	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	663,637	0	0	0	0	663,637	6.00
7.00	Physical Therapy	225,173	0	0	0	0	225,173	7.00
8.00	Occupational Therapy	194,023	0	0	0	0	194,023	8.00
9.00	Speech Pathology	7,926	0	0	0	0	7,926	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Home Health Aide	84,252	0	0	0	0	84,252	11.00
12.00	Supplies (see instructions)	25,586	0	0	0	0	25,586	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)	1,712,042	0	0	0	0	1,712,042	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	511,445						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	282,705	946,342					6.00
7.00	Physical Therapy	95,922	321,095					7.00
8.00	Occupational Therapy	82,652	276,675					8.00
9.00	Speech Pathology	3,376	11,302					9.00
10.00	Medical Social Services	0	0					10.00
11.00	Home Health Aide	35,891	120,143					11.00
12.00	Supplies (see instructions)	10,899	36,485					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)		1,712,042					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0089

Period:

Worksheet H-1

HHA CCN: 14-7293

From 07/01/2022
To 06/30/2023Part II
Date/Time Prepared:
11/29/2023 2:49 pmHome Health
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)		
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)						
		1.00	2.00						3.00
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00	
2.00	Capital Related - Movable Equipment		0			0		2.00	
3.00	Plant Operation & Maintenance	0	0	0		0		3.00	
4.00	Transportation (see instructions)	0	0	0	0			4.00	
5.00	Administrative and General	0	0	0	0	-511,445	1,200,597	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	0	663,637	6.00	
7.00	Physical Therapy	0	0	0	0	0	225,173	7.00	
8.00	Occupational Therapy	0	0	0	0	0	194,023	8.00	
9.00	Speech Pathology	0	0	0	0	0	7,926	9.00	
10.00	Medical Social Services	0	0	0	0	0	0	10.00	
11.00	Home Health Aide	0	0	0	0	0	84,252	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	25,586	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	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)	0	0	0	0	-511,445	1,200,597	24.00	
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		511,445	25.00	
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.425992	26.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0089

Period:

Worksheet H-2

HHA CCN: 14-7293

From 07/01/2022
To 06/30/2023Part I
Date/Time Prepared:
11/29/2023 2:49 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	CAP REL			CAP REL COSTS-REHAB CNT	
				COSTS-HOSPITAL	COSTS-HSB I	COSTS-HSB II		
		0	1.00	1.01	1.02	1.03	1.04	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	946,342	0	0	0	0	0	2.00
3.00	Physical Therapy	321,095	0	0	0	0	0	3.00
4.00	Occupational Therapy	276,675	0	0	0	0	0	4.00
5.00	Speech Pathology	11,302	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	120,143	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	36,485	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)	1,712,042	0	0	0	0	0	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		CAPITAL RELATED COSTS CAP REL COSTS-DIAGNOSIS	CAP REL COSTS-HOSPITAL ITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	CONVENIENCE CARE CLIN	BUSHNELL OFFICE BLDG	
		1.05	1.06	1.07	1.08	1.09	1.10	
1.00	Administrative and General	0	0	4,250	0	0	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) (2)	0	0	4,250	0	0	0	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: 14-0089

Period:

Worksheet H-2

HHA CCN: 14-7293

From 07/01/2022

Part I

To 06/30/2023

Date/Time Prepared:

11/29/2023 2:49 pm

Home Health
Agency I

PPS

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	
		4.00	4A	5.00	6.00	6.01	6.02	
1.00	Administrative and General	143,456	147,706	31,247	0	0	0	1.00
2.00	Skilled Nursing Care	206,338	1,152,680	243,849	0	0	0	2.00
3.00	Physical Therapy	72,522	393,617	83,270	0	0	0	3.00
4.00	Occupational Therapy	63,668	340,343	72,000	0	0	0	4.00
5.00	Speech Pathology	2,526	13,828	2,925	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	25,627	145,770	30,838	0	0	0	7.00
8.00	Supplies (see instructions)	0	36,485	7,718	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)	514,137	2,230,429	471,847	0	0	0	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-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORTHO BLDG	MAINTENANCE & REPAIRS-BUSHNE LL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		6.03	6.04	6.05	6.06	8.00	9.00	
1.00	Administrative and General	0	4,089	0	0	0	7,758	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)	0	4,089	0	0	0	7,758	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: 14-0089

Period:

Worksheet H-2

HHA CCN: 14-7293

From 07/01/2022
To 06/30/2023Part I
Date/Time Prepared:

11/29/2023 2:49 pm

Home Health
Agency I

PPS

Cost Center Description		HOUSEKEEPING-H SB 9.01	HOUSEKEEPING-H SB II 9.02	HOUSEKEEPING-O RTHO 9.03	HOUSEKEEPING-M AB 9.04	DIETARY 10.00	CAFETERIA 11.00	
1.00	Administrative and General	0	0	0	0	0	72,672	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)	0	0	0	0	0	72,672	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		NURSING ADMINISTRATION 13.00	CENTRAL SERVICES & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00	SOCIAL SERVICE 17.00	NONPHYSICIAN ANESTHETISTS 19.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	7,243	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)	0	7,243	0	0	0	0	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: 14-0089

Period:

Worksheet H-2

HHA CCN: 14-7293

From 07/01/2022
To 06/30/2023Part I
Date/Time Prepared:
11/29/2023 2:49 pmHome Health
Agency I

PPS

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	263,472	0	263,472				1.00
2.00	Skilled Nursing Care	1,403,772	0	1,403,772	146,154	1,549,926		2.00
3.00	Physical Therapy	476,887	0	476,887	49,652	526,539		3.00
4.00	Occupational Therapy	412,343	0	412,343	42,932	455,275		4.00
5.00	Speech Pathology	16,753	0	16,753	1,744	18,497		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	176,608	0	176,608	18,388	194,996		7.00
8.00	Supplies (see instructions)	44,203	0	44,203	4,602	48,805		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	2,794,038	0	2,794,038	263,472	2,794,038		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.				0.104116			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: 14-0089

Period: From 07/01/2022

Worksheet H-2

HHA CCN: 14-7293

To 06/30/2023

Part II
Date/Time Prepared:
11/29/2023 2:49 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HOSPITAL (SQUARE FEET)	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)	CAP REL COSTS-REHAB CNT (PER CENT)	CAP REL COSTS-DIAGNOSIS (PER CENT)	
		1.00	1.01	1.02	1.03	1.04	1.05	
1.00	Administrative and General	0	0	0	0	0	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)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		CAPITAL RELATED COSTS						
		CAP REL COSTS-HOSPITAL ITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLIN (PER CENT)	BUSHNELL OFFICE BLDG (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		1.06	1.07	1.08	1.09	1.10	4.00	
1.00	Administrative and General	0	1,050	0	0	0	414,260	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	595,846	2.00
3.00	Physical Therapy	0	0	0	0	0	209,424	3.00
4.00	Occupational Therapy	0	0	0	0	0	183,854	4.00
5.00	Speech Pathology	0	0	0	0	0	7,294	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	74,005	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)	0	1,050	0	0	0	1,484,683	20.00
21.00	Total cost to be allocated	0	4,250	0	0	0	514,137	21.00
22.00	Unit cost multiplier	0.000000	4.047619	0.000000	0.000000	0.000000	0.346294	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0089

Period:

Worksheet H-2

HHA CCN: 14-7293

From 07/01/2022
To 06/30/2023Part II
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description		Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	Home Health Agency I MAINTENANCE & REPAIRS-HSB II (SQUARE FEET)	MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	
		5A	5.00	6.00	6.01	6.02	6.03	
1.00	Administrative and General	0	147,706	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	1,152,680	0	0	0	0	2.00
3.00	Physical Therapy	0	393,617	0	0	0	0	3.00
4.00	Occupational Therapy	0	340,343	0	0	0	0	4.00
5.00	Speech Pathology	0	13,828	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	145,770	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	36,485	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)		2,230,429	0	0	0	0	20.00
21.00	Total cost to be allocated		471,847	0	0	0	0	21.00
22.00	Unit cost multiplier		0.211550	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	MAINTENANCE & REPAIRS-BUSHNE LL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	HOUSEKEEPING (TIME SPENT)	HOUSEKEEPING-H SB (SQUARE FEET)	
		6.04	6.05	6.06	8.00	9.00	9.01	
1.00	Administrative and General	1,050	0	0	0	12	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)	1,050	0	0	0	12	0	20.00
21.00	Total cost to be allocated	4,089	0	0	0	7,758	0	21.00
22.00	Unit cost multiplier	3.894286	0.000000	0.000000	0.000000	646.500000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0089

Period:

Worksheet H-2

HHA CCN: 14-7293

From 07/01/2022
To 06/30/2023Part II
Date/Time Prepared:
11/29/2023 2:49 pm

Cost Center Description		HOUSEKEEPING-H SB II (SQUARE FEET)	HOUSEKEEPING-O RTHO (SQUARE FEET)	HOUSEKEEPING-M AB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRS IN)	
		9.02	9.03	9.04	10.00	11.00	13.00	
1.00	Administrative and General	0	0	1,050	0	1,918	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)	0	0	1,050	0	1,918	0	20.00
21.00	Total cost to be allocated	0	0	0	0	72,672	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	37.889468	0.000000	22.00
Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
		14.00	15.00	16.00	17.00	19.00		
1.00	Administrative and General	0	0	0	0	0		1.00
2.00	Skilled Nursing Care	25,586	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19)	25,586	0	0	0	0		20.00
21.00	Total cost to be allocated	7,243	0	0	0	0		21.00
22.00	Unit cost multiplier	0.283084	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0089

Period:

Worksheet H-3

HHA CCN: 14-7293

From 07/01/2022

Part I

To 06/30/2023

Date/Time Prepared:

11/29/2023 2:49 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	1,549,926		1,549,926	10,278	150.80	1.00
2.00	Physical Therapy	3.00	526,539	0	526,539	2,934	179.46	2.00
3.00	Occupational Therapy	4.00	455,275	0	455,275	2,143	212.45	3.00
4.00	Speech Pathology	5.00	18,497	0	18,497	121	152.87	4.00
5.00	Medical Social Services	6.00	0		0	53	0.00	5.00
6.00	Home Health Aide	7.00	194,996		194,996	1,829	106.61	6.00
7.00	Total (sum of lines 1-6)		2,745,233	0	2,745,233	17,358		7.00
				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		37900	0	0			8.00
8.01	Skilled Nursing Care		99914	0	1,838			8.01
9.00	Physical Therapy		37900	0	0			9.00
9.01	Physical Therapy		99914	0	672			9.01
10.00	Occupational Therapy		37900	0	0			10.00
10.01	Occupational Therapy		99914	0	512			10.01
11.00	Speech Pathology		37900	0	0			11.00
11.01	Speech Pathology		99914	0	34			11.01
12.00	Medical Social Services		37900	0	0			12.00
12.01	Medical Social Services		99914	0	13			12.01
13.00	Home Health Aide		37900	0	0			13.00
13.01	Home Health Aide		99914	0	370			13.01
14.00	Total (sum of lines 8-13)			0	3,439			14.00
		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 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	48,805	0	48,805	32,747	1.490366	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
				Program Visits		Cost of Services		
				Part B		Part B		
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance		
		6.00	7.00	8.00	9.00	10.00	11.00	
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	1,838		0	277,170		1.00
2.00	Physical Therapy	0	672		0	120,597		2.00
3.00	Occupational Therapy	0	512		0	108,774		3.00
4.00	Speech Pathology	0	34		0	5,198		4.00
5.00	Medical Social Services	0	13		0	0		5.00
6.00	Home Health Aide	0	370		0	39,446		6.00
7.00	Total (sum of lines 1-6)	0	3,439		0	551,185		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0089

Period:

Worksheet H-3

HHA CCN: 14-7293

From 07/01/2022
To 06/30/2023Part I
Date/Time Prepared:
11/29/2023 2:49 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description						Agency 1			
		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	
9.00	Physical Therapy							9.00	
9.01	Physical Therapy							9.01	
10.00	Occupational Therapy							10.00	
10.01	Occupational Therapy							10.01	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
14.00	Total (sum of lines 8-13)							14.00	
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	9,985	0	0	14,881	0	15.00	
16.00	Cost of Drugs		0	0		0	0	16.00	
Cost Center Description		Total Program Cost (sum of col.s. 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	277,170						1.00	
2.00	Physical Therapy	120,597						2.00	
3.00	Occupational Therapy	108,774						3.00	
4.00	Speech Pathology	5,198						4.00	
5.00	Medical Social Services	0						5.00	
6.00	Home Health Aide	39,446						6.00	
7.00	Total (sum of lines 1-6)	551,185						7.00	
Cost Center Description									
		12.00							
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
8.01	Skilled Nursing Care							8.01	
9.00	Physical Therapy							9.00	
9.01	Physical Therapy							9.01	
10.00	Occupational Therapy							10.00	
10.01	Occupational Therapy							10.01	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0089

Period:

Worksheet H-3

HHA CCN: 14-7293

From 07/01/2022
To 06/30/2023Part II
Date/Time Prepared:
11/29/2023 2:49 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	0.479275	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.434375	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.543784	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.226360	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.322363	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0089 HHA CCN: 14-7293	Period: From 07/01/2022 To 06/30/2023	Worksheet H-4 Part I-II Date/Time Prepared: 11/29/2023 2:49 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
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	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	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	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	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	426,212	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	128,475	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	5,231	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	2,804	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	47,917	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	365	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	611,004	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	611,004	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	611,004	26.00
27.00	Allowable bad debts (from your records)	0	0	27.00
27.01	Adjusted reimbursable bad debts (see instructions)	0	0	27.01
28.00	Allowable bad debts for dual eligible (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (see instructions)	0	611,004	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	30.99
31.00	Subtotal (see instructions)	0	611,004	31.00
31.01	Sequestration adjustment (see instructions)	0	12,220	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	31.02
31.75	Sequestration adjustment for non-claims based amounts (see instructions)	0	0	31.75
32.00	Interim payments (see instructions)	0	598,784	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 31.75, 32, and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIESProvider CCN: 14-0089
HHA CCN: 14-7293Period:
From 07/01/2022
To 06/30/2023

Worksheet H-5

Date/Time Prepared:
11/29/2023 2:49 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		598,784	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			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		598,784	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		598,784	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: 14-0089

Period: From 07/01/2022

Worksheet 0

Hospice CCN: 14-1524

To 06/30/2023

Date/Time Prepared:
11/29/2023 2:49 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*		0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	3,097	24,699	27,796	0	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	503	503	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	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	10,101	10,101	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	20,467	20,467	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	13.00
14.00	PHARMACY*	0	15,232	15,232	0	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**		0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	291,496	0	291,496	0	28.00
29.00	LPN/LVN**	4,633	0	4,633	0	29.00
30.00	PHYSICAL THERAPY**	9,772	0	9,772	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**	56,966	0	56,966	0	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	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**	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	42,035	42,035	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	81,331	81,331	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)**	0	0	0	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	157,842	157,842	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	365,964	352,210	718,174	0	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

Provider CCN: 14-0089

Period:

Worksheet 0

Hospice CCN: 14-1524

From 07/01/2022
To 06/30/2023Date/Time Prepared:
11/29/2023 2:49 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	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	27,796	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	503	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	10,101	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	20,467	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	15,232	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	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	291,496	28.00
29.00	LPN/LVN**	0	4,633	29.00
30.00	PHYSICAL THERAPY**	0	9,772	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	56,966	33.00
34.00	SPIRITUAL COUNSELING**	0	0	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	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	42,035	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	81,331	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	0	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	157,842	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	0	718,174	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: 14-0089

Period:

Worksheet 0-2

Hospice CCN: 14-1524

From 07/01/2022
To 06/30/2023Date/Time Prepared:
11/29/2023 2:49 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	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	291,496	0	291,496	0	291,496	28.00
29.00	LPN/LVN	4,633	0	4,633	0	4,633	29.00
30.00	PHYSICAL THERAPY	9,772	0	9,772	0	9,772	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	56,966	0	56,966	0	56,966	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	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 & HOMEMAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	42,035	42,035	0	42,035	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	81,331	81,331	0	81,331	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)	0	0	0	0	0	46.00
100.00	TOTAL *	362,867	123,366	486,233	0	486,233	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	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	291,496	28.00
29.00	LPN/LVN	0	4,633	29.00
30.00	PHYSICAL THERAPY	0	9,772	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	56,966	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	42,035	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	81,331	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	0	46.00
100.00	TOTAL *	0	486,233	100.00

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

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

Provider CCN: 14-0089

Period:

Worksheet 0-5

Hospice CCN: 14-1524

From 07/01/2022
To 06/30/2023Date/Time Prepared:
11/29/2023 2:49 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	4,250	4,250	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	126,731	126,731	3.00
4.00	ADMINISTRATIVE & GENERAL	27,796	200,892	228,688	4.00
5.00	PLANT OPERATION & MAINTENANCE	503	0	503	5.00
6.00	LAUNDRY & LINEN SERVICE	0	958	958	6.00
7.00	HOUSEKEEPING	0	7,758	7,758	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	10,101	2,870	12,971	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	20,467	0	20,467	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	15,232	0	15,232	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	486,233	0	486,233	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	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	157,842	0	157,842	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	718,174	343,459	1,061,633	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2022
To 06/30/2023Part I
Date/Time Prepared:
11/29/2023 2:49 pm

Descriptions		TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	4,250	4,250				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	126,731	0	0	126,731		3.00
4.00	ADMINISTRATIVE & GENERAL	228,688	4,250	0	1,072	234,010	4.00
5.00	PLANT OPERATION & MAINTENANCE	503	0	0	0	503	5.00
6.00	LAUNDRY & LINEN SERVICE	958	0	0	0	958	6.00
7.00	HOUSEKEEPING	7,758	0	0	0	7,758	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	12,971	0	0	0	12,971	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	20,467	0	0	0	20,467	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	15,232	0	0	0	15,232	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	486,233			125,659	611,892	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	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	157,842	0	0	0	157,842	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	1,061,633	4,250	0	126,731	1,061,633	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2022
To 06/30/2023Part I
Date/Time Prepared:
11/29/2023 2:49 pm

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOSPICE 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	234,010						4.00
5.00	PLANT OPERATION & MAINTENANCE	142	645					5.00
6.00	LAUNDRY & LINEN SERVICE	271	0	1,229				6.00
7.00	HOUSEKEEPING	2,194	0		9,952			7.00
8.00	DIETARY	0	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0	0		0			9.00
10.00	ROUTINE MEDICAL SUPPLIES	3,668	0		0			10.00
11.00	MEDICAL RECORDS	0	0		0			11.00
12.00	STAFF TRANSPORTATION	5,787	0		0			12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0		0			13.00
14.00	PHARMACY	4,307	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	173,011						51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	645	0	9,952	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	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	44,630	0	1,229	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	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	99.00
100.00	TOTAL	234,010	645	1,229	9,952	0		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2022
To 06/30/2023Part I
Date/Time Prepared:
11/29/2023 2:49 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	16,639				10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0			26,254		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	16,639	0	26,254	0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	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	16,639	0	26,254	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2022
To 06/30/2023Part I
Date/Time Prepared:
11/29/2023 2:49 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	19,539					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	19,539	0	0		847,335	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	10,597	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	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	0	203,701	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	19,539	0	0	0	1,061,633	100.00

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

Provider CCN: 14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2022

Part II

To 06/30/2023

Date/Time Prepared:

11/29/2023 2:49 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 & FIX	1,050					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	365,964			3.00
4.00	ADMINISTRATIVE & GENERAL	1,050	0	3,097	-234,010	827,623	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	503	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	958	6.00
7.00	HOUSEKEEPING	0	0	0	0	7,758	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	12,971	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	20,467	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	15,232	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			362,867	0	611,892	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	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	157,842	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)	4,250	0	126,731		234,010	100.00
101.00	UNIT COST MULTIPLIER	4.047619	0.000000	0.346294		0.282750	101.00

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

Provider CCN: 14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2022
To 06/30/2023Part II
Date/Time Prepared:
11/29/2023 2:49 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	1,050					5.00
6.00	LAUNDRY & LINEN SERVICE	0	454				6.00
7.00	HOUSEKEEPING	0		1,050			7.00
8.00	DIETARY	0		0	0		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			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	1,050	0	1,050	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	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	454	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)	645	1,229	9,952	0	0	100.00
101.00	UNIT COST MULTIPLIER	0.614286	2.707048	9.478095	0.000000	0.000000	101.00

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

Provider CCN: 14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2022
To 06/30/2023Part II
Date/Time Prepared:
11/29/2023 2:49 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	8,896					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			31,301			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0		13.00
14.00	PHARMACY			0	0	39	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	8,896	0	31,301	0	39	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	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						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	16,639	0	26,254	0	19,539	100.00
101.00	UNIT COST MULTIPLIER	1.870391	0.000000	0.838759	0.000000	501.000000	101.00

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

Provider CCN: 14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2022
To 06/30/2023Part II
Date/Time Prepared:
11/29/2023 2:49 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: 14-0089

Period:

Worksheet 0-7

Hospice CCN: 14-1524

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

Date/Time Prepared:
11/29/2023 2:49 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	0.479275	0	1,400	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.434375	0	175	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.543784	0	175	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.322363	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.288784	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.226360	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	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0.547943	0	0	0	10.00
10.01	DIABETES/WOUND CARE/COUMADIN CNTR	76.01	0.701871	0	0	0	10.01
10.02	PAIN MANAGEMENT	76.02	0.000000	0	0	0	10.02
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	671	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	76	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	95	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	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	10.00
10.01	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	10.01
10.02	PAIN MANAGEMENT	0	0	0	0	0	10.02
11.00	Totals (sum of lines 1-11)		0	842	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0089

Period:

Worksheet 0-8

Hospice CCN: 14-1524

From 07/01/2022
To 06/30/2023Date/Time Prepared:
11/29/2023 2:49 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)			848,177	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			8,896	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			95.34	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	3,665	350		9.00
10.00	Program cost (line 8 times line 9)	349,421	33,369		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)			10,597	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			0	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			0.00	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	0	0		14.00
15.00	Program cost (line 13 times line 14)	0	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)			0	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			0	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			0.00	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	0	0		19.00
20.00	Program cost (line 18 times line 19)	0	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			858,774	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			8,896	22.00
23.00	Average cost per diem (line 21 divided by line 22)			96.53	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0089	Period: From 07/01/2022 To 06/30/2023	Worksheet L Parts I-III Date/Time Prepared: 11/29/2023 2:49 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		231,916	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		8,797	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)		8.57	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)		240,713	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
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		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0089

Period:

Worksheet M-1

Component CCN: 14-8522

From 07/01/2022
To 06/30/2023Date/Time Prepared:
11/29/2023 2:49 pm

		RHC I		Cost		
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)
		1.00	2.00	3.00	4.00	5.00
FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	240,251	0	240,251	0	240,251
2.00	Physician Assistant	0	0	0	0	0
3.00	Nurse Practitioner	0	0	0	0	0
4.00	Visiting Nurse	0	0	0	0	0
5.00	Other Nurse	0	0	0	0	0
6.00	Clinical Psychologist	0	0	0	0	0
7.00	Clinical Social Worker	0	0	0	0	0
8.00	Laboratory Technician	0	0	0	0	0
9.00	Other Facility Health Care Staff Costs	251,513	0	251,513	0	251,513
10.00	Subtotal (sum of lines 1 through 9)	491,764	0	491,764	0	491,764
11.00	Physician Services Under Agreement	0	0	0	0	0
12.00	Physician Supervision Under Agreement	0	0	0	0	0
13.00	Other Costs Under Agreement	0	0	0	0	0
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0
15.00	Medical Supplies	0	9,524	9,524	0	9,524
16.00	Transportation (Health Care Staff)	0	0	0	0	0
17.00	Depreciation-Medical Equipment	0	0	0	0	0
18.00	Professional Liability Insurance	0	11,154	11,154	0	11,154
19.00	Other Health Care Costs	0	0	0	0	0
20.00	Allowable GME Costs	0	0	0	0	0
21.00	Subtotal (sum of lines 15 through 20)	0	20,678	20,678	0	20,678
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	491,764	20,678	512,442	0	512,442
COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	13,924	13,924	0	13,924
24.00	Dental	0	0	0	0	0
25.00	Optometry	0	0	0	0	0
25.01	Telehealth	0	0	0	0	0
25.02	Chronic Care Management	0	0	0	0	0
26.00	All other nonreimbursable costs	0	0	0	0	0
27.00	Nonallowable GME costs	0	0	0	0	0
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	13,924	13,924	0	13,924
FACILITY OVERHEAD						
29.00	Facility Costs	0	339	339	0	339
30.00	Administrative Costs	0	24,849	24,849	70,446	95,295
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	25,188	25,188	70,446	95,634
32.00	Total facility costs (sum of lines 22, 28 and 31)	491,764	59,790	551,554	70,446	622,000

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0089

Period:

Worksheet M-1

Component CCN: 14-8522

From 07/01/2022
To 06/30/2023Date/Time Prepared:
11/29/2023 2:49 pm

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	RHC I	Cost
		6.00	7.00		
FACILITY HEALTH CARE STAFF COSTS					
1.00	Physician	0	240,251		1.00
2.00	Physician Assistant	0	0		2.00
3.00	Nurse Practitioner	0	0		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	0		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	0		7.00
8.00	Laboratory Technician	0	0		8.00
9.00	Other Facility Health Care Staff Costs	0	251,513		9.00
10.00	Subtotal (sum of lines 1 through 9)	0	491,764		10.00
11.00	Physician Services Under Agreement	0	0		11.00
12.00	Physician Supervision Under Agreement	0	0		12.00
13.00	Other Costs Under Agreement	0	0		13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0		14.00
15.00	Medical Supplies	0	9,524		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	11,154		18.00
19.00	Other Health Care Costs	0	0		19.00
20.00	Allowable GME Costs				20.00
21.00	Subtotal (sum of lines 15 through 20)	0	20,678		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	512,442		22.00
COSTS OTHER THAN RHC/FQHC SERVICES					
23.00	Pharmacy	0	13,924		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
25.01	Telehealth	0	0		25.01
25.02	Chronic Care Management	0	0		25.02
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs				27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	13,924		28.00
FACILITY OVERHEAD					
29.00	Facility Costs	0	339		29.00
30.00	Administrative Costs	0	95,295		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	95,634		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	622,000		32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0089

Period:

Worksheet M-1

Component CCN: 14-8619

From 07/01/2022

Date/Time Prepared:

To 06/30/2023

11/29/2023 2:49 pm

		RHC II		Cost		
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassified ons	Reclassified Trial Balance (col. 3 + col. 4)
		1.00	2.00	3.00	4.00	5.00
FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	1,984,459	0	1,984,459	0	1,984,459
2.00	Physician Assistant	0	0	0	0	0
3.00	Nurse Practitioner	0	0	0	0	0
4.00	Visiting Nurse	0	0	0	0	0
5.00	Other Nurse	0	0	0	0	0
6.00	Clinical Psychologist	0	0	0	0	0
7.00	Clinical Social Worker	0	0	0	0	0
8.00	Laboratory Technician	0	0	0	0	0
9.00	Other Facility Health Care Staff Costs	1,929,642	0	1,929,642	0	1,929,642
10.00	Subtotal (sum of lines 1 through 9)	3,914,101	0	3,914,101	0	3,914,101
11.00	Physician Services Under Agreement	0	0	0	0	0
12.00	Physician Supervision Under Agreement	0	0	0	0	0
13.00	Other Costs Under Agreement	0	0	0	0	0
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0
15.00	Medical Supplies	0	120,006	120,006	0	120,006
16.00	Transportation (Health Care Staff)	0	0	0	0	0
17.00	Depreciation-Medical Equipment	0	0	0	0	0
18.00	Professional Liability Insurance	0	70,107	70,107	0	70,107
19.00	Other Health Care Costs	0	0	0	0	0
20.00	Allowable GME Costs	0	0	0	0	0
21.00	Subtotal (sum of lines 15 through 20)	0	190,113	190,113	0	190,113
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	3,914,101	190,113	4,104,214	0	4,104,214
COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	167,235	167,235	0	167,235
24.00	Dental	0	0	0	0	0
25.00	Optometry	0	0	0	0	0
25.01	Telehealth	0	0	0	0	0
25.02	Chronic Care Management	0	0	0	0	0
26.00	All other nonreimbursable costs	0	0	0	0	0
27.00	Nonallowable GME costs	0	0	0	0	0
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	167,235	167,235	0	167,235
FACILITY OVERHEAD						
29.00	Facility Costs	0	4,071	4,071	0	4,071
30.00	Administrative Costs	0	644,561	644,561	667,552	1,312,113
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	648,632	648,632	667,552	1,316,184
32.00	Total facility costs (sum of lines 22, 28 and 31)	3,914,101	1,005,980	4,920,081	667,552	5,587,633

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0089

Period:

Worksheet M-1

Component CCN: 14-8619

From 07/01/2022
To 06/30/2023Date/Time Prepared:
11/29/2023 2:49 pm

RHC II

Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	1,984,459	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	0	0	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	0	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	1,929,642	9.00
10.00	Subtotal (sum of lines 1 through 9)	0	3,914,101	10.00
11.00	Physician Services Under Agreement	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	14.00
15.00	Medical Supplies	0	120,006	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	17.00
18.00	Professional Liability Insurance	0	70,107	18.00
19.00	Other Health Care Costs	0	0	19.00
20.00	Allowable GME Costs			20.00
21.00	Subtotal (sum of lines 15 through 20)	0	190,113	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	4,104,214	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	167,235	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
25.01	Telehealth	0	0	25.01
25.02	Chronic Care Management	0	0	25.02
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs			27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	167,235	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	0	4,071	29.00
30.00	Administrative Costs	0	1,312,113	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	1,316,184	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	5,587,633	32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 14-0089

Period:

Worksheet M-2

Component CCN: 14-8522

From 07/01/2022
To 06/30/2023Date/Time Prepared:
11/29/2023 2:49 pm

		RHC I		Cost	
	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4
	1.00	2.00	3.00	4.00	5.00
VISITS AND PRODUCTIVITY					
Positions					
1.00	Physician	0.89	2,163	4,200	3,738
2.00	Physician Assistant	0.00	0	2,100	0
3.00	Nurse Practitioner	0.80	740	2,100	1,680
4.00	Subtotal (sum of lines 1 through 3)	1.69	2,903		5,418
5.00	Visiting Nurse	0.00	0		0
6.00	Clinical Psychologist	0.00	0		0
7.00	Clinical Social Worker	0.00	0		0
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0
8.00	Total FTEs and Visits (sum of lines 4 through 7)	1.69	2,903		5,418
9.00	Physician Services Under Agreements		0		0
					1.00
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES					
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)				512,442
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)				13,924
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				526,366
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)				0.973547
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)				95,634
15.00	Parent provider overhead allocated to facility (see instructions)				511,702
16.00	Total overhead (sum of lines 14 and 15)				607,336
17.00	Allowable GME overhead (see instructions)				0
18.00	Enter the amount from line 16				607,336
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)				591,270
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)				1,103,712

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 14-0089

Period:

Worksheet M-2

Component CCN: 14-8619

From 07/01/2022
To 06/30/2023Date/Time Prepared:
11/29/2023 2:49 pm

				RHC II		Cost	
		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY							
Positions							
1.00	Physician	3.34	6,416	4,200	14,028		1.00
2.00	Physician Assistant	0.21	1,436	2,100	441		2.00
3.00	Nurse Practitioner	5.03	19,736	2,100	10,563		3.00
4.00	Subtotal (sum of lines 1 through 3)	8.58	27,588		25,032	27,588	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	8.58	27,588			27,588	8.00
9.00	Physician Services Under Agreements		0			0	9.00
							1.00
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES							
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					4,104,214	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					167,235	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					4,271,449	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					0.960848	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					1,316,184	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					3,741,616	15.00
16.00	Total overhead (sum of lines 14 and 15)					5,057,800	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					5,057,800	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					4,859,777	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					8,963,991	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0089 Component CCN: 14-8522	Period: From 07/01/2022 To 06/30/2023	Worksheet M-3 Date/Time Prepared: 11/29/2023 2:49 pm	
		Title XVIII	RHC I	Cost	
				1.00	
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES					
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			1,103,712	1.00
2.00	Cost of injections/infusions and their administration (from Wkst. M-4, line 15)			15,098	2.00
3.00	Total allowable cost excluding injections/infusions (line 1 minus line 2)			1,088,614	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			5,418	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			0	5.00
6.00	Total adjusted visits (line 4 plus line 5)			5,418	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			200.93	7.00
			Calculation of Limit (1)		
			Rate Period 1 (07/01/2022 through 12/31/2022)	Rate Period 2 (01/01/2023 through 06/30/2023)	
			1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, \$20.6 or your contractor)		160.71	166.82	8.00
9.00	Rate for Program covered visits (see instructions)		160.71	166.82	9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)		505	413	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)		81,159	68,897	11.00
12.00	Program covered visits for mental health services (from contractor records)		0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)		0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)		0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)				15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		0	150,056	16.00
16.01	Total program charges (see instructions)(from contractor's records)			163,094	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)			2,104	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)			1,936	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)			100,405	16.04
16.05	Total program cost (see instructions)		0	102,341	16.05
17.00	Primary payer amounts			0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)			22,614	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)			27,399	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)			102,341	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)			6,320	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)			108,661	22.00
23.00	Allowable bad debts (see instructions)			0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)			0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	25.50
25.99	Demonstration payment adjustment amount before sequestration			0	25.99
26.00	Net reimbursable amount (see instructions)			108,661	26.00
26.01	Sequestration adjustment (see instructions)			2,173	26.01
26.02	Demonstration payment adjustment amount after sequestration			0	26.02
27.00	Interim payments			100,045	27.00
28.00	Tentative settlement (for contractor use only)			0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)			6,443	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2			0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0089 Component CCN: 14-8619	Period: From 07/01/2022 To 06/30/2023	Worksheet M-3 Date/Time Prepared: 11/29/2023 2:49 pm		
		Title XVIII	RHC II	Cost		
				1.00		
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES						
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			8,963,991	1.00	
2.00	Cost of injections/infusions and their administration (from Wkst. M-4, line 15)			21,673	2.00	
3.00	Total allowable cost excluding injections/infusions (line 1 minus line 2)			8,942,318	3.00	
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			27,588	4.00	
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			0	5.00	
6.00	Total adjusted visits (line 4 plus line 5)			27,588	6.00	
7.00	Adjusted cost per visit (line 3 divided by line 6)			324.14	7.00	
			Calculation of Limit (1)			
			Rate Period 1 (07/01/2022 through 12/31/2022)	Rate Period 2 (01/01/2023 through 06/30/2023)		
			1.00	2.00		
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)			304.73	316.31	8.00
9.00	Rate for Program covered visits (see instructions)			304.73	316.31	9.00
CALCULATION OF SETTLEMENT						
10.00	Program covered visits excluding mental health services (from contractor records)			1,922	2,057	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)			585,691	650,650	11.00
12.00	Program covered visits for mental health services (from contractor records)			0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)			0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)			0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)					15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *			0	1,236,341	16.00
16.01	Total program charges (see instructions)(from contractor's records)				938,484	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)				30,714	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)				40,462	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)				880,621	16.04
16.05	Total program cost (see instructions)			0	921,083	16.05
17.00	Primary payer amounts				0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)				95,103	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)				160,302	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)				921,083	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)				4,113	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)				925,196	22.00
23.00	Allowable bad debts (see instructions)				0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)				0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)				0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)				0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)				0	25.50
25.99	Demonstration payment adjustment amount before sequestration				0	25.99
26.00	Net reimbursable amount (see instructions)				925,196	26.00
26.01	Sequestration adjustment (see instructions)				18,504	26.01
26.02	Demonstration payment adjustment amount after sequestration				0	26.02
27.00	Interim payments				858,378	27.00
28.00	Tentative settlement (for contractor use only)				0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)				48,314	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2				0	30.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC VACCINE COST

Provider CCN: 14-0089

Period:

Worksheet M-4

Component CCN: 14-8522

From 07/01/2022
To 06/30/2023Date/Time Prepared:
11/29/2023 2:49 pm

		Title XVIII		RHC I	Cost	
		PNEUMOCOCCAL VACCINES	INFLUENZA VACCINES	COVID-19 VACCINES	MONOCLONAL ANTI BODY PRODUCTS	
		1.00	2.00	2.01	2.02	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	491,764	491,764	491,764	491,764	1.00
2.00	Ratio of injection/infusion staff time to total health care staff time	0.000129	0.001923	0.001551	0.000000	2.00
3.00	Injection/infusion health care staff cost (line 1 x line 2)	63	946	763	0	3.00
4.00	Injections/infusions and related medical supplies costs (from your records)	1,662	3,543	33	0	4.00
5.00	Direct cost of injections/infusions (line 3 plus line 4)	1,725	4,489	796	0	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	512,442	512,442	512,442	512,442	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	591,270	591,270	591,270	591,270	7.00
8.00	Ratio of injection/infusion direct cost to total direct cost (line 5 divided by line 6)	0.003366	0.008760	0.001553	0.000000	8.00
9.00	Overhead cost - injection/infusion (line 7 x line 8)	1,990	5,180	918	0	9.00
10.00	Total injection/infusion costs and their administration costs (sum of lines 5 and 9)	3,715	9,669	1,714	0	10.00
11.00	Total number of injections/infusions (from your records)	8	119	96	0	11.00
12.00	Cost per injection/infusion (line 10/line 11)	464.38	81.25	17.85	0.00	12.00
13.00	Number of injection/infusion administered to Program beneficiaries	2	58	38	0	13.00
13.01	Number of COVID-19 vaccine injections/infusions administered to MA enrollees			0	0	13.01
14.00	Program cost of injections/infusions and their administration costs (line 12 times the sum of lines 13 and 13.01, as applicable)	929	4,713	678	0	14.00
					COST OF INJECTIONS / INFUSIONS AND ADMINISTRATION	
				1.00	2.00	
15.00	Total cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 10) (transfer this amount to Wkst. M-3, line 2)				15,098	15.00
16.00	Total Program cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 14) (transfer this amount to Wkst. M-3, line 21)				6,320	16.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC VACCINE COST

Provider CCN: 14-0089

Period:

Worksheet M-4

Component CCN: 14-8619

From 07/01/2022
To 06/30/2023Date/Time Prepared:
11/29/2023 2:49 pm

		Title XVIII		RHC II	Cost	
		PNEUMOCOCCAL VACCINES	INFLUENZA VACCINES	COVID-19 VACCINES	MONOCLONAL ANTI BODY PRODUCTS	
		1.00	2.00	2.01	2.02	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	3,914,101	3,914,101	3,914,101	3,914,101	1.00
2.00	Ratio of injection/infusion staff time to total health care staff time	0.000008	0.000549	0.000170	0.000000	2.00
3.00	Injection/infusion health care staff cost (line 1 x line 2)	31	2,149	665	0	3.00
4.00	Injections/infusions and related medical supplies costs (from your records)	623	6,431	23	0	4.00
5.00	Direct cost of injections/infusions (line 3 plus line 4)	654	8,580	688	0	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	4,104,214	4,104,214	4,104,214	4,104,214	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	4,859,777	4,859,777	4,859,777	4,859,777	7.00
8.00	Ratio of injection/infusion direct cost to total direct cost (line 5 divided by line 6)	0.000159	0.002091	0.000168	0.000000	8.00
9.00	Overhead cost - injection/infusion (line 7 x line 8)	773	10,162	816	0	9.00
10.00	Total injection/infusion costs and their administration costs (sum of lines 5 and 9)	1,427	18,742	1,504	0	10.00
11.00	Total number of injections/infusions (from your records)	3	216	67	0	11.00
12.00	Cost per injection/infusion (line 10/line 11)	475.67	86.77	22.45	0.00	12.00
13.00	Number of injection/infusion administered to Program beneficiaries	1	37	19	0	13.00
13.01	Number of COVID-19 vaccine injections/infusions administered to MA enrollees			0	0	13.01
14.00	Program cost of injections/infusions and their administration costs (line 12 times the sum of lines 13 and 13.01, as applicable)	476	3,210	427	0	14.00
					COST OF INJECTIONS / INFUSIONS AND ADMINISTRATION	
				1.00	2.00	
15.00	Total cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 10) (transfer this amount to Wkst. M-3, line 2)				21,673	15.00
16.00	Total Program cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 14) (transfer this amount to Wkst. M-3, line 21)				4,113	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-0089 Component CCN: 14-8522	Period: From 07/01/2022 To 06/30/2023	Worksheet M-5 Date/Time Prepared: 11/29/2023 2:49 pm	
			RHC I	Cost	
			Part B		
			mm/dd/yyyy	Amount	
			1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC			100,045	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero			0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				3.00
Program to Provider					
3.01				0	3.01
3.02				0	3.02
3.03				0	3.03
3.04				0	3.04
3.05				0	3.05
Provider to Program					
3.50				0	3.50
3.51				0	3.51
3.52				0	3.52
3.53				0	3.53
3.54				0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)			100,045	4.00
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				5.00
Program to Provider					
5.01				0	5.01
5.02				0	5.02
5.03				0	5.03
Provider to Program					
5.50				0	5.50
5.51				0	5.51
5.52				0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				6.00
6.01	SETTLEMENT TO PROVIDER			6,443	6.01
6.02	SETTLEMENT TO PROGRAM			0	6.02
7.00	Total Medicare program liability (see instructions)			106,488	7.00
			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-0089 Component CCN: 14-8619	Period: From 07/01/2022 To 06/30/2023	Worksheet M-5 Date/Time Prepared: 11/29/2023 2:49 pm	
		RHC II	Cost		
		Part B			
		mm/dd/yyyy	Amount		
		1.00	2.00		
1.00	Total interim payments paid to hospital-based RHC/FQHC		858,378	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00	
Program to Provider					
3.01			0	3.01	
3.02			0	3.02	
3.03			0	3.03	
3.04			0	3.04	
3.05			0	3.05	
Provider to Program					
3.50			0	3.50	
3.51			0	3.51	
3.52			0	3.52	
3.53			0	3.53	
3.54			0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		858,378	4.00	
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00	
Program to Provider					
5.01			0	5.01	
5.02			0	5.02	
5.03			0	5.03	
Provider to Program					
5.50			0	5.50	
5.51			0	5.51	
5.52			0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00	
6.01	SETTLEMENT TO PROVIDER		48,314	6.01	
6.02	SETTLEMENT TO PROGRAM		0	6.02	
7.00	Total Medicare program liability (see instructions)		906,692	7.00	
		Contractor Number	NPR Date (Mo/Day/Yr)		
		0	1.00 2.00		
8.00	Name of Contractor			8.00	