

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: 14-0164	Period: From 04/01/2022 To 03/31/2023	Worksheet S Parts I-III Date/Time Prepared: 9/1/2023 4:08 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 9/1/2023	Time: 4:08 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 MEMORIAL HOSPITAL OF CARBONDALE ( 14-0164 ) for the cost reporting period beginning 04/01/2022 and ending 03/31/2023 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>							
1.00	HOSPITAL	0	311,779	-145,738	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 I	0		19,405		0	10.00
200.00	TOTAL	0	311,779	-126,333	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: 14-0164		Period: From 04/01/2022 To 03/31/2023		Worksheet S-2 Part I Date/Time Prepared: 9/1/2023 4:07 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 405 W. JACKSON ST.			PO Box:				1.00		
2.00	City: CARBONDALE			State: IL		Zip Code: 62901		County:		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	
								XIX		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		MEMORIAL HOSPITAL OF CARBONDALE	140164	16060	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		WEST FRANKFORT FAMILY MEDICINE	143454	99914		11/01/1999	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)						04/01/2022	03/31/2023		
21.00	Type of Control (see instructions)						2			
							1.00	2.00		
							2.00	3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			
22.01	Did this hospital receive interim UCPs, including supplemental UCPs, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N	Y		
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.					1	N			

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0164

Period:  
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To 03/31/2023Worksheet S-2  
Part I  
Date/Time Prepared:  
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	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.	1,529	928	0	0	8,990	749	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.					1		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.					1		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	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)					Y	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	Y	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.					Y	Y	
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.					Y		
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

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Part I  
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		V	XVIII	XIX	
		1.00	2.00	3.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N			60.00
		Y/N	IME	Direct GME	
		1.00	2.00	3.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N		0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count
		1.00	2.00	3.00	4.00
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00
					1.00
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) 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
62.01	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
		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)				Y

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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	WEST FRANKFORT FAMILY MEDICINE	1350	9.77	4.69	0.675657	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)	WEST FRANKFORT FAMILY MEDICINE	1350	11.82	5.32	0.689615	67.00

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

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		V 1.00	XIX 2.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	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.	Y	Y	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06
<b>Rural Providers</b>				
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00
		Physical 1.00	Occupational 2.00	Speech 3.00
				Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			109.00
				1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110.00
				1.00
				2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
				1.00
				2.00
				3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
<b>Miscellaneous Cost Reporting Information</b>				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0164	Period: From 04/01/2022 To 03/31/2023	Worksheet S-2 Part I Date/Time Prepared: 9/1/2023 4:07 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	4,081,306	0	0
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.			123.00
<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	14H124	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: SOUTHERN ILLINOIS HEALTHCARE	Contractor's Name: NGS	Contractor's Number: 06101	141.00
142.00	Street: 1239 E. MAIN STREET	PO Box: 3988		142.00
143.00	City: CARBONDALE	State: IL	Zip Code: 62902	143.00
		1.00	2.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00
		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0164		Period: From 04/01/2022 To 03/31/2023		Worksheet S-2 Part I Date/Time Prepared: 9/1/2023 4:07 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)						0.00	169.00
		Beginning	Ending					
		1.00	2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
		1.00	2.00					
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0164		Period: From 04/01/2022 To 03/31/2023		Worksheet S-2 Part II Date/Time Prepared: 9/1/2023 4:07 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				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
<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.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
<b>Approved Educational Activities</b>							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					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)	Y	08/07/2023	Y	08/07/2023		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

## HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet S-2  
Part II  
Date/Time Prepared:  
9/1/2023 4:07 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		Y		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		Y		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		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.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LUANNE	WARREN		41.00
42.00	Enter the employer/company name of the cost report preparer.	SOUTHERN ILLINOIS HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	618-457-5200	LUANNE.WARREN@SIH.NET		43.00

## HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet S-2  
Part II  
Date/Time Prepared:  
9/1/2023 4:07 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.	REIMBURSEMENT DIRECTOR		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HFS Supplemental Information

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet S-2  
Part IX  
Date/Time Prepared:  
9/1/2023 4:07 pm

		Title V	Title XIX	
		1.00	2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Intens and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	Y	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01
3.02	Does Title XIX transfer managed care (HMO) days from Worksheet S-3, Part I, column 7, sum of lines 2, 3, and 4 to Worksheet E-4, column 2, line 26?		Y	3.02
		Inpatient	Outpatient	
		1.00	2.00	
<b>CRITICAL ACCESS HOSPITALS</b>				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	Y	Y	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	Y	Y	5.00
		Title V	Title XIX	
		1.00	2.00	
<b>RCE DISALLOWANCE</b>				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	Y	Y	6.00
<b>PASS THROUGH COST</b>				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	Y	Y	7.00
<b>RHC</b>				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00
<b>FOHC</b>				
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	9.00
		State		
		1.00		
<b>STATE MEDICAID FORMS</b>				
10.00	Select the state when using state Medicaid forms.			10.00

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet S-3  
Part I  
Date/Time Prepared:  
9/1/2023 4:07 pm

Component	Worksheet A	No. of Beds	Bed Days	CAH/REH Hours	I/P Days / O/P	
	Line No.		Avai lable		Vi si ts / Tri ps	
	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	141	51,465	0.00	0
2.00	HMO and other (see instructions)					2.00
3.00	HMO IPF Subprovider					3.00
4.00	HMO IRF Subprovider					4.00
5.00	Hospital Adults & Peds. Swing Bed SNF				0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF				0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		141	51,465	0.00	0
8.00	INTENSIVE CARE UNIT	31.00	21	7,665	0.00	0
9.00	CORONARY CARE UNIT					9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT					11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	13	4,745	0.00	0
13.00	NURSERY	43.00				0
14.00	Total (see instructions)		175	63,875	0.00	0
15.00	CAH visits					0
15.10	REH hours and visits					15.10
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF					17.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
24.10	HOSPICE (non-distinct part)	30.00				24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC	88.00			0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00			0	26.25
27.00	Total (sum of lines 14-26)		175			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)		9	3,285		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: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet S-3  
Part I  
Date/Time Prepared:  
9/1/2023 4:07 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)	10,094	878	27,944			1.00
2.00	HMO and other (see instructions)	7,518	10,903				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)	10,094	878	27,944			7.00
8.00	INTENSIVE CARE UNIT	1,746	140	5,550			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	NEONATAL INTENSIVE CARE UNIT	0	117	1,240			12.00
13.00	NURSERY		215	3,092			13.00
14.00	Total (see instructions)	11,840	1,350	37,826	13.56	1,027.13	14.00
15.00	CAH visits	0	0	0			15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	2,913	253	9,971	2.82	6.70	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				16.38	1,033.83	27.00
28.00	Observation Bed Days		106	5,185			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	9	28	2,105			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0			34.00

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet S-3  
Part I  
Date/Time Prepared:  
9/1/2023 4:07 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	2,490	264	9,034	1.00
2.00 HMO and other (see instructions)			1,358	2,865		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 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,490	264	9,034	14.00
15.00 CAH visits						15.00
15.10 REH hours and visits						15.10
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01
34.00 Temporary Expansion COVID-19 PHE Acute Care						34.00



## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet S-3  
Part II  
Date/Time Prepared:  
9/1/2023 4:07 pm

		Wkst. A Line Number	Amount Reported	Reclassifi cation of Salaries (from Wkst. A-6)	Adj usted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	79,205,106	-326,778	78,878,328	2,150,378.92	36.68	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		312,834	0	312,834	5,430.26	57.61	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		332,195	0	332,195	13,760.95	24.14	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)		865	0	865	1.00	865.00	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		23,925,289	0	23,925,289	159,621.10	149.89	11.00
12.00	Contract Labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		678,929	0	678,929	2,885.00	235.33	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		13,331,892	0	13,331,892	326,332.90	40.85	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		15,396,786	0	15,396,786			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		172	0	172			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		62,298	0	62,298			23.00
24.00	Wage-related costs (RHC/FQHC)		66,153	0	66,153			24.00
25.00	Interns & residents (in an approved program)		247,535	0	247,535			25.00
25.50	Home office wage-related (core)		5,389,809	0	5,389,809			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet S-3  
Part II  
Date/Time Prepared:  
9/1/2023 4:07 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	165,088	0	165,088	4,162.02	39.67	26.00
27.00	Administrative & General	5.00	6,406,411	0	6,406,411	235,976.70	27.15	27.00
28.00	Administrative & General under contract (see inst.)		175,837	0	175,837	593.08	296.48	28.00
29.00	Maintenance & Repairs	6.00	740,763	0	740,763	29,715.19	24.93	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	103,642	0	103,642	4,107.54	25.23	31.00
32.00	Housekeeping	9.00	2,566,351	0	2,566,351	139,739.75	18.37	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,673,449	-1,187,901	485,548	25,192.41	19.27	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,187,901	1,187,901	61,633.57	19.27	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,132,026	0	1,132,026	15,004.72	75.44	38.00
39.00	Central Services and Supply	14.00	452,948	0	452,948	21,329.31	21.24	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	552,904	0	552,904	25,262.21	21.89	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet S-3  
Part III  
Date/Time Prepared:  
9/1/2023 4:07 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	78,735,914	-326,778	78,409,136	2,131,780.79	36.78	1.00
2.00	Excluded area salaries (see instructions)	865	0	865	1.00	865.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	78,735,049	-326,778	78,408,271	2,131,779.79	36.78	3.00
4.00	Subtotal other wages & related costs (see inst.)	37,936,110	0	37,936,110	488,839.00	77.60	4.00
5.00	Subtotal wage-related costs (see inst.)	20,786,595	0	20,786,595	0.00	26.51	5.00
6.00	Total (sum of lines 3 thru 5)	137,457,754	-326,778	137,130,976	2,620,618.79	52.33	6.00
7.00	Total overhead cost (see instructions)	13,969,419	0	13,969,419	562,716.50	24.82	7.00

## HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet S-3  
Part IV  
Date/Time Prepared:  
9/1/2023 4:07 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,222,765	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	7,293,138	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	135,202	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	35,242	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)	134,744	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	263,047	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	785,718	16.00
TAXES			
17.00	FICA-Employers Portion Only	5,721,145	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	50,775	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))	65,433	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	65,735	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	15,772,944	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: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet S-3  
Part V  
Date/Time Prepared:  
9/1/2023 4:07 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	23,925,289	15,772,944	1.00
2.00	Hospital	23,925,289	15,772,944	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
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: 14-0164  
 Component CCN: 14-3454

 Period:  
 From 04/01/2022  
 To 03/31/2023

Worksheet S-8

 Date/Time Prepared:  
 9/1/2023 4:07 pm

				RHC I		Cost	
				1.00			
1.00	Clinic Address and Identification			2533 Ken Gray Blvd		1.00	
	Street						
	City			State		ZIP Code	
	1.00			2.00		3.00	
2.00	City, State, ZIP Code, County			West Frankfort IL 62896		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					2.00	
				Tuesday		Wednesday	
				to		from to	
				6.00		7.00 8.00	
				Thursday		from to	
				9.00		10.00	
11.00	Facility hours of operations (1)			17:00		17:00	
11.00	CLINIC			08:00		17:00	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA				Provider CCN: 14-0164 Component CCN: 14-3454		Period: From 04/01/2022 To 03/31/2023		Worksheet S-8 Date/Time Prepared: 9/1/2023 4:07 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 UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023

Worksheet S-10

Date/Time Prepared:  
9/1/2023 4:07 pm

			1.00	
<b>Uncompensated and indigent care cost computation</b>				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.235057	1.00
<b>Medicaid (see instructions for each line)</b>				
2.00	Net revenue from Medicaid		38,553,757	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		24,976,592	5.00
6.00	Medicaid charges		289,452,393	6.00
7.00	Medicaid cost (line 1 times line 6)		68,037,811	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		4,507,462	8.00
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		708,990	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		4,507,462	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	3.00
<b>Uncompensated Care (see instructions for each line)</b>				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	15,802,104	1,438,745	17,240,849
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,714,395	1,438,745	5,153,140
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	3,714,395	1,438,745	5,153,140
			1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		14,019,535	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,200,893	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,847,528	27.01
28.00	Non-Medicare bad debt expense (see instructions)		12,172,007	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,507,750	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		8,660,890	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		13,168,352	31.00



## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023

Worksheet A

Date/Time Prepared:  
9/1/2023 4:07 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	11,832,984	11,832,984	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	7,747,854	7,747,854	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	165,088	108,459	273,547	21,917,884	22,191,431	4.00
5.01	00550	DATA PROCESSING	0	4,910	4,910	0	4,910	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	361,279	159,936	521,215	-147,709	373,506	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,018,814	385,836	1,404,650	-351,281	1,053,369	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	5,026,318	43,897,471	48,923,789	-15,521,461	33,402,328	5.04
6.00	00600	MAINTENANCE & REPAIRS	740,763	3,171,312	3,912,075	-623,702	3,288,373	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	103,642	1,485,029	1,588,671	-27,665	1,561,006	8.00
9.00	00900	HOUSEKEEPING	2,566,351	1,612,056	4,178,407	-763,173	3,415,234	9.00
10.00	01000	DIETARY	1,673,449	2,200,924	3,874,373	-2,947,582	926,791	10.00
11.00	01100	CAFETERIA	0	0	0	2,369,395	2,369,395	11.00
13.00	01300	NURSING ADMINISTRATION	1,132,026	416,303	1,548,329	-298,545	1,249,784	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	452,948	259,135	712,083	-167,963	544,120	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	552,904	269,201	822,105	-226,226	595,879	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	8,481,944	8,481,944	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,243,015	1,916,570	3,159,585	-318,415	2,841,170	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	17,185,951	23,872,684	41,058,635	-3,960,878	37,097,757	30.00
31.00	03100	INTENSIVE CARE UNIT	5,167,811	4,869,472	10,037,283	-1,403,140	8,634,143	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	953,735	367,237	1,320,972	-278,093	1,042,879	35.00
43.00	04300	NURSERY	0	200,951	200,951	-39,806	161,145	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	5,870,042	26,899,419	32,769,461	-18,354,638	14,414,823	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	865,853	248,748	1,114,601	-234,029	880,572	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,912,303	3,358,952	7,271,255	-1,108,486	6,162,769	52.00
53.00	05300	ANESTHESIOLOGY	874,569	9,901,746	10,776,315	-9,025,349	1,750,966	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,025,662	3,528,724	6,554,386	-2,007,837	4,546,549	54.00
54.01	03480	ONCOLOGY	1,116,171	2,684,758	3,800,929	-838,163	2,962,766	54.01
54.02	03440	MAMMOGRAPHY	977,997	1,050,955	2,028,952	-444,435	1,584,517	54.02
56.00	05600	RADIOISOTOPE	558,308	2,184,524	2,742,832	-399,600	2,343,232	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	337,040	712,939	1,049,979	-219,997	829,982	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,065,931	17,805,875	20,871,806	-12,265,838	8,605,968	59.00
60.00	06000	LABORATORY	3,087,738	10,506,337	13,594,075	-1,619,981	11,974,094	60.00
64.00	06400	INTRAVENOUS THERAPY	1,609,019	1,031,132	2,640,151	-1,069,942	1,570,209	64.00
65.00	06500	RESPIRATORY THERAPY	1,280,056	2,301,978	3,582,034	-528,054	3,053,980	65.00
66.00	06600	PHYSICAL THERAPY	4,199,707	1,093,413	5,293,120	-1,088,655	4,204,465	66.00
69.00	06900	ELECTROCARDIOLOGY	1,196,396	9,886,120	11,082,516	-1,096,002	9,986,514	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	171,018	146,735	317,753	-86,075	231,678	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	568	79	647	10,466,503	10,467,150	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,568,603	16,568,603	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,648,113	36,434,665	40,082,778	181,505	40,264,283	73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	332,195	1,142,929	1,475,124	-85,216	1,389,908	88.00
91.00	09100	EMERGENCY	4,731,461	8,801,830	13,533,291	-1,345,952	12,187,339	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	79,204,241	224,919,344	304,123,585	672,784	304,796,369	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	986,611	986,611	-672,461	314,150	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	CASH BASED THERAPY SERVICES	865	323	1,188	-323	865	192.02
200.00		TOTAL (SUM OF LINES 118 through 199)	79,205,106	225,906,278	305,111,384	0	305,111,384	200.00

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet A  
Date/Time Prepared:  
9/1/2023 4:07 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-2,164,770	9,668,214	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	4,927,838	12,675,692	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,451,413	23,642,844	4.00
5.01	00550	DATA PROCESSING	13,124,151	13,129,061	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	-39,182	334,324	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,546,662	4,600,031	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	-1,490,996	31,911,332	5.04
6.00	00600	MAINTENANCE & REPAIRS	-121,919	3,166,454	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,561,006	8.00
9.00	00900	HOUSEKEEPING	0	3,415,234	9.00
10.00	01000	DIETARY	0	926,791	10.00
11.00	01100	CAFETERIA	-987,766	1,381,629	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,249,784	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	544,120	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-40,689	555,190	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-8,481,944	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-3,302	2,837,868	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,751,789	31,345,968	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,634,143	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-2,038	1,040,841	35.00
43.00	04300	NURSERY	0	161,145	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-28,981	14,385,842	50.00
50.01	05001	SAME DAY SURGERY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	880,572	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-15,878	6,146,891	52.00
53.00	05300	ANESTHESIOLOGY	0	1,750,966	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,247	4,545,302	54.00
54.01	03480	ONCOLOGY	-945,023	2,017,743	54.01
54.02	03440	MAMMOGRAPHY	-47,866	1,536,651	54.02
56.00	05600	RADIOISOTOPE	0	2,343,232	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	829,982	58.00
59.00	05900	CARDIAC CATHETERIZATION	-94,203	8,511,765	59.00
60.00	06000	LABORATORY	-204,120	11,769,974	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,570,209	64.00
65.00	06500	RESPIRATORY THERAPY	-6,149	3,047,831	65.00
66.00	06600	PHYSICAL THERAPY	0	4,204,465	66.00
69.00	06900	ELECTROCARDIOLOGY	-714	9,985,800	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	231,678	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,467,150	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,568,603	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-1,104,346	39,159,937	73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	-465	1,389,443	88.00
91.00	09100	EMERGENCY	-5,120,905	7,066,434	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-3,604,228	301,192,141	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	314,150	192.00
192.01	19201	FAMILY PRACTICE	0	0	192.01
192.02	19202	CASH BASED THERAPY SERVICES	0	865	192.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-3,604,228	301,507,156	200.00

## COST CENTERS USED IN COST REPORT

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet Non-CMS W  
Date/Time Prepared:  
9/1/2023 4:07 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	DATA PROCESSING	00550	DATA PROCESSING	5.01
5.02	PURCHASING RECEIVING AND STORES	00560	PURCHASING RECEIVING AND STORES	5.02
5.03	CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	00590		5.04
6.00	MAINTENANCE & REPAIRS	00600		6.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
35.00	NEONATAL INTENSIVE CARE UNIT	02060	NEONATAL INTENSIVE CARE UNIT	35.00
43.00	NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
50.01	SAME DAY SURGERY	05001		50.01
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	ONCOLOGY	03480	ONCOLOGY	54.01
54.02	MAMMOGRAPHY	03440	MAMMOGRAPHY	54.02
56.00	RADIOISOTOPE	05600		56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
77.00	ALLOGENEIC HSCT ACQUISITION	07700		77.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	08800		88.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS				
102.00	OPIOID TREATMENT PROGRAM	10200		102.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	FAMILY PRACTICE	19201		192.01
192.02	CASH BASED THERAPY SERVICES	19202		192.02
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

## RECLASSIFICATIONS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023

Worksheet A-6

Date/Time Prepared:  
9/1/2023 4:07 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - Dietary					
1.00	CAFETERIA	11.00	1,187,901	1,562,329		1.00
	TOTALS		1,187,901	1,562,329		
	B - Nutritional Products					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	386,926		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
	TOTALS		0	386,926		
	C - Medical Supplies					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		10,466,582		1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00						15.00
16.00						16.00
17.00						17.00
18.00						18.00
19.00						19.00
20.00						20.00
21.00						21.00
22.00			0	10,466,582		22.00
	E - Interest					
1.00	CAP REL COSTS-BLDG & FIXT	1.00		1,367,513		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00		513,406		2.00
3.00			0	1,880,919		3.00
	F - Implantable Devices					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		16,568,603		1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00			0	16,568,603		9.00
	G - CRNA					
1.00	NONPHYSICIAN ANESTHETISTS	19.00		8,481,944		1.00
			0	8,481,944		
	H - Contrast Drug					
1.00	DRUGS CHARGED TO PATIENTS	73.00		638,092		1.00
2.00						2.00
3.00						3.00

## RECLASSIFICATIONS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023

Worksheet A-6

Date/Time Prepared:  
9/1/2023 4:07 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
4.00						4.00
5.00						5.00
			0	638,092		
J - Cancer Medical Director						
1.00	ONCOLOGY	54.01		340,528		1.00
2.00			0	340,528		2.00
L - Depreciation						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10,465,471		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,234,448		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
	TOTALS		0	17,699,919		
M - Employee Benefits						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	21,917,884		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00

RECLASSIFICATIONS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023

Worksheet A-6

Date/Time Prepared:  
9/1/2023 4:07 pm

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
31.00	0.00	0	0			31.00
32.00	0.00	0	0			32.00
33.00	0.00	0	0			33.00
34.00	0.00	0	0			34.00
35.00	0.00	0	0			35.00
36.00	0.00	0	0			36.00
TOTALS		0	21,917,884			
500.00	Grand Total : Increases	1,187,901	79,943,726			500.00

## RECLASSIFICATIONS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023

Worksheet A-6

Date/Time Prepared:  
9/1/2023 4:07 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - Dietary						
1.00	DIETARY	10.00	1,187,901	1,562,329	0		1.00
	TOTALS		1,187,901	1,562,329			
	B - Nutritional Products						
1.00	DIETARY	10.00	0	27,417	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,794	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	116,873	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	34,682	0		4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	448	0		5.00
6.00	NURSERY	43.00	0	3,120	0		6.00
7.00	OPERATING ROOM	50.00	0	23,106	0		7.00
8.00	RECOVERY ROOM	51.00	0	1,740	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	34,908	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	37,925	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,881	0		11.00
12.00	ONCOLOGY	54.01	0	94	0		12.00
13.00	MAMMOGRAPHY	54.02	0	988	0		13.00
14.00	RADIOISOTOPE	56.00	0	941	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	16,097	0		15.00
16.00	LABORATORY	60.00	0	44	0		16.00
17.00	INTRAVENOUS THERAPY	64.00	0	34,061	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	44	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	632	0		19.00
20.00	EMERGENCY	91.00	0	46,131	0		20.00
	TOTALS		0	386,926			
	C - Medical Supplies						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04		612			1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00		4,005			2.00
3.00	ADULTS & PEDIATRICS	30.00		77,279			3.00
4.00	INTENSIVE CARE UNIT	31.00		98,342			4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00		625			5.00
6.00	NURSERY	43.00		29			6.00
7.00	OPERATING ROOM	50.00		4,128,680			7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00		103,591			8.00
9.00	ANESTHESIOLOGY	53.00		249,298			9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00		515,168			10.00
11.00	ONCOLOGY	54.01		10,547			11.00
12.00	MAMMOGRAPHY	54.02		45,583			12.00
13.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		1,943			13.00
14.00	CARDIAC CATHETERIZATION	59.00		4,912,924			14.00
15.00	LABORATORY	60.00		106,940			15.00
16.00	INTRAVENOUS THERAPY	64.00		16,057			16.00
17.00	RESPIRATORY THERAPY	65.00		141,541			17.00
18.00	PHYSICAL THERAPY	66.00		41			18.00
19.00	ELECTROCARDIOLOGY	69.00		393			19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00		2,908			20.00
21.00	DRUGS CHARGED TO PATIENTS	73.00		27			21.00
22.00	EMERGENCY	91.00	0	50,049			22.00
				10,466,582			
	E - Interest						
1.00					11		1.00
2.00					11		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04		1,880,919			3.00
			0	1,880,919			
	F - Implantable Devices						
1.00	ADULTS & PEDIATRICS	30.00		3,134			1.00
2.00	INTENSIVE CARE UNIT	31.00		24,702			2.00
3.00	OPERATING ROOM	50.00		10,071,671			3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00		5,274			4.00
5.00	ANESTHESIOLOGY	53.00		1,056			5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00		457,061			6.00
7.00	CARDIAC CATHETERIZATION	59.00		5,993,501			7.00
8.00	ELECTROCARDIOLOGY	69.00		9,690			8.00
9.00	EMERGENCY	91.00		2,514			9.00
			0	16,568,603			
	G - CRNA						
1.00	ANESTHESIOLOGY	53.00		8,481,944			1.00
			0	8,481,944			

## RECLASSIFICATIONS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023

Worksheet A-6

Date/Time Prepared:  
9/1/2023 4:07 pm

	Decreases				Wkst. A-7 Ref.			
	Cost Center	Line #	Salary	Other				
	6.00	7.00	8.00	9.00				10.00
	H - Contrast Drug							
1.00	OPERATING ROOM	50.00		13,854		1.00		
2.00	RADIOLOGY-DIAGNOSTIC	54.00		77,908		2.00		
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		96,995		3.00		
4.00	CARDIAC CATHETERIZATION	59.00		88,759		4.00		
5.00	ELECTROCARDIOLOGY	69.00		360,576		5.00		
			0	638,092				
	J - Cancer Medical Director							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04		13,750		1.00		
2.00	INTRAVENOUS THERAPY	64.00	326,778			2.00		
			326,778	13,750				
	L - Depreciation							
1.00		0.00	0	0	9	1.00		
2.00		0.00	0	0	9	2.00		
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	9,336,463	0	3.00		
4.00	MAINTENANCE & REPAIRS	6.00	0	395,891	0	4.00		
5.00	HOUSEKEEPING	9.00	0	9,522	0	5.00		
6.00	DIETARY	10.00	0	14,270	0	6.00		
7.00	NURSING ADMINISTRATION	13.00	0	87,612	0	7.00		
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	24,220	0	8.00		
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	12,062	0	9.00		
10.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	175	0	10.00		
11.00	ADULTS & PEDIATRICS	30.00	0	281,943	0	11.00		
12.00	INTENSIVE CARE UNIT	31.00	0	185,409	0	12.00		
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	67,789	0	13.00		
14.00	NURSERY	43.00	0	36,657	0	14.00		
15.00	OPERATING ROOM	50.00	0	2,413,611	0	15.00		
16.00	RECOVERY ROOM	51.00	0	8,782	0	16.00		
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	74,949	0	17.00		
18.00	ANESTHESIOLOGY	53.00	0	40,624	0	18.00		
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	140,213	0	19.00		
20.00	ONCOLOGY	54.01	0	904,325	0	20.00		
21.00	MAMMOGRAPHY	54.02	0	156,888	0	21.00		
22.00	RADIOISOTOPE	56.00	0	287,651	0	22.00		
23.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	18,645	0	23.00		
24.00	CARDIAC CATHETERIZATION	59.00	0	577,386	0	24.00		
25.00	LABORATORY	60.00	0	744,829	0	25.00		
26.00	INTRAVENOUS THERAPY	64.00	0	339,579	0	26.00		
27.00	RESPIRATORY THERAPY	65.00	0	104,529	0	27.00		
28.00	PHYSICAL THERAPY	66.00	0	63,078	0	28.00		
29.00	ELECTROCARDIOLOGY	69.00	0	312,625	0	29.00		
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	29,391	0	30.00		
31.00	DRUGS CHARGED TO PATIENTS	73.00	0	184,355	0	31.00		
32.00	RURAL HEALTH CLINIC	88.00	0	1,536	0	32.00		
33.00	EMERGENCY	91.00	0	172,449	0	33.00		
34.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	672,461	0	34.00		
	TOTALS		0	17,699,919				
	M - Employee Benefits							
1.00	PURCHASING RECEIVING AND STORES	5.02	0	147,709	0	1.00		
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.03	0	351,281	0	2.00		
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	4,289,717	0	3.00		
4.00	MAINTENANCE & REPAIRS	6.00	0	227,811	0	4.00		
5.00	LAUNDRY & LINEN SERVICE	8.00	0	27,665	0	5.00		
6.00	HOUSEKEEPING	9.00	0	753,651	0	6.00		
7.00	DIETARY	10.00	0	155,665	0	7.00		
8.00	CAFETERIA	11.00	0	380,835	0	8.00		
9.00	NURSING ADMINISTRATION	13.00	0	210,933	0	9.00		
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	137,944	0	10.00		
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	214,164	0	11.00		
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	318,240	0	12.00		
13.00	ADULTS & PEDIATRICS	30.00	0	3,481,649	0	13.00		
14.00	INTENSIVE CARE UNIT	31.00	0	1,060,005	0	14.00		
15.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	209,231	0	15.00		
16.00	OPERATING ROOM	50.00	0	1,703,716	0	16.00		
17.00	RECOVERY ROOM	51.00	0	223,507	0	17.00		



## RECLASSIFICATIONS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023

Worksheet A-6

Date/Time Prepared:  
9/1/2023 4:07 pm

	Decreases				Wkst. A-7 Ref.	
	Cost Center	Li ne #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	889,764	0	18.00
19.00	ANESTHESI OLOGY	53.00	0	214,502	0	19.00
20.00	RADI OLOGY-DI AGNOSTI C	54.00	0	811,606	0	20.00
21.00	ONCOLOGY	54.01	0	263,725	0	21.00
22.00	MAMMOGRAPHY	54.02	0	240,976	0	22.00
23.00	RADIOI SOTOPE	56.00	0	111,008	0	23.00
24.00	MAGNETI C RESONANCE I MAGING (MRI )	58.00	0	102,414	0	24.00
25.00	CARDI AC CATHETERI ZATION	59.00	0	677,171	0	25.00
26.00	LABORATORY	60.00	0	768,168	0	26.00
27.00	I NTRAVENOUS THERAPY	64.00	0	353,467	0	27.00
28.00	RESPI RATORY THERAPY	65.00	0	281,984	0	28.00
29.00	PHYSI CAL THERAPY	66.00	0	1,025,492	0	29.00
30.00	ELECTROCARDI OLOGY	69.00	0	412,086	0	30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	53,776	0	31.00
32.00	MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	71.00	0	79	0	32.00
33.00	DRUGS CHARGED TO PATI ENTS	73.00	0	659,131	0	33.00
34.00	RURAL HEALTH CLI NI C	88.00	0	83,680	0	34.00
35.00	EMERGENCY	91.00	0	1,074,809	0	35.00
36.00	CASH BASED THERAPY SERVI CES	192.02	0	323	0	36.00
	TOTALS		0	21,917,884		
500.00	Grand Total : Decreases		1,514,679	79,616,948		500.00

## RECLASSIFICATIONS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
9/1/2023 4:07 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
<b>A - Dietary</b>									
1.00	CAFETERIA	11.00	1,187,901	1,562,329	DIETARY	10.00	1,187,901	1,562,329	1.00
	TOTALS		1,187,901	1,562,329	TOTALS		1,187,901	1,562,329	
<b>B - Nutritional Products</b>									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	386,926	DIETARY	10.00	0	27,417	1.00
2.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	1,794	2.00
3.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	116,873	3.00
4.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	34,682	4.00
5.00		0.00	0	0	NEONATAL INTENSIVE CARE UNIT	35.00	0	448	5.00
6.00		0.00	0	0	NURSERY	43.00	0	3,120	6.00
7.00		0.00	0	0	OPERATING ROOM	50.00	0	23,106	7.00
8.00		0.00	0	0	RECOVERY ROOM	51.00	0	1,740	8.00
9.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	34,908	9.00
10.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	37,925	10.00
11.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	5,881	11.00
12.00		0.00	0	0	ONCOLOGY	54.01	0	94	12.00
13.00		0.00	0	0	MAMMOGRAPHY	54.02	0	988	13.00
14.00		0.00	0	0	RADIOISOTOPE	56.00	0	941	14.00
15.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	16,097	15.00
16.00		0.00	0	0	LABORATORY	60.00	0	44	16.00
17.00		0.00	0	0	INTRAVENOUS THERAPY	64.00	0	34,061	17.00
18.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	44	18.00
19.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	632	19.00
20.00		0.00	0	0	EMERGENCY	91.00	0	46,131	20.00
	TOTALS		0	386,926	TOTALS		0	386,926	
<b>C - Medical Supplies</b>									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		10,466,582	OTHER ADMINISTRATIVE AND GENERAL	5.04		612	1.00
2.00					CENTRAL SERVICES & SUPPLY	14.00		4,005	2.00
3.00					ADULTS & PEDIATRICS	30.00		77,279	3.00
4.00					INTENSIVE CARE UNIT	31.00		98,342	4.00
5.00					NEONATAL INTENSIVE CARE UNIT	35.00		625	5.00
6.00					NURSERY	43.00		29	6.00
7.00					OPERATING ROOM	50.00		4,128,680	7.00
8.00					DELIVERY ROOM & LABOR ROOM	52.00		103,591	8.00
9.00					ANESTHESIOLOGY	53.00		249,298	9.00
10.00					RADIOLOGY-DIAGNOSTIC	54.00		515,168	10.00
11.00					ONCOLOGY	54.01		10,547	11.00
12.00					MAMMOGRAPHY	54.02		45,583	12.00
13.00					MAGNETIC RESONANCE IMAGING (MRI)	58.00		1,943	13.00
14.00					CARDIAC CATHETERIZATION	59.00		4,912,924	14.00
15.00					LABORATORY	60.00		106,940	15.00
16.00					INTRAVENOUS THERAPY	64.00		16,057	16.00
17.00					RESPIRATORY THERAPY	65.00		141,541	17.00
18.00					PHYSICAL THERAPY	66.00		41	18.00
19.00					ELECTROCARDIOLOGY	69.00		393	19.00
20.00					ELECTROENCEPHALOGRAPHY	70.00		2,908	20.00
21.00					DRUGS CHARGED TO PATIENTS	73.00		27	21.00
22.00			0	10,466,582	EMERGENCY	91.00		50,049	22.00
			0	10,466,582			0	10,466,582	
<b>E - Interest</b>									
1.00	CAP REL COSTS-BLDG & FIXT	1.00		1,367,513					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00		513,406					2.00
3.00					OTHER ADMINISTRATIVE AND GENERAL	5.04		1,880,919	3.00
			0	1,880,919			0	1,880,919	
<b>F - Implantable Devices</b>									
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		16,568,603	ADULTS & PEDIATRICS	30.00		3,134	1.00
2.00					INTENSIVE CARE UNIT	31.00		24,702	2.00
3.00					OPERATING ROOM	50.00		10,071,671	3.00

## RECLASSIFICATIONS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
9/1/2023 4:07 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
4.00					DELIVERY ROOM & LABOR ROOM	52.00		5,274	4.00
5.00					ANESTHESIOLOGY	53.00		1,056	5.00
6.00					RADIOLOGY-DIAGNOSTIC	54.00		457,061	6.00
7.00					CARDIAC CATHETERIZATION	59.00		5,993,501	7.00
8.00					ELECTROCARDIOLOGY	69.00		9,690	8.00
9.00					EMERGENCY	91.00		2,514	9.00
			0	16,568,603			0	16,568,603	
G - CRNA									
1.00	NONPHYSICIAN ANESTHETISTS	19.00		8,481,944	ANESTHESIOLOGY	53.00		8,481,944	1.00
			0	8,481,944			0	8,481,944	
H - Contrast Drug									
1.00	DRUGS CHARGED TO PATIENTS	73.00		638,092	OPERATING ROOM	50.00		13,854	1.00
2.00					RADIOLOGY-DIAGNOSTIC	54.00		77,908	2.00
3.00					MAGNETIC RESONANCE IMAGING (MRI)	58.00		96,995	3.00
4.00					CARDIAC CATHETERIZATION	59.00		88,759	4.00
5.00					ELECTROCARDIOLOGY	69.00		360,576	5.00
			0	638,092			0	638,092	
J - Cancer Medical Director									
1.00	ONCOLOGY	54.01		340,528	OTHER ADMINISTRATIVE AND GENERAL	5.04		13,750	1.00
2.00					INTRAVENOUS THERAPY	64.00	326,778		2.00
			0	340,528			326,778	13,750	
L - Depreciation									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10,465,471		0.00	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,234,448		0.00	0	0	2.00
3.00		0.00	0		OTHER ADMINISTRATIVE AND GENERAL	5.04	0	9,336,463	3.00
4.00		0.00	0		MAINTENANCE & REPAIRS	6.00	0	395,891	4.00
5.00		0.00	0		HOUSEKEEPING	9.00	0	9,522	5.00
6.00		0.00	0		DIETARY	10.00	0	14,270	6.00
7.00		0.00	0		NURSING	13.00	0	87,612	7.00
8.00		0.00	0		ADMINISTRATION	14.00	0	24,220	8.00
9.00		0.00	0		CENTRAL SERVICES & SUPPLY	16.00	0	12,062	9.00
10.00		0.00	0		LIBRARY	22.00	0	175	10.00
11.00		0.00	0		PRGM COSTS APPRVD	30.00	0	281,943	11.00
12.00		0.00	0		ADULTS & PEDIATRICS	31.00	0	185,409	12.00
13.00		0.00	0		INTENSIVE CARE UNIT	35.00	0	67,789	13.00
14.00		0.00	0		NEONATAL INTENSIVE CARE UNIT	43.00	0	36,657	14.00
15.00		0.00	0		NURSERY	50.00	0	2,413,611	15.00
16.00		0.00	0		OPERATING ROOM	51.00	0	8,782	16.00
17.00		0.00	0		RECOVERY ROOM	52.00	0	74,949	17.00
18.00		0.00	0		DELIVERY ROOM & LABOR ROOM	53.00	0	40,624	18.00
19.00		0.00	0		ANESTHESIOLOGY	54.00	0	140,213	19.00
20.00		0.00	0		RADIOLOGY-DIAGNOSTIC	54.01	0	904,325	20.00
21.00		0.00	0		ONCOLOGY	54.02	0	156,888	21.00
22.00		0.00	0		MAMMOGRAPHY	56.00	0	287,651	22.00
23.00		0.00	0		RADIOISOTOPE	58.00	0	18,645	23.00
24.00		0.00	0		MAGNETIC RESONANCE IMAGING (MRI)	59.00	0	577,386	24.00
25.00		0.00	0		CARDIAC CATHETERIZATION	60.00	0	744,829	25.00
26.00		0.00	0		LABORATORY	64.00	0	339,579	26.00
27.00		0.00	0		INTRAVENOUS THERAPY	65.00	0	104,529	27.00
28.00		0.00	0		RESPIRATORY THERAPY	66.00	0	63,078	28.00
29.00		0.00	0		PHYSICAL THERAPY	69.00	0	312,625	29.00
30.00		0.00	0		ELECTROCARDIOLOGY	70.00	0	29,391	30.00
31.00		0.00	0		ELECTROENCEPHALOGRAPHY	73.00	0	184,355	31.00
32.00		0.00	0		DRUGS CHARGED TO PATIENTS	88.00	0	1,536	32.00
33.00		0.00	0		RURAL HEALTH CLINIC	91.00	0	172,449	33.00
					EMERGENCY				

## RECLASSIFICATIONS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
9/1/2023 4:07 pm

Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
34.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	672,461	34.00
	TOTALS		0	17,699,919	TOTALS		0	17,699,919	
M - Employee Benefits									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	21,917,884	PURCHASING RECEIVING AND STORES	5.02	0	147,709	1.00
2.00		0.00	0	0	CASHIERING/ACCOUNTS RECEIVABLE	5.03	0	351,281	2.00
3.00		0.00	0	0	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	4,289,717	3.00
4.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	227,811	4.00
5.00		0.00	0	0	LAUNDRY & LINEN SERVICE	8.00	0	27,665	5.00
6.00		0.00	0	0	HOUSEKEEPING	9.00	0	753,651	6.00
7.00		0.00	0	0	DIETARY	10.00	0	155,665	7.00
8.00		0.00	0	0	CAFETERIA	11.00	0	380,835	8.00
9.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	210,933	9.00
10.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	137,944	10.00
11.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	214,164	11.00
12.00		0.00	0	0	LABORATORY SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	318,240	12.00
13.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	3,481,649	13.00
14.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	1,060,005	14.00
15.00		0.00	0	0	NEONATAL INTENSIVE CARE UNIT	35.00	0	209,231	15.00
16.00		0.00	0	0	OPERATING ROOM	50.00	0	1,703,716	16.00
17.00		0.00	0	0	RECOVERY ROOM	51.00	0	223,507	17.00
18.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	889,764	18.00
19.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	214,502	19.00
20.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	811,606	20.00
21.00		0.00	0	0	ONCOLOGY	54.01	0	263,725	21.00
22.00		0.00	0	0	MAMMOGRAPHY	54.02	0	240,976	22.00
23.00		0.00	0	0	RADIOISOTOPE	56.00	0	111,008	23.00
24.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	102,414	24.00
25.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	677,171	25.00
26.00		0.00	0	0	LABORATORY	60.00	0	768,168	26.00
27.00		0.00	0	0	INTRAVENOUS THERAPY	64.00	0	353,467	27.00
28.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	281,984	28.00
29.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	1,025,492	29.00
30.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	412,086	30.00
31.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	53,776	31.00
32.00		0.00	0	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	79	32.00
33.00		0.00	0	0	DRUGS CHARGED TO PATIENTS	73.00	0	659,131	33.00
34.00		0.00	0	0	RURAL HEALTH CLINIC	88.00	0	83,680	34.00
35.00		0.00	0	0	EMERGENCY	91.00	0	1,074,809	35.00
36.00		0.00	0	0	CASH BASED THERAPY SERVICES	192.02	0	323	36.00
	TOTALS		0	21,917,884	TOTALS		0	21,917,884	
500.00	Grand Total: Increases		1,187,901	79,943,726	Grand Total: Decreases		1,514,679	79,616,948	500.00

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet A-7  
Part I  
Date/Time Prepared:  
9/1/2023 4:07 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	12,641,139	67,238	0	67,238	0	1.00
2.00	Land Improvements	9,423,918	542,729	0	542,729	26,915	2.00
3.00	Buildings and Fixtures	127,587,557	2,121,330	0	2,121,330	1,155,310	3.00
4.00	Building Improvements	102,704,764	1,442,319	0	1,442,319	502,052	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	94,848,956	2,671,518	0	2,671,518	1,886,840	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	347,206,334	6,845,134	0	6,845,134	3,571,117	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	347,206,334	6,845,134	0	6,845,134	3,571,117	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	12,708,377	0				1.00
2.00	Land Improvements	9,939,732	0				2.00
3.00	Buildings and Fixtures	128,553,577	0				3.00
4.00	Building Improvements	103,645,031	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	95,633,634	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	350,480,351	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	350,480,351	0				10.00

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet A-7  
Part II  
Date/Time Prepared:  
9/1/2023 4:07 pm

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

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet A-7  
Part III  
Date/Time Prepared:  
9/1/2023 4:07 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	254,828,718	0	254,828,718	0.727122	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	95,633,635	0	95,633,635	0.272878	0	2.00
3.00	Total (sum of lines 1-2)	350,462,353	0	350,462,353	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital -Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	8,300,701	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	12,162,286	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	20,462,987	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	1,367,513	0	0	0	9,668,214	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	513,406	0	0	0	12,675,692	2.00
3.00	Total (sum of lines 1-2)	1,880,919	0	0	0	22,343,906	3.00

## ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023

Worksheet A-8

Date/Time Prepared:  
9/1/2023 4:07 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	-16,502,820			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	46,931,300			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-977,656	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	-40,689	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-10,110	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-550,030	OTHER ADMINISTRATIVE AND GENERAL	5.04	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			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist	A	-8,481,944	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	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		0*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00



## ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023

Worksheet A-8

Date/Time Prepared:  
9/1/2023 4:07 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	
33.00 Purchase Discounts	B	-39,182	PURCHASING RECEIVING AND STORES	5.02	0	33.00
33.01 Interest Income Bonds	B	-2,637	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.01
33.02 Leasehold Revenue	B	-3,070,684	CAP REL COSTS-BLDG & FIXT	1.00	9	33.02
33.03 Sale of Xray Silver/Film	B	-1,247	RADIOLOGY-DIAGNOSTIC	54.00	0	33.03
33.04 Other Operating Revenue	B	-46,380	MAMMOGRAPHY	54.02	0	33.04
33.05 Vending Machine Revenue	B	-714	ELECTROCARDIOLOGY	69.00	0	33.05
33.07 Other Operating Revenue	B	-465	RURAL HEALTH CLINIC	88.00	0	33.07
33.08 Other Operating Revenue	B	-246	LABORATORY	60.00	0	33.08
33.09 Other Operating Revenue	B	-473	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.09
33.10 Offset Interest Income	B	245	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.10
33.11 Contract Pharmacy Revenue	B	-1,104,346	DRUGS CHARGED TO PATIENTS	73.00	0	33.11
33.12 Quality Incentive Payments	B	-1,671	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.12
34.00 Non Allowable Bond Expense	A	-2,867,355	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	34.00
35.00 Debt Forgiveness	A	-67,510	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	35.00
36.00 Employee Outpatient Payments	B	-6,180,633	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36.00
37.00 Television and Radio Services	A	-8,820	CAP REL COSTS-MVBLE EQUIP	2.00	9	37.00
38.00 Guest Lodging	A	-2,983	CARDIAC CATHETERIZATION	59.00	0	38.00
38.01 Guest Lodging	A	-1,498	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	38.01
39.00 Lobbying Expense	A	-39,568	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	39.00
40.00 Community Health Outreach	A	-1,550	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	40.00
41.00 Medicaid Provider Tax	A	-10,364,828	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	41.00
42.00 Cable TV	A	-43,029	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	42.00
42.01 Cable TV	A	-121,919	MAINTENANCE & REPAIRS	6.00	0	42.01
42.02 Cable TV	A	-1,631	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	42.02
42.04 Cable TV	A	-3,155	EMERGENCY	91.00	0	42.04
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-3,604,228				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: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023

Worksheet A-8-1

Date/Time Prepared:  
9/1/2023 4:07 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	Home Office	905,914	0 1.00
2.00		2.00	CAP REL COSTS-MVBLE EQUIP	Home Office	4,936,658	0 2.00
3.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	Home Office	7,632,046	0 3.00
4.00		5.01	DATA PROCESSING	Home Office	13,124,261	0 4.00
4.01		5.03	CASHIERING/ACCOUNTS RECEIVAB	Home Office	3,546,662	0 4.01
4.02		5.04	OTHER ADMINISTRATIVE AND GEN	Home Office	16,785,759	0 4.02
5.00			TOTALS (sum of lines 1-4).		46,931,300	0 5.00
	Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.					

\* 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	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	B	SIHS	100.00	SIHS	100.00	6.00
7.00	B	SIHE	100.00	SIHE	100.00	7.00
8.00	B	HSSI	100.00	HSSI	100.00	8.00
9.00	B	SIMS	100.00	SIMS	100.00	9.00
10.00	B	SIH CAYMAN SPC	100.00	SIH CAYMAN SPC	100.00	10.00
100.00	G. Other (financial or non-financial) specify:					

(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: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023

Worksheet A-8-1

Date/Time Prepared:  
9/1/2023 4:07 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	905,914	9		1.00
2.00	4,936,658	9		2.00
3.00	7,632,046	0		3.00
4.00	13,124,261	0		4.00
4.01	3,546,662	0		4.01
4.02	16,785,759	0		4.02
5.00	46,931,300			5.00

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

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

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

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

6.00	HEALTHCARE		6.00
7.00	HEALTHCARE		7.00
8.00	HEALTHCARE		8.00
9.00	HEALTHCARE		9.00
10.00	CAPTIVE		10.00
100.00			100.00

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

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

## PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023

Worksheet A-8-2

Date/Time Prepared:  
9/1/2023 4:07 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	5.04	DR. H	4,338,522	4,338,522	0	179,000	0	1.00
2.00	30.00	DR. A	5,749,948	5,749,948	0	0	0	2.00
3.00	35.00	DR. L	13,437	937	12,500	237,100	100	3.00
4.00	50.00	DR. B	50,304	12,864	37,440	246,400	180	4.00
5.00	52.00	DR. I	56,345	0	56,345	237,100	355	5.00
6.00	54.01	DR. E	1,065,110	743,337	321,773	211,500	1,181	6.00
7.00	59.00	DR. C	127,012	9,074	117,938	211,500	352	7.00
8.00	60.00	DR. D	269,199	166,640	102,559	260,300	522	8.00
9.00	65.00	DR. K	14,182	0	14,182	211,500	79	9.00
10.00	91.00	DR. G	5,117,750	5,117,750	0	181,300	0	10.00
11.00	54.02	DR. J	11,813	0	11,813	271,900	79	11.00
12.00	30.00	DR. F	4,860	480	4,380	169,700	37	12.00
13.00	5.01	DR. M	110	110	0	0	0	13.00
200.00			16,818,592	16,139,662	678,930		2,885	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	5.04	DR. H	0	0	0	0	0	1.00
2.00	30.00	DR. A	0	0	0	0	0	2.00
3.00	35.00	DR. L	11,399	570	0	0	0	3.00
4.00	50.00	DR. B	21,323	1,066	0	0	0	4.00
5.00	52.00	DR. I	40,467	2,023	0	0	0	5.00
6.00	54.01	DR. E	120,087	6,004	0	0	0	6.00
7.00	59.00	DR. C	35,792	1,790	0	0	0	7.00
8.00	60.00	DR. D	65,325	3,266	0	0	0	8.00
9.00	65.00	DR. K	8,033	402	0	0	0	9.00
10.00	91.00	DR. G	0	0	0	0	0	10.00
11.00	54.02	DR. J	10,327	516	0	0	0	11.00
12.00	30.00	DR. F	3,019	151	0	0	0	12.00
13.00	5.01	DR. M	0	0	0	0	0	13.00
200.00			315,772	15,788	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	5.04	DR. H	0	0	0	4,338,522		1.00
2.00	30.00	DR. A	0	0	0	5,749,948		2.00
3.00	35.00	DR. L	0	11,399	1,101	2,038		3.00
4.00	50.00	DR. B	0	21,323	16,117	28,981		4.00
5.00	52.00	DR. I	0	40,467	15,878	15,878		5.00
6.00	54.01	DR. E	0	120,087	201,686	945,023		6.00
7.00	59.00	DR. C	0	35,792	82,146	91,220		7.00
8.00	60.00	DR. D	0	65,325	37,234	203,874		8.00
9.00	65.00	DR. K	0	8,033	6,149	6,149		9.00
10.00	91.00	DR. G	0	0	0	5,117,750		10.00
11.00	54.02	DR. J	0	10,327	1,486	1,486		11.00
12.00	30.00	DR. F	0	3,019	1,361	1,841		12.00
13.00	5.01	DR. M	0	0	0	110		13.00
200.00			0	315,772	363,158	16,502,820		200.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet B  
Part I  
Date/Time Prepared:  
9/1/2023 4:07 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	9,668,214	9,668,214			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	12,675,692		12,675,692		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	23,642,844	17,849	0	23,660,693	4.00
5.01	00550	DATA PROCESSING	13,129,061	43,353	0	0	13,172,414
5.02	00560	PURCHASING RECEIVING AND STORES	334,324	110,895	0	108,598	114,906
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,600,031	69,743	0	306,249	250,704
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	31,911,332	2,265,042	470,195	1,510,881	720,774
6.00	00600	MAINTENANCE & REPAIRS	3,166,454	1,063,256	693,652	222,669	177,582
8.00	00800	LAUNDRY & LINEN SERVICE	1,561,006	22,083	0	31,154	0
9.00	00900	HOUSEKEEPING	3,415,234	81,778	16,684	771,430	62,676
10.00	01000	DIETARY	926,791	110,584	24,435	145,953	146,244
11.00	01100	CAFETERIA	1,381,629	118,528	569	357,076	0
13.00	01300	NURSING ADMINISTRATION	1,249,784	86,778	153,508	340,280	73,122
14.00	01400	CENTRAL SERVICES & SUPPLY	544,120	84,625	42,437	136,153	62,676
16.00	01600	MEDICAL RECORDS & LIBRARY	555,190	1,866	21,134	166,200	282,042
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,837,868	0	307	373,643	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	31,345,968	1,809,426	493,559	5,165,960	2,841,318
31.00	03100	INTENSIVE CARE UNIT	8,634,143	300,506	324,861	1,553,413	605,868
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,040,841	44,406	118,775	286,687	83,568
43.00	04300	NURSERY	161,145	21,820	64,228	0	31,338
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	14,385,842	824,670	4,228,961	1,764,499	1,431,103
50.01	05001	SAME DAY SURGERY	0	0	0	0	0
51.00	05100	RECOVERY ROOM	880,572	66,083	15,387	260,270	31,338
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,146,891	232,318	131,320	1,176,015	1,107,277
53.00	05300	ANESTHESIOLOGY	1,750,966	10,121	71,179	262,890	10,446
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,545,302	207,435	245,505	909,496	240,258
54.01	03480	ONCOLOGY	2,017,743	221,217	1,114,395	335,514	323,826
54.02	03440	MAMMOGRAPHY	1,536,651	0	274,888	293,980	365,610
56.00	05600	RADIOISOTOPE	2,343,232	42,827	504,002	167,824	73,122
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	829,982	51,177	32,668	101,312	20,892
59.00	05900	CARDIAC CATHETERIZATION	8,511,765	317,326	1,008,875	921,600	522,300
60.00	06000	LABORATORY	11,769,974	271,628	946,516	928,156	658,098
64.00	06400	INTRAVENOUS THERAPY	1,570,209	226,935	121,540	385,434	219,366
65.00	06500	RESPIRATORY THERAPY	3,047,831	37,611	183,148	384,777	104,460
66.00	06600	PHYSICAL THERAPY	4,204,465	37,755	77,118	1,262,407	637,206
69.00	06900	ELECTROCARDIOLOGY	9,985,800	152,861	539,411	359,629	229,812
70.00	07000	ELECTROENCEPHALOGRAPHY	231,678	5,814	51,497	51,407	52,230
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,467,150	0	0	171	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,568,603	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	39,159,937	101,301	273,215	1,096,601	386,502
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	1,389,443	0	2,691	99,856	490,962
91.00	09100	EMERGENCY	7,066,434	242,319	302,153	1,422,249	814,788
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	301,192,141	9,301,936	12,548,813	23,660,433	13,172,414
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	53,881	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	314,150	312,397	126,879	0	0
192.01	19201	FAMILY PRACTICE	0	0	0	0	0
192.02	19202	CASH BASED THERAPY SERVICES	865	0	0	260	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	301,507,156	9,668,214	12,675,692	23,660,693	13,172,414

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet B  
Part I  
Date/Time Prepared:  
9/1/2023 4:07 pm

Cost Center Description			PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.02	5.03	5A.03	5.04	6.00	
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
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES	668,723					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,141	5,227,868				5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	875	0	36,879,099	36,879,099		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	5,323,613	741,909	6,065,522	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,614,243	224,964	21,965	8.00
9.00	00900	HOUSEKEEPING	351	0	4,348,153	605,967	81,341	9.00
10.00	01000	DIETARY	318	0	1,354,325	188,741	109,994	10.00
11.00	01100	CAFETERIA	779	0	1,858,581	259,016	117,895	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,903,472	265,272	86,315	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	870,011	121,246	84,173	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2	0	1,026,434	143,046	1,856	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	3,211,818	447,605	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	87,458	221,611	41,965,300	5,848,372	1,799,768	30.00
31.00	03100	INTENSIVE CARE UNIT	44,088	42,515	11,505,394	1,603,415	298,902	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	106	16,330	1,590,713	221,685	44,169	35.00
43.00	04300	NURSERY	6,170	11,408	296,109	41,266	21,704	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	108,058	774,911	23,518,044	3,277,522	820,267	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	363	52,163	1,306,176	182,031	65,730	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,250	109,477	8,933,548	1,244,997	231,078	52.00
53.00	05300	ANESTHESIOLOGY	13,028	123,167	2,241,797	312,421	10,067	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,220	584,205	6,747,421	940,334	206,328	54.00
54.01	03480	ONCOLOGY	249	215,475	4,228,419	589,281	220,036	54.01
54.02	03440	MAMMOGRAPHY	913	52,367	2,524,409	351,807	0	54.02
56.00	05600	RADIOISOTOPE	1,365	149,815	3,282,187	457,412	42,598	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,054	146,635	1,184,720	165,105	50,904	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,414	296,245	11,596,525	1,616,115	315,632	59.00
60.00	06000	LABORATORY	71,373	540,681	15,186,426	2,116,411	270,178	60.00
64.00	06400	INTRAVENOUS THERAPY	10,487	63,386	2,597,357	361,973	225,723	64.00
65.00	06500	RESPIRATORY THERAPY	5,858	76,286	3,839,971	535,146	37,410	65.00
66.00	06600	PHYSICAL THERAPY	978	118,300	6,338,229	883,308	37,553	66.00
69.00	06900	ELECTROCARDIOLOGY	914	206,288	11,474,715	1,599,139	152,045	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,395	8,113	402,134	56,042	5,783	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	194,906	223,442	10,885,669	1,517,049	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	162,606	16,731,209	2,331,695	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,192	701,962	41,730,710	5,815,675	100,760	73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	440	7,879	1,991,271	277,508	0	88.00
91.00	09100	EMERGENCY	39,973	322,601	10,210,517	1,422,958	241,025	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)	668,718	5,227,868	300,698,719	36,766,433	5,701,199	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	53,881	7,509	53,593	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5	0	753,431	105,000	310,730	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	CASH BASED THERAPY SERVICES	0	0	1,125	157	0	192.02
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	668,723	5,227,868	301,507,156	36,879,099	6,065,522	202.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet B  
Part I  
Date/Time Prepared:  
9/1/2023 4:07 pm

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
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
5.01	00550	DATA PROCESSING					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,861,172				8.00
9.00	00900	HOUSEKEEPING	0	5,035,461			9.00
10.00	01000	DIETARY	0	92,897	1,745,957		10.00
11.00	01100	CAFETERIA	0	99,570	0	2,335,062	11.00
13.00	01300	NURSING ADMINISTRATION	0	72,898	0	21,784	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	71,090	0	30,969	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,568	0	36,710	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	58,736	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,497,339	1,520,015	1,404,648	605,099	30.00
31.00	03100	INTENSIVE CARE UNIT	297,389	252,441	278,979	150,406	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	66,444	37,303	62,330	42,118	35.00
43.00	04300	NURSERY	0	18,330	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	692,767	0	227,784	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	55,513	0	21,240	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	195,160	0	114,602	52.00
53.00	05300	ANESTHESIOLOGY	0	8,502	0	26,014	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	174,257	0	117,986	54.00
54.01	03480	ONCOLOGY	0	185,834	0	33,719	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	35,977	0	15,500	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	42,991	0	12,146	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	266,571	0	89,826	59.00
60.00	06000	LABORATORY	0	228,182	0	169,682	60.00
64.00	06400	INTRAVENOUS THERAPY	0	190,637	0	49,914	64.00
65.00	06500	RESPIRATORY THERAPY	0	31,595	0	47,768	65.00
66.00	06600	PHYSICAL THERAPY	0	31,716	0	139,800	66.00
69.00	06900	ELECTROCARDIOLOGY	0	128,411	0	44,354	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,884	0	8,671	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	60	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	85,098	0	110,976	73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	16,666	88.00
91.00	09100	EMERGENCY	0	203,561	0	159,198	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				270,571	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)	1,861,172	4,727,768	1,745,957	2,335,062	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	45,263	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	262,430	0	0	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	192.01
192.02	19202	CASH BASED THERAPY SERVICES	0	0	0	0	192.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,861,172	5,035,461	1,745,957	2,335,062	202.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet B  
Part I  
Date/Time Prepared:  
9/1/2023 4:07 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY		MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
							SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
			14.00		16.00	19.00	21.00	22.00	
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
5.01	00550	DATA PROCESSING							5.01
5.02	00560	PURCHASING RECEIVING AND STORES							5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE							5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL							5.04
6.00	00600	MAINTENANCE & REPAIRS							6.00
8.00	00800	LAUNDRY & LINEN SERVICE							8.00
9.00	00900	HOUSEKEEPING							9.00
10.00	01000	DIETARY							10.00
11.00	01100	CAFETERIA							11.00
13.00	01300	NURSING ADMINISTRATION							13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,177,489						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,209,614					16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0			0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				3,718,159	22.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	51,277	0	0	0	453,449	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,837	0	0	0	73,341	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	3,778	0	0	0	0	35.00
43.00	04300	NURSERY	0	2,640	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	179,283	0	0	0	137,584	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	12,070	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	25,331	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	28,499	0	0	0	24,655	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	135,174	0	0	0	45,213	54.00
54.01	03480	ONCOLOGY	0	49,857	0	0	0	7,917	54.01
54.02	03440	MAMMOGRAPHY	0	12,117	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	34,664	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	33,929	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	68,546	0	0	0	0	59.00
60.00	06000	LABORATORY	0	125,103	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	14,666	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	17,651	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	27,372	0	0	0	43,616	66.00
69.00	06900	ELECTROCARDIOLOGY	0	47,731	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,877	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,176,576	51,700	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	37,624	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	162,421	0	0	0	0	73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	913	1,823	0	0	0	572,628	88.00
91.00	09100	EMERGENCY	0	74,644	0	0	0	170,990	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	0	102.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,177,489	1,209,614	0	0	0	1,529,393	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	2,188,766	192.01
192.02	19202	CASH BASED THERAPY SERVICES	0	0	0	0	0	0	192.02
200.00		Cross Foot Adjustments			0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,177,489	1,209,614	0	0	0	3,718,159	202.00



## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet B  
Part I  
Date/Time Prepared:  
9/1/2023 4:07 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			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
5.01	00550	DATA PROCESSING				5.01
5.02	00560	PURCHASING RECEIVING AND STORES				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00	00600	MAINTENANCE & REPAIRS				6.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	56,127,567	-453,449	55,674,118	30.00
31.00	03100	INTENSIVE CARE UNIT	14,729,012	-73,341	14,655,671	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,143,502	0	2,143,502	35.00
43.00	04300	NURSERY	380,049	0	380,049	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	29,117,338	-137,584	28,979,754	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,681,269	0	1,681,269	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,931,104	0	10,931,104	52.00
53.00	05300	ANESTHESIOLOGY	2,679,524	-24,655	2,654,869	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,414,930	-45,213	8,369,717	54.00
54.01	03480	ONCOLOGY	5,324,937	-7,917	5,317,020	54.01
54.02	03440	MAMMOGRAPHY	2,888,333	0	2,888,333	54.02
56.00	05600	RADIOISOTOPE	3,868,338	0	3,868,338	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,489,795	0	1,489,795	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,027,748	0	14,027,748	59.00
60.00	06000	LABORATORY	18,095,982	0	18,095,982	60.00
64.00	06400	INTRAVENOUS THERAPY	3,518,393	0	3,518,393	64.00
65.00	06500	RESPIRATORY THERAPY	4,509,541	0	4,509,541	65.00
66.00	06600	PHYSICAL THERAPY	7,507,020	-43,616	7,463,404	66.00
69.00	06900	ELECTROCARDIOLOGY	13,459,927	0	13,459,927	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	479,391	0	479,391	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,631,130	0	13,631,130	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,100,528	0	19,100,528	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,005,640	0	48,005,640	73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	2,860,809	-572,628	2,288,181	88.00
91.00	09100	EMERGENCY	12,753,464	-170,990	12,582,474	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	102.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	297,725,271	-1,529,393	296,195,878	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	160,246	0	160,246	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,431,591	0	1,431,591	192.00
192.01	19201	FAMILY PRACTICE	2,188,766	-2,188,766	0	192.01
192.02	19202	CASH BASED THERAPY SERVICES	1,282	0	1,282	192.02
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	301,507,156	-3,718,159	297,788,997	202.00

## COST ALLOCATION STATISTICS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023

Worksheet Non-CMS W

Date/Time Prepared:  
9/1/2023 4:07 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4	GROSS SALARIES	4.00
5.01	DATA PROCESSING	5	NUMBER OF PCS	5.01
5.02	PURCHASING RECEIVING AND STORES	6	PURCHASING SUPPLIES	5.02
5.03	CASHIERING/ACCOUNTS RECEIVABLE	7	GROSS REVENUE	5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM. COST	5.04
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
8.00	LAUNDRY & LINEN SERVICE	8	PATIENT DAYS	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	9	MEALS SERVED	10.00
11.00	CAFETERIA	10	NUMBER OF FTES	11.00
13.00	NURSING ADMINISTRATION	13	DIRECT NURS. HRS.	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
16.00	MEDICAL RECORDS & LIBRARY	7	GROSS REVENUE	16.00
19.00	NONPHYSICIAN ANESTHETISTS	19	ASSIGNED TIME	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	22.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet B  
Part II  
Date/Time Prepared:  
9/1/2023 4:07 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	17,849	0	17,849	4.00
5.01	00550	DATA PROCESSING	0	43,353	0	43,353	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	110,895	0	110,895	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	69,743	0	69,743	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	0	2,265,042	470,195	2,735,237	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	1,063,256	693,652	1,756,908	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	22,083	0	22,083	8.00
9.00	00900	HOUSEKEEPING	0	81,778	16,684	98,462	9.00
10.00	01000	DIETARY	0	110,584	24,435	135,019	10.00
11.00	01100	CAFETERIA	0	118,528	569	119,097	11.00
13.00	01300	NURSING ADMINISTRATION	0	86,778	153,508	240,286	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	84,625	42,437	127,062	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,866	21,134	23,000	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	307	307	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,809,426	493,559	2,302,985	30.00
31.00	03100	INTENSIVE CARE UNIT	0	300,506	324,861	625,367	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	44,406	118,775	163,181	35.00
43.00	04300	NURSERY	0	21,820	64,228	86,048	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	824,670	4,228,961	5,053,631	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	66,083	15,387	81,470	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	232,318	131,320	363,638	52.00
53.00	05300	ANESTHESIOLOGY	0	10,121	71,179	81,300	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	207,435	245,505	452,940	54.00
54.01	03480	ONCOLOGY	0	221,217	1,114,395	1,335,612	54.01
54.02	03440	MAMMOGRAPHY	0	0	274,888	274,888	54.02
56.00	05600	RADIOISOTOPE	0	42,827	504,002	546,829	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	51,177	32,668	83,845	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	317,326	1,008,875	1,326,201	59.00
60.00	06000	LABORATORY	0	271,628	946,516	1,218,144	60.00
64.00	06400	INTRAVENOUS THERAPY	0	226,935	121,540	348,475	64.00
65.00	06500	RESPIRATORY THERAPY	0	37,611	183,148	220,759	65.00
66.00	06600	PHYSICAL THERAPY	0	37,755	77,118	114,873	66.00
69.00	06900	ELECTROCARDIOLOGY	0	152,861	539,411	692,272	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,814	51,497	57,311	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	101,301	273,215	374,516	73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	2,691	2,691	88.00
91.00	09100	EMERGENCY	0	242,319	302,153	544,472	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)	0	9,301,936	12,548,813	21,850,749	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	53,881	0	53,881	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	312,397	126,879	439,276	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	192.01
192.02	19202	CASH BASED THERAPY SERVICES	0	0	0	0	192.02
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)	0	9,668,214	12,675,692	22,343,906	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet B  
Part II  
Date/Time Prepared:  
9/1/2023 4:07 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.01	5.02	5.03	5.04	6.00	
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
5.01	00550	DATA PROCESSING	43,353					5.01
5.02	00560	PURCHASING RECEIVING AND STORES	378	111,355				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	825	190	70,989			5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	2,372	146	0	2,738,896		5.04
6.00	00600	MAINTENANCE & REPAIRS	584	0	0	55,099	1,812,759	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	16,707	6,565	8.00
9.00	00900	HOUSEKEEPING	206	58	0	45,003	24,310	9.00
10.00	01000	DIETARY	481	53	0	14,017	32,873	10.00
11.00	01100	CAFETERIA	0	130	0	19,236	35,234	11.00
13.00	01300	NURSING ADMINISTRATION	241	0	0	19,701	25,796	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	206	0	0	9,005	25,156	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	928	0	0	10,624	555	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	33,242	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,353	14,564	2,991	434,333	537,883	30.00
31.00	03100	INTENSIVE CARE UNIT	1,994	7,342	574	119,081	89,331	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	275	18	220	16,464	13,200	35.00
43.00	04300	NURSERY	103	1,027	154	3,065	6,486	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,710	17,995	10,887	243,412	245,147	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	103	61	704	13,519	19,644	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,644	5,038	1,478	92,462	69,061	52.00
53.00	05300	ANESTHESIOLOGY	34	2,170	1,662	23,203	3,009	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	791	2,535	7,885	69,836	61,664	54.00
54.01	03480	ONCOLOGY	1,066	42	2,908	43,764	65,760	54.01
54.02	03440	MAMMOGRAPHY	1,203	152	707	26,128	0	54.02
56.00	05600	RADIOISOTOPE	241	227	2,022	33,971	12,731	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	69	342	1,979	12,262	15,213	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,719	3,067	3,998	120,024	94,331	59.00
60.00	06000	LABORATORY	2,166	11,886	7,298	157,180	80,746	60.00
64.00	06400	INTRAVENOUS THERAPY	722	1,746	856	26,883	67,460	64.00
65.00	06500	RESPIRATORY THERAPY	344	976	1,030	39,744	11,181	65.00
66.00	06600	PHYSICAL THERAPY	2,097	163	1,597	65,601	11,223	66.00
69.00	06900	ELECTROCARDIOLOGY	756	152	2,784	118,763	45,441	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	172	232	109	4,162	1,728	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	32,448	3,016	112,667	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,195	173,168	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,272	1,864	9,475	431,913	30,114	73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	1,616	73	106	20,610	0	88.00
91.00	09100	EMERGENCY	2,682	6,657	4,354	105,679	72,034	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)	43,353	111,354	70,989	2,730,528	1,703,876	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	558	16,017	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1	0	7,798	92,866	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	CASH BASED THERAPY SERVICES	0	0	0	12	0	192.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	43,353	111,355	70,989	2,738,896	1,812,759	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet B  
Part II  
Date/Time Prepared:  
9/1/2023 4:07 pm

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
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
5.01	00550	DATA PROCESSING					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE	45,379				8.00
9.00	00900	HOUSEKEEPING	0	168,622			9.00
10.00	01000	DIETARY	0	3,111	185,664		10.00
11.00	01100	CAFETERIA	0	3,334	0	177,301	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,441	0	1,654	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,381	0	2,352	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	52	0	2,787	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	4,460	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	36,508	50,899	149,370	45,944	30.00
31.00	03100	INTENSIVE CARE UNIT	7,251	8,453	29,666	11,420	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,620	1,249	6,628	3,198	35.00
43.00	04300	NURSERY	0	614	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	23,199	0	17,296	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	1,859	0	1,613	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,535	0	8,702	52.00
53.00	05300	ANESTHESIOLOGY	0	285	0	1,975	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,835	0	8,959	54.00
54.01	03480	ONCOLOGY	0	6,223	0	2,560	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	1,205	0	1,177	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,440	0	922	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	8,927	0	6,821	59.00
60.00	06000	LABORATORY	0	7,641	0	12,884	60.00
64.00	06400	INTRAVENOUS THERAPY	0	6,384	0	3,790	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,058	0	3,627	65.00
66.00	06600	PHYSICAL THERAPY	0	1,062	0	10,615	66.00
69.00	06900	ELECTROCARDIOLOGY	0	4,300	0	3,368	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	164	0	658	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,850	0	8,426	73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	2,060	88.00
91.00	09100	EMERGENCY	0	6,817	0	12,088	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				33,437	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)	45,379	158,318	185,664	177,301	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,516	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	8,788	0	0	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	192.01
192.02	19202	CASH BASED THERAPY SERVICES	0	0	0	0	192.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	45,379	168,622	185,664	177,301	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet B  
Part II  
Date/Time Prepared:  
9/1/2023 4:07 pm

Cost Center Description			INTERNS & RESIDENTS					
			CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
						21.00	22.00	
			14.00	16.00	19.00	21.00	22.00	
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
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	166,265					14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	38,072				16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0		0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			38,291	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,602				30.00
31.00	03100	INTENSIVE CARE UNIT	0	307				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	118				35.00
43.00	04300	NURSERY	0	82				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	5,874				50.00
50.01	05001	SAME DAY SURGERY	0	0				50.01
51.00	05100	RECOVERY ROOM	0	377				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	792				52.00
53.00	05300	ANESTHESIOLOGY	0	891				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,224				54.00
54.01	03480	ONCOLOGY	0	1,558				54.01
54.02	03440	MAMMOGRAPHY	0	379				54.02
56.00	05600	RADIOISOTOPE	0	1,083				56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,060				58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,142				59.00
60.00	06000	LABORATORY	0	3,909				60.00
64.00	06400	INTRAVENOUS THERAPY	0	458				64.00
65.00	06500	RESPIRATORY THERAPY	0	552				65.00
66.00	06600	PHYSICAL THERAPY	0	855				66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,492				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	59				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	166,136	1,616				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,176				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,076				73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0				77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	129	57				88.00
91.00	09100	EMERGENCY	0	2,333				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0				102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	166,265	38,072	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
192.01	19201	FAMILY PRACTICE	0	0				192.01
192.02	19202	CASH BASED THERAPY SERVICES	0	0				192.02
200.00		Cross Foot Adjustments			0	0	38,291	200.00
201.00		Negative Cost Centers	0	0		0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	166,265	38,072	0	0	38,291	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet B  
Part II  
Date/Time Prepared:  
9/1/2023 4:07 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			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
5.01	00550	DATA PROCESSING				5.01
5.02	00560	PURCHASING RECEIVING AND STORES				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00	00600	MAINTENANCE & REPAIRS				6.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,711,703	0	3,711,703	30.00
31.00	03100	INTENSIVE CARE UNIT	933,954	0	933,954	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	215,651	0	215,651	35.00
43.00	04300	NURSERY	97,579	0	97,579	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,656,118	0	5,656,118	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	50.01
51.00	05100	RECOVERY ROOM	124,306	0	124,306	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	575,271	0	575,271	52.00
53.00	05300	ANESTHESIOLOGY	118,135	0	118,135	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	621,315	0	621,315	54.00
54.01	03480	ONCOLOGY	1,460,966	0	1,460,966	54.01
54.02	03440	MAMMOGRAPHY	303,679	0	303,679	54.02
56.00	05600	RADIOISOTOPE	599,613	0	599,613	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	117,209	0	117,209	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,577,137	0	1,577,137	59.00
60.00	06000	LABORATORY	1,502,555	0	1,502,555	60.00
64.00	06400	INTRAVENOUS THERAPY	466,719	0	466,719	64.00
65.00	06500	RESPIRATORY THERAPY	279,562	0	279,562	65.00
66.00	06600	PHYSICAL THERAPY	209,710	0	209,710	66.00
69.00	06900	ELECTROCARDIOLOGY	871,272	0	871,272	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	64,634	0	64,634	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	315,897	0	315,897	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	176,539	0	176,539	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	866,334	0	866,334	73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	27,417	0	27,417	88.00
91.00	09100	EMERGENCY	791,627	0	791,627	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	102.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,684,902	0	21,684,902	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	71,972	0	71,972	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	548,729	0	548,729	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	192.01
192.02	19202	CASH BASED THERAPY SERVICES	12	0	12	192.02
200.00		Cross Foot Adjustments	38,291	0	38,291	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	22,343,906	0	22,343,906	202.00

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023

Worksheet B-1

Date/Time Prepared:  
9/1/2023 4:07 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NUMBER OF PCS)	PURCHASING RECEIVING AND STORES (PURCHASING SUPPLIES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	404,094					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,234,446				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	746	0	78,713,241			4.00
5.01	00550	DATA PROCESSING	1,812	0	0	1,261		5.01
5.02	00560	PURCHASING RECEIVING AND STORES	4,635	0	361,279	11	16,295,035	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,915	0	1,018,814	24	27,798	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	94,670	268,356	5,026,318	69	21,320	5.04
6.00	00600	MAINTENANCE & REPAIRS	44,440	395,891	740,763	17	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	923	0	103,642	0	0	8.00
9.00	00900	HOUSEKEEPING	3,418	9,522	2,566,351	6	8,549	9.00
10.00	01000	DIETARY	4,622	13,946	485,549	14	7,759	10.00
11.00	01100	CAFETERIA	4,954	325	1,187,901	0	18,982	11.00
13.00	01300	NURSING ADMINISTRATION	3,627	87,612	1,132,026	7	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,537	24,220	452,948	6	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	78	12,062	552,904	27	50	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	175	1,243,015	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	75,627	281,691	17,185,951	272	2,131,156	30.00
31.00	03100	INTENSIVE CARE UNIT	12,560	185,409	5,167,811	58	1,074,310	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,856	67,789	953,735	8	2,586	35.00
43.00	04300	NURSERY	912	36,657	0	3	150,344	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,468	2,413,610	5,870,042	137	2,633,113	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	2,762	8,782	865,853	3	8,853	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,710	74,949	3,912,303	106	737,129	52.00
53.00	05300	ANESTHESIOLOGY	423	40,624	874,569	1	317,470	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,670	140,118	3,025,662	23	370,871	54.00
54.01	03480	ONCOLOGY	9,246	636,023	1,116,171	31	6,076	54.01
54.02	03440	MAMMOGRAPHY	0	156,888	977,997	35	22,259	54.02
56.00	05600	RADIOISOTOPE	1,790	287,651	558,308	7	33,264	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,139	18,645	337,040	2	50,060	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,263	575,799	3,065,931	50	448,718	59.00
60.00	06000	LABORATORY	11,353	540,209	3,087,738	63	1,739,183	60.00
64.00	06400	INTRAVENOUS THERAPY	9,485	69,367	1,282,241	21	255,536	64.00
65.00	06500	RESPIRATORY THERAPY	1,572	104,529	1,280,056	10	142,748	65.00
66.00	06600	PHYSICAL THERAPY	1,578	44,014	4,199,707	61	23,840	66.00
69.00	06900	ELECTROCARDIOLOGY	6,389	307,860	1,196,396	22	22,272	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	243	29,391	171,018	5	34,000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	568	0	4,749,144	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,234	155,933	3,648,113	37	272,735	73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	1,536	332,195	47	10,731	88.00
91.00	09100	EMERGENCY	10,128	172,449	4,731,461	78	974,059	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)	388,785	7,162,032	78,712,376	1,261	16,294,915	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,252	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,057	72,414	0	0	120	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	CASH BASED THERAPY SERVICES	0	0	865	0	0	192.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	9,668,214	12,675,692	23,660,693	13,172,414	668,723	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	23.925656	1.752130	0.300594	10,446.006344	0.041038	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			17,849	43,353	111,355	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000227	34.379857	0.006834	205.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023

Worksheet B-1

Date/Time Prepared:  
9/1/2023 4:07 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NUMBER OF PCS)	PURCHASING RECEIVING AND STORES (PURCHASING SUPPLIES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
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: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023

Worksheet B-1

Date/Time Prepared:  
9/1/2023 4:07 pm

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	
			5.03	5A.04	5.04	6.00	8.00	
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
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,260,100,327					5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	0	-36,879,099	264,628,057			5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	5,323,613	254,876		6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,614,243	923	34,734	8.00
9.00	00900	HOUSEKEEPING	0	0	4,348,153	3,418	0	9.00
10.00	01000	DIETARY	0	0	1,354,325	4,622	0	10.00
11.00	01100	CAFETERIA	0	0	1,858,581	4,954	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,903,472	3,627	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	870,011	3,537	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,026,434	78	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	3,211,818	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	53,413,042	0	41,965,300	75,627	27,944	30.00
31.00	03100	INTENSIVE CARE UNIT	10,247,154	0	11,505,394	12,560	5,550	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,935,837	0	1,590,713	1,856	1,240	35.00
43.00	04300	NURSERY	2,749,519	0	296,109	912	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	186,840,190	0	23,518,044	34,468	0	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	12,572,496	0	1,306,176	2,762	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,386,367	0	8,933,548	9,710	0	52.00
53.00	05300	ANESTHESIOLOGY	29,686,001	0	2,241,797	423	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	140,806,242	0	6,747,421	8,670	0	54.00
54.01	03480	ONCOLOGY	51,934,152	0	4,228,419	9,246	0	54.01
54.02	03440	MAMMOGRAPHY	12,621,714	0	2,524,409	0	0	54.02
56.00	05600	RADIOISOTOPE	36,108,604	0	3,282,187	1,790	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	35,342,305	0	1,184,720	2,139	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	71,401,598	0	11,596,525	13,263	0	59.00
60.00	06000	LABORATORY	130,316,024	0	15,186,426	11,353	0	60.00
64.00	06400	INTRAVENOUS THERAPY	15,277,532	0	2,597,357	9,485	0	64.00
65.00	06500	RESPIRATORY THERAPY	18,386,544	0	3,839,971	1,572	0	65.00
66.00	06600	PHYSICAL THERAPY	28,512,792	0	6,338,229	1,578	0	66.00
69.00	06900	ELECTROCARDIOLOGY	49,719,835	0	11,474,715	6,389	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,955,344	0	402,134	243	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	53,854,464	0	10,885,669	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,191,558	0	16,731,209	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	169,188,149	0	41,730,710	4,234	0	73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	1,899,064	0	1,991,271	0	0	88.00
91.00	09100	EMERGENCY	77,753,800	0	10,210,517	10,128	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,260,100,327	-36,879,099	263,819,620	239,567	34,734	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	53,881	2,252	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	753,431	13,057	0	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	CASH BASED THERAPY SERVICES	0	0	1,125	0	0	192.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,227,868		36,879,099	6,065,522	1,861,172	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.004149		0.139362	23.797933	53.583578	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	70,989		2,738,896	1,812,759	45,379	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000056		0.010350	7.112317	1.306472	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023

Worksheet B-1

Date/Time Prepared:  
9/1/2023 4:07 pm

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	5.03	5A.04	5.04	6.00	8.00	207.00

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023

Worksheet B-1

Date/Time Prepared:  
9/1/2023 4:07 pm

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (NUMBER OF FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			9.00	10.00	11.00	13.00	14.00	
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
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	250,535					9.00
10.00	01000	DIETARY	4,622	104,202				10.00
11.00	01100	CAFETERIA	4,954	0	77,284			11.00
13.00	01300	NURSING ADMINISTRATION	3,627	0	721	892,883		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,537	0	1,025	0	10,474,707	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	78	0	1,215	0	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,944	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	75,627	83,832	20,027	373,266	0	30.00
31.00	03100	INTENSIVE CARE UNIT	12,560	16,650	4,978	98,383	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,856	3,720	1,394	28,485	0	35.00
43.00	04300	NURSERY	912	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,468	0	7,539	100,351	0	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	2,762	0	703	14,633	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,710	0	3,793	70,826	0	52.00
53.00	05300	ANESTHESIOLOGY	423	0	861	10,476	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,670	0	3,905	18,322	0	54.00
54.01	03480	ONCOLOGY	9,246	0	1,116	3,752	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	1,790	0	513	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,139	0	402	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,263	0	2,973	28,322	0	59.00
60.00	06000	LABORATORY	11,353	0	5,616	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	9,485	0	1,652	29,686	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,572	0	1,581	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,578	0	4,627	2,062	0	66.00
69.00	06900	ELECTROCARDIOLOGY	6,389	0	1,468	5,142	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	243	0	287	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	2	29	10,466,582	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,234	0	3,673	0	0	73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	6,333	8,125	88.00
91.00	09100	EMERGENCY	10,128	0	5,269	102,815	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	235,226	104,202	77,284	892,883	10,474,707	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,252	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,057	0	0	0	0	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	CASH BASED THERAPY SERVICES	0	0	0	0	0	192.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,035,461	1,745,957	2,335,062	2,349,741	1,177,489	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	20.098832	16.755504	30.214042	2.631634	0.112413	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	168,622	185,664	177,301	290,376	166,265	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.673048	1.781770	2.294149	0.325212	0.015873	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023

Worksheet B-1

Date/Time Prepared:  
9/1/2023 4:07 pm

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (NUMBER OF FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	9.00	10.00	11.00	13.00	14.00	207.00

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023

Worksheet B-1

Date/Time Prepared:  
9/1/2023 4:07 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS			
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
		16.00	19.00	21.00	22.00		
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
5.01	00550	DATA PROCESSING					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,260,100,327				16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	53,536			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		53,536		22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	53,413,042	0	6,529	6,529	30.00
31.00	03100	INTENSIVE CARE UNIT	10,247,154	0	1,056	1,056	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,935,837	0	0	0	35.00
43.00	04300	NURSERY	2,749,519	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	186,840,190	0	1,981	1,981	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	12,572,496	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,386,367	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	29,686,001	0	355	355	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	140,806,242	0	651	651	54.00
54.01	03480	ONCOLOGY	51,934,152	0	114	114	54.01
54.02	03440	MAMMOGRAPHY	12,621,714	0	0	0	54.02
56.00	05600	RADIOISOTOPE	36,108,604	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	35,342,305	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	71,401,598	0	0	0	59.00
60.00	06000	LABORATORY	130,316,024	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	15,277,532	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	18,386,544	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	28,512,792	0	628	628	66.00
69.00	06900	ELECTROCARDIOLOGY	49,719,835	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,955,344	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	53,854,464	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,191,558	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	169,188,149	0	0	0	73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	1,899,064	0	8,245	8,245	88.00
91.00	09100	EMERGENCY	77,753,800	0	2,462	2,462	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)	1,260,100,327	0	22,021	22,021	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	FAMILY PRACTICE	0	0	31,515	31,515	192.01
192.02	19202	CASH BASED THERAPY SERVICES	0	0	0	0	192.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,209,614	0	0	3,718,159	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000960	0.000000	0.000000	69.451565	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	38,072	0	0	38,291	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000030	0.000000	0.000000	0.715238	205.00

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023

Worksheet B-1

Date/Time Prepared:  
9/1/2023 4:07 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS			
					SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			16.00	19.00	21.00	22.00		
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet C  
Part I  
Date/Time Prepared:  
9/1/2023 4:07 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	55,674,118		55,674,118	1,361	55,675,479	30.00
31.00	03100	INTENSIVE CARE UNIT	14,655,671		14,655,671	0	14,655,671	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,143,502		2,143,502	1,101	2,144,603	35.00
43.00	04300	NURSERY	380,049		380,049	0	380,049	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,979,754		28,979,754	16,117	28,995,871	50.00
50.01	05001	SAME DAY SURGERY	0		0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,681,269		1,681,269	0	1,681,269	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,931,104		10,931,104	15,878	10,946,982	52.00
53.00	05300	ANESTHESIOLOGY	2,654,869		2,654,869	0	2,654,869	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,369,717		8,369,717	0	8,369,717	54.00
54.01	03480	ONCOLOGY	5,317,020		5,317,020	201,686	5,518,706	54.01
54.02	03440	MAMMOGRAPHY	2,888,333		2,888,333	1,486	2,889,819	54.02
56.00	05600	RADIOISOTOPE	3,868,338		3,868,338	0	3,868,338	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,489,795		1,489,795	0	1,489,795	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,027,748		14,027,748	82,146	14,109,894	59.00
60.00	06000	LABORATORY	18,095,982		18,095,982	37,234	18,133,216	60.00
64.00	06400	INTRAVENOUS THERAPY	3,518,393		3,518,393	0	3,518,393	64.00
65.00	06500	RESPIRATORY THERAPY	4,509,541	0	4,509,541	6,149	4,515,690	65.00
66.00	06600	PHYSICAL THERAPY	7,463,404	0	7,463,404	0	7,463,404	66.00
69.00	06900	ELECTROCARDIOLOGY	13,459,927		13,459,927	0	13,459,927	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	479,391		479,391	0	479,391	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,631,130		13,631,130	0	13,631,130	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,100,528		19,100,528	0	19,100,528	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,005,640		48,005,640	0	48,005,640	73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	2,288,181		2,288,181	0	2,288,181	88.00
91.00	09100	EMERGENCY	12,582,474		12,582,474	0	12,582,474	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,713,755		8,713,755		8,713,755	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)	304,909,633	0	304,909,633	363,158	305,272,791	200.00
201.00		Less Observation Beds	8,713,755		8,713,755		8,713,755	201.00
202.00		Total (see instructions)	296,195,878	0	296,195,878	363,158	296,559,036	202.00



## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet C  
Part I  
Date/Time Prepared:  
9/1/2023 4:07 pm

			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	41,450,287		41,450,287			30.00	
31.00	03100	INTENSIVE CARE UNIT	10,247,154		10,247,154			31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,935,837		3,935,837			35.00	
43.00	04300	NURSERY	2,749,519		2,749,519			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	90,900,527	95,939,664	186,840,191	0.155104	0.000000	50.00	
50.01	05001	SAME DAY SURGERY	0	0	0	0.000000	0.000000	50.01	
51.00	05100	RECOVERY ROOM	5,023,509	7,548,987	12,572,496	0.133726	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,433,017	2,953,350	26,386,367	0.414271	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	14,791,510	14,894,491	29,686,001	0.089432	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,740,550	101,065,692	140,806,242	0.059441	0.000000	54.00	
54.01	03480	ONCOLOGY	375,634	51,558,518	51,934,152	0.102380	0.000000	54.01	
54.02	03440	MAMMOGRAPHY	2,558	12,619,156	12,621,714	0.228838	0.000000	54.02	
56.00	05600	RADIOISOTOPE	1,511,091	34,597,513	36,108,604	0.107131	0.000000	56.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,509,243	28,833,062	35,342,305	0.042153	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	24,734,119	46,667,479	71,401,598	0.196463	0.000000	59.00	
60.00	06000	LABORATORY	51,773,369	78,542,655	130,316,024	0.138862	0.000000	60.00	
64.00	06400	INTRAVENOUS THERAPY	49,612	15,227,920	15,277,532	0.230299	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	16,604,084	1,782,460	18,386,544	0.245263	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	10,703,842	17,808,950	28,512,792	0.261756	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	13,697,631	36,022,204	49,719,835	0.270715	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,028,770	926,574	1,955,344	0.245170	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,997,535	23,856,929	53,854,464	0.253110	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,771,498	17,420,060	39,191,558	0.487363	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	40,707,465	128,480,683	169,188,148	0.283741	0.000000	73.00	
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	0.000000	77.00	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	1,899,064	1,899,064			88.00	
91.00	09100	EMERGENCY	20,185,585	57,568,215	77,753,800	0.161825	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,901,904	10,060,850	11,962,754	0.728407	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)	473,825,850	786,274,476	1,260,100,326			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	473,825,850	786,274,476	1,260,100,326			202.00	

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet C  
Part I  
Date/Time Prepared:  
9/1/2023 4:07 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
35.00	02060 NEONATAL INTENSIVE CARE UNIT				35.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.155191			50.00
50.01	05001 SAME DAY SURGERY	0.000000			50.01
51.00	05100 RECOVERY ROOM	0.133726			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.414873			52.00
53.00	05300 ANESTHESIOLOGY	0.089432			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.059441			54.00
54.01	03480 ONCOLOGY	0.106264			54.01
54.02	03440 MAMMOGRAPHY	0.228956			54.02
56.00	05600 RADIOISOTOPE	0.107131			56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.042153			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.197613			59.00
60.00	06000 LABORATORY	0.139148			60.00
64.00	06400 INTRAVENOUS THERAPY	0.230299			64.00
65.00	06500 RESPIRATORY THERAPY	0.245598			65.00
66.00	06600 PHYSICAL THERAPY	0.261756			66.00
69.00	06900 ELECTROCARDIOLOGY	0.270715			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.245170			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.253110			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.487363			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.283741			73.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000			77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC				88.00
91.00	09100 EMERGENCY	0.161825			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.728407			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: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet C  
Part I  
Date/Time Prepared:  
9/1/2023 4:07 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	55,674,118		55,674,118	1,361	55,675,479	30.00
31.00	03100	INTENSIVE CARE UNIT	14,655,671		14,655,671	0	14,655,671	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,143,502		2,143,502	1,101	2,144,603	35.00
43.00	04300	NURSERY	380,049		380,049	0	380,049	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,979,754		28,979,754	16,117	28,995,871	50.00
50.01	05001	SAME DAY SURGERY	0		0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,681,269		1,681,269	0	1,681,269	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,931,104		10,931,104	15,878	10,946,982	52.00
53.00	05300	ANESTHESIOLOGY	2,654,869		2,654,869	0	2,654,869	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,369,717		8,369,717	0	8,369,717	54.00
54.01	03480	ONCOLOGY	5,317,020		5,317,020	201,686	5,518,706	54.01
54.02	03440	MAMMOGRAPHY	2,888,333		2,888,333	1,486	2,889,819	54.02
56.00	05600	RADIOISOTOPE	3,868,338		3,868,338	0	3,868,338	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,489,795		1,489,795	0	1,489,795	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,027,748		14,027,748	82,146	14,109,894	59.00
60.00	06000	LABORATORY	18,095,982		18,095,982	37,234	18,133,216	60.00
64.00	06400	INTRAVENOUS THERAPY	3,518,393		3,518,393	0	3,518,393	64.00
65.00	06500	RESPIRATORY THERAPY	4,509,541	0	4,509,541	6,149	4,515,690	65.00
66.00	06600	PHYSICAL THERAPY	7,463,404	0	7,463,404	0	7,463,404	66.00
69.00	06900	ELECTROCARDIOLOGY	13,459,927		13,459,927	0	13,459,927	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	479,391		479,391	0	479,391	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,631,130		13,631,130	0	13,631,130	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,100,528		19,100,528	0	19,100,528	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,005,640		48,005,640	0	48,005,640	73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	2,288,181		2,288,181	0	2,288,181	88.00
91.00	09100	EMERGENCY	12,582,474		12,582,474	0	12,582,474	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,713,755		8,713,755		8,713,755	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)	304,909,633	0	304,909,633	363,158	305,272,791	200.00
201.00		Less Observation Beds	8,713,755		8,713,755		8,713,755	201.00
202.00		Total (see instructions)	296,195,878	0	296,195,878	363,158	296,559,036	202.00

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet C  
Part I  
Date/Time Prepared:  
9/1/2023 4:07 pm

			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	41,450,287		41,450,287			30.00	
31.00	03100	INTENSIVE CARE UNIT	10,247,154		10,247,154			31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,935,837		3,935,837			35.00	
43.00	04300	NURSERY	2,749,519		2,749,519			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	90,900,527	95,939,664	186,840,191	0.155104	0.000000	50.00	
50.01	05001	SAME DAY SURGERY	0	0	0	0.000000	0.000000	50.01	
51.00	05100	RECOVERY ROOM	5,023,509	7,548,987	12,572,496	0.133726	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,433,017	2,953,350	26,386,367	0.414271	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	14,791,510	14,894,491	29,686,001	0.089432	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,740,550	101,065,692	140,806,242	0.059441	0.000000	54.00	
54.01	03480	ONCOLOGY	375,634	51,558,518	51,934,152	0.102380	0.000000	54.01	
54.02	03440	MAMMOGRAPHY	2,558	12,619,156	12,621,714	0.228838	0.000000	54.02	
56.00	05600	RADIOISOTOPE	1,511,091	34,597,513	36,108,604	0.107131	0.000000	56.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,509,243	28,833,062	35,342,305	0.042153	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	24,734,119	46,667,479	71,401,598	0.196463	0.000000	59.00	
60.00	06000	LABORATORY	51,773,369	78,542,655	130,316,024	0.138862	0.000000	60.00	
64.00	06400	INTRAVENOUS THERAPY	49,612	15,227,920	15,277,532	0.230299	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	16,604,084	1,782,460	18,386,544	0.245263	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	10,703,842	17,808,950	28,512,792	0.261756	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	13,697,631	36,022,204	49,719,835	0.270715	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,028,770	926,574	1,955,344	0.245170	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,997,535	23,856,929	53,854,464	0.253110	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,771,498	17,420,060	39,191,558	0.487363	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	40,707,465	128,480,683	169,188,148	0.283741	0.000000	73.00	
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	0.000000	77.00	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	1,899,064	1,899,064	1.204899	0.000000	88.00	
91.00	09100	EMERGENCY	20,185,585	57,568,215	77,753,800	0.161825	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,901,904	10,060,850	11,962,754	0.728407	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)	473,825,850	786,274,476	1,260,100,326			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	473,825,850	786,274,476	1,260,100,326			202.00	

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet C  
Part I  
Date/Time Prepared:  
9/1/2023 4:07 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
35.00	02060	NEONATAL INTENSIVE CARE UNIT				35.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	SAME DAY SURGERY	0.000000			50.01
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
54.01	03480	ONCOLOGY	0.000000			54.01
54.02	03440	MAMMOGRAPHY	0.000000			54.02
56.00	05600	RADIOISOTOPE	0.000000			56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000			77.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
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: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet D  
Part I  
Date/Time Prepared:  
9/1/2023 4:07 pm

Cost Center Description			Title XVIII		Hospital	PPS		
			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	3,711,703	0	3,711,703	33,129	112.04	30.00	
31.00	INTENSIVE CARE UNIT	933,954		933,954	5,550	168.28	31.00	
35.00	NEONATAL INTENSIVE CARE UNIT	215,651		215,651	1,240	173.91	35.00	
43.00	NURSERY	97,579		97,579	3,092	31.56	43.00	
200.00	Total (lines 30 through 199)	4,958,887		4,958,887	43,011		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	10,094	1,130,932					30.00
31.00	INTENSIVE CARE UNIT	1,746	293,817					31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0					35.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	11,840	1,424,749					200.00

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet D  
Part II  
Date/Time Prepared:  
9/1/2023 4:07 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	5,656,118	186,840,191	0.030272	42,291,894	1,280,260
50.01	05001	SAME DAY SURGERY	0	0	0.000000	0	0
51.00	05100	RECOVERY ROOM	124,306	12,572,496	0.009887	1,922,965	19,012
52.00	05200	DELIVERY ROOM & LABOR ROOM	575,271	26,386,367	0.021802	22,204	484
53.00	05300	ANESTHESIOLOGY	118,135	29,686,001	0.003979	5,099,888	20,292
54.00	05400	RADIOLOGY-DIAGNOSTIC	621,315	140,806,242	0.004413	13,674,649	60,346
54.01	03480	ONCOLOGY	1,460,966	51,934,152	0.028131	219,263	6,168
54.02	03440	MAMMOGRAPHY	303,679	12,621,714	0.024060	0	0
56.00	05600	RADIOISOTOPE	599,613	36,108,604	0.016606	716,852	11,904
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	117,209	35,342,305	0.003316	2,390,066	7,925
59.00	05900	CARDIAC CATHETERIZATION	1,577,137	71,401,598	0.022088	5,368,968	118,590
60.00	06000	LABORATORY	1,502,555	130,316,024	0.011530	18,433,912	212,543
64.00	06400	INTRAVENOUS THERAPY	466,719	15,277,532	0.030549	9,242	282
65.00	06500	RESPIRATORY THERAPY	279,562	18,386,544	0.015205	6,309,596	95,937
66.00	06600	PHYSICAL THERAPY	209,710	28,512,792	0.007355	4,626,891	34,031
69.00	06900	ELECTROCARDIOLOGY	871,272	49,719,835	0.017524	5,831,042	102,183
70.00	07000	ELECTROENCEPHALOGRAPHY	64,634	1,955,344	0.033055	259,861	8,590
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	315,897	53,854,464	0.005866	13,583,303	79,680
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	176,539	39,191,558	0.004505	9,301,349	41,903
73.00	07300	DRUGS CHARGED TO PATIENTS	866,334	169,188,148	0.005121	15,207,931	77,880
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	27,417	1,899,064	0.014437	0	0
91.00	09100	EMERGENCY	791,627	77,753,800	0.010181	6,759,558	68,819
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	580,920	11,962,754	0.048561	1,113,353	54,066
200.00		Total (lines 50 through 199)	17,306,935	1,201,717,529		153,142,787	2,300,895

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0164		Period: From 04/01/2022 To 03/31/2023		Worksheet D Part III Date/Time Prepared: 9/1/2023 4:07 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00		
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	33,129	0.00	10,094	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	5,550	0.00	1,746	31.00		
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	1,240	0.00	0	35.00		
43.00	04300	NURSERY		0	3,092	0.00	0	43.00		
200.00		Total (lines 30 through 199)		0	43,011		11,840	200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost						
			9.00	13.00						
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00		
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0				35.00		
43.00	04300	NURSERY	0	0				43.00		
200.00		Total (lines 30 through 199)	0	0				200.00		



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet D  
Part IV  
Date/Time Prepared:  
9/1/2023 4:07 pm

Cost Center Description			Title XVIII		Hospital		PPS
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health
			1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0 50.01
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
54.01	03480	ONCOLOGY	0	0	0	0	0 54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	0 54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	0	0	0	0 60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
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 PATIENTS	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
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
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: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet D  
Part IV  
Date/Time Prepared:  
9/1/2023 4:07 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	186,840,191	0.000000	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	12,572,496	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	26,386,367	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	29,686,001	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	140,806,242	0.000000	54.00
54.01	03480	ONCOLOGY	0	0	0	51,934,152	0.000000	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	12,621,714	0.000000	54.02
56.00	05600	RADIOISOTOPE	0	0	0	36,108,604	0.000000	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	35,342,305	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	71,401,598	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	130,316,024	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	15,277,532	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	18,386,544	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	28,512,792	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	49,719,835	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,955,344	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	53,854,464	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	39,191,558	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	169,188,148	0.000000	73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	1,899,064	0.000000	88.00
91.00	09100	EMERGENCY	0	0	0	77,753,800	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	11,962,754	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	1,201,717,529		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet D  
Part IV  
Date/Time Prepared:  
9/1/2023 4:07 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	42,291,894	0	24,998,160	0	50.00	
50.01	05001	SAME DAY SURGERY	0.000000	0	0	0	0	50.01	
51.00	05100	RECOVERY ROOM	0.000000	1,922,965	0	5,510,829	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	22,204	0	1,429	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	5,099,888	0	3,695,724	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	13,674,649	0	20,951,168	0	54.00	
54.01	03480	ONCOLOGY	0.000000	219,263	0	20,659,941	0	54.01	
54.02	03440	MAMMOGRAPHY	0.000000	0	0	551,901	0	54.02	
56.00	05600	RADIOISOTOPE	0.000000	716,852	0	13,669,582	0	56.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	2,390,066	0	6,983,716	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	5,368,968	0	14,942,252	0	59.00	
60.00	06000	LABORATORY	0.000000	18,433,912	0	16,257,628	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	9,242	0	4,397,198	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	6,309,596	0	542,787	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	4,626,891	0	143,144	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	5,831,042	0	12,110,342	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	259,861	0	153,029	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	13,583,303	0	8,278,686	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	9,301,349	0	6,838,739	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	15,207,931	0	52,979,037	0	73.00	
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
91.00	09100	EMERGENCY	0.000000	6,759,558	0	7,974,641	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	1,113,353	0	5,799,204	0	92.00	
200.00		Total (lines 50 through 199)		153,142,787	0	227,439,137	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet D  
Part IV  
Date/Time Prepared:  
9/1/2023 4:07 pm

				Title XVIII	Hospital	PPS
Cost Center Description			PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
			21.00	24.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	SAME DAY SURGERY	0	0		50.01
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
54.01	03480	ONCOLOGY	0	0		54.01
54.02	03440	MAMMOGRAPHY	0	0		54.02
56.00	05600	RADIOISOTOPE	0	0		56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0		77.00
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (lines 50 through 199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet D  
Part V  
Date/Time Prepared:  
9/1/2023 4:07 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	0.155104	24,998,160	0	0	3,877,315	50.00	
50.01	05001	SAME DAY SURGERY	0.000000	0	0	0	0	50.01	
51.00	05100	RECOVERY ROOM	0.133726	5,510,829	0	0	736,941	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.414271	1,429	0	0	592	52.00	
53.00	05300	ANESTHESIOLOGY	0.089432	3,695,724	0	0	330,516	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.059441	20,951,168	0	0	1,245,358	54.00	
54.01	03480	ONCOLOGY	0.102380	20,659,941	0	0	2,115,165	54.01	
54.02	03440	MAMMOGRAPHY	0.228838	551,901	0	0	126,296	54.02	
56.00	05600	RADIOISOTOPE	0.107131	13,669,582	0	0	1,464,436	56.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.042153	6,983,716	0	0	294,385	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.196463	14,942,252	0	0	2,935,600	59.00	
60.00	06000	LABORATORY	0.138862	16,257,628	0	0	2,257,567	60.00	
64.00	06400	INTRAVENOUS THERAPY	0.230299	4,397,198	0	0	1,012,670	64.00	
65.00	06500	RESPIRATORY THERAPY	0.245263	542,787	0	0	133,126	65.00	
66.00	06600	PHYSICAL THERAPY	0.261756	143,144	0	0	37,469	66.00	
69.00	06900	ELECTROCARDIOLOGY	0.270715	12,110,342	0	0	3,278,451	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.245170	153,029	0	0	37,518	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.253110	8,278,686	0	0	2,095,418	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.487363	6,838,739	0	0	3,332,948	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.283741	52,979,037	0	29,755	15,032,325	73.00	
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC						88.00	
91.00	09100	EMERGENCY	0.161825	7,974,641	0	441	1,290,496	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.728407	5,799,204	0	0	4,224,181	92.00	
200.00		Subtotal (see instructions)		227,439,137	0	30,196	45,858,773	200.00	
201.00		Less PBP Clinic Lab. Services-Program			0	0		201.00	
202.00		Only Charges							
		Net Charges (line 200 - line 201)		227,439,137	0	30,196	45,858,773	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet D  
Part V  
Date/Time Prepared:  
9/1/2023 4:07 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
50.01	05001	SAME DAY SURGERY	0	0		50.01
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
54.01	03480	ONCOLOGY	0	0		54.01
54.02	03440	MAMMOGRAPHY	0	0		54.02
56.00	05600	RADIOISOTOPE	0	0		56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,443		73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0		77.00
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC				88.00
91.00	09100	EMERGENCY	0	71		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	0	8,514		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	8,514		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0164	Period: From 04/01/2022 To 03/31/2023	Worksheet D-1 Date/Time Prepared: 9/1/2023 4:07 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)		33,129	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		33,129	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)		27,944	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)		10,094	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)		55,675,479	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)		55,675,479	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)		55,675,479	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)		1,680.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,963,674	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)		16,963,674	41.00

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023

Worksheet D-1

Date/Time Prepared:  
9/1/2023 4:07 pm

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	14,655,671	5,550	2,640.66	1,746	4,610,592	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	NEONATAL INTENSIVE CARE UNIT	2,144,603	1,240	1,729.52	0	0	47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					30,521,761	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)					52,096,027	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)					1,424,749	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,300,895	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,725,644	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					48,370,383	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)					5,185	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,680.57	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,713,755	89.00



## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023

Worksheet D-1

Date/Time Prepared:  
9/1/2023 4:07 pm

Cost Center Description		Title XVIII		Hospital		PPS
		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	3,711,703	55,675,479	0.066667	8,713,755	580,920
91.00	Nursing Program cost	0	55,675,479	0.000000	8,713,755	0
92.00	Allied health cost	0	55,675,479	0.000000	8,713,755	0
93.00	All other Medical Education	0	55,675,479	0.000000	8,713,755	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0164	Period: From 04/01/2022 To 03/31/2023	Worksheet D-3 Date/Time Prepared: 9/1/2023 4:07 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		12,613,914		30.00
31.00	03100	INTENSIVE CARE UNIT		2,918,622		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0		35.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.155191	42,291,894	6,563,321	50.00
50.01	05001	SAME DAY SURGERY	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	0.133726	1,922,965	257,150	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.414873	22,204	9,212	52.00
53.00	05300	ANESTHESIOLOGY	0.089432	5,099,888	456,093	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.059441	13,674,649	812,835	54.00
54.01	03480	ONCOLOGY	0.106264	219,263	23,300	54.01
54.02	03440	MAMMOGRAPHY	0.228956	0	0	54.02
56.00	05600	RADIOISOTOPE	0.107131	716,852	76,797	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.042153	2,390,066	100,748	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.197613	5,368,968	1,060,978	59.00
60.00	06000	LABORATORY	0.139148	18,433,912	2,565,042	60.00
64.00	06400	INTRAVENOUS THERAPY	0.230299	9,242	2,128	64.00
65.00	06500	RESPIRATORY THERAPY	0.245598	6,309,596	1,549,624	65.00
66.00	06600	PHYSICAL THERAPY	0.261756	4,626,891	1,211,116	66.00
69.00	06900	ELECTROCARDIOLOGY	0.270715	5,831,042	1,578,551	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.245170	259,861	63,710	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.253110	13,583,303	3,438,070	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.487363	9,301,349	4,533,133	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.283741	15,207,931	4,315,114	73.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
91.00	09100	EMERGENCY	0.161825	6,759,558	1,093,865	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.728407	1,113,353	810,974	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		153,142,787	30,521,761	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)		153,142,787		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0164	Period: From 04/01/2022 To 03/31/2023	Worksheet E Part A Date/Time Prepared: 9/1/2023 4:07 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)		14,382,406		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		13,683,931		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)		1,568,739		2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		654,038		2.04
3.00	Managed Care Simulated Payments		14,251,918		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		169.79		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)		5.17		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)		5.17		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		17.14		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)		5.17		12.00
13.00	Total allowable FTE count for the prior year.		5.17		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.		5.17		14.00
15.00	Sum of lines 12 through 14 divided by 3.		5.17		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		5.17		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.030449		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.030539		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.030449		21.00
22.00	IME payment adjustment (see instructions)		463,095		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		235,157		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).		7.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		11.97		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)		7.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.041227		26.00
27.00	IME payments adjustment factor. (see instructions)		0.010888		27.00
28.00	IME add-on adjustment amount (see instructions)		305,586		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		155,175		28.01
29.00	Total IME payment ( sum of lines 22 and 28)		768,681		29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		390,332		29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.06		30.00
31.00	Percentage of Medicaid patient days (see instructions)		30.54		31.00
32.00	Sum of lines 30 and 31		36.60		32.00
33.00	Allowable disproportionate share percentage (see instructions)		19.41		33.00
34.00	Disproportionate share adjustment (see instructions)		1,361,919		34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0164	Period: From 04/01/2022 To 03/31/2023	Worksheet E Part A Date/Time Prepared: 9/1/2023 4:07 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Payment Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)		1,484,083	1,589,300	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)		744,075	792,473	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)		1,536,548		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		33,956,262		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			34,346,594	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,638,715	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).			429,995	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			138,640	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)			37,553,944	59.00
60.00	Primary payer payments			2,579	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			37,551,365	61.00
62.00	Deductibles billed to program beneficiaries			2,686,246	62.00
63.00	Coinurance billed to program beneficiaries			71,851	63.00
64.00	Allowable bad debts (see instructions)			748,665	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			486,632	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			408,129	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			35,279,900	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)			-395,333	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0164	Period: From 04/01/2022 To 03/31/2023	Worksheet E Part A Date/Time Prepared: 9/1/2023 4:07 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3	0		0	70.98
70.99	HAC adjustment amount (see instructions)			188,010	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			34,696,557	71.00
71.01	Sequestration adjustment (see instructions)			607,189	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			33,777,589	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)			311,779	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			0	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	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

## CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023

Worksheet DSH

Date/Time Prepared:  
9/1/2023 4:07 pm

		Title XVIII		Hospital		PPS	
		Original .mcrcx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	6.06	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	30.54	0.00			30.54	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	36.60	0.00			30.54	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	RRC				RRC	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	169.79	0.00			169.79	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	19.41	0.00			14.41	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	6.06	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	1,529	0			1,529	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	928	0			928	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	8,990	0			8,990	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	749	0			749	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	12,196	0			12,196	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	37,826	0			37,826	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	2,105	0			2,105	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	39,931	0			39,931	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	30.54	0.00			30.54	27.00

## CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023

Worksheet DSH

Date/Time Prepared:  
9/1/2023 4:07 pm

		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	19.41		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		19.41		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		19.41		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	True				True	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

## CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023

Worksheet DSH

Date/Time Prepared:  
9/1/2023 4:07 pm

Title XVIII

Hospital

PPS

		Revised		
		Percentage		
		6.00		
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	14.41		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00		29.00
30.00	Line 28 or 29 as applicable	14.41		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	14.41		31.00



## LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
9/1/2023 4:07 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	14,382,406	0	14,382,406		14,382,406	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,683,931	0		13,683,931	13,683,931	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	1,568,739	0	1,568,739		1,568,739	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	654,038	0		654,038	654,038	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	14,251,918	0	6,683,758	7,568,160	14,251,918	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.030449	0.030449	0.030449	0.030449		5.00
6.00	IME payment adjustment (see instructions)	22.00	463,095	0	237,310	225,785	463,095	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	235,157	0	110,282	124,875	235,157	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	0.010888	0.010888	0.010888	0.010888		7.00
8.00	IME adjustment (see instructions)	28.00	305,586	0	156,595	148,991	305,586	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	155,175	0	72,773	82,402	155,175	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	768,681	0	393,905	374,776	768,681	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	390,332	0	183,055	207,277	390,332	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1941	0.1941	0.1941	0.1941		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,361,919	0	697,906	664,013	1,361,919	11.00
11.01	Uncompensated care payments	36.00	1,536,548	0	744,075	792,473	1,536,548	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	33,956,262	0	17,787,031	16,169,231	33,956,262	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	34,346,594	0	17,970,086	16,376,508	34,346,594	15.00
16.00	Payment for inpatient program capital (From Wkst. L, Pt. I, if applicable)	50.00	2,638,715	0	1,426,488	1,212,227	2,638,715	16.00

## LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
9/1/2023 4:07 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	138,640	0	101,992	36,648	138,640	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	19,498,566	17,625,383	37,123,949	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	2,091,584	0	1,081,132	1,010,452	2,091,584	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	313,919	0	224,810	89,109	313,919	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	0.0346	0.0346	0.0346	0.0346		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	72,369	0	37,407	34,962	72,369	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0769	0.0769	0.0769	0.0769		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	160,843	0	83,139	77,704	160,843	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,638,715	0	1,426,488	1,212,227	2,638,715	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

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

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
9/1/2023 4:07 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	14,382,406	14,382,406		14,382,406	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,683,931		13,683,931	13,683,931	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	1,568,739	1,568,739		1,568,739	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	654,038		654,038	654,038	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	14,251,918	6,683,758	7,568,161	14,251,919	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.030449	0.030449	0.030449		5.00
6.00	IME payment adjustment (see instructions)	22.00	463,095	237,310	225,785	463,095	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	235,157	110,282	124,875	235,157	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	0.010888	0.010888	0.010888		7.00
8.00	IME adjustment (see instructions)	28.00	305,586	156,595	148,991	305,586	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	155,175	72,773	82,402	155,175	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	768,681	393,905	374,776	768,681	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	390,332	183,055	207,277	390,332	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1941	0.1941	0.1941		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,361,919	697,906	664,013	1,361,919	11.00
11.01	Uncompensated care payments	36.00	1,536,548	744,075	792,473	1,536,548	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	33,956,262	17,787,031	16,169,231	33,956,262	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	34,346,594	17,970,086	16,376,508	34,346,594	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,638,715	1,426,488	1,212,227	2,638,715	16.00
17.00	Special add-on payments for new technologies	54.00	138,640	101,992	36,648	138,640	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			19,498,566	17,625,383	37,123,949	19.00

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

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
9/1/2023 4:07 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	2,091,584	1,081,132	1,010,452	2,091,584	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	313,919	224,810	89,109	313,919	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	0.0346	0.0346	0.0346		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	72,369	37,407	34,962	72,369	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0769	0.0769	0.0769		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	160,843	83,139	77,704	160,843	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,638,715	1,426,488	1,212,227	2,638,715	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	0	0	0	0	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-395,333	-263,616	-131,717	-395,333	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		192,350	0	192,350	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0164	Period: From 04/01/2022 To 03/31/2023	Worksheet E Part B Date/Time Prepared: 9/1/2023 4:07 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,514	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		45,858,773	2.00
3.00	OPPS or REH payments		39,233,251	3.00
4.00	Outlier payment (see instructions)		777,324	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)		8,514	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		30,196	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)		30,196	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		30,196	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		21,682	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)		8,514	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)		40,010,575	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)		6,501,621	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)		33,517,468	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		381,418	28.00
28.50	REH facility payment amount			28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		33,898,886	30.00
31.00	Primary payer payments		64	31.00
32.00	Subtotal (line 30 minus line 31)		33,898,822	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)		1,098,863	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		714,261	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		651,082	36.00
37.00	Subtotal (see instructions)		34,613,083	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		34,613,083	40.00
40.01	Sequestration adjustment (see instructions)		605,729	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		34,153,092	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		-145,738	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0164	Period: From 04/01/2022 To 03/31/2023	Worksheet E Part B Date/Time Prepared: 9/1/2023 4:07 pm	
		Title XVIII	Hospital	PPS	
				Overrides	
				1.00	
WORKSHEET OVERRIDE VALUES					
112.00	Override of Ancillary service charges (line 12)			0	112.00
				1.00	
MEDICARE PART B ANCILLARY COSTS					
200.00	Part B Combined Billed Days			0	200.00

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet E-1  
Part I  
Date/Time Prepared:  
9/1/2023 4:07 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		33,909,358		34,306,331	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	01/20/2023	131,769	01/20/2023	153,239	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)		-131,769		-153,239	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)		33,777,589		34,153,092	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		311,779		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		145,738	6.02	
7.00	Total Medicare program liability (see instructions)		34,089,368		34,007,354	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: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet E-1  
Part II  
Date/Time Prepared:  
9/1/2023 4:07 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
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			108.00



DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0164		Period: From 04/01/2022 To 03/31/2023		Worksheet E-4 Date/Time Prepared: 9/1/2023 4:07 pm	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					15.80	1.00
1.01	FTE cap adjustment under §131 of the CAA 2021 (see instructions)					0.00	1.01
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
2.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)					0.00	2.26
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
3.02	Adjustment (increase or decrease) to the hospital's rural track FTE limitation(s) for rural track programs with a rural track Medicare GME affiliation agreement in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)					0.00	3.02
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.02
4.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)					0.00	4.21
5.00	FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus lines 2.26 through 2.49, minus lines 3 and 3.01, plus or minus line 3.02, plus or minus line 4, plus lines 4.01 through 4.27)					15.80	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					17.14	6.00
7.00	Enter the lesser of line 5 or line 6					15.80	7.00
		Primary Care		Other		Total	
		1.00		2.00		3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	17.14		0.00		17.14 8.00	
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6. For cost reporting periods beginning on or after October 1, 2022, or if Worksheet S-2, Part I, line 68, is "Y", see instructions.	15.80		0.00		15.80 9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year			0.00		10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year			0.00		10.01	
11.00	Total weighted FTE count	15.80		0.00		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	15.80		0.00		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	14.36		0.00		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	15.32		0.00		14.00	
15.00	Adjustment for residents in initial years of new programs	0.00		0.00		15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00		0.00		15.01	
16.00	Adjustment for residents displaced by program or hospital closure	0.00		0.00		16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00		0.00		16.01	
17.00	Adjusted rolling average FTE count	15.32		0.00		17.00	
18.00	Per resident amount	102,037.21		0.00		18.00	
18.01	Per resident amount under §131 of the CAA 2021	0.00		0.00		18.01	
19.00	Approved amount for resident costs	1,563,210		0		1,563,210 19.00	
						1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)					0.00 20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)					1.34 21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)					0.00 22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)					0.00 23.00	
24.00	Multiply line 22 time line 23					0 24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)					1,563,210 25.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0164		Period: From 04/01/2022 To 03/31/2023		Worksheet E-4  Date/Time Prepared: 9/1/2023 4:07 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total		
		1.00	2.00	2.01	3.00		
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	11,849	5,592	1,926		26.00	
27.00	Total Inpatient Days (see instructions)	36,839	36,839	36,839		27.00	
28.00	Ratio of inpatient days to total inpatient days	0.321643	0.151796	0.052282		28.00	
29.00	Program direct GME amount	502,796	237,289	81,728	821,813	29.00	
29.01	Percent reduction for MA DGME		3.26	3.26		29.01	
30.00	Reduction for direct GME payments for Medicare Advantage		7,736	2,664	10,400	30.00	
31.00	Net Program direct GME amount				811,413	31.00	
					1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)							
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				0	32.00	
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)				0	33.00	
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				0.000000	34.00	
35.00	Medicare outpatient ESRD charges (see instructions)				0	35.00	
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				0	36.00	
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY							
Part A Reasonable Cost							
37.00	Reasonable cost (see instructions)				52,096,027	37.00	
38.00	Organ acquisition and HSCT acquisition costs (see instructions)				0	38.00	
39.00	Cost of physicians' services in a teaching hospital (see instructions)				0	39.00	
40.00	Primary payer payments (see instructions)				2,579	40.00	
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)				52,093,448	41.00	
Part B Reasonable Cost							
42.00	Reasonable cost (see instructions)				46,208,793	42.00	
43.00	Primary payer payments (see instructions)				472	43.00	
44.00	Total Part B reasonable cost (line 42 minus line 43)				46,208,321	44.00	
45.00	Total reasonable cost (sum of lines 41 and 44)				98,301,769	45.00	
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)				0.529934	46.00	
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)				0.470066	47.00	
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B							
48.00	Total program GME payment (line 31)				811,413	48.00	
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)				429,995	49.00	
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)				381,418	50.00	

## OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023

Worksheet E-5

Date/Time Prepared:  
9/1/2023 4:07 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: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023

Worksheet G

Date/Time Prepared:  
9/1/2023 4:07 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	-1,569,572	0	20,206	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	149,620,329	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-101,014,900	0	0	0	6.00
7.00	Inventory	9,801,179	0	0	0	7.00
8.00	Prepaid expenses	4,191,184	0	0	0	8.00
9.00	Other current assets	770,073	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)	61,798,293	0	20,206	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	12,708,377	0	0	0	12.00
13.00	Land improvements	9,921,732	0	0	0	13.00
14.00	Accumulated depreciation	-5,241,700	0	0	0	14.00
15.00	Buildings	231,990,975	0	0	0	15.00
16.00	Accumulated depreciation	-123,303,624	0	0	0	16.00
17.00	Leasehold improvements	207,634	0	0	0	17.00
18.00	Accumulated depreciation	-142,637	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	650,229	0	0	0	21.00
22.00	Accumulated depreciation	-611,647	0	0	0	22.00
23.00	Major movable equipment	94,983,405	0	0	0	23.00
24.00	Accumulated depreciation	-67,835,375	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	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	153,327,369	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	3,874,966	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	979,381	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,854,347	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	219,980,009	0	20,206	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	13,412,110	0	0	0	37.00
38.00	Salaries, wages, and fees payable	102,505	0	0	0	38.00
39.00	Payroll taxes payable	8,171,224	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,312,425	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	9,100,179	0	0	0	43.00
44.00	Other current liabilities	3,184,102	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	37,282,545	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	132,216,488	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	4,524,819	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	136,741,307	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	174,023,852	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	45,956,157	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	20,206	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)	45,956,157	0	20,206	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	219,980,009	0	20,206	0	60.00

## STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023

Worksheet G-1

Date/Time Prepared:  
9/1/2023 4:07 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		33,790,483		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		12,165,672				2.00
3.00	Total (sum of line 1 and line 2)		45,956,155		0		3.00
4.00	Grants Received	0		0		1,163,872	4.00
5.00	ROUNDING	2		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)		2		0		10.00
11.00	Subtotal (line 3 plus line 10)		45,956,157		0		11.00
12.00	Grant Transactions	0		0		1,241,080	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)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		45,956,157		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	97,414		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)	97,414		0			3.00
4.00	Grants Received		0				4.00
5.00	ROUNDING		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)	1,163,872		0			10.00
11.00	Subtotal (line 3 plus line 10)	1,261,286		0			11.00
12.00	Grant Transactions		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)	1,241,080		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	20,206		0			19.00

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
9/1/2023 4:07 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	44,199,806		44,199,806	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)	44,199,806		44,199,806	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
11.00	INTENSIVE CARE UNIT	10,247,154		10,247,154	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	NEONATAL INTENSIVE CARE UNIT	3,935,837		3,935,837	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	14,182,991		14,182,991	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	58,382,797		58,382,797	17.00
18.00	Ancillary services	393,355,564	716,746,347	1,110,101,911	18.00
19.00	Outpatient services	22,087,489	67,627,526	89,715,015	19.00
20.00	RURAL HEALTH CLINIC	0	1,899,064	1,899,064	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	DIETARY	0	0	0	27.00
27.99	EMPLOYEE CHARGES	0	17,873,024	17,873,024	27.99
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	473,825,850	804,145,961	1,277,971,811	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		305,111,384		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)		305,111,384		43.00

## STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023

Worksheet G-3

Date/Time Prepared:  
9/1/2023 4:07 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,277,971,811	1.00
2.00	Less contractual allowances and discounts on patients' accounts	920,769,166	2.00
3.00	Net patient revenues (line 1 minus line 2)	357,202,645	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	305,111,384	4.00
5.00	Net income from service to patients (line 3 minus line 4)	52,091,261	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	590,557	6.00
7.00	Income from investments	3,925,272	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	39,182	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	977,656	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	1,247	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	40,689	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	10,824	21.00
22.00	Rental of hospital space	3,117,064	22.00
23.00	Governmental appropriations	710,661	23.00
24.00	Departmental Misc Asset Transfer	3,044	24.00
24.01	CONTRACT PHARMACY REVENUE	1,104,346	24.01
24.50	COVID-19 PHE Funding	4,456,449	24.50
25.00	Total other income (sum of lines 6-24)	14,976,991	25.00
26.00	Total (line 5 plus line 25)	67,068,252	26.00
27.00	Corp Alloc Contr Loss on Eq	54,902,580	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	54,902,580	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	12,165,672	29.00

## CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0164

Period:  
From 04/01/2022  
To 03/31/2023Worksheet L  
Parts I-III  
Date/Time Prepared:  
9/1/2023 4:07 pm

		Title VIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,091,584	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		313,919	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)		100.93	3.00
4.00	Number of interns & residents (see instructions)		12.17	4.00
5.00	Indirect medical education percentage (see instructions)		3.46	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)		72,369	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.06	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		30.54	8.00
9.00	Sum of lines 7 and 8		36.60	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.69	10.00
11.00	Disproportionate share adjustment (see instructions)		160,843	11.00
12.00	Total prospective capital payments (see instructions)		2,638,715	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00



## ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0164

Period:

Worksheet M-1

Component CCN: 14-3454

From 04/01/2022  
To 03/31/2023Date/Time Prepared:  
9/1/2023 4:07 pm

		RHC I		Cost		
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)
		1.00	2.00	3.00	4.00	5.00
<b>FACILITY HEALTH CARE STAFF COSTS</b>						
1.00	Physician	0	0	0	0	0
2.00	Physician Assistant	0	0	0	0	0
3.00	Nurse Practitioner	0	0	0	0	0
4.00	Visiting Nurse	52,048	13,111	65,159	-13,111	52,048
5.00	Other Nurse	0	0	0	0	0
6.00	Clinical Psychologist	0	0	0	0	0
7.00	Clinical Social Worker	0	0	0	0	0
8.00	Laboratory Technician	0	0	0	0	0
9.00	Other Facility Health Care Staff Costs	0	0	0	0	0
10.00	Subtotal (sum of lines 1 through 9)	52,048	13,111	65,159	-13,111	52,048
11.00	Physician Services Under Agreement	0	536,748	536,748	0	536,748
12.00	Physician Supervision Under Agreement	0	0	0	0	0
13.00	Other Costs Under Agreement	107,888	27,177	135,065	-27,177	107,888
14.00	Subtotal (sum of lines 11 through 13)	107,888	563,925	671,813	-27,177	644,636
15.00	Medical Supplies	0	19,739	19,739	0	19,739
16.00	Transportation (Health Care Staff)	0	0	0	0	0
17.00	Depreciation-Medical Equipment	0	0	0	0	0
18.00	Professional Liability Insurance	0	0	0	0	0
19.00	Other Health Care Costs	0	0	0	0	0
20.00	Allowable GME Costs	0	0	0	0	0
21.00	Subtotal (sum of lines 15 through 20)	0	19,739	19,739	0	19,739
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	159,936	596,775	756,711	-40,288	716,423
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>						
23.00	Pharmacy	0	35,993	35,993	0	35,993
24.00	Dental	0	0	0	0	0
25.00	Optometry	0	0	0	0	0
25.01	Telehealth	61,042	15,376	76,418	-15,376	61,042
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)	61,042	51,369	112,411	-15,376	97,035
<b>FACILITY OVERHEAD</b>						
29.00	Facility Costs	0	185,405	185,405	-1,536	183,869
30.00	Administrative Costs	111,217	309,380	420,597	-28,016	392,581
31.00	Total Facility Overhead (sum of lines 29 and 30)	111,217	494,785	606,002	-29,552	576,450
32.00	Total facility costs (sum of lines 22, 28 and 31)	332,195	1,142,929	1,475,124	-85,216	1,389,908

## ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0164

Period:

Worksheet M-1

Component CCN: 14-3454

From 04/01/2022  
To 03/31/2023Date/Time Prepared:  
9/1/2023 4:07 pm

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	RHC I	Cost
		6.00	7.00		
<b>FACILITY HEALTH CARE STAFF COSTS</b>					
1.00	Physician	0	0		1.00
2.00	Physician Assistant	0	0		2.00
3.00	Nurse Practitioner	0	0		3.00
4.00	Visiting Nurse	0	52,048		4.00
5.00	Other Nurse	0	0		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	0		7.00
8.00	Laboratory Technician	0	0		8.00
9.00	Other Facility Health Care Staff Costs	0	0		9.00
10.00	Subtotal (sum of lines 1 through 9)	0	52,048		10.00
11.00	Physician Services Under Agreement	0	536,748		11.00
12.00	Physician Supervision Under Agreement	0	0		12.00
13.00	Other Costs Under Agreement	0	107,888		13.00
14.00	Subtotal (sum of lines 11 through 13)	0	644,636		14.00
15.00	Medical Supplies	0	19,739		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	0		18.00
19.00	Other Health Care Costs	0	0		19.00
20.00	Allowable GME Costs				20.00
21.00	Subtotal (sum of lines 15 through 20)	0	19,739		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	716,423		22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>					
23.00	Pharmacy	0	35,993		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
25.01	Telehealth	0	61,042		25.01
25.02	Chronic Care Management	0	0		25.02
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs				27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	97,035		28.00
<b>FACILITY OVERHEAD</b>					
29.00	Facility Costs	0	183,869		29.00
30.00	Administrative Costs	-465	392,116		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-465	575,985		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-465	1,389,443		32.00

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

Provider CCN: 14-0164

Period:

Worksheet M-2

Component CCN: 14-3454

From 04/01/2022  
To 03/31/2023Date/Time Prepared:  
9/1/2023 4:07 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	0.00	0	4,200	0		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	0.00	0	2,100	0		3.00
4.00	Subtotal (sum of lines 1 through 3)	0.00	0		0	0	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0		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)	0.00	0			0	8.00
9.00	Physician Services Under Agreements		9,971			9,971	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)					716,423	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					97,035	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					813,458	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					0.880713	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					575,985	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					898,738	15.00
16.00	Total overhead (sum of lines 14 and 15)					1,474,723	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					1,474,723	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					1,298,808	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					2,015,231	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0164 Component CCN: 14-3454	Period: From 04/01/2022 To 03/31/2023	Worksheet M-3 Date/Time Prepared: 9/1/2023 4: 07 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)			2,015,231	1.00
2.00	Cost of injections/infusions and their administration (from Wkst. M-4, line 15)			52,750	2.00
3.00	Total allowable cost excluding injections/infusions (line 1 minus line 2)			1,962,481	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			0	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			9,971	5.00
6.00	Total adjusted visits (line 4 plus line 5)			9,971	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			196.82	7.00
			Calculation of Limit (1)		
			Rate Period 1 (04/01/2022 through 12/31/2022)	Rate Period 2 (01/01/2023 through 03/31/2023)	
			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)		1,860	915	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)		210,180	115,290	11.00
12.00	Program covered visits for mental health services (from contractor records)		104	34	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)		11,752	4,284	13.00
14.00	Limit adjustment for mental health services (see instructions)		11,752	4,284	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	341,506	16.00
16.01	Total program charges (see instructions)(from contractor's records)			493,516	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)			11,758	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)			8,136	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.)			217,365	16.04
16.05	Total program cost (see instructions)		0	225,501	16.05
17.00	Primary payer amounts			408	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)			61,664	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)			84,530	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)			225,093	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)			16,160	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)			241,253	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)			241,253	26.00
26.01	Sequestration adjustment (see instructions)			4,222	26.01
26.02	Demonstration payment adjustment amount after sequestration			0	26.02
27.00	Interim payments			217,626	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)			19,405	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: 14-0164

Period:

Worksheet M-4

Component CCN: 14-3454

From 04/01/2022  
To 03/31/2023Date/Time Prepared:  
9/1/2023 4:07 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)	52,048	52,048	52,048	52,048	1.00
2.00	Ratio of injection/infusion staff time to total health care staff time	0.001610	0.007596	0.000000	0.000000	2.00
3.00	Injection/infusion health care staff cost (line 1 x line 2)	84	395	0	0	3.00
4.00	Injections/infusions and related medical supplies costs (from your records)	9,098	9,176	0	0	4.00
5.00	Direct cost of injections/infusions (line 3 plus line 4)	9,182	9,571	0	0	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	716,423	716,423	716,423	716,423	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	1,298,808	1,298,808	1,298,808	1,298,808	7.00
8.00	Ratio of injection/infusion direct cost to total direct cost (line 5 divided by line 6)	0.012816	0.013359	0.000000	0.000000	8.00
9.00	Overhead cost - injection/infusion (line 7 x line 8)	16,646	17,351	0	0	9.00
10.00	Total injection/infusion costs and their administration costs (sum of lines 5 and 9)	25,828	26,922	0	0	10.00
11.00	Total number of injections/infusions (from your records)	60	283	0	0	11.00
12.00	Cost per injection/infusion (line 10/line 11)	430.47	95.13	0.00	0.00	12.00
13.00	Number of injection/infusion administered to Program beneficiaries	15	102	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)	6,457	9,703	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)				52,750	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)				16,160	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-0164 Component CCN: 14-3454	Period: From 04/01/2022 To 03/31/2023	Worksheet M-5 Date/Time Prepared: 9/1/2023 4:07 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		217,626	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)		217,626		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		19,405		6.01
6.02	SETTLEMENT TO PROGRAM		0		6.02
7.00	Total Medicare program liability (see instructions)		237,031		7.00
		Contractor Number	NPR Date (Mo/Day/Yr)		
		0	1.00	2.00	
8.00	Name of Contractor				8.00