

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: 14-0110	Period: From 10/01/2022 To 09/30/2023	Worksheet S Parts I-III Date/Time Prepared: 2/20/2024 3:40 pm
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## PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 2/20/2024	Time: 3:40 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 OTTAWA REGIONAL HOSPITAL & HEALTHCARE ( 14-0110 ) for the cost reporting period beginning 10/01/2022 and ending 09/30/2023 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

		Title V		Title XVIII		HIT	Title XIX	
		1.00	2.00	Part A	Part B			
PART III - SETTLEMENT SUMMARY								
1.00	HOSPITAL	0	54,842		-52,976	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
10.00	RURAL HEALTH CLINIC (RHC) I	0			12,066		0	10.00
10.01	RURAL HEALTH CLINIC (RHC) II	0			251,244		0	10.01
10.02	RURAL HEALTH CLINIC (RHC) III	0			21,129		0	10.02
200.00	TOTAL	0	54,842		231,463	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: 14-0110		Period: From 10/01/2022 To 09/30/2023		Worksheet S-2 Part I Date/Time Prepared: 2/20/2024 3:40 pm	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1100 EAST NORRIS DRIVE			PO Box:				1.00		
2.00	City: OTTAWA			State: IL		Zip Code: 61350		County: LA SALLE		
		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		OTTAWA REGIONAL HOSPITAL & HEALTHCARE	140110	99914	1	07/01/1966	N	P	O
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC		OTTAWA REGIONAL HOSP-MARSEILLES	148649	99914		03/07/2023	N	O	O
15.01	Hospital-Based Health Clinic - RHC II		OTTAWA REGIONAL HOSP-OTTAWA	148655	99914		03/08/2023	N	O	N
15.02	Hospital-Based Health Clinic - RHC III		OTTAWA REGIONAL HOSP-SOUTH	148652	99914		03/02/2023	N	O	N
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2022	09/30/2023		20.00
21.00	Type of Control (see instructions)						1			21.00
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim UCPS, including supplemental UCPS, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		N	22.03
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)									
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet S-2  
Part I  
Date/Time Prepared:  
2/20/2024 3:40 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.	1,071	978	0	0	3,401	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.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					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
<b>Prospective Payment System (PPS)-Capital</b>							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	N	N
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
<b>Teaching Hospitals</b>							
56.00 Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N		
57.00 For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.					N		
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet S-2  
Part I  
Date/Time Prepared:  
2/20/2024 3:40 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			
62.00	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: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet S-2  
Part I  
Date/Time Prepared:  
2/20/2024 3:40 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: 14-0110	Period: From 10/01/2022 To 09/30/2023	Worksheet S-2 Part I Date/Time Prepared: 2/20/2024 3:40 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)?			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.			N 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: 14-0110	Period: From 10/01/2022 To 09/30/2023	Worksheet S-2 Part I Date/Time Prepared: 2/20/2024 3:40 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	N	98.06	
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N
					1.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N
					1.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.				N
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0110	Period: From 10/01/2022 To 09/30/2023	Worksheet S-2 Part I Date/Time Prepared: 2/20/2024 3:40 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	444,235	0	647,327
		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	Y	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.	Y	N	123.00
<b>Certified Transplant Center Information</b>				
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
<b>All Providers</b>				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB1728	140.00
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name: OSF HEALTHCARE SYSTEM	Contractor's Name: WPS	Contractor's Number: 00131	141.00
142.00	Street: 124 SW ADAMS	PO Box:		142.00
143.00	City: PEORIA	State: IL	Zip Code: 61602	143.00
				1.00
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00
		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0110		Period: From 10/01/2022 To 09/30/2023		Worksheet S-2 Part I Date/Time Prepared: 2/20/2024 3:40 pm		
						1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N		155.00	
156.00	Subprovider - IPF	N	N	N	N		156.00	
157.00	Subprovider - IRF	N	N	N	N		157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF	N	N	N	N		159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N		160.00	
161.00	CMHC		N	N	N		161.00	
						1.00		
Multicampus								
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	
						1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00
		Beginning	Ending					
		1.00	2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
		1.00	2.00					
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0110		Period: From 10/01/2022 To 09/30/2023		Worksheet S-2 Part II Date/Time Prepared: 2/20/2024 3:40 pm	
				Y/N	Date		
				1.00	2.00		
<b>PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE</b>							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date	V/I			
		1.00	2.00	3.00			
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type	Date			
		1.00	2.00	3.00			
<b>Financial Data and Reports</b>							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
				Y/N	Legal Oper.		
				1.00	2.00		
<b>Approved Educational Activities</b>							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
<b>Bad Debts</b>							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			Y			13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.			N			14.00
<b>Bed Complement</b>							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
<b>PS&amp;R Data</b>							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/13/2023	Y	12/13/2023		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		Y			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: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet S-2  
Part II  
Date/Time Prepared:  
2/20/2024 3:40 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 relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REBECCA	ROBINSON		41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	309-624-7644	REBECCA. C. ROBINSON@OSFHEALTHCARE.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0110	Period: From 10/01/2022 To 09/30/2023	Worksheet S-2 Part II Date/Time Prepared: 2/20/2024 3:40 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	STRATEGIC REIMBURSEMENT CONSULTANT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet S-3  
Part I  
Date/Time Prepared:  
2/20/2024 3:40 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P	
	Line No.				Visits / Trips	
	1.00	2.00	3.00	4.00	5.00	
PART I - STATISTICAL DATA						
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	84	30,660	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		84	30,660	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	5	1,825	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		89	32,485	0.00	0	14.00
15.00 CAH visits					0	15.00
15.10 REH hours and visits						15.10
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC (RHC)	88.00				0	26.00
26.01 RURAL HEALTH CLINIC (RHC)	88.01				0	26.01
26.02 RURAL HEALTH CLINIC (RHC)	88.02				0	26.02
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		89				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01
34.00 Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	34.00

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet S-3  
Part I  
Date/Time Prepared:  
2/20/2024 3:40 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	4,081	929	13,631		1.00
2.00	HMO and other (see instructions)	2,674	4,379			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	0	0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	4,081	929	13,631		7.00
8.00	INTENSIVE CARE UNIT	553	83	1,205		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		59	860		13.00
14.00	Total (see instructions)	4,634	1,071	15,696	0.00	561.08
15.00	CAH visits	0	0	0		
15.10	REH hours and visits					
16.00	SUBPROVIDER - IPF					
17.00	SUBPROVIDER - IRF					
18.00	SUBPROVIDER					
19.00	SKILLED NURSING FACILITY					
20.00	NURSING FACILITY					
21.00	OTHER LONG TERM CARE					
22.00	HOME HEALTH AGENCY					
23.00	AMBULATORY SURGICAL CENTER (D.P.)					
24.00	HOSPICE					
24.10	HOSPICE (non-distinct part)			0		
25.00	CMHC - CMHC					
26.00	RURAL HEALTH CLINIC (RHC)	600	354	2,373	0.00	3.51
26.01	RURAL HEALTH CLINIC (RHC)	3,914	3,881	17,986	0.00	29.88
26.02	RURAL HEALTH CLINIC (RHC)	1,904	2,888	13,983	0.00	15.13
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				0.00	609.60
28.00	Observation Bed Days		726	3,028		
29.00	Ambulance Trips	0				
30.00	Employee discount days (see instruction)			0		
31.00	Employee discount days - IRF			0		
32.00	Labor & delivery days (see instructions)	0	51	104		
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		
33.00	LTCH non-covered days	0				
33.01	LTCH site neutral days and discharges	0				
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0		

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet S-3  
Part I  
Date/Time Prepared:  
2/20/2024 3:40 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
<b>PART I - STATISTICAL DATA</b>						
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,231	136	3,828	1.00
2.00 HMO and other (see instructions)			615	986		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,231	136	3,828	14.00
15.00 CAH visits						15.00
15.10 REH hours and visits						15.10
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC (RHC)	0.00					26.00
26.01 RURAL HEALTH CLINIC (RHC)	0.00					26.01
26.02 RURAL HEALTH CLINIC (RHC)	0.00					26.02
26.25 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: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet S-3  
Part II  
Date/Time Prepared:  
2/20/2024 3:40 pm

		Wkst. A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Wkst. A-6)	Adj usted Salaries (col . 2 ± col . 3)	Pai d Hours Related to Salaries in col . 4	Average Hourl y 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	53, 374, 563	698, 110	54, 072, 673	1, 268, 036. 00	42. 64	1. 00
2. 00	Non-physici an anesthetist Part A		0	0	0	0. 00	0. 00	2. 00
3. 00	Non-physici an anesthetist Part B		1, 311, 454	0	1, 311, 454	8, 606. 00	152. 39	3. 00
4. 00	Physici an-Part A - Administrative		129, 002	0	129, 002	603. 00	213. 93	4. 00
4. 01	Physici ans - Part A - Teaching		0	0	0	0. 00	0. 00	4. 01
5. 00	Physici an and Non Physici an-Part B		3, 754, 894	0	3, 754, 894	24, 845. 00	151. 13	5. 00
6. 00	Non-physici an-Part B for hospital -based RHC and FQHC services		5, 142, 742	-1, 141, 710	4, 001, 032	71, 047. 00	56. 32	6. 00
7. 00	Interns & residents (in an approved program)	21. 00	0	0	0	0. 00	0. 00	7. 00
7. 01	Contracted interns and residents (in an approved programs)		0	0	0	0. 00	0. 00	7. 01
8. 00	Home office and/or related organization personnel		0	0	0	0. 00	0. 00	8. 00
9. 00	SNF	44. 00	0	0	0	0. 00	0. 00	9. 00
10. 00	Excluded area salaries (see instructions)		73, 046	1, 238, 285	1, 311, 331	30, 944. 00	42. 38	10. 00
	OTHER WAGES & RELATED COSTS							
11. 00	Contract labor: Direct Patient Care		203, 902	0	203, 902	2, 134. 00	95. 55	11. 00
12. 00	Contract labor: Top level management and other management and administrative services		0	0	0	0. 00	0. 00	12. 00
13. 00	Contract labor: Physi ci an-Part A - Administrative		158, 865	0	158, 865	1, 361. 00	116. 73	13. 00
14. 00	Home office and/or related organization salaries and wage-related costs		0	0	0	0. 00	0. 00	14. 00
14. 01	Home office salaries		11, 094, 534	0	11, 094, 534	272, 287. 00	40. 75	14. 01
14. 02	Related organization salaries		0	0	0	0. 00	0. 00	14. 02
15. 00	Home office: Physi ci an Part A - Administrative		0	0	0	0. 00	0. 00	15. 00
16. 00	Home office and Contract Physicians Part A - Teaching		0	0	0	0. 00	0. 00	16. 00
16. 01	Home office Physi ci ans Part A - Teaching		0	0	0	0. 00	0. 00	16. 01
16. 02	Home office contract Physicians Part A - Teaching		0	0	0	0. 00	0. 00	16. 02
	WAGE-RELATED COSTS							
17. 00	Wage-related costs (core) (see instructions)		11, 783, 810	0	11, 783, 810			17. 00
18. 00	Wage-related costs (other) (see instructions)							18. 00
19. 00	Excluded areas		335, 471	0	335, 471			19. 00
20. 00	Non-physici an anesthetist Part A		0	0	0			20. 00
21. 00	Non-physici an anesthetist Part B		147, 743	0	147, 743			21. 00
22. 00	Physici an Part A - Administrative		10, 470	0	10, 470			22. 00
22. 01	Physici an Part A - Teaching		0	0	0			22. 01
23. 00	Physici an Part B		425, 353	0	425, 353			23. 00
24. 00	Wage-related costs (RHC/FQHC)		863, 394	0	863, 394			24. 00
25. 00	Interns & residents (in an approved program)		0	0	0			25. 00
25. 50	Home office wage-related (core)		4, 572, 874	0	4, 572, 874			25. 50
25. 51	Related organization wage-related (core)		0	0	0			25. 51
25. 52	Home office: Physi ci an Part A - Administrative - wage-related (core)		0	0	0			25. 52



## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet S-3  
Part II  
Date/Time Prepared:  
2/20/2024 3:40 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	626,396	-626,372	24	2.00	12.00	26.00
27.00	Administrative & General	5.00	1,805,669	2,469	1,808,138	38,022.00	47.56	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	4,351.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,384,716	32,143	1,416,859	48,242.00	29.37	30.00
31.00	Laundry & Linen Service	8.00	43,339	1,006	44,345	2,341.00	18.94	31.00
32.00	Housekeeping	9.00	1,307,656	30,811	1,338,467	64,745.00	20.67	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	926,541	-563,957	362,584	16,117.00	22.50	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	582,553	582,553	27,295.00	21.34	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,403,320	39,983	1,443,303	30,450.00	47.40	38.00
39.00	Central Services and Supply	14.00	478,453	11,106	489,559	20,899.00	23.42	39.00
40.00	Pharmacy	15.00	1,021,095	24,467	1,045,562	23,496.00	44.50	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	91,147	2,116	93,263	1,812.00	51.47	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet S-3  
Part III  
Date/Time Prepared:  
2/20/2024 3:40 pm

	Worksheet A Line Number	Amount Reported	Reclassification 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)	43,165,473	1,839,820	45,005,293	1,167,889.00	38.54	1.00
2.00	Excluded area salaries (see instructions)	73,046	1,238,285	1,311,331	30,944.00	42.38	2.00
3.00	Subtotal salaries (line 1 minus line 2)	43,092,427	601,535	43,693,962	1,136,945.00	38.43	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,457,301	0	11,457,301	275,782.00	41.54	4.00
5.00	Subtotal wage-related costs (see inst.)	16,367,154	0	16,367,154	0.00	37.46	5.00
6.00	Total (sum of lines 3 thru 5)	70,916,882	601,535	71,518,417	1,412,727.00	50.62	6.00
7.00	Total overhead cost (see instructions)	9,088,332	-463,675	8,624,657	277,772.00	31.05	7.00

## HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet S-3  
Part IV  
Date/Time Prepared:  
2/20/2024 3:40 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,962,823	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)	6,963,407	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	70,836	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	531,258	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	3,766,172	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	11	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	271,634	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	13,566,141	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: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet S-3  
Part V  
Date/Time Prepared:  
2/20/2024 3:40 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	203,902	13,566,141	1.00
2.00	Hospital	203,902	13,566,141	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
14.01	Hospital-Based Health Clinic RHC 1	0	0	14.01
14.02	Hospital-Based Health Clinic RHC 2	0	0	14.02
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I			17.00
18.00	Other	0	0	18.00

## HOSPITAL-BASED RHC/FQHC STATISTICAL DATA

Provider CCN: 14-0110

Period:

Worksheet S-8

Component CCN: 14-8649

From 10/01/2022

Date/Time Prepared:

To 09/30/2023

2/20/2024 3:40 pm

		RHC I		Cost	
		1.00			
1.00	Clinic Address and Identification				
	Street		102 11TH ST		1.00
	City		State	ZIP Code	
	1.00		2.00	3.00	
2.00	City, State, ZIP Code, County		MARSEILLES IL 61341-1048		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	
4.00	Source of Federal Funds				4.00
5.00	Community Health Center (Section 330(d), PHS Act)				5.00
6.00	Migrant Health Center (Section 329(d), PHS Act)				6.00
7.00	Health Services for the Homeless (Section 340(d), PHS Act)				7.00
8.00	Appalachian Regional Commission				8.00
9.00	Look-Alikes				9.00
9.00	OTHER (SPECIFY)				9.00
		1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)		N 0		10.00
		Sunday		Monday	Tuesday
		from	to	from	to
		1.00	2.00	3.00	4.00
		5.00			
11.00	Facility hours of operations (1)				
	CLINIC		08:00	17:00	08:00
		1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?		N		12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.		N 0		13.00
		Provider name		CCN	
		1.00		2.00	
14.00	RHC/FQHC name, CCN				14.00
		Y/N	V	XVIII	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		LASALLE		2.00
		Tuesday	Wednesday	Thursday	
		to	from	to	from
		6.00	7.00	8.00	9.00
		10.00			
11.00	Facility hours of operations (1)				
	CLINIC		17:00	08:00	12:00
			08:00	17:00	

Health Financial Systems		OTTAWA REGIONAL HOSPITAL & HEALTHCARE				In Lieu of Form CMS-2552-10			
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA				Provider CCN: 14-0110		Period: 10/01/2022		Worksheet S-8	
				Component CCN: 14-8649		To 09/30/2023		Date/Time Prepared: 2/20/2024 3:40 pm	
						RHC I		Cost	
				Friday		Saturday			
				from	to	from	to		
				11.00	12.00	13.00	14.00		
Facility hours of operations (1)									
11.00	CLINIC	08:00	17:00						11.00

## HOSPITAL-BASED RHC/FQHC STATISTICAL DATA

 Provider CCN: 14-0110  
 Component CCN: 14-8655

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

Worksheet S-8

 Date/Time Prepared:  
 2/20/2024 3:40 pm

				RHC II		Cost	
				1.00			
1.00	Clinic Address and Identification			1614 E NORRIS DR.		1.00	
	Street						
	City			State		ZIP Code	
	1.00			2.00		3.00	
2.00	City, State, ZIP Code, County			OTTAWA IL 61350		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	
4.00	Source of Federal Funds					4.00	
5.00	Community Health Center (Section 330(d), PHS Act)					5.00	
6.00	Migrant Health Center (Section 329(d), PHS Act)					6.00	
7.00	Health Services for the Homeless (Section 340(d), PHS Act)					7.00	
8.00	Appalachian Regional Commission					8.00	
9.00	Look-Alikes					9.00	
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)			08:00		08:00	
11.00	CLINIC			17:00		11.00	
				1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?			N		12.00	
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.			N		0 13.00	
				Provider name		CCN	
				1.00		2.00	
14.00	RHC/FQHC name, CCN					14.00	
				Y/N		V	
				1.00		2.00	
				XVIII		XIX	
				3.00		4.00	
				Total Visits		5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)					15.00	
				County			
				4.00			
2.00	City, State, ZIP Code, County			LASALLE		2.00	
				Tuesday		Wednesday	
				to		from to	
				6.00 7.00		8.00 9.00	
				Thursday		to	
				9.00 10.00			
11.00	Facility hours of operations (1)			17:00		17:00	
11.00	CLINIC			08:00		17:00	

Health Financial Systems		OTTAWA REGIONAL HOSPITAL & HEALTHCARE		In Lieu of Form CMS-2552-10	
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA			Provider CCN: 14-0110	Period: From 10/01/2022	Worksheet S-8
			Component CCN: 14-8655	To 09/30/2023	Date/Time Prepared: 2/20/2024 3:40 pm
			RHC II		Cost
			Friday		Saturday
			from	to	from
			11.00	12.00	13.00
Facility hours of operations (1)					
11.00	CLINIC	08:00	17:00		11.00



## HOSPITAL-BASED RHC/FQHC STATISTICAL DATA

 Provider CCN: 14-0110  
 Component CCN: 14-8652

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

Worksheet S-8

 Date/Time Prepared:  
 2/20/2024 3:40 pm

				RHC III		Cost	
				1.00			
1.00	Clinic Address and Identification			1640 1ST AVENUE		1.00	
	Street						
	City			State		ZIP Code	
	1.00			2.00		3.00	
2.00	City, State, ZIP Code, County			OTTAWA IL		61350-9214 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	
4.00	Source of Federal Funds					4.00	
5.00	Community Health Center (Section 330(d), PHS Act)					5.00	
6.00	Migrant Health Center (Section 329(d), PHS Act)					6.00	
7.00	Health Services for the Homeless (Section 340(d), PHS Act)					7.00	
8.00	Appalachian Regional Commission					8.00	
9.00	Look-Alikes					9.00	
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 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)			08:00 20:00		08:00 11.00	
11.00	CLINIC			08:00 20:00		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	
				1.00		2.00	
				XVIII		XIX	
				3.00		4.00	
				Total Visits		5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)					15.00	
				County			
				4.00			
2.00	City, State, ZIP Code, County			LASALLE		2.00	
				Tuesday		Wednesday	
				to		from to	
				6.00 7.00		8.00 9.00	
				Thursday		to	
				9.00 10.00			
11.00	Facility hours of operations (1)			20:00 08:00		20:00 11.00	
11.00	CLINIC			20:00 08:00		20:00 11.00	

Health Financial Systems		OTTAWA REGIONAL HOSPITAL & HEALTHCARE				In Lieu of Form CMS-2552-10	
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA				Provider CCN: 14-0110		Period: From 10/01/2022	Worksheet S-8
				Component CCN: 14-8652		To 09/30/2023	Date/Time Prepared: 2/20/2024 3:40 pm
				RHC III		Cost	
		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
Facility hours of operations (1)							
11.00	CLINIC	08:00	20:00	08:00	20:00		11.00

## HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet S-10  
Parts I & II  
Date/Time Prepared:  
2/20/2024 3:40 pm

			1.00	
PART I - HOSPITAL AND HOSPITAL COMPLEX DATA				
Uncompensated and Indigent Care Cost-to-Charge Ratio				
1.00	Cost to charge ratio (see instructions)		0.196032	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		18,645,689	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		127,948,305	6.00
7.00	Medicaid cost (line 1 times line 6)		25,081,962	7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)		6,436,273	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		6,436,273	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated care cost (see instructions for each line)				
20.00	Charity care charges and uninsured discounts (see instructions)	6,921,778	1,137,925	8,059,703
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,356,890	1,137,925	2,494,815
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (see instructions)	1,356,890	1,137,925	2,494,815
			1.00	
24.00	Does the amount on line 20 col. 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
25.01	Charges for insured patients' liability (see instructions)		0	25.01
26.00	Bad debt amount (see instructions)		4,679,802	26.00
27.00	Medicare reimbursable bad debts (see instructions)		280,234	27.00
27.01	Medicare allowable bad debts (see instructions)		431,130	27.01
28.00	Non-Medicare bad debt amount (see instructions)		4,248,672	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		983,772	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		3,478,587	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		9,914,860	31.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0110	Period: From 10/01/2022 To 09/30/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 2/20/2024 3:40 pm
				1.00
<b>PART II - HOSPITAL DATA</b>				
<b>Uncompensated and Indigent Care Cost-to-Charge Ratio</b>				
1.00	Cost to charge ratio (see instructions)		0.184192	1.00
<b>Medicaid (see instructions for each line)</b>				
2.00	Net revenue from Medicaid			2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			5.00
6.00	Medicaid charges			6.00
7.00	Medicaid cost (line 1 times line 6)			7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)			8.00
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>				
9.00	Net revenue from stand-alone CHIP			9.00
10.00	Stand-alone CHIP charges			10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)			12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			14.00
15.00	State or local indigent care program cost (line 1 times line 14)			15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)			16.00
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>				
17.00	Private grants, donations, or endowment income restricted to funding charity care			17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
<b>Uncompensated care cost (see instructions for each line)</b>				
20.00	Charity care charges and uninsured discounts (see instructions)	6,921,778	1,137,925	8,059,703
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,274,936	1,137,925	2,412,861
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (see instructions)	1,274,936	1,137,925	2,412,861
				1.00
24.00	Does the amount on line 20 col. 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
25.01	Charges for insured patients' liability (see instructions)		0	25.01
26.00	Bad debt amount (see instructions)		4,679,802	26.00
27.00	Medicare reimbursable bad debts (see instructions)		280,234	27.00
27.01	Medicare allowable bad debts (see instructions)		431,130	27.01
28.00	Non-Medicare bad debt amount (see instructions)		4,248,672	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		933,467	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		3,346,328	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		3,346,328	31.00

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0110

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

Worksheet A

Date/Time Prepared:  
2/20/2024 3:40 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		2,748,308	2,748,308	812,409	3,560,717	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,504,686	1,504,686	788,204	2,292,890	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	626,396	13,874,044	14,500,440	-740,059	13,760,381	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,805,669	29,069,174	30,874,843	-2,574,862	28,299,981	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	306,522	306,522	0	306,522	6.00
7.00	00700	OPERATION OF PLANT	1,384,716	3,850,660	5,235,376	-941,206	4,294,170	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	43,339	400,552	443,891	1,006	444,897	8.00
9.00	00900	HOUSEKEEPING	1,307,656	401,827	1,709,483	30,354	1,739,837	9.00
10.00	01000	DIETARY	926,541	749,128	1,675,669	-1,032,052	643,617	10.00
11.00	01100	CAFETERIA	0	0	0	1,053,559	1,053,559	11.00
13.00	01300	NURSING ADMINISTRATION	1,403,320	51,775	1,455,095	36,737	1,491,832	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	478,453	223,524	701,977	-122,826	579,151	14.00
15.00	01500	PHARMACY	1,021,095	546,526	1,567,621	23,702	1,591,323	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	636	636	192,710	193,346	16.00
17.00	01700	SOCIAL SERVICE	91,147	71,890	163,037	1,172,133	1,335,170	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,784,198	3,597,241	13,381,439	-987,178	12,394,261	30.00
31.00	03100	INTENSIVE CARE UNIT	1,200,870	285,579	1,486,449	36,888	1,523,337	31.00
43.00	04300	NURSERY	0	0	0	485,229	485,229	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,584,515	3,897,964	5,482,479	-2,806,854	2,675,625	50.00
51.00	05100	RECOVERY ROOM	1,084,928	106,573	1,191,501	34,816	1,226,317	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	959	0	959	657,562	658,521	52.00
53.00	05300	ANESTHESIOLOGY	3,178,796	289,663	3,468,459	19,996	3,488,455	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,575,911	2,180,300	5,756,211	1,415,653	7,171,864	54.00
56.00	05600	RADIOISOTOPE	161,107	238,915	400,022	3,740	403,762	56.00
57.00	05700	CT SCAN	589,602	287,750	877,352	13,686	891,038	57.00
58.00	05800	MRI	371,115	209,245	580,360	7,854	588,214	58.00
60.00	06000	LABORATORY	3,167,220	3,423,760	6,590,980	334,300	6,925,280	60.00
65.00	06500	RESPIRATORY THERAPY	877,251	215,243	1,092,494	29,307	1,121,801	65.00
66.00	06600	PHYSICAL THERAPY	2,499,296	142,241	2,641,537	95,964	2,737,501	66.00
67.00	06700	OCCUPATIONAL THERAPY	340,491	6,489	346,980	50,765	397,745	67.00
68.00	06800	SPEECH PATHOLOGY	121,600	4,937	126,537	18,454	144,991	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	229,692	229,692	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,515	7,515	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	-140,899	-140,899	2,135,263	1,994,364	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,391,045	1,391,045	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,819,504	5,819,504	185,551	6,005,055	73.00
75.00	07500	ASC (NON-DISTINCT PART)	2,094,980	1,228,905	3,323,885	-1,217,702	2,106,183	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,079,571	186,321	3,265,892	77,704	3,343,596	76.01
76.02	03610	SLEEP LAB	163,740	68,099	231,839	197,815	429,654	76.02
76.97	07697	CARDIAC REHABILITATION	235,705	14,736	250,441	880,688	1,131,129	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	426,788	215,142	641,930	-165,124	476,806	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	2,902,726	1,243,677	4,146,403	-1,186,004	2,960,399	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	1,813,227	674,563	2,487,790	-591,580	1,896,210	88.02
90.00	09000	CLINIC	361,299	506,572	867,871	-177,447	690,424	90.00
91.00	09100	EMERGENCY	4,597,290	4,201,004	8,798,294	-149,176	8,649,118	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	53,301,517	82,702,776	136,004,293	-271,769	135,732,524	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	91,227	91,227	0	91,227	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	24	1,906,563	1,906,587	1,242,038	3,148,625	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	0	194.00
194.01	07951	OTHER NRCC	73,022	1,107,501	1,180,523	-970,269	210,254	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	53,374,563	85,808,067	139,182,630	0	139,182,630	200.00

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet A  
Date/Time Prepared:  
2/20/2024 3:40 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	555,801	4,116,518	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,611,724	3,904,614	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-725,027	13,035,354	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-3,998,931	24,301,050	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	306,522	6.00
7.00	00700	OPERATION OF PLANT	-43,584	4,250,586	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	444,897	8.00
9.00	00900	HOUSEKEEPING	-71	1,739,766	9.00
10.00	01000	DIETARY	0	643,617	10.00
11.00	01100	CAFETERIA	-342,011	711,548	11.00
13.00	01300	NURSING ADMINISTRATION	1,146,065	2,637,897	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-3,700	575,451	14.00
15.00	01500	PHARMACY	-1,800	1,589,523	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	99,978	293,324	16.00
17.00	01700	SOCIAL SERVICE	207,017	1,542,187	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-2,543,892	9,850,369	30.00
31.00	03100	INTENSIVE CARE UNIT	-5,456	1,517,881	31.00
43.00	04300	NURSERY	0	485,229	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	2,675,625	50.00
51.00	05100	RECOVERY ROOM	0	1,226,317	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	658,521	52.00
53.00	05300	ANESTHESIOLOGY	-3,080,145	408,310	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,038,416	6,133,448	54.00
56.00	05600	RADIOISOTOPE	-450	403,312	56.00
57.00	05700	CT SCAN	0	891,038	57.00
58.00	05800	MRI	-200	588,014	58.00
60.00	06000	LABORATORY	-85,760	6,839,520	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,121,801	65.00
66.00	06600	PHYSICAL THERAPY	4,638	2,742,139	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,013	398,758	67.00
68.00	06800	SPEECH PATHOLOGY	-702	144,289	68.00
69.00	06900	ELECTROCARDIOLOGY	0	229,692	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,515	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,994,364	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,391,045	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-348,034	5,657,021	73.00
75.00	07500	ASC (NON-DISTINCT PART)	-104	2,106,079	75.00
76.00	03160	STRESS TESTING	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-1,648,755	1,694,841	76.01
76.02	03610	SLEEP LAB	0	429,654	76.02
76.97	07697	CARDIAC REHABILITATION	-2,550	1,128,579	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	476,806	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	44,537	3,004,936	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	3,742	1,899,952	88.02
90.00	09000	CLINIC	-75,635	614,789	90.00
91.00	09100	EMERGENCY	-3,067,174	5,581,944	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-13,337,882	122,394,642	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	91,227	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,148,625	192.00
194.00	07950	CARDINAL SLEEP	0	0	194.00
194.01	07951	OTHER NRCC	0	210,254	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-13,337,882	125,844,748	200.00

## RECLASSIFICATIONS

Provider CCN: 14-0110

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

Worksheet A-6

Date/Time Prepared:  
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	112,700		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	0		0	112,700		
	B - ALTERNATIVE BIRTH CTR					
1.00	NURSERY	43.00	383,090	102,139		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	637,333	169,924		2.00
	0		1,020,423	272,063		
	C - EKG HOLTER, STRESS, EEG					
1.00	ELECTROCARDIOLOGY	69.00	229,692	0		1.00
2.00	ELECTROENCEPHALOGRAPHY	70.00	7,515	0		2.00
3.00	CARDIAC REHABILITATION	76.97	361,024	512,542		3.00
	0		598,231	512,542		
	D - OTHER BENEFITS					
1.00	ADMINISTRATIVE & GENERAL	5.00	34,298	0		1.00
2.00	OPERATION OF PLANT	7.00	19,991	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	626	0		3.00
4.00	HOUSEKEEPING	9.00	19,670	0		4.00
5.00	DIETARY	10.00	13,443	0		5.00
6.00	NURSING ADMINISTRATION	13.00	20,926	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	6,907	0		7.00
8.00	PHARMACY	15.00	15,506	0		8.00
9.00	SOCIAL SERVICE	17.00	1,316	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	141,316	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	17,536	0		11.00
12.00	OPERATING ROOM	50.00	22,875	0		12.00
13.00	RECOVERY ROOM	51.00	15,663	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	14	0		14.00
15.00	ANESTHESIOLOGY	53.00	45,892	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	52,426	0		16.00
17.00	RADIOISOTOPE	56.00	2,326	0		17.00
18.00	CT SCAN	57.00	9,277	0		18.00
19.00	MRI	58.00	5,358	0		19.00
20.00	LABORATORY	60.00	46,489	0		20.00
21.00	RESPIRATORY THERAPY	65.00	12,665	0		21.00
22.00	PHYSICAL THERAPY	66.00	36,935	0		22.00
23.00	OCCUPATIONAL THERAPY	67.00	4,916	0		23.00
24.00	SPEECH PATHOLOGY	68.00	1,756	0		24.00
25.00	ASC (NON-DISTINCT PART)	75.00	30,508	0		25.00
26.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	44,459	0		26.00
27.00	SLEEP LAB	76.02	2,364	0		27.00
28.00	CARDIAC REHABILITATION	76.97	4,167	0		28.00
29.00	RURAL HEALTH CLINIC (RHC)	88.00	4,683	0		29.00
30.00	RURAL HEALTH CLINIC (RHC)	88.01	31,849	0		30.00
31.00	RURAL HEALTH CLINIC (RHC)	88.02	20,418	0		31.00
32.00	CLINIC	90.00	5,216	0		32.00
33.00	EMERGENCY	91.00	66,440	0		33.00
34.00	PHYSICIANS' PRIVATE OFFICES	192.00	17,296	0		34.00
35.00	OTHER NRCC	194.01	1,054	0		35.00
	0		776,581	0		
	E - MINISTRY ALLOCATIONS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	651,361		1.00
2.00	OPERATION OF PLANT	7.00	0	350,894		2.00
3.00	SOCIAL SERVICE	17.00	0	1,170,017		3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0	153,790		4.00
5.00	PHYSICAL THERAPY	66.00	0	81,780		5.00
6.00	OCCUPATIONAL THERAPY	67.00	0	10,742		6.00
7.00	SPEECH PATHOLOGY	68.00	0	3,918		7.00
	0		0	2,422,502		
	F - C-SECTION					
1.00	OPERATING ROOM	50.00	118,202	31,515		1.00
	0		118,202	31,515		
	G - MOB HOSPITAL STORAGE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	28,376		1.00
	0		0	28,376		
	H - SALARY RECLASS					
1.00	OTHER NRCC	194.01	0	28,031		1.00
2.00		0.00	0	0		2.00
	0		0	28,031		

## RECLASSIFICATIONS

Provider CCN: 14-0110

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

Worksheet A-6

Date/Time Prepared:  
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		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
		I - NORRIS BUILDING OVERHEAD				
1.00	OTHER CAP REL COSTS	3.00	0	71,429		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	91,643		2.00
3.00	OPERATION OF PLANT	7.00	0	21,399		3.00
4.00	CLINIC	90.00	0	13,805		4.00
	0		0	198,276		
	J - MERCURY CIRCLE BUILDING					
1.00	SLEEP LAB	76.02	0	118,623		1.00
	0		0	118,623		
	K - RADIOLOGY SPACE					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,333		1.00
	0		0	2,333		
	L - MED SUPPLIES SOLD IMPLANTS AND DRUGS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,024,957		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	2,024,957		
	M - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,391,045		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	0		0	1,391,045		
	N - DRUG CHARGES TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	31,761		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	0		0	31,761		
	O - PHYSICIAN COST					
1.00	ADULTS & PEDIATRICS	30.00	47,951	0		1.00
	0		47,951	0		
	P - DISABILITY RECLASS					
1.00	HOUSEKEEPING	9.00	0	335		1.00
2.00	DIETARY	10.00	0	2,978		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	19,742		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	1,101		4.00
5.00	OPERATING ROOM	50.00	0	1,728		5.00
6.00	RECOVERY ROOM	51.00	0	4,508		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,271		7.00
8.00	RADIOISOTOPE	56.00	0	1,318		8.00
9.00	CT SCAN	57.00	0	262		9.00
10.00	LABORATORY	60.00	0	528		10.00
11.00	RESPIRATORY THERAPY	65.00	0	3,684		11.00
12.00	PHYSICAL THERAPY	66.00	178	0		12.00
13.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	2,756		13.00
14.00	EMERGENCY	91.00	0	9,940		14.00
	0		178	54,151		
	R - STREATOR EXPENSES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	540,298		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	649,660		2.00
3.00	OTHER CAP REL COSTS	3.00	0	85,460		3.00
4.00	OPERATION OF PLANT	7.00	0	277,200		4.00
5.00	SLEEP LAB	76.02	0	75,391		5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	26,139		6.00
7.00	OTHER NRCC	194.01	0	40,249		7.00
8.00	OTHER CAP REL COSTS	3.00	0	20,544		8.00
9.00		0.00	0	0		9.00
	0		0	1,714,941		
	S - PCI/HTM COST					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,353,791		1.00
2.00	LABORATORY	60.00	0	260,781		2.00
	0		0	1,614,572		
	T - REHAB ADMINISTRATION					
1.00	OCCUPATIONAL THERAPY	67.00	31,704	415		1.00
2.00	SPEECH PATHOLOGY	68.00	11,562	151		2.00
	0		43,266	566		
	U - MEDICAL RECORDS RECLASS					
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	192,536		1.00
	0		0	192,536		



## RECLASSIFICATIONS

Provider CCN: 14-0110

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

Worksheet A-6

Date/Time Prepared:  
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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	V - PROPERTY TAX				
1.00	OTHER CAP REL COSTS	3.00	0	120,522	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	0		0	120,522	
	W - CAFETERIA				
1.00	CAFETERIA	11.00	582,553	471,006	1.00
	0		582,553	471,006	
	Y - MINISTRY OSFMG OVERHEAD				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	744,448	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
	0		0	744,448	
	Z - FOUNDATION EXP RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,014,471	1.00
2.00	NURSING ADMINISTRATION	13.00	0	351	2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	174	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	750	4.00
	0		0	1,015,746	
	AA - TEAM AWARDS				
1.00	ADMINISTRATIVE & GENERAL	5.00	16,122	0	1.00
2.00	OPERATION OF PLANT	7.00	12,152	0	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	380	0	3.00
4.00	HOUSEKEEPING	9.00	11,476	0	4.00
5.00	DIETARY	10.00	8,131	0	5.00
6.00	NURSING ADMINISTRATION	13.00	19,057	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	4,199	0	7.00
8.00	PHARMACY	15.00	8,961	0	8.00
9.00	SOCIAL SERVICE	17.00	800	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	142,897	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	19,551	0	11.00
12.00	OPERATING ROOM	50.00	24,638	0	12.00
13.00	RECOVERY ROOM	51.00	19,153	0	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	8	0	14.00
15.00	ANESTHESIOLOGY	53.00	30,649	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	36,885	0	16.00
17.00	RADIOISOTOPE	56.00	1,414	0	17.00
18.00	CT SCAN	57.00	5,174	0	18.00
19.00	MRI	58.00	3,257	0	19.00
20.00	LABORATORY	60.00	27,795	0	20.00
21.00	RESPIRATORY THERAPY	65.00	16,642	0	21.00
22.00	PHYSICAL THERAPY	66.00	21,934	0	22.00
23.00	OCCUPATIONAL THERAPY	67.00	2,988	0	23.00
24.00	SPEECH PATHOLOGY	68.00	1,067	0	24.00
25.00	ASC (NON-DISTINCT PART)	75.00	40,950	0	25.00
26.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	33,245	0	26.00
27.00	SLEEP LAB	76.02	1,437	0	27.00
28.00	CARDIAC REHABILITATION	76.97	3,720	0	28.00
29.00	RURAL HEALTH CLINIC (RHC)	88.00	2,847	0	29.00
30.00	RURAL HEALTH CLINIC (RHC)	88.01	19,360	0	30.00
31.00	RURAL HEALTH CLINIC (RHC)	88.02	12,412	0	31.00
32.00	CLINIC	90.00	4,492	0	32.00
33.00	EMERGENCY	91.00	61,424	0	33.00
34.00	PHYSICIANS' PRIVATE OFFICES	192.00	10,514	0	34.00
35.00	OTHER NRCC	194.01	641	0	35.00
	TOTALS		626,372	0	
	AB - OCC MED				
1.00		0.00	0	0	1.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	133,932	3.00
	TOTALS		0	133,932	
	AC - RHC RECLASS				
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	1,233,278	498,520	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		1,233,278	498,520	
500.00	Grand Total: Increases		5,047,035	13,735,664	500.00

## RECLASSIFICATIONS

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet A-6  
Date/Time Prepared:  
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	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
	A - PROPERTY INSURANCE						
1.00		0.00	0	0	12		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	99,245	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	2,930	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	10,525	0		4.00
	0		0	112,700			
	B - ALTERNATIVE BIRTH CTR						
1.00	ADULTS & PEDIATRICS	30.00	1,020,423	272,063	0		1.00
2.00		0.00	0	0	0		2.00
	0		1,020,423	272,063			
	C - EKG HOLTER, STRESS, EEG						
1.00	ASC (NON-DISTINCT PART)	75.00	598,231	512,542	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		598,231	512,542			
	D - OTHER BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	761,515	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	8,230	0		2.00
3.00	HOUSEKEEPING	9.00	0	792	0		3.00
4.00	DIETARY	10.00	0	67	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	667	0		5.00
6.00	PHARMACY	15.00	0	765	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	64	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	199	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	802	0		9.00
10.00	CT SCAN	57.00	0	765	0		10.00
11.00	LABORATORY	60.00	0	765	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	853	0		12.00
13.00	ASC (NON-DISTINCT PART)	75.00	0	263	0		13.00
14.00	CARDIAC REHABILITATION	76.97	0	765	0		14.00
15.00	EMERGENCY	91.00	0	69	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
	0		0	776,581			
	E - MINISTRY ALLOCATIONS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,422,502	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
	0		0	2,422,502			
	F - C-SECTION						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	118,202	31,515	0		1.00
	0		118,202	31,515			
	G - MOB HOSPITAL STORAGE						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	28,376	0		1.00
	0		0	28,376			
	H - SALARY RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,533	0		1.00
2.00	OTHER NRCC	194.01	24,498	0	0		2.00
	0		24,498	3,533			

## RECLASSIFICATIONS

Provider CCN: 14-0110

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

Worksheet A-6

Date/Time Prepared:  
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	I - NORRIS BUILDING OVERHEAD						
1.00		0.00	0	0	13		1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	198,276	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	0		0	198,276			
	J - MERCURY CIRCLE BUILDING						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	118,623	0		1.00
	0		0	118,623			
	K - RADIOLOGY SPACE						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,333	0		1.00
	0		0	2,333			
	L - MED SUPPLIES SOLD IMPLANTS AND DRUGS						
1.00	ADULTS & PEDIATRICS	30.00	0	10,478	0		1.00
2.00	OPERATING ROOM	50.00	0	2,006,935	0		2.00
3.00	ASC (NON-DISTINCT PART)	75.00	0	7,544	0		3.00
	0		0	2,024,957			
	M - IMPLANTS						
1.00	OPERATING ROOM	50.00	0	996,525	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	22,980	0		2.00
3.00	ASC (NON-DISTINCT PART)	75.00	0	170,580	0		3.00
4.00	CLINIC	90.00	0	200,960	0		4.00
	0		0	1,391,045			
	N - DRUG CHARGES TO PATIENTS						
1.00	OPERATING ROOM	50.00	0	624	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,750	0		2.00
3.00	MRI	58.00	0	761	0		3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	23,626	0		4.00
	0		0	31,761			
	O - PHYSICIAN COST						
1.00	ADMINISTRATIVE & GENERAL	5.00	47,951	0	0		1.00
	0		47,951	0			
	P - DISABILITY RECLASS						
1.00	HOUSEKEEPING	9.00	335	0	0		1.00
2.00	DIETARY	10.00	2,978	0	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	19,742	0	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	1,101	0	0		4.00
5.00	OPERATING ROOM	50.00	1,728	0	0		5.00
6.00	RECOVERY ROOM	51.00	4,508	0	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	5,271	0	0		7.00
8.00	RADIOISOTOPE	56.00	1,318	0	0		8.00
9.00	CT SCAN	57.00	262	0	0		9.00
10.00	LABORATORY	60.00	528	0	0		10.00
11.00	RESPIRATORY THERAPY	65.00	3,684	0	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	178	0		12.00
13.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	2,756	0	0		13.00
14.00	EMERGENCY	91.00	9,940	0	0		14.00
	0		54,151	178			
	R - STREATOR EXPENSES						
1.00		0.00	0	0	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	12		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	13		8.00
9.00	ADMINISTRATIVE & GENERAL	5.00	0	1,714,941	0		9.00
	0		0	1,714,941			
	S - PCI/HTM COST						
1.00	OPERATION OF PLANT	7.00	0	1,614,572	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	1,614,572			
	T - REHAB ADMINISTRATION						
1.00	PHYSICAL THERAPY	66.00	43,266	566	0		1.00
2.00		0.00	0	0	0		2.00
	0		43,266	566			
	U - MEDICAL RECORDS RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	192,536	0		1.00
	0		0	192,536			

## RECLASSIFICATIONS

Provider CCN: 14-0110

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

Worksheet A-6

Date/Time Prepared:  
2/20/2024 3:40 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	V - PROPERTY TAX						
1.00		0.00	0	0	13		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	8,290	0		2.00
3.00	OPERATION OF PLANT	7.00	0	8,270	0		3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	103,962	0		4.00
	0		0	120,522			
	W - CAFETERIA						
1.00	DIETARY	10.00	582,553	471,006	0		1.00
	0		582,553	471,006			
	Y - MINISTRY OSFMG OVERHEAD						
1.00	ADULTS & PEDIATRICS	30.00	0	16,314	0		1.00
2.00	ANESTHESIOLOGY	53.00	0	56,545	0		2.00
3.00	RURAL HEALTH CLINIC (RHC)	88.00	0	25,410	0		3.00
4.00	RURAL HEALTH CLINIC (RHC)	88.01	0	176,848	0		4.00
5.00	RURAL HEALTH CLINIC (RHC)	88.02	0	100,221	0		5.00
6.00	EMERGENCY	91.00	0	276,971	0		6.00
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	92,139	0		7.00
	0		0	744,448			
	Z - FOUNDATION EXP RECLASS						
1.00	OTHER NRCC	194.01	0	1,015,746	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	0		0	1,015,746			
	AA - TEAM AWARDS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	626,372	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
	TOTALS		626,372	0			
	AB - OCC MED						
1.00		0.00	0	0	0		1.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	133,932	0		3.00
	TOTALS		0	133,932			
	AC - RHC RECLASS						
1.00	RURAL HEALTH CLINIC (RHC)	88.00	95,610	51,634	0		1.00
2.00	RURAL HEALTH CLINIC (RHC)	88.01	761,883	298,482	0		2.00
3.00	RURAL HEALTH CLINIC (RHC)	88.02	375,785	148,404	0		3.00
	TOTALS		1,233,278	498,520			
500.00	Grand Total: Decreases		4,348,925	14,433,774			500.00

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet A-7  
Part I  
Date/Time Prepared:  
2/20/2024 3:40 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,227,906	0	0	0	0	1.00	
2.00	Land Improvements	3,114,070	0	0	0	0	2.00	
3.00	Buildings and Fixtures	69,469,445	3,944,597	0	3,944,597	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	36,707,486	722,792	0	722,792	52,057	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	112,518,907	4,667,389	0	4,667,389	52,057	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	112,518,907	4,667,389	0	4,667,389	52,057	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,227,906	0				1.00	
2.00	Land Improvements	3,114,070	0				2.00	
3.00	Buildings and Fixtures	73,414,042	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	37,378,221	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	117,134,239	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	117,134,239	0				10.00	

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet A-7  
Part II  
Date/Time Prepared:  
2/20/2024 3:40 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	2,748,308	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,504,686	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,252,994	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of col s. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	2,748,308				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,504,686				2.00
3.00	Total (sum of lines 1-2)	0	4,252,994				3.00

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet A-7  
Part III  
Date/Time Prepared:  
2/20/2024 3:40 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	73,414,042	0	73,414,042	0.662628	131,306	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	37,378,221	0	37,378,221	0.337372	66,854	2.00
3.00	Total (sum of lines 1-2)	110,792,263	0	110,792,263	1.000000	198,160	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	140,805	0	272,111	3,844,407	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	71,690	0	138,544	3,766,070	0	2.00
3.00	Total (sum of lines 1-2)	212,495	0	410,655	7,610,477	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital -Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	131,306	140,805	0	4,116,518	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	66,854	71,690	0	3,904,614	2.00
3.00	Total (sum of lines 1-2)	0	198,160	212,495	0	8,021,132	3.00

## ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0110

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

Worksheet A-8

Date/Time Prepared:  
2/20/2024 3:40 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
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-9,266,271			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	2,553,477			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-342,011	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-3	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	-118,656	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
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL 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	A	1,131,700	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	194,485	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	AMORTIZED CAPITALIZED INTEREST	A	25,848	CAP REL COSTS-BLDG & FIXT	1.00	9	33.00



## ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0110

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

Worksheet A-8

Date/Time Prepared:  
2/20/2024 3:40 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.01	PHYSICIAN RECRUITING EXPENSE	A	-8,098	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	PHYSICIAN RECRUITING EXPENSE	A	-71	HOUSEKEEPING	9.00	0	33.02
33.03	PHYSICIAN RECRUITING EXPENSE	A	-1,800	PHARMACY	15.00	0	33.03
33.04	PHYSICIAN RECRUITING EXPENSE	A	-23,189	ADULTS & PEDIATRICS	30.00	0	33.04
33.05	PHYSICIAN RECRUITING EXPENSE	A	-200	MRI	58.00	0	33.05
33.06	PHYSICIAN RECRUITING EXPENSE	A	-4,000	LABORATORY	60.00	0	33.06
33.07	PHYSICIAN RECRUITING EXPENSE	A	-3,071	PHYSICAL THERAPY	66.00	0	33.07
33.08	PHYSICIAN RECRUITING EXPENSE	A	-1,071	SPEECH PATHOLOGY	68.00	0	33.08
33.09	PHYSICIAN RECRUITING EXPENSE	A	-10,000	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	33.09
33.10	PHYSICIAN RECRUITING EXPENSE	A	-1,000	EMERGENCY	91.00	0	33.10
33.11	TRUSTEE FEES	A	-7,735	ADMINISTRATIVE & GENERAL	5.00	0	33.11
33.12	ADVERTISING	A	-917	ADULTS & PEDIATRICS	30.00	0	33.12
33.13	ADVERTISING	A	-24	LABORATORY	60.00	0	33.13
33.14	ADVERTISING	A	-91	EMERGENCY	91.00	0	33.14
33.15	LOBBYING DUES	A	-28,702	ADMINISTRATIVE & GENERAL	5.00	0	33.15
33.16	PATIENT TRANSPORTATION	A	-2,807	ADMINISTRATIVE & GENERAL	5.00	0	33.16
33.17	MEDICAID ASSESSMENT	A	-4,966,832	ADMINISTRATIVE & GENERAL	5.00	0	33.17
33.18	MISCELLANEOUS REVENUES - A&G	B	-4,625	ADMINISTRATIVE & GENERAL	5.00	0	33.18
33.19	ADVERTISING	A	-1,231	RURAL HEALTH CLINIC (RHC)	88.01	0	33.19
33.21	CONTRACT PHARMACY	A	-348,034	DRUGS CHARGED TO PATIENTS	73.00	0	33.21
33.22	RENTAL INCOME	B	-33,451	ADMINISTRATIVE & GENERAL	5.00	0	33.22
33.24	COMMUNITY EDUCATION REVENUES	B	-6,571	NURSING ADMINISTRATION	13.00	0	33.24
33.25	DONATION	A	-25,500	ADMINISTRATIVE & GENERAL	5.00	0	33.25
33.26	SALARIED PHYS PART B OFFSET	A	-322,645	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.26
33.27	OCC MED	A	-36,876	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.27
33.28	PSYCHIATRY SALARIES - PSYCH	A	-660,778	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	33.28
33.30	APP -ADULTS AND PEDS	A	-119,866	ADULTS & PEDIATRICS	30.00	0	33.30
33.31	APP BENEFITS	A	-210,471	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.31
33.32	SUPPLY CHAIN OTHER REV	B	-3,700	CENTRAL SERVICES & SUPPLY	14.00	0	33.32
33.33	ADULTS AND PEDS OTHER REV	B	-1,397	ADULTS & PEDIATRICS	30.00	0	33.33
33.34	PHYSICIAN RECRUITING	A	-50	RURAL HEALTH CLINIC (RHC)	88.01	0	33.34
33.35	PHYSICIAN RECRUITING	A	-104	ASC (NON-DISTINCT PART)	75.00	0	33.35
33.36	PHYSICIAN RECRUITING	A	-5,000	ANESTHESIOLOGY	53.00	0	33.36
33.37	PHYSICIAN RECRUITING	A	-450	RADIOISOTOPE	56.00	0	33.37
33.38	PHYSICIAN RECRUITING	A	-1,000	RADIOLOGY-DIAGNOSTIC	54.00	0	33.38
33.39	RHC II SALARIES	A	45,818	RURAL HEALTH CLINIC (RHC)	88.01	0	33.39
33.40	RHC II BENEFITS	A	8,247	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.40
33.41	RHC III SALARIES	A	3,742	RURAL HEALTH CLINIC (RHC)	88.02	0	33.41
33.42	RHC III BENEFITS	A	674	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.42
33.43	APP PART B SALARIES	A	-5,456	INTENSIVE CARE UNIT	31.00	0	33.43
34.00	CRNA SALARIES	A	-1,311,454	ANESTHESIOLOGY	53.00	0	34.00
34.01	CRNA BENEFITS	A	-163,956	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.01
34.03	MALPRACTICE INSURANCE NOT FUNDED	A	747,291	ADMINISTRATIVE & GENERAL	5.00	0	34.03
34.04	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.04
34.05	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.05
34.06	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.06
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,337,882				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0110

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

Worksheet A-8-1

Date/Time Prepared:  
2/20/2024 3:40 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	MINI STRY POOLED - BLDG	571,504	1,173,251	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MINI STRY POOLED - EQUIPMENT	1,417,239	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINI STRY CHG - POOLED EB	651,361	651,361	3.00
3.01	5.00	ADMINI STRATI VE & GENERAL	MINI STRY CHG - POOLED ADMIN	9,517,558	12,204,643	3.01
3.02	30.00	ADULTS & PEDIATRICS	MINI STRY CHG - POOLED A&G	105,745	164,520	3.02
3.03	7.00	OPERATI ON OF PLANT	MINI STRY CHG - POOLED ENGI NE	350,894	350,894	3.03
3.04	5.00	ADMINI STRATI VE & GENERAL	MINI STRY CHG - OSFMG	0	744,448	3.04
3.05	66.00	PHYSI CAL THERAPY	MINI STRY CHG - POOLED REHAB	89,489	81,780	3.05
3.06	67.00	OCCUPATI ONAL THERAPY	MINI STRY CHG - POOLED REHAB	11,755	10,742	3.06
3.07	68.00	SPEECH PATHOLOGY	MINI STRY CHG - POOLED REHAB	4,287	3,918	3.07
3.08	73.00	DRUGS CHARGED TO PATIENTS	MINI STRY CHG - POOLED PHARMA	153,790	153,790	3.08
3.09	73.00	DRUGS CHARGED TO PATIENTS	MINI STRY CHG - FUNCTI ONAL E	501,690	501,690	3.09
3.10	2.00	CAP REL COSTS-MVBLE EQUIP	MINI SS TRY DEPRECIATI ON - OSF	29,914	29,914	3.10
3.11	30.00	ADULTS & PEDIATRICS	MANAGEMENT SVCS OSFMG	6,748	6,748	3.11
3.12	53.00	ANESTHESI OLOGY	MANAGEMENT SVCS OSFMG	3,844	3,844	3.12
3.13	88.00	RURAL HEALTH CLINI C (RHC)	MANAGEMENT SVCS OSFMG	46,580	46,580	3.13
3.14	88.01	RURAL HEALTH CLINI C (RHC)	MANAGEMENT SVCS OSFMG	319,730	319,730	3.14
3.15	88.02	RURAL HEALTH CLINI C (RHC)	MANAGEMENT SVCS OSFMG	114,886	114,886	3.15
4.00	91.00	EMERGENCY	MANAGEMENT SVCS OSFMG	88,468	88,468	4.00
4.01	5.00	ADMINI STRATI VE & GENERAL	PURCHASED SVCS - ST GABRI EL	921,951	924,122	4.01
4.02	5.00	ADMINI STRATI VE & GENERAL	MINI STRY CHG - FUNCTI ONAL RE	7,949,883	5,232,650	4.02
4.03	16.00	MEDI CAL RECORDS & LI BRARY	MINI STRY CHG - FUNCTI ONAL ME	292,517	192,536	4.03
4.04	13.00	NURSI NG ADMINI STRATI ON	MINI STRY CHG - FUNCTI ONAL NU	1,152,636	0	4.04
4.05	5.00	ADMINI STRATI VE & GENERAL	MINI STRY CHG - FUNCTI ONAL SA	26,712	0	4.05
4.08	17.00	SOCI AL SERVI CE	MINI STRY CHG - FUNCTI ONAL CA	1,377,034	1,170,017	4.08
4.09	5.00	ADMINI STRATI VE & GENERAL	MINI STRY CHG - FUNCTI ONAL CL	177,989	0	4.09
4.10	5.00	ADMINI STRATI VE & GENERAL	MINI STRY CHG - FUNCTI ONAL CA	928,024	0	4.10
4.11	5.00	ADMINI STRATI VE & GENERAL	MINI STRY CHG - FUNCTI ONAL PH	14,630	0	4.11
4.12	5.00	ADMINI STRATI VE & GENERAL	CREDENTI ALI NG	95,055	75,755	4.12
4.13	54.00	RADI OLOGY-DI AGNOSTI C	PCI ETS RENTAL	2,223	3,740	4.13
4.14	7.00	OPERATI ON OF PLANT	PCI - HTM - ENGI NEERI NG	900,948	944,532	4.14
4.15	54.00	RADI OLOGY-DI AGNOSTI C	PCI - HTM - I MAGI NG	1,291,323	1,353,791	4.15
4.16	60.00	LABORATORY	PCI - HTM - LAB	248,748	260,781	4.16
4.17	54.00	RADI OLOGY-DI AGNOSTI C	SYSTEMS LAB	959,676	959,676	4.17
4.18	54.00	RADI OLOGY-DI AGNOSTI C	PCI - HTM - OUT OF CONTRACT	10,696	13,243	4.18
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			30,335,527	27,782,050	5.00

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

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

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

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

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

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

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

Provider CCN: 14-0110

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

Worksheet A-8-1

Date/Time Prepared:  
2/20/2024 3:40 pm

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

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

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

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

Provider CCN: 14-0110

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

Worksheet A-8-1

Date/Time Prepared:  
2/20/2024 3:40 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-601,747	9		1.00
2.00	1,417,239	9		2.00
3.00	0	0		3.00
3.01	-2,687,085	0		3.01
3.02	-58,775	0		3.02
3.03	0	0		3.03
3.04	-744,448	0		3.04
3.05	7,709	0		3.05
3.06	1,013	0		3.06
3.07	369	0		3.07
3.08	0	0		3.08
3.09	0	0		3.09
3.10	0	11		3.10
3.11	0	0		3.11
3.12	0	0		3.12
3.13	0	0		3.13
3.14	0	0		3.14
3.15	0	0		3.15
4.00	0	0		4.00
4.01	-2,171	0		4.01
4.02	2,717,233	0		4.02
4.03	99,981	0		4.03
4.04	1,152,636	0		4.04
4.05	26,712	0		4.05
4.08	207,017	0		4.08
4.09	177,989	0		4.09
4.10	928,024	0		4.10
4.11	14,630	0		4.11
4.12	19,300	0		4.12
4.13	-1,517	0		4.13
4.14	-43,584	0		4.14
4.15	-62,468	0		4.15
4.16	-12,033	0		4.16
4.17	0	0		4.17
4.18	-2,547	0		4.18
5.00	2,553,477			5.00

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

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

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

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

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

6.00	HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

Provider CCN: 14-0110

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

Worksheet A-8-1

Date/Time Prepared:  
2/20/2024 3:40 pm

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

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

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

## PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0110

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

Worksheet A-8-2

Date/Time Prepared:  
2/20/2024 3:40 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	2,339,748	2,339,748	0	197,500	0	1.00
2.00	53.00	ANESTHESIOLOGY	1,797,414	1,724,445	72,969	239,400	293	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	970,884	970,884	0	271,400	0	3.00
4.00	60.00	LABORATORY	141,768	69,703	72,065	260,300	965	4.00
5.00	76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	980,592	972,326	8,266	181,300	30	5.00
6.00	76.97	CARDIAC REHABILITATION	2,550	2,550	0	181,300	0	6.00
7.00	90.00	CLINIC	75,635	75,635	0	211,500	0	7.00
8.00	91.00	EMERGENCY	3,066,083	3,066,083	0	211,500	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			9,374,674	9,221,374	153,300		1,288	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	53.00	ANESTHESIOLOGY	33,723	1,686	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	3.00
4.00	60.00	LABORATORY	120,764	6,038	0	0	0	4.00
5.00	76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,615	131	0	0	0	5.00
6.00	76.97	CARDIAC REHABILITATION	0	0	0	0	0	6.00
7.00	90.00	CLINIC	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			157,102	7,855	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,339,748		1.00
2.00	53.00	ANESTHESIOLOGY	0	33,723	39,246	1,763,691		2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	970,884		3.00
4.00	60.00	LABORATORY	0	120,764	0	69,703		4.00
5.00	76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,615	5,651	977,977		5.00
6.00	76.97	CARDIAC REHABILITATION	0	0	0	2,550		6.00
7.00	90.00	CLINIC	0	0	0	75,635		7.00
8.00	91.00	EMERGENCY	0	0	0	3,066,083		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	157,102	44,897	9,266,271		200.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet B  
Part I  
Date/Time Prepared:  
2/20/2024 3:40 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,116,518	4,116,518			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,904,614	3,904,614			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,035,354	8,445	364	13,044,163	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	24,301,050	592,364	1,671,378	509,703	27,074,495
6.00	00600	MAINTENANCE & REPAIRS	306,522	0	0	0	306,522
7.00	00700	OPERATION OF PLANT	4,250,586	891,290	514,336	399,404	6,055,616
8.00	00800	LAUNDRY & LINEN SERVICE	444,897	8,573	0	12,501	465,971
9.00	00900	HOUSEKEEPING	1,739,766	19,248	6,145	377,306	2,142,465
10.00	01000	DIETARY	643,617	114,919	16,566	102,211	877,313
11.00	01100	CAFETERIA	711,548	46,648	3,077	164,218	925,491
13.00	01300	NURSING ADMINISTRATION	2,637,897	36,393	89,974	406,858	3,171,122
14.00	01400	CENTRAL SERVICES & SUPPLY	575,451	3,884	0	138,004	717,339
15.00	01500	PHARMACY	1,589,523	0	5,816	294,738	1,890,077
16.00	01600	MEDICAL RECORDS & LIBRARY	293,324	28,442	1,264	0	323,030
17.00	01700	SOCIAL SERVICE	1,542,187	6,388	0	26,290	1,574,865
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,850,369	199,405	93,048	2,518,229	12,661,051
31.00	03100	INTENSIVE CARE UNIT	1,517,881	17,520	9,698	348,662	1,893,761
43.00	04300	NURSERY	485,229	11,973	2,651	107,991	607,844
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,675,625	63,062	323,668	492,892	3,555,247
51.00	05100	RECOVERY ROOM	1,226,317	6,763	0	314,378	1,547,458
52.00	05200	DELIVERY ROOM & LABOR ROOM	658,521	19,924	0	146,616	825,061
53.00	05300	ANESTHESIOLOGY	408,310	0	52,886	55,429	516,625
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,133,448	126,371	531,145	1,031,719	7,822,683
56.00	05600	RADIOISOTOPE	403,312	0	0	46,098	449,410
57.00	05700	CT SCAN	891,038	0	23,491	170,205	1,084,734
58.00	05800	MRI	588,014	19,193	0	107,044	714,251
60.00	06000	LABORATORY	6,839,520	86,468	75,050	913,612	7,914,650
65.00	06500	RESPIRATORY THERAPY	1,121,801	28,040	25,568	254,515	1,429,924
66.00	06600	PHYSICAL THERAPY	2,742,139	247,359	23,993	708,985	3,722,476
67.00	06700	OCCUPATIONAL THERAPY	398,758	14,669	0	107,148	520,575
68.00	06800	SPEECH PATHOLOGY	144,289	4,369	0	38,333	186,991
69.00	06900	ELECTROCARDIOLOGY	229,692	3,829	0	64,749	298,270
70.00	07000	ELECTROENCEPHALOGRAPHY	7,515	0	0	2,118	9,633
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,994,364	42,718	23,882	0	2,060,964
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,391,045	0	0	0	1,391,045
73.00	07300	DRUGS CHARGED TO PATIENTS	5,657,021	11,059	27,398	0	5,695,478
75.00	07500	ASC (NON-DISTINCT PART)	2,106,079	65,859	52,331	442,068	2,666,337
76.00	03160	STRESS TESTING	0	0	0	0	0
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,694,841	27,226	127	458,203	2,180,397
76.02	03610	SLEEP LAB	429,654	18,215	110,789	47,229	605,887
76.97	07697	CARDIAC REHABILITATION	1,128,579	9,240	0	169,719	1,307,538
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC (RHC)	476,806	22,300	1,504	123,102	623,712
88.01	08801	RURAL HEALTH CLINIC (RHC)	3,004,936	152,784	9,509	837,255	4,004,484
88.02	08802	RURAL HEALTH CLINIC (RHC)	1,899,952	0	0	523,003	2,422,955
90.00	09000	CLINIC	614,789	0	0	104,585	719,374
91.00	09100	EMERGENCY	5,581,944	119,992	37,204	464,880	6,204,020
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	122,394,642	3,074,932	3,732,862	13,030,000	121,167,141
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	91,227	15,235	0	0	106,462
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,148,625	269,970	112,673	7	3,531,275
194.00	07950	CARDINAL SLEEP	0	0	0	0	0
194.01	07951	OTHER NRCC	210,254	756,381	59,079	14,156	1,039,870
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	125,844,748	4,116,518	3,904,614	13,044,163	125,844,748

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet B  
Part I  
Date/Time Prepared:  
2/20/2024 3:40 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	27,074,495					5.00
6.00	00600	MAINTENANCE & REPAIRS	84,023	390,545				6.00
7.00	00700	OPERATION OF PLANT	1,659,941	99,016	7,814,573			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	127,730	952	25,527	620,180		8.00
9.00	00900	HOUSEKEEPING	587,284	2,138	57,313	0	2,789,200	9.00
10.00	01000	DIETARY	240,486	12,766	342,188	0	20,814	10.00
11.00	01100	CAFETERIA	253,692	5,182	138,900	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	869,255	4,043	108,366	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	196,634	431	11,566	0	0	14.00
15.00	01500	PHARMACY	518,100	0	0	0	13,301	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	88,548	3,159	84,690	0	0	16.00
17.00	01700	SOCIAL SERVICE	431,696	710	19,023	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,470,584	22,151	593,754	216,960	637,765	30.00
31.00	03100	INTENSIVE CARE UNIT	519,110	1,946	52,169	42,002	218,392	31.00
43.00	04300	NURSERY	166,620	1,330	35,650	10,188	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	974,550	7,005	187,776	49,422	158,866	50.00
51.00	05100	RECOVERY ROOM	424,183	751	20,138	0	87,807	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	226,162	2,213	59,326	16,948	0	52.00
53.00	05300	ANESTHESIOLOGY	141,615	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,144,323	14,038	376,288	23,228	280,568	54.00
56.00	05600	RADIOISOTOPE	123,190	0	0	0	0	56.00
57.00	05700	CT SCAN	297,343	0	0	0	0	57.00
58.00	05800	MRI	195,788	2,132	57,149	0	53,427	58.00
60.00	06000	LABORATORY	2,169,532	9,605	257,471	0	287,639	60.00
65.00	06500	RESPIRATORY THERAPY	391,965	3,115	83,492	0	54,929	65.00
66.00	06600	PHYSICAL THERAPY	1,020,390	27,478	736,546	50,834	112,996	66.00
67.00	06700	OCCUPATIONAL THERAPY	142,698	1,629	43,678	0	32,525	67.00
68.00	06800	SPEECH PATHOLOGY	51,257	485	13,008	0	41,805	68.00
69.00	06900	ELECTROCARDIOLOGY	81,761	425	11,403	20,430	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,641	0	0	167	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	564,943	4,745	127,198	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	381,308	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,561,222	1,228	32,929	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	730,886	7,316	196,104	17,955	36,988	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	597,682	3,024	81,070	0	160,855	76.01
76.02	03610	SLEEP LAB	166,083	2,023	54,237	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	358,417	1,026	27,513	8,028	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	170,969	2,477	66,402	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	1,097,693	16,972	454,936	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	664,171	0	0	0	0	88.02
90.00	09000	CLINIC	197,192	0	0	46,418	0	90.00
91.00	09100	EMERGENCY	1,700,621	13,329	357,292	115,926	569,886	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,792,288	274,840	4,713,102	618,506	2,768,563	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,183	1,692	45,366	0	20,637	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	967,979	29,990	803,873	1,674	0	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	0	194.00
194.01	07951	OTHER NRCC	285,045	84,023	2,252,232	0	0	194.01
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)	27,074,495	390,545	7,814,573	620,180	2,789,200	202.00



## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet B  
Part I  
Date/Time Prepared:  
2/20/2024 3:40 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,493,567					10.00
11.00	01100	CAFETERIA	0	1,323,265				11.00
13.00	01300	NURSING ADMINISTRATION	0	37,619	4,190,405			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	25,824	0	951,794		14.00
15.00	01500	PHARMACY	0	29,242	0	589	2,451,309	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	30	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,236	0	7	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,358,652	282,143	2,014,057	86,074	9,787	30.00
31.00	03100	INTENSIVE CARE UNIT	84,746	34,638	247,179	13,385	1,834	31.00
43.00	04300	NURSERY	1,383	10,561	0	6,157	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	53,062	378,728	17,539	0	50.00
51.00	05100	RECOVERY ROOM	9,763	29,653	211,596	11,986	2,373	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	14,338	102,314	10,244	0	52.00
53.00	05300	ANESTHESIOLOGY	0	23,024	0	15,002	38,576	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	108	115,067	0	44,233	32	54.00
56.00	05600	RADIOISOTOPE	0	4,702	0	481	66,769	56.00
57.00	05700	CT SCAN	0	19,657	0	16,707	50,910	57.00
58.00	05800	MRI	0	13,208	0	6,594	0	58.00
60.00	06000	LABORATORY	0	120,308	0	62,560	23	60.00
65.00	06500	RESPIRATORY THERAPY	0	27,906	0	25,690	9	65.00
66.00	06600	PHYSICAL THERAPY	0	73,696	0	4,480	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,486	0	358	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,779	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,989	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	231	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	260,321	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	177,166	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,750	2,270,024	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	45,533	324,960	64,217	2,545	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	50,441	0	433	0	76.01
76.02	03610	SLEEP LAB	0	5,499	0	5,387	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	18,373	0	205	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	9,019	0	861	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	76,780	0	5,341	0	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	0	38,878	0	8,716	0	88.02
90.00	09000	CLINIC	0	9,919	0	32,329	0	90.00
91.00	09100	EMERGENCY	38,915	127,709	911,571	68,140	8,427	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,493,567	1,322,520	4,190,405	948,982	2,451,309	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	795	0	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	0	194.00
194.01	07951	OTHER NRCC	0	745	0	2,017	0	194.01
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)	1,493,567	1,323,265	4,190,405	951,794	2,451,309	202.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet B  
Part I  
Date/Time Prepared:  
2/20/2024 3:40 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	499,457					16.00
17.00	01700	SOCIAL SERVICE	0	2,028,537				17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	33,330	135,427	21,521,735	0	21,521,735	30.00
31.00	03100	INTENSIVE CARE UNIT	3,547	14,412	3,127,121	0	3,127,121	31.00
43.00	04300	NURSERY	879	3,573	844,185	0	844,185	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,393	151,933	5,571,521	0	5,571,521	50.00
51.00	05100	RECOVERY ROOM	5,940	24,135	2,375,783	0	2,375,783	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,463	5,945	1,264,014	0	1,264,014	52.00
53.00	05300	ANESTHESIOLOGY	14,980	60,865	810,687	0	810,687	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	70,490	286,415	11,177,473	0	11,177,473	54.00
56.00	05600	RADIOISOTOPE	4,731	19,224	668,507	0	668,507	56.00
57.00	05700	CT SCAN	45,859	186,334	1,701,544	0	1,701,544	57.00
58.00	05800	MRI	12,594	51,170	1,106,313	0	1,106,313	58.00
60.00	06000	LABORATORY	85,913	348,241	11,255,942	0	11,255,942	60.00
65.00	06500	RESPIRATORY THERAPY	7,091	28,812	2,052,933	0	2,052,933	65.00
66.00	06600	PHYSICAL THERAPY	13,138	53,383	5,815,417	0	5,815,417	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,223	9,032	764,204	0	764,204	67.00
68.00	06800	SPEECH PATHOLOGY	580	2,356	301,261	0	301,261	68.00
69.00	06900	ELECTROCARDIOLOGY	3,984	16,189	439,451	0	439,451	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	50	203	12,925	0	12,925	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,468	18,156	3,040,795	0	3,040,795	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,737	27,374	1,983,630	0	1,983,630	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,676	189,651	9,800,958	0	9,800,958	73.00
75.00	07500	ASC (NON-DISTINCT PART)	15,313	62,217	4,170,371	0	4,170,371	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,498	14,215	3,091,615	0	3,091,615	76.01
76.02	03610	SLEEP LAB	1,732	7,035	847,883	0	847,883	76.02
76.97	07697	CARDIAC REHABILITATION	12,359	50,216	1,783,675	0	1,783,675	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	1,023	4,155	878,618	0	878,618	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	6,743	27,397	5,690,346	0	5,690,346	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	4,447	18,068	3,157,235	0	3,157,235	88.02
90.00	09000	CLINIC	2,033	8,260	1,015,525	0	1,015,525	90.00
91.00	09100	EMERGENCY	50,243	204,144	10,370,223	0	10,370,223	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	499,457	2,028,537	116,641,890	0	116,641,890	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	203,340	0	203,340	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	5,335,586	0	5,335,586	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	0	194.00
194.01	07951	OTHER NRCC	0	0	3,663,932	0	3,663,932	194.01
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	499,457	2,028,537	125,844,748	0	125,844,748	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet B  
Part II  
Date/Time Prepared:  
2/20/2024 3:40 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	8,445	364	8,809	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,886	592,364	1,671,378	2,265,628	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	33,557	891,290	514,336	1,439,183	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	8,573	0	8,573	8.00
9.00	00900	HOUSEKEEPING	16	19,248	6,145	25,409	9.00
10.00	01000	DIETARY	0	114,919	16,566	131,485	10.00
11.00	01100	CAFETERIA	0	46,648	3,077	49,725	11.00
13.00	01300	NURSING ADMINISTRATION	4	36,393	89,974	126,371	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,137	3,884	0	13,021	14.00
15.00	01500	PHARMACY	46	0	5,816	5,862	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	28,442	1,264	29,706	16.00
17.00	01700	SOCIAL SERVICE	0	6,388	0	6,388	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,104	199,405	93,048	293,557	30.00
31.00	03100	INTENSIVE CARE UNIT	0	17,520	9,698	27,218	31.00
43.00	04300	NURSERY	0	11,973	2,651	14,624	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	22,825	63,062	323,668	409,555	50.00
51.00	05100	RECOVERY ROOM	0	6,763	0	6,763	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	19,924	0	19,924	52.00
53.00	05300	ANESTHESIOLOGY	0	0	52,886	52,886	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	627,965	126,371	531,145	1,285,481	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	23,491	23,491	57.00
58.00	05800	MRI	0	19,193	0	19,193	58.00
60.00	06000	LABORATORY	68,321	86,468	75,050	229,839	60.00
65.00	06500	RESPIRATORY THERAPY	0	28,040	25,568	53,608	65.00
66.00	06600	PHYSICAL THERAPY	55	247,359	23,993	271,407	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	14,669	0	14,669	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,369	0	4,369	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,829	0	3,829	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	42,718	23,882	66,600	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	128	11,059	27,398	38,585	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	65,859	52,331	118,190	75.00
76.00	03160	STRESS TESTING	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	302	27,226	127	27,655	76.01
76.02	03610	SLEEP LAB	0	18,215	110,789	129,004	76.02
76.97	07697	CARDIAC REHABILITATION	0	9,240	0	9,240	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC (RHC)	1,496	22,300	1,504	25,300	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	10,435	152,784	9,509	172,728	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	4,350	0	0	4,350	88.02
90.00	09000	CLINIC	843	0	0	843	90.00
91.00	09100	EMERGENCY	13,631	119,992	37,204	170,827	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	796,101	3,074,932	3,732,862	7,603,895	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	15,235	0	15,235	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	269,970	112,673	382,643	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	194.00
194.01	07951	OTHER NRCC	0	756,381	59,079	815,460	194.01
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	796,101	4,116,518	3,904,614	8,817,233	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet B  
Part II  
Date/Time Prepared:  
2/20/2024 3:40 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,265,972					5.00
6.00	00600	MAINTENANCE & REPAIRS	7,032	7,032				6.00
7.00	00700	OPERATION OF PLANT	138,928	1,783	1,580,163			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,690	17	5,162	24,450		8.00
9.00	00900	HOUSEKEEPING	49,152	38	11,589	0	86,442	9.00
10.00	01000	DIETARY	20,127	230	69,193	0	645	10.00
11.00	01100	CAFETERIA	21,233	93	28,087	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	72,752	73	21,912	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,457	8	2,339	0	0	14.00
15.00	01500	PHARMACY	43,362	0	0	0	412	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,411	57	17,125	0	0	16.00
17.00	01700	SOCIAL SERVICE	36,131	13	3,846	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	290,455	399	120,061	8,553	19,766	30.00
31.00	03100	INTENSIVE CARE UNIT	43,447	35	10,549	1,656	6,768	31.00
43.00	04300	NURSERY	13,945	24	7,209	402	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	81,564	126	37,970	1,948	4,924	50.00
51.00	05100	RECOVERY ROOM	35,502	14	4,072	0	2,721	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,929	40	11,996	668	0	52.00
53.00	05300	ANESTHESIOLOGY	11,852	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	179,468	253	76,088	916	8,695	54.00
56.00	05600	RADIOISOTOPE	10,310	0	0	0	0	56.00
57.00	05700	CT SCAN	24,886	0	0	0	0	57.00
58.00	05800	MRI	16,386	38	11,556	0	1,656	58.00
60.00	06000	LABORATORY	181,578	173	52,063	0	8,914	60.00
65.00	06500	RESPIRATORY THERAPY	32,805	56	16,883	0	1,702	65.00
66.00	06600	PHYSICAL THERAPY	85,401	495	148,935	2,004	3,502	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,943	29	8,832	0	1,008	67.00
68.00	06800	SPEECH PATHOLOGY	4,290	9	2,630	0	1,296	68.00
69.00	06900	ELECTROCARDIOLOGY	6,843	8	2,306	805	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	221	0	0	7	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	47,283	85	25,720	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,913	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	130,666	22	6,658	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	61,171	132	39,654	708	1,146	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	50,023	54	16,393	0	4,985	76.01
76.02	03610	SLEEP LAB	13,900	36	10,967	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	29,998	18	5,563	317	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	14,309	45	13,427	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	91,871	306	91,991	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	55,587	0	0	0	0	88.02
90.00	09000	CLINIC	16,504	0	0	1,830	0	90.00
91.00	09100	EMERGENCY	142,333	240	72,247	4,570	17,662	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,158,658	4,949	953,023	24,384	85,802	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,442	30	9,173	0	640	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	81,015	540	162,549	66	0	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	0	194.00
194.01	07951	OTHER NRCC	23,857	1,513	455,418	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,265,972	7,032	1,580,163	24,450	86,442	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet B  
Part II  
Date/Time Prepared:  
2/20/2024 3:40 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	221,749					10.00
11.00	01100	CAFETERIA	0	99,249				11.00
13.00	01300	NURSING ADMINISTRATION	0	2,822	224,204			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,937	0	33,855		14.00
15.00	01500	PHARMACY	0	2,193	0	21	52,049	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1	0	16.00
17.00	01700	SOCIAL SERVICE	0	168	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	201,719	21,163	107,760	3,061	208	30.00
31.00	03100	INTENSIVE CARE UNIT	12,582	2,598	13,225	476	39	31.00
43.00	04300	NURSERY	205	792	0	219	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,980	20,264	624	0	50.00
51.00	05100	RECOVERY ROOM	1,449	2,224	11,321	426	50	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,075	5,474	364	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,727	0	534	819	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16	8,630	0	1,573	1	54.00
56.00	05600	RADIOISOTOPE	0	353	0	17	1,418	56.00
57.00	05700	CT SCAN	0	1,474	0	594	1,081	57.00
58.00	05800	MRI	0	991	0	235	0	58.00
60.00	06000	LABORATORY	0	9,024	0	2,225	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	2,093	0	914	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,527	0	159	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	861	0	13	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	358	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	524	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	17	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	9,262	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,301	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	133	48,200	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,415	17,387	2,284	54	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,783	0	15	0	76.01
76.02	03610	SLEEP LAB	0	412	0	192	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	1,378	0	7	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	676	0	31	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	5,759	0	190	0	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	0	2,916	0	310	0	88.02
90.00	09000	CLINIC	0	744	0	1,150	0	90.00
91.00	09100	EMERGENCY	5,778	9,579	48,773	2,424	179	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	221,749	99,193	224,204	33,755	52,049	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	28	0	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	0	194.00
194.01	07951	OTHER NRCC	0	56	0	72	0	194.01
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)	221,749	99,249	224,204	33,855	52,049	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet B  
Part II  
Date/Time Prepared:  
2/20/2024 3:40 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	54,300					16.00
17.00	01700	SOCIAL SERVICE	0	46,564				17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,615	3,099	1,075,130	0	1,075,130	30.00
31.00	03100	INTENSIVE CARE UNIT	385	330	119,543	0	119,543	31.00
43.00	04300	NURSERY	95	82	37,670	0	37,670	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,056	3,476	568,819	0	568,819	50.00
51.00	05100	RECOVERY ROOM	644	552	65,950	0	65,950	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	159	136	58,864	0	58,864	52.00
53.00	05300	ANESTHESIOLOGY	1,625	1,393	70,873	0	70,873	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,646	6,553	1,576,015	0	1,576,015	54.00
56.00	05600	RADIOISOTOPE	513	440	13,082	0	13,082	56.00
57.00	05700	CT SCAN	4,974	4,263	60,878	0	60,878	57.00
58.00	05800	MRI	1,366	1,171	52,664	0	52,664	58.00
60.00	06000	LABORATORY	9,447	8,119	501,998	0	501,998	60.00
65.00	06500	RESPIRATORY THERAPY	769	659	109,661	0	109,661	65.00
66.00	06600	PHYSICAL THERAPY	1,425	1,221	520,554	0	520,554	66.00
67.00	06700	OCCUPATIONAL THERAPY	241	207	37,875	0	37,875	67.00
68.00	06800	SPEECH PATHOLOGY	63	54	13,095	0	13,095	68.00
69.00	06900	ELECTROCARDIOLOGY	432	370	15,161	0	15,161	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5	5	256	0	256	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	485	415	149,850	0	149,850	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	731	626	39,571	0	39,571	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,063	4,339	233,666	0	233,666	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,661	1,424	247,524	0	247,524	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	379	325	103,921	0	103,921	76.01
76.02	03610	SLEEP LAB	188	161	154,892	0	154,892	76.02
76.97	07697	CARDIAC REHABILITATION	1,340	1,149	49,124	0	49,124	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	111	95	54,077	0	54,077	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	731	627	364,767	0	364,767	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	482	413	64,411	0	64,411	88.02
90.00	09000	CLINIC	220	189	21,550	0	21,550	90.00
91.00	09100	EMERGENCY	5,449	4,671	485,045	0	485,045	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	54,300	46,564	6,866,486	0	6,866,486	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	27,520	0	27,520	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	626,841	0	626,841	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	0	194.00
194.01	07951	OTHER NRCC	0	0	1,296,386	0	1,296,386	194.01
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	54,300	46,564	8,817,233	0	8,817,233	202.00

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0110

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

Worksheet B-1

Date/Time Prepared:  
2/20/2024 3:40 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	450,412				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,648,423			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	924	340	46,273,325		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	64,814	1,561,716	1,808,138	-27,074,495	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	97,521	480,589	1,416,859	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	938	0	44,345	0	8.00
9.00	00900	HOUSEKEEPING	2,106	5,742	1,338,467	0	9.00
10.00	01000	DIETARY	12,574	15,479	362,585	0	10.00
11.00	01100	CAFETERIA	5,104	2,875	582,553	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,982	84,071	1,443,303	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	425	0	489,559	0	14.00
15.00	01500	PHARMACY	0	5,434	1,045,562	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,112	1,181	0	0	16.00
17.00	01700	SOCIAL SERVICE	699	0	93,263	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	21,818	86,943	8,933,286	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,917	9,062	1,236,856	0	31.00
43.00	04300	NURSERY	1,310	2,477	383,090	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,900	302,431	1,748,502	0	50.00
51.00	05100	RECOVERY ROOM	740	0	1,115,235	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,180	0	520,112	0	52.00
53.00	05300	ANESTHESIOLOGY	0	49,416	196,630	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,827	496,295	3,659,952	0	54.00
56.00	05600	RADIOISOTOPE	0	0	163,529	0	56.00
57.00	05700	CT SCAN	0	21,950	603,791	0	57.00
58.00	05800	MRI	2,100	0	379,730	0	58.00
60.00	06000	LABORATORY	9,461	70,126	3,240,977	0	60.00
65.00	06500	RESPIRATORY THERAPY	3,068	23,890	902,874	0	65.00
66.00	06600	PHYSICAL THERAPY	27,065	22,419	2,515,076	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,605	0	380,099	0	67.00
68.00	06800	SPEECH PATHOLOGY	478	0	135,984	0	68.00
69.00	06900	ELECTROCARDIOLOGY	419	0	229,692	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	7,515	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,674	22,315	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,210	25,600	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	7,206	48,897	1,568,208	0	75.00
76.00	03160	STRESS TESTING	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,979	119	1,625,446	0	76.01
76.02	03610	SLEEP LAB	1,993	103,520	167,541	0	76.02
76.97	07697	CARDIAC REHABILITATION	1,011	0	602,066	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC (RHC)	2,440	1,405	436,695	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	16,717	8,885	2,970,106	0	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	0	0	1,855,317	0	88.02
90.00	09000	CLINIC	0	0	371,007	0	90.00
91.00	09100	EMERGENCY	13,129	34,763	1,649,131	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	336,446	3,487,940	46,223,081	-27,074,495	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,667	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	29,539	105,280	25	0	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	194.00
194.01	07951	OTHER NRCC	82,760	55,203	50,219	0	194.01
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)	4,116,518	3,904,614	13,044,163	27,074,495	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.139450	1.070220	0.281894	0.274116	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			8,809	2,265,972	204.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 14-0110	Period: From 10/01/2022 To 09/30/2023	Worksheet B-1  Date/Time Prepared: 2/20/2024 3:40 pm
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000190		0.022942	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: 14-0110

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

Worksheet B-1

Date/Time Prepared:  
2/20/2024 3:40 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	384,674					6.00
7.00	00700	OPERATION OF PLANT	97,521	287,153				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	938	938	494,924			8.00
9.00	00900	HOUSEKEEPING	2,106	2,106	0	63,117		9.00
10.00	01000	DIETARY	12,574	12,574	0	471	55,075	10.00
11.00	01100	CAFETERIA	5,104	5,104	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,982	3,982	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	425	425	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	301	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,112	3,112	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	699	699	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,818	21,818	173,141	14,432	50,100	30.00
31.00	03100	INTENSIVE CARE UNIT	1,917	1,917	33,519	4,942	3,125	31.00
43.00	04300	NURSERY	1,310	1,310	8,130	0	51	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,900	6,900	39,440	3,595	0	50.00
51.00	05100	RECOVERY ROOM	740	740	0	1,987	360	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,180	2,180	13,525	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,827	13,827	18,537	6,349	4	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	2,100	2,100	0	1,209	0	58.00
60.00	06000	LABORATORY	9,461	9,461	0	6,509	0	60.00
65.00	06500	RESPIRATORY THERAPY	3,068	3,068	0	1,243	0	65.00
66.00	06600	PHYSICAL THERAPY	27,065	27,065	40,567	2,557	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,605	1,605	0	736	0	67.00
68.00	06800	SPEECH PATHOLOGY	478	478	0	946	0	68.00
69.00	06900	ELECTROCARDIOLOGY	419	419	16,304	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	133	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,674	4,674	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,210	1,210	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	7,206	7,206	14,329	837	0	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,979	2,979	0	3,640	0	76.01
76.02	03610	SLEEP LAB	1,993	1,993	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	1,011	1,011	6,407	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	2,440	2,440	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	16,717	16,717	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.02
90.00	09000	CLINIC	0	0	37,043	0	0	90.00
91.00	09100	EMERGENCY	13,129	13,129	92,513	12,896	1,435	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	270,708	173,187	493,588	62,650	55,075	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,667	1,667	0	467	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	29,539	29,539	1,336	0	0	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	0	194.00
194.01	07951	OTHER NRCC	82,760	82,760	0	0	0	194.01
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)	390,545	7,814,573	620,180	2,789,200	1,493,567	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.015262	27.213970	1.253081	44.190947	27.118783	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	7,032	1,580,163	24,450	86,442	221,749	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.018280	5.502861	0.049402	1.369552	4.026310	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00

Health Financial Systems			OTTAWA REGIONAL HOSPITAL & HEALTHCARE			In Lieu of Form CMS-2552-10	
COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 14-0110		Period: From 10/01/2022 To 09/30/2023	Worksheet B-1  Date/Time Prepared: 2/20/2024 3:40 pm	
Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)
			6.00	7.00	8.00	9.00	10.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0110

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

Worksheet B-1

Date/Time Prepared:  
2/20/2024 3:40 pm

Cost Center Description			CAFETERIA (FTE SERVICE)	NURSING ADMINISTRATION (HOURS SUPPORTED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	51,497					11.00
13.00	01300	NURSING ADMINISTRATION	1,464	475,173				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,005	0	7,473,157			14.00
15.00	01500	PHARMACY	1,138	0	4,628	5,973,013		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	232	0	595,014,037	16.00
17.00	01700	SOCIAL SERVICE	87	0	53	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,980	228,385	675,824	23,847	39,726,431	30.00
31.00	03100	INTENSIVE CARE UNIT	1,348	28,029	105,096	4,468	4,227,511	31.00
43.00	04300	NURSERY	411	0	48,345	0	1,048,149	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,065	42,946	137,707	0	44,568,083	50.00
51.00	05100	RECOVERY ROOM	1,154	23,994	94,113	5,782	7,079,927	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	558	11,602	80,430	0	1,744,058	52.00
53.00	05300	ANESTHESIOLOGY	896	0	117,787	93,996	17,854,086	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,478	0	347,305	78	84,017,202	54.00
56.00	05600	RADIOISOTOPE	183	0	3,777	162,693	5,639,205	56.00
57.00	05700	CT SCAN	765	0	131,177	124,050	54,659,285	57.00
58.00	05800	MRI	514	0	51,771	0	15,010,169	58.00
60.00	06000	LABORATORY	4,682	0	491,199	55	102,114,300	60.00
65.00	06500	RESPIRATORY THERAPY	1,086	0	201,709	23	8,451,627	65.00
66.00	06600	PHYSICAL THERAPY	2,868	0	35,179	0	15,659,390	66.00
67.00	06700	OCCUPATIONAL THERAPY	447	0	2,814	0	2,649,495	67.00
68.00	06800	SPEECH PATHOLOGY	186	0	0	0	691,236	68.00
69.00	06900	ELECTROCARDIOLOGY	272	0	0	0	4,748,966	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9	0	0	0	59,602	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	2,043,950	0	5,325,808	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,391,045	0	8,029,783	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	29,445	5,531,285	55,632,322	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,772	36,849	504,208	6,202	18,250,937	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,963	0	3,399	0	4,169,818	76.01
76.02	03610	SLEEP LAB	214	0	42,299	0	2,063,773	76.02
76.97	07697	CARDIAC REHABILITATION	715	0	1,612	0	14,730,387	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	351	0	6,759	0	1,218,829	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	2,988	0	41,937	0	8,036,688	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	1,513	0	68,432	0	5,300,039	88.02
90.00	09000	CLINIC	386	0	253,836	0	2,423,047	90.00
91.00	09100	EMERGENCY	4,970	103,368	535,010	20,534	59,883,884	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	51,468	475,173	7,451,078	5,973,013	595,014,037	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	6,242	0	0	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	0	194.00
194.01	07951	OTHER NRCC	29	0	15,837	0	0	194.01
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)	1,323,265	4,190,405	951,794	2,451,309	499,457	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.695963	8.818693	0.127362	0.410397	0.000839	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	99,249	224,204	33,855	52,049	54,300	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.927277	0.471837	0.004530	0.008714	0.000091	205.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 14-0110		Period: From 10/01/2022 To 09/30/2023	Worksheet B-1  Date/Time Prepared: 2/20/2024 3:40 pm	
Cost Center Description			CAFETERIA (FTES SERVED)	NURSING ADMINISTRATION  (HOURS SUPERVISED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	11.00	13.00	14.00	15.00	16.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					
							206.00
							207.00

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0110

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

Worksheet B-1

Date/Time Prepared:  
2/20/2024 3:40 pm

Cost Center Description			SOCIAL SERVICE	
			(TIME SPENT)	
			17.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE	595,014,037	17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	39,726,431	30.00
31.00	03100	INTENSIVE CARE UNIT	4,227,511	31.00
43.00	04300	NURSERY	1,048,149	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	44,568,083	50.00
51.00	05100	RECOVERY ROOM	7,079,927	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,744,058	52.00
53.00	05300	ANESTHESIOLOGY	17,854,086	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	84,017,202	54.00
56.00	05600	RADIOISOTOPE	5,639,205	56.00
57.00	05700	CT SCAN	54,659,285	57.00
58.00	05800	MRI	15,010,169	58.00
60.00	06000	LABORATORY	102,114,300	60.00
65.00	06500	RESPIRATORY THERAPY	8,451,627	65.00
66.00	06600	PHYSICAL THERAPY	15,659,390	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,649,495	67.00
68.00	06800	SPEECH PATHOLOGY	691,236	68.00
69.00	06900	ELECTROCARDIOLOGY	4,748,966	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	59,602	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,325,808	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,029,783	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	55,632,322	73.00
75.00	07500	ASC (NON-DISTINCT PART)	18,250,937	75.00
76.00	03160	STRESS TESTING	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,169,818	76.01
76.02	03610	SLEEP LAB	2,063,773	76.02
76.97	07697	CARDIAC REHABILITATION	14,730,387	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC (RHC)	1,218,829	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	8,036,688	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	5,300,039	88.02
90.00	09000	CLINIC	2,423,047	90.00
91.00	09100	EMERGENCY	59,883,884	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
102.00	10200	OPIOID TREATMENT PROGRAM	0	102.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	595,014,037	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950	CARDINAL SLEEP	0	194.00
194.01	07951	OTHER NRCC	0	194.01
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)	2,028,537	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.003409	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	46,564	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000078	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		206.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 14-0110	Period: From 10/01/2022 To 09/30/2023	Worksheet B-1  Date/Time Prepared: 2/20/2024 3:40 pm
Cost Center Description			SOCIAL SERVICE		
			(TIME SPENT)		
			17.00		
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			207.00

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet C  
Part I  
Date/Time Prepared:  
2/20/2024 3:40 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE	Total Costs	
						Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,521,735		21,521,735	0	21,521,735	30.00
31.00	03100	INTENSIVE CARE UNIT	3,127,121		3,127,121	0	3,127,121	31.00
43.00	04300	NURSERY	844,185		844,185	0	844,185	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,571,521		5,571,521	0	5,571,521	50.00
51.00	05100	RECOVERY ROOM	2,375,783		2,375,783	0	2,375,783	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,264,014		1,264,014	0	1,264,014	52.00
53.00	05300	ANESTHESIOLOGY	810,687		810,687	39,246	849,933	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,177,473		11,177,473	0	11,177,473	54.00
56.00	05600	RADIOISOTOPE	668,507		668,507	0	668,507	56.00
57.00	05700	CT SCAN	1,701,544		1,701,544	0	1,701,544	57.00
58.00	05800	MRI	1,106,313		1,106,313	0	1,106,313	58.00
60.00	06000	LABORATORY	11,255,942		11,255,942	0	11,255,942	60.00
65.00	06500	RESPIRATORY THERAPY	2,052,933	0	2,052,933	0	2,052,933	65.00
66.00	06600	PHYSICAL THERAPY	5,815,417	0	5,815,417	0	5,815,417	66.00
67.00	06700	OCCUPATIONAL THERAPY	764,204	0	764,204	0	764,204	67.00
68.00	06800	SPEECH PATHOLOGY	301,261	0	301,261	0	301,261	68.00
69.00	06900	ELECTROCARDIOLOGY	439,451		439,451	0	439,451	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,925		12,925	0	12,925	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,040,795		3,040,795	0	3,040,795	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,983,630		1,983,630	0	1,983,630	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,800,958		9,800,958	0	9,800,958	73.00
75.00	07500	ASC (NON-DISTINCT PART)	4,170,371		4,170,371	0	4,170,371	75.00
76.00	03160	STRESS TESTING	0		0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,091,615		3,091,615	5,651	3,097,266	76.01
76.02	03610	SLEEP LAB	847,883		847,883	0	847,883	76.02
76.97	07697	CARDIAC REHABILITATION	1,783,675		1,783,675	0	1,783,675	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	878,618		878,618	0	878,618	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	5,690,346		5,690,346	0	5,690,346	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	3,157,235		3,157,235	0	3,157,235	88.02
90.00	09000	CLINIC	1,015,525		1,015,525	0	1,015,525	90.00
91.00	09100	EMERGENCY	10,370,223		10,370,223	0	10,370,223	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,911,873		3,911,873	0	3,911,873	92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0		0		0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	120,553,763	0	120,553,763	44,897	120,598,660	200.00
201.00		Less Observation Beds	3,911,873		3,911,873		3,911,873	201.00
202.00		Total (see instructions)	116,641,890	0	116,641,890	44,897	116,686,787	202.00

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet C  
Part I  
Date/Time Prepared:  
2/20/2024 3:40 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				
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	30,805,838		30,805,838			30.00	
31.00	03100	INTENSIVE CARE UNIT	4,227,511		4,227,511			31.00	
43.00	04300	NURSERY	1,048,149		1,048,149			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	5,128,086	39,439,997	44,568,083	0.125011	0.000000	50.00	
51.00	05100	RECOVERY ROOM	422,264	6,657,663	7,079,927	0.335566	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,643,338	100,720	1,744,058	0.724755	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	2,922,904	14,931,182	17,854,086	0.045406	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,159,406	79,857,793	84,017,199	0.133038	0.000000	54.00	
56.00	05600	RADIOISOTOPE	474,279	5,164,926	5,639,205	0.118546	0.000000	56.00	
57.00	05700	CT SCAN	8,100,727	46,558,558	54,659,285	0.031130	0.000000	57.00	
58.00	05800	MRI	1,179,499	13,830,670	15,010,169	0.073704	0.000000	58.00	
60.00	06000	LABORATORY	17,971,367	84,142,933	102,114,300	0.110229	0.000000	60.00	
65.00	06500	RESPIRATORY THERAPY	4,508,638	3,942,989	8,451,627	0.242904	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	495,363	15,164,027	15,659,390	0.371369	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	312,089	2,337,406	2,649,495	0.288434	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	119,192	572,044	691,236	0.435829	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,001,514	3,747,452	4,748,966	0.092536	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	34,524	25,078	59,602	0.216855	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,099,660	4,226,148	5,325,808	0.570955	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	947,191	7,082,592	8,029,783	0.247034	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	13,313,824	42,318,498	55,632,322	0.176174	0.000000	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	1,057,837	17,192,921	18,250,758	0.228504	0.000000	75.00	
76.00	03160	STRESS TESTING	0	0	0	0.000000	0.000000	76.00	
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	7,539	4,162,279	4,169,818	0.741427	0.000000	76.01	
76.02	03610	SLEEP LAB	23,088	2,040,685	2,063,773	0.410841	0.000000	76.02	
76.97	07697	CARDIAC REHABILITATION	2,378,901	12,351,485	14,730,386	0.121088	0.000000	76.97	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	1,218,829	1,218,829			88.00	
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	8,036,688	8,036,688			88.01	
88.02	08802	RURAL HEALTH CLINIC (RHC)	0	5,300,039	5,300,039			88.02	
90.00	09000	CLINIC	14,144	2,408,903	2,423,047	0.419111	0.000000	90.00	
91.00	09100	EMERGENCY	8,054,185	51,829,699	59,883,884	0.173172	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,845,063	6,075,710	8,920,773	0.438513	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS									
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	114,296,120	480,717,914	595,014,034			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	114,296,120	480,717,914	595,014,034			202.00	



## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet C  
Part I  
Date/Time Prepared:  
2/20/2024 3:40 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
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.125011			50.00
51.00	05100 RECOVERY ROOM	0.335566			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.724755			52.00
53.00	05300 ANESTHESIOLOGY	0.047604			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.133038			54.00
56.00	05600 RADIOISOTOPE	0.118546			56.00
57.00	05700 CT SCAN	0.031130			57.00
58.00	05800 MRI	0.073704			58.00
60.00	06000 LABORATORY	0.110229			60.00
65.00	06500 RESPIRATORY THERAPY	0.242904			65.00
66.00	06600 PHYSICAL THERAPY	0.371369			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.288434			67.00
68.00	06800 SPEECH PATHOLOGY	0.435829			68.00
69.00	06900 ELECTROCARDIOLOGY	0.092536			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.216855			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.570955			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.247034			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.176174			73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.228504			75.00
76.00	03160 STRESS TESTING	0.000000			76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.742782			76.01
76.02	03610 SLEEP LAB	0.410841			76.02
76.97	07697 CARDIAC REHABILITATION	0.121088			76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC (RHC)				88.00
88.01	08801 RURAL HEALTH CLINIC (RHC)				88.01
88.02	08802 RURAL HEALTH CLINIC (RHC)				88.02
90.00	09000 CLINIC	0.419111			90.00
91.00	09100 EMERGENCY	0.173172			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.438513			92.00
OTHER REIMBURSABLE COST CENTERS					
102.00	10200 OPIOID TREATMENT PROGRAM				102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet C  
Part I  
Date/Time Prepared:  
2/20/2024 3:40 pm

				Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE		Total Costs	
						Disallowance			
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	21,521,735		21,521,735	0	21,521,735	30.00	
31.00	03100	INTENSIVE CARE UNIT	3,127,121		3,127,121	0	3,127,121	31.00	
43.00	04300	NURSERY	844,185		844,185	0	844,185	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	5,571,521		5,571,521	0	5,571,521	50.00	
51.00	05100	RECOVERY ROOM	2,375,783		2,375,783	0	2,375,783	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,264,014		1,264,014	0	1,264,014	52.00	
53.00	05300	ANESTHESIOLOGY	810,687		810,687	39,246	849,933	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,177,473		11,177,473	0	11,177,473	54.00	
56.00	05600	RADIOISOTOPE	668,507		668,507	0	668,507	56.00	
57.00	05700	CT SCAN	1,701,544		1,701,544	0	1,701,544	57.00	
58.00	05800	MRI	1,106,313		1,106,313	0	1,106,313	58.00	
60.00	06000	LABORATORY	11,255,942		11,255,942	0	11,255,942	60.00	
65.00	06500	RESPIRATORY THERAPY	2,052,933	0	2,052,933	0	2,052,933	65.00	
66.00	06600	PHYSICAL THERAPY	5,815,417	0	5,815,417	0	5,815,417	66.00	
67.00	06700	OCCUPATIONAL THERAPY	764,204	0	764,204	0	764,204	67.00	
68.00	06800	SPEECH PATHOLOGY	301,261	0	301,261	0	301,261	68.00	
69.00	06900	ELECTROCARDIOLOGY	439,451		439,451	0	439,451	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	12,925		12,925	0	12,925	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,040,795		3,040,795	0	3,040,795	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,983,630		1,983,630	0	1,983,630	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	9,800,958		9,800,958	0	9,800,958	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	4,170,371		4,170,371	0	4,170,371	75.00	
76.00	03160	STRESS TESTING	0		0	0	0	76.00	
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,091,615		3,091,615	5,651	3,097,266	76.01	
76.02	03610	SLEEP LAB	847,883		847,883	0	847,883	76.02	
76.97	07697	CARDIAC REHABILITATION	1,783,675		1,783,675	0	1,783,675	76.97	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC (RHC)	878,618		878,618	0	878,618	88.00	
88.01	08801	RURAL HEALTH CLINIC (RHC)	5,690,346		5,690,346	0	5,690,346	88.01	
88.02	08802	RURAL HEALTH CLINIC (RHC)	3,157,235		3,157,235	0	3,157,235	88.02	
90.00	09000	CLINIC	1,015,525		1,015,525	0	1,015,525	90.00	
91.00	09100	EMERGENCY	10,370,223		10,370,223	0	10,370,223	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,911,873		3,911,873	0	3,911,873	92.00	
OTHER REIMBURSABLE COST CENTERS									
102.00	10200	OPIOID TREATMENT PROGRAM	0		0		0	102.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	120,553,763	0	120,553,763	44,897	120,598,660	200.00	
201.00		Less Observation Beds	3,911,873		3,911,873		3,911,873	201.00	
202.00		Total (see instructions)	116,641,890	0	116,641,890	44,897	116,686,787	202.00	

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet C  
Part I  
Date/Time Prepared:  
2/20/2024 3:40 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	30,805,838		30,805,838		30.00
31.00	03100	INTENSIVE CARE UNIT	4,227,511		4,227,511		31.00
43.00	04300	NURSERY	1,048,149		1,048,149		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,128,086	39,439,997	44,568,083	0.125011	0.000000
51.00	05100	RECOVERY ROOM	422,264	6,657,663	7,079,927	0.335566	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,643,338	100,720	1,744,058	0.724755	0.000000
53.00	05300	ANESTHESIOLOGY	2,922,904	14,931,182	17,854,086	0.045406	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,159,406	79,857,793	84,017,199	0.133038	0.000000
56.00	05600	RADIOISOTOPE	474,279	5,164,926	5,639,205	0.118546	0.000000
57.00	05700	CT SCAN	8,100,727	46,558,558	54,659,285	0.031130	0.000000
58.00	05800	MRI	1,179,499	13,830,670	15,010,169	0.073704	0.000000
60.00	06000	LABORATORY	17,971,367	84,142,933	102,114,300	0.110229	0.000000
65.00	06500	RESPIRATORY THERAPY	4,508,638	3,942,989	8,451,627	0.242904	0.000000
66.00	06600	PHYSICAL THERAPY	495,363	15,164,027	15,659,390	0.371369	0.000000
67.00	06700	OCCUPATIONAL THERAPY	312,089	2,337,406	2,649,495	0.288434	0.000000
68.00	06800	SPEECH PATHOLOGY	119,192	572,044	691,236	0.435829	0.000000
69.00	06900	ELECTROCARDIOLOGY	1,001,514	3,747,452	4,748,966	0.092536	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	34,524	25,078	59,602	0.216855	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,099,660	4,226,148	5,325,808	0.570955	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	947,191	7,082,592	8,029,783	0.247034	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	13,313,824	42,318,498	55,632,322	0.176174	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	1,057,837	17,192,921	18,250,758	0.228504	0.000000
76.00	03160	STRESS TESTING	0	0	0	0.000000	0.000000
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	7,539	4,162,279	4,169,818	0.741427	0.000000
76.02	03610	SLEEP LAB	23,088	2,040,685	2,063,773	0.410841	0.000000
76.97	07697	CARDIAC REHABILITATION	2,378,901	12,351,485	14,730,386	0.121088	0.000000
	OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	1,218,829	1,218,829	0.720871	0.000000
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	8,036,688	8,036,688	0.708046	0.000000
88.02	08802	RURAL HEALTH CLINIC (RHC)	0	5,300,039	5,300,039	0.595700	0.000000
90.00	09000	CLINIC	14,144	2,408,903	2,423,047	0.419111	0.000000
91.00	09100	EMERGENCY	8,054,185	51,829,699	59,883,884	0.173172	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,845,063	6,075,710	8,920,773	0.438513	0.000000
	OTHER REIMBURSABLE COST CENTERS						
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	114,296,120	480,717,914	595,014,034		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	114,296,120	480,717,914	595,014,034		202.00

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet C  
Part I  
Date/Time Prepared:  
2/20/2024 3:40 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
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
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03160	STRESS TESTING	0.000000			76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000			76.01
76.02	03610	SLEEP LAB	0.000000			76.02
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC (RHC)	0.000000			88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0.000000			88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	0.000000			88.02
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						
102.00	10200	OPIOID TREATMENT PROGRAM				102.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

## APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet D  
Part I  
Date/Time Prepared:  
2/20/2024 3:40 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		1,075,130	0	1,075,130	16,659	64.54	30.00
31.00	INTENSIVE CARE UNIT		119,543		119,543	1,205	99.21	31.00
43.00	NURSERY		37,670		37,670	860	43.80	43.00
200.00	Total (lines 30 through 199)		1,232,343		1,232,343	18,724		200.00
Cost Center Description			Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
			6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		4,081	263,388				
31.00	INTENSIVE CARE UNIT		553	54,863				
43.00	NURSERY		0	0				
200.00	Total (lines 30 through 199)		4,634	318,251				

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet D  
Part II  
Date/Time Prepared:  
2/20/2024 3:40 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	568,819	44,568,083	0.012763	1,803,562	23,019	50.00	
51.00	05100 RECOVERY ROOM	65,950	7,079,927	0.009315	164,578	1,533	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	58,864	1,744,058	0.033751	61,953	2,091	52.00	
53.00	05300 ANESTHESIOLOGY	70,873	17,854,086	0.003970	802,244	3,185	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,576,015	84,017,199	0.018758	2,168,096	40,669	54.00	
56.00	05600 RADIOISOTOPE	13,082	5,639,205	0.002320	287,673	667	56.00	
57.00	05700 CT SCAN	60,878	54,659,285	0.001114	3,788,594	4,220	57.00	
58.00	05800 MRI	52,664	15,010,169	0.003509	579,840	2,035	58.00	
60.00	06000 LABORATORY	501,998	102,114,300	0.004916	7,534,398	37,039	60.00	
65.00	06500 RESPIRATORY THERAPY	109,661	8,451,627	0.012975	1,692,422	21,959	65.00	
66.00	06600 PHYSICAL THERAPY	520,554	15,659,390	0.033242	262,762	8,735	66.00	
67.00	06700 OCCUPATIONAL THERAPY	37,875	2,649,495	0.014295	155,529	2,223	67.00	
68.00	06800 SPEECH PATHOLOGY	13,095	691,236	0.018944	57,527	1,090	68.00	
69.00	06900 ELECTROCARDIOLOGY	15,161	4,748,966	0.003192	477,232	1,523	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	256	59,602	0.004295	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	149,850	5,325,808	0.028137	352,948	9,931	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	39,571	8,029,783	0.004928	543,386	2,678	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	233,666	55,632,322	0.004200	5,193,096	21,811	73.00	
75.00	07500 ASC (NON-DISTINCT PART)	247,524	18,250,758	0.013562	530,258	7,191	75.00	
76.00	03160 STRESS TESTING	0	0	0.000000	0	0	76.00	
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	103,921	4,169,818	0.024922	3,114	78	76.01	
76.02	03610 SLEEP LAB	154,892	2,063,773	0.075053	23,088	1,733	76.02	
76.97	07697 CARDIAC REHABILITATION	49,124	14,730,386	0.003335	1,219,369	4,067	76.97	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC (RHC)	54,077	1,218,829	0.044368	0	0	88.00	
88.01	08801 RURAL HEALTH CLINIC (RHC)	364,767	8,036,688	0.045388	0	0	88.01	
88.02	08802 RURAL HEALTH CLINIC (RHC)	64,411	5,300,039	0.012153	0	0	88.02	
90.00	09000 CLINIC	21,550	2,423,047	0.008894	5,968	53	90.00	
91.00	09100 EMERGENCY	485,045	59,883,884	0.008100	3,643,818	29,515	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	195,422	8,920,773	0.021906	1,402,747	30,729	92.00	
200.00	Total (lines 50 through 199)	5,829,565	558,932,536		32,754,202	257,774	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0110		Period: From 10/01/2022 To 09/30/2023	Worksheet D Part III Date/Time Prepared: 2/20/2024 3:40 pm	
				Title XVIII		Hospital	PPS	
Cost Center Description				Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost
				1A	1.00	2A	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0	0
200.00		Total (lines 30 through 199)	0	0	0	0	0	0
Cost Center Description				Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days
				4.00	5.00	6.00	7.00	8.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	16,659	0.00	4,081
31.00	03100	INTENSIVE CARE UNIT	0	0	0	1,205	0.00	553
43.00	04300	NURSERY	0	0	0	860	0.00	0
200.00		Total (lines 30 through 199)	0	0	0	18,724		4,634
Cost Center Description				Inpatient Program Pass-Through Cost (col. 7 x col. 8)				
				9.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet D  
Part IV  
Date/Time Prepared:  
2/20/2024 3:40 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	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	76.01
76.02	03610	SLEEP LAB	0	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	0	88.02
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	0	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0110		Period: From 10/01/2022 To 09/30/2023		Worksheet D Part IV Date/Time Prepared: 2/20/2024 3:40 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	44,568,083	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	7,079,927	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	1,744,058	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	17,854,086	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	84,017,199	0.000000	54.00
56.00	05600	RADIOISOTOPE		0	0	0	5,639,205	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	54,659,285	0.000000	57.00
58.00	05800	MRI		0	0	0	15,010,169	0.000000	58.00
60.00	06000	LABORATORY		0	0	0	102,114,300	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	8,451,627	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	15,659,390	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	2,649,495	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	691,236	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	4,748,966	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	59,602	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	5,325,808	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	8,029,783	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	55,632,322	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	18,250,758	0.000000	75.00
76.00	03160	STRESS TESTING		0	0	0	0	0.000000	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	4,169,818	0.000000	76.01
76.02	03610	SLEEP LAB		0	0	0	2,063,773	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION		0	0	0	14,730,386	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC (RHC)		0	0	0	1,218,829	0.000000	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)		0	0	0	8,036,688	0.000000	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)		0	0	0	5,300,039	0.000000	88.02
90.00	09000	CLINIC		0	0	0	2,423,047	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	59,883,884	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	8,920,773	0.000000	92.00
200.00		Total (lines 50 through 199)		0	0	0	558,932,536		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet D  
Part IV  
Date/Time Prepared:  
2/20/2024 3:40 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	1,803,562	0	10,953,216	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	164,578	0	2,097,871	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	61,953	0	7,575	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	802,244	0	3,564,572	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	2,168,096	0	18,363,520	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	287,673	0	1,779,971	0	56.00
57.00	05700	CT SCAN	0.000000	3,788,594	0	9,974,575	0	57.00
58.00	05800	MRI	0.000000	579,840	0	2,420,950	0	58.00
60.00	06000	LABORATORY	0.000000	7,534,398	0	6,886,476	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,692,422	0	498,977	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	262,762	0	15,130	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	155,529	0	1,616	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	57,527	0	2,793	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	477,232	0	1,020,000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	352,948	0	1,439,160	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	543,386	0	2,323,906	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	5,193,096	0	13,432,573	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	530,258	0	4,560,274	0	75.00
76.00	03160	STRESS TESTING	0.000000	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	3,114	0	708,980	0	76.01
76.02	03610	SLEEP LAB	0.000000	23,088	0	448,297	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.000000	1,219,369	0	3,623,189	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC (RHC)	0.000000	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0.000000	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	0.000000	0	0	0	0	88.02
90.00	09000	CLINIC	0.000000	5,968	0	1,304,839	0	90.00
91.00	09100	EMERGENCY	0.000000	3,643,818	0	9,840,716	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,402,747	0	896,058	0	92.00
200.00		Total (lines 50 through 199)		32,754,202	0	96,165,234	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet D  
Part V  
Date/Time Prepared:  
2/20/2024 3:40 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	0.125011	10,953,216	0	0	1,369,272	50.00
51.00	05100	RECOVERY ROOM	0.335566	2,097,871	0	0	703,974	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.724755	7,575	0	0	5,490	52.00
53.00	05300	ANESTHESIOLOGY	0.045406	3,564,572	0	0	161,853	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133038	18,363,520	0	0	2,443,046	54.00
56.00	05600	RADIOISOTOPE	0.118546	1,779,971	0	0	211,008	56.00
57.00	05700	CT SCAN	0.031130	9,974,575	0	0	310,509	57.00
58.00	05800	MRI	0.073704	2,420,950	0	0	178,434	58.00
60.00	06000	LABORATORY	0.110229	6,886,476	2,130	0	759,089	60.00
65.00	06500	RESPIRATORY THERAPY	0.242904	498,977	0	0	121,204	65.00
66.00	06600	PHYSICAL THERAPY	0.371369	15,130	0	0	5,619	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.288434	1,616	0	0	466	67.00
68.00	06800	SPEECH PATHOLOGY	0.435829	2,793	0	0	1,217	68.00
69.00	06900	ELECTROCARDIOLOGY	0.092536	1,020,000	0	0	94,387	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.216855	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.570955	1,439,160	0	0	821,696	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.247034	2,323,906	0	0	574,084	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.176174	13,432,573	0	31,877	2,366,470	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.228504	4,560,274	0	0	1,042,041	75.00
76.00	03160	STRESS TESTING	0.000000	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.741427	708,980	0	0	525,657	76.01
76.02	03610	SLEEP LAB	0.410841	448,297	0	0	184,179	76.02
76.97	07697	CARDIAC REHABILITATION	0.121088	3,623,189	0	0	438,725	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)						88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)						88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)						88.02
90.00	09000	CLINIC	0.419111	1,304,839	0	0	546,872	90.00
91.00	09100	EMERGENCY	0.173172	9,840,716	0	0	1,704,136	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.438513	896,058	0	0	392,933	92.00
200.00		Subtotal (see instructions)		96,165,234	2,130	31,877	14,962,361	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		96,165,234	2,130	31,877	14,962,361	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet D  
Part V  
Date/Time Prepared:  
2/20/2024 3:40 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
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	235	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,616		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03160	STRESS TESTING	0	0		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.01
76.02	03610	SLEEP LAB	0	0		76.02
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC (RHC)				88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)				88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)				88.02
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	235	5,616		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	235	5,616		202.00

## APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet D  
Part I  
Date/Time Prepared:  
2/20/2024 3:40 pm

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		1,075,130	0	1,075,130	16,659	64.54	30.00
31.00	INTENSIVE CARE UNIT		119,543		119,543	1,205	99.21	31.00
43.00	NURSERY		37,670		37,670	860	43.80	43.00
200.00	Total (lines 30 through 199)		1,232,343		1,232,343	18,724		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		929	59,958				
31.00	INTENSIVE CARE UNIT		83	8,234				
43.00	NURSERY		59	2,584				
200.00	Total (lines 30 through 199)		1,071	70,776				

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet D  
Part II  
Date/Time Prepared:  
2/20/2024 3:40 pm

Cost Center Description			Title XIX		Hospital	Cost		
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	568,819	44,568,083	0.012763	0	0	50.00
51.00	05100	RECOVERY ROOM	65,950	7,079,927	0.009315	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	58,864	1,744,058	0.033751	0	0	52.00
53.00	05300	ANESTHESIOLOGY	70,873	17,854,086	0.003970	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,576,015	84,017,199	0.018758	0	0	54.00
56.00	05600	RADIOISOTOPE	13,082	5,639,205	0.002320	0	0	56.00
57.00	05700	CT SCAN	60,878	54,659,285	0.001114	0	0	57.00
58.00	05800	MRI	52,664	15,010,169	0.003509	0	0	58.00
60.00	06000	LABORATORY	501,998	102,114,300	0.004916	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	109,661	8,451,627	0.012975	0	0	65.00
66.00	06600	PHYSICAL THERAPY	520,554	15,659,390	0.033242	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	37,875	2,649,495	0.014295	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	13,095	691,236	0.018944	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,161	4,748,966	0.003192	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	256	59,602	0.004295	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	149,850	5,325,808	0.028137	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,571	8,029,783	0.004928	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	233,666	55,632,322	0.004200	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	247,524	18,250,758	0.013562	0	0	75.00
76.00	03160	STRESS TESTING	0	0	0.000000	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	103,921	4,169,818	0.024922	0	0	76.01
76.02	03610	SLEEP LAB	154,892	2,063,773	0.075053	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	49,124	14,730,386	0.003335	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC (RHC)	54,077	1,218,829	0.044368	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	364,767	8,036,688	0.045388	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	64,411	5,300,039	0.012153	0	0	88.02
90.00	09000	CLINIC	21,550	2,423,047	0.008894	0	0	90.00
91.00	09100	EMERGENCY	485,045	59,883,884	0.008100	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	195,422	8,920,773	0.021906	0	0	92.00
200.00		Total (lines 50 through 199)	5,829,565	558,932,536		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0110		Period: From 10/01/2022 To 09/30/2023	Worksheet D Part III Date/Time Prepared: 2/20/2024 3:40 pm	
				Title XIX		Hospital	Cost	
Cost Center Description				Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost
				1A	1.00	2A	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0	0
200.00		Total (lines 30 through 199)	0	0	0	0	0	0
Cost Center Description				Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days
				4.00	5.00	6.00	7.00	8.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	16,659	0.00	929	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	1,205	0.00	83	31.00
43.00	04300	NURSERY	0	0	860	0.00	59	43.00
200.00		Total (lines 30 through 199)	0	0	18,724		1,071	200.00
Cost Center Description				Inpatient Program Pass-Through Cost (col. 7 x col. 8)				
				9.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet D  
Part IV  
Date/Time Prepared:  
2/20/2024 3:40 pm

Cost Center Description			Title XIX			Hospital		Cost
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
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
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.01
76.02	03610	SLEEP LAB	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.02
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet D  
Part IV  
Date/Time Prepared:  
2/20/2024 3:40 pm

Cost Center Description			Title XIX		Hospital	Cost	
			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
			4.00	5.00	6.00	7.00	8.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	44,568,083	0.000000
51.00	05100	RECOVERY ROOM	0	0	0	7,079,927	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,744,058	0.000000
53.00	05300	ANESTHESIOLOGY	0	0	0	17,854,086	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	84,017,199	0.000000
56.00	05600	RADIOISOTOPE	0	0	0	5,639,205	0.000000
57.00	05700	CT SCAN	0	0	0	54,659,285	0.000000
58.00	05800	MRI	0	0	0	15,010,169	0.000000
60.00	06000	LABORATORY	0	0	0	102,114,300	0.000000
65.00	06500	RESPIRATORY THERAPY	0	0	0	8,451,627	0.000000
66.00	06600	PHYSICAL THERAPY	0	0	0	15,659,390	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,649,495	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	691,236	0.000000
69.00	06900	ELECTROCARDIOLOGY	0	0	0	4,748,966	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	59,602	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,325,808	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,029,783	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	55,632,322	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	18,250,758	0.000000
76.00	03160	STRESS TESTING	0	0	0	0	0.000000
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	4,169,818	0.000000
76.02	03610	SLEEP LAB	0	0	0	2,063,773	0.000000
76.97	07697	CARDIAC REHABILITATION	0	0	0	14,730,386	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	0	0	1,218,829	0.000000
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	0	0	8,036,688	0.000000
88.02	08802	RURAL HEALTH CLINIC (RHC)	0	0	0	5,300,039	0.000000
90.00	09000	CLINIC	0	0	0	2,423,047	0.000000
91.00	09100	EMERGENCY	0	0	0	59,883,884	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	8,920,773	0.000000
200.00		Total (lines 50 through 199)	0	0	0	558,932,536	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet D  
Part IV  
Date/Time Prepared:  
2/20/2024 3:40 pm

Cost Center Description			Title XIX		Hospital		Cost	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03160	STRESS TESTING	0.000000	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.01
76.02	03610	SLEEP LAB	0.000000	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	0.000000	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0.000000	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	0.000000	0	0	0	0	88.02
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0110	Period: From 10/01/2022 To 09/30/2023	Worksheet D-1 Date/Time Prepared: 2/20/2024 3:40 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		16,659	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		16,659	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		13,631	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		4,081	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		21,521,735	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)		21,521,735	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)		21,521,735	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,291.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,272,244	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)		5,272,244	41.00

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0110

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

Worksheet D-1

Date/Time Prepared:  
2/20/2024 3:40 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,127,121	1,205	2,595.12	553	1,435,101	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,080,166	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					11,787,511	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					318,251	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					257,774	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					576,025	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,211,486	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,028	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,291.90	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,911.873	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0110		Period: From 10/01/2022 To 09/30/2023	Worksheet D-1  Date/Time Prepared: 2/20/2024 3:40 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	1,075,130	21,521,735	0.049956	3,911,873	195,422	90.00
91.00 Nursing Program cost	0	21,521,735	0.000000	3,911,873	0	91.00
92.00 Allied health cost	0	21,521,735	0.000000	3,911,873	0	92.00
93.00 All other Medical Education	0	21,521,735	0.000000	3,911,873	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0110	Period: From 10/01/2022 To 09/30/2023	Worksheet D-3  Date/Time Prepared: 2/20/2024 3:40 pm
Cost Center Description			Title XVIII	Hospital	PPS
			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		7,353,805	30.00
31.00	03100	INTENSIVE CARE UNIT		1,883,966	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.125011	1,803,562	50.00
51.00	05100	RECOVERY ROOM	0.335566	164,578	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.724755	61,953	52.00
53.00	05300	ANESTHESIOLOGY	0.047604	802,244	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133038	2,168,096	54.00
56.00	05600	RADIOISOTOPE	0.118546	287,673	56.00
57.00	05700	CT SCAN	0.031130	3,788,594	57.00
58.00	05800	MRI	0.073704	579,840	58.00
60.00	06000	LABORATORY	0.110229	7,534,398	60.00
65.00	06500	RESPIRATORY THERAPY	0.242904	1,692,422	65.00
66.00	06600	PHYSICAL THERAPY	0.371369	262,762	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.288434	155,529	67.00
68.00	06800	SPEECH PATHOLOGY	0.435829	57,527	68.00
69.00	06900	ELECTROCARDIOLOGY	0.092536	477,232	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.216855	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.570955	352,948	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.247034	543,386	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.176174	5,193,096	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.228504	530,258	75.00
76.00	03160	STRESS TESTING	0.000000	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.742782	3,114	76.01
76.02	03610	SLEEP LAB	0.410841	23,088	76.02
76.97	07697	CARDIAC REHABILITATION	0.121088	1,219,369	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC (RHC)	0.000000		88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0.000000		88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	0.000000		88.02
90.00	09000	CLINIC	0.419111	5,968	90.00
91.00	09100	EMERGENCY	0.173172	3,643,818	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.438513	1,402,747	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		32,754,202	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)		32,754,202	202.00

## CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet E  
Part A  
Date/Time Prepared:  
2/20/2024 3:40 pm

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			10,837,929	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)				2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)			0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			0	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)			80.70	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)			6.98	30.00
31.00	Percentage of Medicaid patient days (see instructions)			34.82	31.00
32.00	Sum of lines 30 and 31			41.80	32.00
33.00	Allowable disproportionate share percentage (see instructions)			23.70	33.00
34.00	Disproportionate share adjustment (see instructions)			642,147	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0110	Period: From 10/01/2022 To 09/30/2023	Worksheet E Part A Date/Time Prepared: 2/20/2024 3:40 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>Uncompensated Care Payment Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		0	6,874,403,459	35.00
35.01	Factor 3 (see instructions)	0.000000000	0	0.000114111	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)		0	784,448	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)		0	784,448	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	784,448			36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)	12,264,524			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				<b>Amount</b>	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			12,264,524	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			814,588	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			21,179	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)			13,100,291	59.00
60.00	Primary payer payments			5,469	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			13,094,822	61.00
62.00	Deductibles billed to program beneficiaries			1,388,236	62.00
63.00	Coinurance billed to program beneficiaries			53,501	63.00
64.00	Allowable bad debts (see instructions)			198,931	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			129,305	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			177,131	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			11,782,390	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)			0	70.94
70.95	Recovery of accelerated depreciation			0	70.95



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0110	Period: From 10/01/2022 To 09/30/2023	Worksheet E Part A Date/Time Prepared: 2/20/2024 3:40 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0 70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	2023	408,886	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)		12,191,276	71.00
71.01	Sequestration adjustment (see instructions)		243,826	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		11,892,608	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)		54,842	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		273,152	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0 90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0 95.00
96.00	Time value of money for capital related expenses (see instructions)			0 96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)			0 100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0 102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0 104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

## LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
2/20/2024 3:40 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,837,929	0		10,837,929	10,837,929	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0	0		0	0	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	0.2370	0.2370	0.2370	0.2370		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	642,147	0	0	642,147	642,147	11.00
11.01	Uncompensated care payments	36.00	784,448	0	0	784,448	784,448	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	12,264,524	0	0	12,264,524	12,264,524	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	12,264,524	0	0	12,264,524	12,264,524	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	814,588	0	0	814,588	814,588	16.00

## LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
2/20/2024 3:40 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	21,179	0	0	21,179	21,179	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	0	13,100,291	13,100,291	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	814,588	0	0	814,588	814,588	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	0	0	0	0	0	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	814,588	0	0	814,588	814,588	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.031212		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				408,886	408,886	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: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
2/20/2024 3:40 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 (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,837,929		10,837,929	10,837,929	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0		0	0	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	0.2370	0.2370	0.2370		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	642,147	0	642,147	642,147	11.00
11.01	Uncompensated care payments	36.00	784,448	0	784,448	784,448	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	12,264,524	0	12,264,524	12,264,524	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	12,264,524	0	12,264,524	12,264,524	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	814,588	0	814,588	814,588	16.00
17.00	Special add-on payments for new technologies	54.00	21,179	0	21,179	21,179	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			0	13,100,291	13,100,291	19.00

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

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
2/20/2024 3:40 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	814,588	0	814,588	814,588	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	0	0	0	0	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	814,588	0	814,588	814,588	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	408,886		408,886	408,886	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	0	0	0	0	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: 14-0110	Period: From 10/01/2022 To 09/30/2023	Worksheet E Part B Date/Time Prepared: 2/20/2024 3:40 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		5,851	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		14,962,361	2.00
3.00	OPPS or REH payments		13,807,088	3.00
4.00	Outlier payment (see instructions)		66,629	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)		5,851	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		34,007	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)		34,007	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)		34,007	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		28,156	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)		5,851	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)		13,873,717	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,502,190	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)		11,377,378	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
28.50	REH facility payment amount		0	28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		11,377,378	30.00
31.00	Primary payer payments		50	31.00
32.00	Subtotal (line 30 minus line 31)		11,377,328	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)		232,199	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		150,929	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		204,916	36.00
37.00	Subtotal (see instructions)		11,528,257	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)		11,528,257	40.00
40.01	Sequestration adjustment (see instructions)		230,565	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		11,350,668	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-52,976	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		25,878	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

Health Financial Systems		OTTAWA REGIONAL HOSPITAL & HEALTHCARE		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT			Provider CCN: 14-0110	Period: From 10/01/2022 To 09/30/2023	Worksheet E Part B Date/Time Prepared: 2/20/2024 3:40 pm
			Title XVIII	Hospital	PPS
					1.00
MEDICARE PART B ANCILLARY COSTS					
200.00	Part B Combined Billed Days				0200.00

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet E-1  
Part I  
Date/Time Prepared:  
2/20/2024 3:40 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		11,827,225		11,325,394	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	05/03/2023	65,383	05/03/2023	25,274	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)		65,383		25,274	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)		11,892,608		11,350,668	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		54,842		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		52,976	6.02
7.00	Total Medicare program liability (see instructions)		11,947,450		11,297,692	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: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet E-1  
Part II  
Date/Time Prepared:  
2/20/2024 3:40 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: 14-0110	Period: From 10/01/2022 To 09/30/2023	Worksheet E-5  Date/Time Prepared: 2/20/2024 3:40 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: 14-0110

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

Worksheet G

Date/Time Prepared:  
2/20/2024 3:40 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	45,867,085	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	71,767,287	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-47,930,188	0	0	0	6.00
7.00	Inventory	2,808,609	0	0	0	7.00
8.00	Prepaid expenses	14,391	0	0	0	8.00
9.00	Other current assets	1,974,263	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)	74,501,447	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	3,227,906	0	0	0	12.00
13.00	Land improvements	3,114,070	0	0	0	13.00
14.00	Accumulated depreciation	-2,729,417	0	0	0	14.00
15.00	Buildings	75,198,304	0	0	0	15.00
16.00	Accumulated depreciation	-42,937,352	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	37,378,221	0	0	0	23.00
24.00	Accumulated depreciation	-27,731,592	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	2,678,002	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	48,198,142	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	15,855,068	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	1,487,759	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	17,342,827	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	140,042,416	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	3,285,077	0	0	0	37.00
38.00	Salaries, wages, and fees payable	238,407	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	360,330	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	9,327,646	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	13,211,460	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	723,169	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	723,169	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	13,934,629	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	126,107,787	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	126,107,787	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	140,042,416	0	0	0	60.00

## STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0110

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

Worksheet G-1

Date/Time Prepared:  
2/20/2024 3:40 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		79,393,627		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		56,635,183				2.00
3.00	Total (sum of line 1 and line 2)		136,028,810		0		3.00
4.00	MISCELLANEOUS	729,360		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)		729,360		0		10.00
11.00	Subtotal (line 3 plus line 10)		136,758,170		0		11.00
12.00	EQUITY TRANSFER	10,650,383		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		10,650,383		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		126,107,787		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	MISCELLANEOUS		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	EQUITY TRANSFER		0				12.00
13.00			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: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
2/20/2024 3:40 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Services</b>					
1.00	Hospital	34,596,992		34,596,992	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	34,596,992		34,596,992	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
11.00	INTENSIVE CARE UNIT	4,227,511		4,227,511	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)	4,227,511		4,227,511	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	38,824,503		38,824,503	17.00
18.00	Ancillary services	67,278,325	405,871,134	473,149,459	18.00
19.00	Outpatient services	8,170,207	60,314,312	68,484,519	19.00
20.00	RURAL HEALTH CLINIC (RHC)	0	1,218,829	1,218,829	20.00
20.01	RURAL HEALTH CLINIC (RHC)	0	8,036,688	8,036,688	20.01
20.02	RURAL HEALTH CLINIC (RHC)	0	5,300,039	5,300,039	20.02
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	1,296,873	20,449,295	21,746,168	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	115,569,908	501,190,297	616,760,205	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		139,182,630		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		139,182,630		43.00

## STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0110

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

Worksheet G-3

Date/Time Prepared:  
2/20/2024 3:40 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	616,760,205	1.00
2.00	Less contractual allowances and discounts on patients' accounts	430,865,735	2.00
3.00	Net patient revenues (line 1 minus line 2)	185,894,470	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	139,182,630	4.00
5.00	Net income from service to patients (line 3 minus line 4)	46,711,840	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	3,707,613	6.00
7.00	Income from investments	1,687,197	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	342,011	14.00
15.00	Revenue from rental of living quarters	442,896	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	1,376	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 REVENUES	928,923	24.00
24.01	COMMUNITY HEALTH EDUCATION	47,838	24.01
24.02	OTHER (SPECIFY)	0	24.02
24.03	RISK VALUE BASED REVENUE	1,431,785	24.03
24.04	CONTRACT PHARMACY	591,292	24.04
24.05	CONTRIB OF EXCELL ASSETS OVER LIAB	742,412	24.05
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	9,923,343	25.00
26.00	Total (line 5 plus line 25)	56,635,183	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	56,635,183	29.00

## CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0110

Period:  
From 10/01/2022  
To 09/30/2023Worksheet L  
Parts I-III  
Date/Time Prepared:  
2/20/2024 3:40 pm

		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		814,588	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		0	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		40.93	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)		814,588	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00

## ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0110

Period:

Worksheet M-1

Component CCN: 14-8649

From 10/01/2022

Date/Time Prepared:

To 09/30/2023

2/20/2024 3:40 pm

		RHC I		Cost		
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassified	Reclassified Trial Balance (col. 3 + col. 4)
		1.00	2.00	3.00	4.00	5.00
<b>FACILITY HEALTH CARE STAFF COSTS</b>						
1.00	Physician	193,103	0	193,103	-43,117	149,986
2.00	Physician Assistant	0	0	0	0	0
3.00	Nurse Practitioner	65,240	0	65,240	-14,075	51,165
4.00	Visiting Nurse	0	0	0	0	0
5.00	Other Nurse	153,586	0	153,586	-30,174	123,412
6.00	Clinical Psychologist	0	0	0	0	0
7.00	Clinical Social Worker	0	0	0	0	0
8.00	Laboratory Technician	0	0	0	0	0
9.00	Other Facility Health Care Staff Costs	0	0	0	0	0
10.00	Subtotal (sum of lines 1 through 9)	411,929	0	411,929	-87,366	324,563
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	1,579	1,579	0	1,579
14.00	Subtotal (sum of lines 11 through 13)	0	1,579	1,579	0	1,579
15.00	Medical Supplies	0	40,776	40,776	0	40,776
16.00	Transportation (Health Care Staff)	0	475	475	0	475
17.00	Depreciation-Medical Equipment	0	0	0	0	0
18.00	Professional Liability Insurance	0	1,558	1,558	0	1,558
19.00	Other Health Care Costs	0	28,026	28,026	0	28,026
20.00	Allowable GME Costs	0	0	0	0	0
21.00	Subtotal (sum of lines 15 through 20)	0	70,835	70,835	0	70,835
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	411,929	72,414	484,343	-87,366	396,977
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>						
23.00	Pharmacy	0	0	0	0	0
24.00	Dental	0	0	0	0	0
25.00	Optometry	0	0	0	0	0
25.01	Telehealth	0	0	0	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	0	0	0	0
<b>FACILITY OVERHEAD</b>						
29.00	Facility Costs	0	9,584	9,584	0	9,584
30.00	Administrative Costs	14,859	133,144	148,003	-77,758	70,245
31.00	Total Facility Overhead (sum of lines 29 and 30)	14,859	142,728	157,587	-77,758	79,829
32.00	Total facility costs (sum of lines 22, 28 and 31)	426,788	215,142	641,930	-165,124	476,806



## ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0110

Period:

From 10/01/2022

To 09/30/2023

Worksheet M-1

Component CCN: 14-8649

Date/Time Prepared:  
2/20/2024 3:40 pm

RHC I

Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>				
1.00	Physician	-1,203	148,783	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	-140	51,025	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	123,412	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	0	9.00
10.00	Subtotal (sum of lines 1 through 9)	-1,343	323,220	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	1,579	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	1,579	14.00
15.00	Medical Supplies	0	40,776	15.00
16.00	Transportation (Health Care Staff)	0	475	16.00
17.00	Depreciation-Medical Equipment	0	0	17.00
18.00	Professional Liability Insurance	0	1,558	18.00
19.00	Other Health Care Costs	0	28,026	19.00
20.00	Allowable GME Costs			20.00
21.00	Subtotal (sum of lines 15 through 20)	0	70,835	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-1,343	395,634	22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>				
23.00	Pharmacy	0	0	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
25.01	Telehealth	1,343	1,343	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)	1,343	1,343	28.00
<b>FACILITY OVERHEAD</b>				
29.00	Facility Costs	0	9,584	29.00
30.00	Administrative Costs	0	70,245	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	79,829	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	476,806	32.00

## ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0110

Period:

Worksheet M-1

Component CCN: 14-8655

From 10/01/2022  
To 09/30/2023Date/Time Prepared:  
2/20/2024 3:40 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
<b>FACILITY HEALTH CARE STAFF COSTS</b>						
1.00	Physician	1,065,206	0	1,065,206	-238,085	827,121
2.00	Physician Assistant	0	0	0	0	0
3.00	Nurse Practitioner	453,377	0	453,377	-107,635	345,742
4.00	Visiting Nurse	0	0	0	0	0
5.00	Other Nurse	973,518	0	973,518	-263,744	709,774
6.00	Clinical Psychologist	0	0	0	0	0
7.00	Clinical Social Worker	20,643	0	20,643	364	21,007
8.00	Laboratory Technician	0	0	0	0	0
9.00	Other Facility Health Care Staff Costs	0	0	0	0	0
10.00	Subtotal (sum of lines 1 through 9)	2,512,744	0	2,512,744	-609,100	1,903,644
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	8,634	8,634	0	8,634
14.00	Subtotal (sum of lines 11 through 13)	0	8,634	8,634	0	8,634
15.00	Medical Supplies	0	389,456	389,456	0	389,456
16.00	Transportation (Health Care Staff)	0	2,000	2,000	0	2,000
17.00	Depreciation-Medical Equipment	0	0	0	0	0
18.00	Professional Liability Insurance	0	10,091	10,091	0	10,091
19.00	Other Health Care Costs	0	71,231	71,231	0	71,231
20.00	Allowable GME Costs	0	0	0	0	0
21.00	Subtotal (sum of lines 15 through 20)	0	472,778	472,778	0	472,778
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	2,512,744	481,412	2,994,156	-609,100	2,385,056
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>						
23.00	Pharmacy	0	0	0	0	0
24.00	Dental	0	0	0	0	0
25.00	Optometry	0	0	0	0	0
25.01	Telehealth	0	0	0	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	0	0	0	0
<b>FACILITY OVERHEAD</b>						
29.00	Facility Costs	0	56,409	56,409	0	56,409
30.00	Administrative Costs	389,983	705,856	1,095,839	-576,905	518,934
31.00	Total Facility Overhead (sum of lines 29 and 30)	389,983	762,265	1,152,248	-576,905	575,343
32.00	Total facility costs (sum of lines 22, 28 and 31)	2,902,727	1,243,677	4,146,404	-1,186,005	2,960,399

## ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0110

Period:

Worksheet M-1

Component CCN: 14-8655

From 10/01/2022  
To 09/30/2023Date/Time Prepared:  
2/20/2024 3:40 pm

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	RHC II	Cost
		6.00	7.00		
<b>FACILITY HEALTH CARE STAFF COSTS</b>					
1.00	Physician	23,677	850,798		1.00
2.00	Physician Assistant	0	0		2.00
3.00	Nurse Practitioner	3,230	348,972		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	709,774		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	-159	20,848		7.00
8.00	Laboratory Technician	0	0		8.00
9.00	Other Facility Health Care Staff Costs	0	0		9.00
10.00	Subtotal (sum of lines 1 through 9)	26,748	1,930,392		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	8,634		13.00
14.00	Subtotal (sum of lines 11 through 13)	0	8,634		14.00
15.00	Medical Supplies	0	389,456		15.00
16.00	Transportation (Health Care Staff)	0	2,000		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	10,091		18.00
19.00	Other Health Care Costs	0	71,231		19.00
20.00	Allowable GME Costs				20.00
21.00	Subtotal (sum of lines 15 through 20)	0	472,778		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	26,748	2,411,804		22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>					
23.00	Pharmacy	0	0		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
25.01	Telehealth	19,071	19,071		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)	19,071	19,071		28.00
<b>FACILITY OVERHEAD</b>					
29.00	Facility Costs	0	56,409		29.00
30.00	Administrative Costs	-1,282	517,652		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-1,282	574,061		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	44,537	3,004,936		32.00

## ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0110

Period:

Worksheet M-1

Component CCN: 14-8652

From 10/01/2022  
To 09/30/2023Date/Time Prepared:  
2/20/2024 3:40 pm

		RHC III		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
<b>FACILITY HEALTH CARE STAFF COSTS</b>						
1.00	Physician	879,315	0	879,315	-158,716	720,599
2.00	Physician Assistant	873	0	873	16	889
3.00	Nurse Practitioner	159,281	0	159,281	-21,063	138,218
4.00	Visiting Nurse	0	0	0	0	0
5.00	Other Nurse	546,196	0	546,196	-121,805	424,391
6.00	Clinical Psychologist	0	0	0	0	0
7.00	Clinical Social Worker	0	0	0	0	0
8.00	Laboratory Technician	0	0	0	0	0
9.00	Other Facility Health Care Staff Costs	0	0	0	0	0
10.00	Subtotal (sum of lines 1 through 9)	1,585,665	0	1,585,665	-301,568	1,284,097
11.00	Physician Services Under Agreement	0	110	110	0	110
12.00	Physician Supervision Under Agreement	0	0	0	0	0
13.00	Other Costs Under Agreement	0	1,700	1,700	0	1,700
14.00	Subtotal (sum of lines 11 through 13)	0	1,810	1,810	0	1,810
15.00	Medical Supplies	0	127,467	127,467	0	127,467
16.00	Transportation (Health Care Staff)	0	1,454	1,454	0	1,454
17.00	Depreciation-Medical Equipment	0	0	0	0	0
18.00	Professional Liability Insurance	0	6,621	6,621	0	6,621
19.00	Other Health Care Costs	0	99,160	99,160	0	99,160
20.00	Allowable GME Costs	0	0	0	0	0
21.00	Subtotal (sum of lines 15 through 20)	0	234,702	234,702	0	234,702
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	1,585,665	236,512	1,822,177	-301,568	1,520,609
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>						
23.00	Pharmacy	0	0	0	0	0
24.00	Dental	0	0	0	0	0
25.00	Optometry	0	0	0	0	0
25.01	Telehealth	0	0	0	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	0	0	0	0
<b>FACILITY OVERHEAD</b>						
29.00	Facility Costs	0	11,412	11,412	0	11,412
30.00	Administrative Costs	227,562	426,639	654,201	-290,012	364,189
31.00	Total Facility Overhead (sum of lines 29 and 30)	227,562	438,051	665,613	-290,012	375,601
32.00	Total facility costs (sum of lines 22, 28 and 31)	1,813,227	674,563	2,487,790	-591,580	1,896,210

## ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0110

Period:

Worksheet M-1

Component CCN: 14-8652

From 10/01/2022  
To 09/30/2023Date/Time Prepared:  
2/20/2024 3:40 pm

RHC III

Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>				
1.00	Physician	-1,593	719,006	1.00
2.00	Physician Assistant	0	889	2.00
3.00	Nurse Practitioner	3,405	141,623	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	424,391	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	0	9.00
10.00	Subtotal (sum of lines 1 through 9)	1,812	1,285,909	10.00
11.00	Physician Services Under Agreement	0	110	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	1,700	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	1,810	14.00
15.00	Medical Supplies	0	127,467	15.00
16.00	Transportation (Health Care Staff)	0	1,454	16.00
17.00	Depreciation-Medical Equipment	0	0	17.00
18.00	Professional Liability Insurance	0	6,621	18.00
19.00	Other Health Care Costs	0	99,160	19.00
20.00	Allowable GME Costs			20.00
21.00	Subtotal (sum of lines 15 through 20)	0	234,702	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	1,812	1,522,421	22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>				
23.00	Pharmacy	0	0	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
25.01	Telehealth	1,930	1,930	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)	1,930	1,930	28.00
<b>FACILITY OVERHEAD</b>				
29.00	Facility Costs	0	11,412	29.00
30.00	Administrative Costs	0	364,189	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	375,601	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	3,742	1,899,952	32.00

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

Provider CCN: 14-0110

Period:

Worksheet M-2

Component CCN: 14-8649

From 10/01/2022  
To 09/30/2023Date/Time Prepared:  
2/20/2024 3:40 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	0.47	1,464	4,200	1,974		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	0.28	909	2,100	588		3.00
4.00	Subtotal (sum of lines 1 through 3)	0.75	2,373		2,562	2,562	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	0.75	2,373			2,562	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)					395,634	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					1,343	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					396,977	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					0.996617	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					79,829	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					401,812	15.00
16.00	Total overhead (sum of lines 14 and 15)					481,641	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					481,641	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					480,012	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					875,646	20.00

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

Provider CCN: 14-0110

Period:

Worksheet M-2

Component CCN: 14-8655

From 10/01/2022  
To 09/30/2023Date/Time Prepared:  
2/20/2024 3:40 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	2.70	10,367	4,200	11,340		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	2.55	7,394	2,100	5,355		3.00
4.00	Subtotal (sum of lines 1 through 3)	5.25	17,761		16,695	17,761	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	0.32	225			225	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)	5.57	17,986			17,986	8.00
9.00	Physician Services Under Agreements		0			0	9.00
							1.00
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES							
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					2,411,804	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					19,071	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					2,430,875	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					0.992155	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					574,061	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					2,685,410	15.00
16.00	Total overhead (sum of lines 14 and 15)					3,259,471	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					3,259,471	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					3,233,900	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					5,645,704	20.00

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

Provider CCN: 14-0110

Period:

Worksheet M-2

Component CCN: 14-8652

From 10/01/2022  
To 09/30/2023Date/Time Prepared:  
2/20/2024 3:40 pm

				RHC III		Cost	
		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY							
Positions							
1.00	Physician	3.26	9,332	4,200	13,692		1.00
2.00	Physician Assistant	0.01	19	2,100	21		2.00
3.00	Nurse Practitioner	1.95	4,632	2,100	4,095		3.00
4.00	Subtotal (sum of lines 1 through 3)	5.22	13,983		17,808	17,808	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)	5.22	13,983			17,808	8.00
9.00	Physician Services Under Agreements		0			0	9.00
							1.00
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES							
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					1,522,421	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					1,930	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					1,524,351	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					0.998734	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					375,601	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					1,257,283	15.00
16.00	Total overhead (sum of lines 14 and 15)					1,632,884	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					1,632,884	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					1,630,817	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					3,153,238	20.00



CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0110 Component CCN: 14-8649	Period: From 10/01/2022 To 09/30/2023	Worksheet M-3 Date/Time Prepared: 2/20/2024 3:40 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)			875,646	1.00
2.00	Cost of injections/infusions and their administration (from Wkst. M-4, line 15)			47,632	2.00
3.00	Total allowable cost excluding injections/infusions (line 1 minus line 2)			828,014	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			2,562	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			0	5.00
6.00	Total adjusted visits (line 4 plus line 5)			2,562	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			323.19	7.00
			Calculation of Limit (1)		
			Rate Period 1 (10/01/2022 through 12/31/2022)	Rate Period 2 (01/01/2023 through 09/30/2023)	
			1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)		113.00	126.00	8.00
9.00	Rate for Program covered visits (see instructions)		113.00	126.00	9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)		0	600	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)		0	75,600	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	75,600	16.00
16.01	Total program charges (see instructions)(from contractor's records)			181,074	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)			3,245	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)			1,355	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.)			52,456	16.04
16.05	Total program cost (see instructions)		0	53,811	16.05
17.00	Primary payer amounts			72	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)			8,675	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)			33,831	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)			53,739	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)			11,921	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)			65,660	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)			65,660	26.00
26.01	Sequestration adjustment (see instructions)			1,313	26.01
26.02	Demonstration payment adjustment amount after sequestration			0	26.02
27.00	Interim payments			52,281	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)			12,066	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: 14-0110	Period:	Worksheet M-3	
		Component CCN: 14-8655	From 10/01/2022 To 09/30/2023	Date/Time Prepared: 2/20/2024 3:40 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)			5,645,704	1.00
2.00	Cost of injections/infusions and their administration (from Wkst. M-4, line 15)			532,874	2.00
3.00	Total allowable cost excluding injections/infusions (line 1 minus line 2)			5,112,830	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			17,986	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)			17,986	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			284.27	7.00
			Calculation of Limit (1)		
			Rate Period 1 (10/01/2022 through 12/31/2022)	Rate Period 2 (01/01/2023 through 09/30/2023)	
			1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)		113.00	126.00	8.00
9.00	Rate for Program covered visits (see instructions)		113.00	126.00	9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)		0	3,883	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)		0	489,258	11.00
12.00	Program covered visits for mental health services (from contractor records)		0	31	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)		0	3,906	13.00
14.00	Limit adjustment for mental health services (see instructions)		0	3,906	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	493,164	16.00
16.01	Total program charges (see instructions)(from contractor's records)			1,084,381	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)			10,249	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)			4,661	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.)			368,339	16.04
16.05	Total program cost (see instructions)		0	373,000	16.05
17.00	Primary payer amounts			407	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)			28,079	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)			209,211	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)			372,593	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)			100,753	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)			473,346	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)			473,346	26.00
26.01	Sequestration adjustment (see instructions)			9,467	26.01
26.02	Demonstration payment adjustment amount after sequestration			0	26.02
27.00	Interim payments			212,635	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)			251,244	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: 14-0110 Component CCN: 14-8652	Period: From 10/01/2022 To 09/30/2023	Worksheet M-3 Date/Time Prepared: 2/20/2024 3:40 pm		
		Title XVIII	RHC III	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)			3,153,238	1.00	
2.00	Cost of injections/infusions and their administration (from Wkst. M-4, line 15)			74,157	2.00	
3.00	Total allowable cost excluding injections/infusions (line 1 minus line 2)			3,079,081	3.00	
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			17,808	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)			17,808	6.00	
7.00	Adjusted cost per visit (line 3 divided by line 6)			172.90	7.00	
			Calculation of Limit (1)			
			Rate Period 1 (10/01/2022 through 12/31/2022)	Rate Period 2 (01/01/2023 through 09/30/2023)		
			1.00	2.00		
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)			113.00	126.00	8.00
9.00	Rate for Program covered visits (see instructions)			113.00	126.00	9.00
CALCULATION OF SETTLEMENT						
10.00	Program covered visits excluding mental health services (from contractor records)			0	1,904	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)			0	239,904	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	239,904	16.00
16.01	Total program charges (see instructions)(from contractor's records)				508,621	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)				9,395	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)				4,432	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.)				171,498	16.04
16.05	Total program cost (see instructions)			0	175,930	16.05
17.00	Primary payer amounts				156	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)				21,099	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)				95,625	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)				175,774	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)				20,189	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)				195,963	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)				195,963	26.00
26.01	Sequestration adjustment (see instructions)				3,919	26.01
26.02	Demonstration payment adjustment amount after sequestration				0	26.02
27.00	Interim payments				170,915	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)				21,129	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: 14-0110

Period:

Worksheet M-4

Component CCN: 14-8649

From 10/01/2022

To 09/30/2023

Date/Time Prepared:  
2/20/2024 3:40 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)	323,220	323,220	323,220	323,220	1.00
2.00	Ratio of injection/infusion staff time to total health care staff time	0.003110	0.006753	0.000000	0.000000	2.00
3.00	Injection/infusion health care staff cost (line 1 x line 2)	1,005	2,183	0	0	3.00
4.00	Injections/infusions and related medical supplies costs (from your records)	14,585	3,748	0	0	4.00
5.00	Direct cost of injections/infusions (line 3 plus line 4)	15,590	5,931	0	0	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	395,634	395,634	395,634	395,634	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	480,012	480,012	480,012	480,012	7.00
8.00	Ratio of injection/infusion direct cost to total direct cost (line 5 divided by line 6)	0.039405	0.014991	0.000000	0.000000	8.00
9.00	Overhead cost - injection/infusion (line 7 x line 8)	18,915	7,196	0	0	9.00
10.00	Total injection/infusion costs and their administration costs (sum of lines 5 and 9)	34,505	13,127	0	0	10.00
11.00	Total number of injections/infusions (from your records)	70	152	0	0	11.00
12.00	Cost per injection/infusion (line 10/line 11)	492.93	86.36	0.00	0.00	12.00
13.00	Number of injection/infusion administered to Program beneficiaries	17	41	0	0	13.00
13.01	Number of COVID-19 vaccine injections/infusions administered to MA enrollees			0	0	13.01
14.00	Program cost of injections/infusions and their administration costs (line 12 times the sum of lines 13 and 13.01, as applicable)	8,380	3,541	0	0	14.00
					COST OF INJECTIONS / INFUSIONS AND ADMINISTRATION	
				1.00	2.00	
15.00	Total cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 10) (transfer this amount to Wkst. M-3, line 2)				47,632	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)				11,921	16.00

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

Provider CCN: 14-0110

Period:

Worksheet M-4

Component CCN: 14-8655

From 10/01/2022  
To 09/30/2023Date/Time Prepared:  
2/20/2024 3:40 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)	1,930,392	1,930,392	1,930,392	1,930,392	1.00
2.00	Ratio of injection/infusion staff time to total health care staff time	0.004638	0.007626	0.001603	0.000000	2.00
3.00	Injection/infusion health care staff cost (line 1 x line 2)	8,953	14,721	3,094	0	3.00
4.00	Injections/infusions and related medical supplies costs (from your records)	168,147	32,724	0	0	4.00
5.00	Direct cost of injections/infusions (line 3 plus line 4)	177,100	47,445	3,094	0	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	2,411,804	2,411,804	2,411,804	2,411,804	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	3,233,900	3,233,900	3,233,900	3,233,900	7.00
8.00	Ratio of injection/infusion direct cost to total direct cost (line 5 divided by line 6)	0.073431	0.019672	0.001283	0.000000	8.00
9.00	Overhead cost - injection/infusion (line 7 x line 8)	237,469	63,617	4,149	0	9.00
10.00	Total injection/infusion costs and their administration costs (sum of lines 5 and 9)	414,569	111,062	7,243	0	10.00
11.00	Total number of injections/infusions (from your records)	807	1,327	279	0	11.00
12.00	Cost per injection/infusion (line 10/line 11)	513.72	83.69	25.96	0.00	12.00
13.00	Number of injection/infusion administered to Program beneficiaries	130	382	77	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)	66,784	31,970	1,999	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)				532,874	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)				100,753	16.00

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

Provider CCN: 14-0110

Period:

Worksheet M-4

Component CCN: 14-8652

From 10/01/2022  
To 09/30/2023Date/Time Prepared:  
2/20/2024 3:40 pm

		Title XVIII		RHC III	Cost	
		PNEUMOCOCCAL VACCINES	INFLUENZA VACCINES	COVID-19 VACCINES	MONOCLONAL ANTI BODY PRODUCTS	
		1.00	2.00	2.01	2.02	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	1,285,909	1,285,909	1,285,909	1,285,909	1.00
2.00	Ratio of injection/infusion staff time to total health care staff time	0.001168	0.001210	0.000000	0.000000	2.00
3.00	Injection/infusion health care staff cost (line 1 x line 2)	1,502	1,556	0	0	3.00
4.00	Injections/infusions and related medical supplies costs (from your records)	29,170	3,576	0	0	4.00
5.00	Direct cost of injections/infusions (line 3 plus line 4)	30,672	5,132	0	0	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	1,522,421	1,522,421	1,522,421	1,522,421	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	1,630,817	1,630,817	1,630,817	1,630,817	7.00
8.00	Ratio of injection/infusion direct cost to total direct cost (line 5 divided by line 6)	0.020147	0.003371	0.000000	0.000000	8.00
9.00	Overhead cost - injection/infusion (line 7 x line 8)	32,856	5,497	0	0	9.00
10.00	Total injection/infusion costs and their administration costs (sum of lines 5 and 9)	63,528	10,629	0	0	10.00
11.00	Total number of injections/infusions (from your records)	140	145	0	0	11.00
12.00	Cost per injection/infusion (line 10/line 11)	453.77	73.30	0.00	0.00	12.00
13.00	Number of injection/infusion administered to Program beneficiaries	39	34	0	0	13.00
13.01	Number of COVID-19 vaccine injections/infusions administered to MA enrollees			0	0	13.01
14.00	Program cost of injections/infusions and their administration costs (line 12 times the sum of lines 13 and 13.01, as applicable)	17,697	2,492	0	0	14.00
					COST OF INJECTIONS / INFUSIONS AND ADMINISTRATION	
				1.00	2.00	
15.00	Total cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 10) (transfer this amount to Wkst. M-3, line 2)				74,157	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)				20,189	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-0110 Component CCN: 14-8649	Period: From 10/01/2022 To 09/30/2023	Worksheet M-5 Date/Time Prepared: 2/20/2024 3:40 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		52,281	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)		52,281		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		12,066		6.01
6.02	SETTLEMENT TO PROGRAM		0		6.02
7.00	Total Medicare program liability (see instructions)		64,347		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: 14-0110 Component CCN: 14-8655	Period: From 10/01/2022 To 09/30/2023	Worksheet M-5 Date/Time Prepared: 2/20/2024 3:40 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		212,635	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)		212,635		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		251,244		6.01
6.02	SETTLEMENT TO PROGRAM		0		6.02
7.00	Total Medicare program liability (see instructions)		463,879		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: 14-0110 Component CCN: 14-8652	Period: From 10/01/2022 To 09/30/2023	Worksheet M-5 Date/Time Prepared: 2/20/2024 3:40 pm	
			RHC III	Cost	
		Part B			
		mm/dd/yyyy	Amount		
		1.00	2.00		
1.00	Total interim payments paid to hospital-based RHC/FQHC		170,915	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)		170,915		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		21,129		6.01
6.02	SETTLEMENT TO PROGRAM		0		6.02
7.00	Total Medicare program liability (see instructions)		192,044		7.00
			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00