

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: 14-0043	Period: From 05/01/2022 To 04/30/2023	Worksheet S Parts I-III Date/Time Prepared: 9/19/2023 1:27 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 9/19/2023	Time: 1:27 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 CGH MEDICAL CENTER ( 14-0043 ) for the cost reporting period beginning 05/01/2022 and ending 04/30/2023 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	Ben Schaab	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name Ben Schaab			2
3	Signatory Title CHIEF FINANCIAL OFFICER			3
4	Date (Dated when report is electronica			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	-134,601	-113,370	0	0	1.00
2.00	SUBPROVIDER - IPF	0	0	0		0	2.00
3.00	SUBPROVIDER - IRF	0	0	0		0	3.00
5.00	SWING BED - SNF	0	0	0		0	5.00
6.00	SWING BED - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	TOTAL	0	-134,601	-113,370	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: 14-0043		Period: From 05/01/2022 To 04/30/2023		Worksheet S-2 Part I Date/Time Prepared: 9/19/2023 1:27 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 100 EAST LEFEVRE ROAD			PO Box:				1.00	
2.00	City: STERLING			State: IL		Zip Code: 61081-1279		County: WHITESIDE	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00
								8.00	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			CGH MEDICAL CENTER	140043	99914	1	07/01/1966	N
4.00	Subprovider - IPF							P	N
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF			CGH MEDICAL CENTER	14U043	99914		01/13/2004	N
8.00	Swing Beds - NF							P	N
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA			CGH HOME NURSING	147562	99914		05/05/1994	N
13.00	Separately Certified ASC							P	N
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						05/01/2022		04/30/2023
21.00	Type of Control (see instructions)						12		
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00
22.01	Did this hospital receive interim UCPs, including supplemental UCPs, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		22.03
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N		22.04
23.00	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)								23.00
23.00	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.								23.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		23.00

Worksheet S-2  
Part I  
Date/Time Prepared:  
9/19/2023 1:27 pm

MCRI F32 - 21.1.177.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0043	Period: From 05/01/2022 To 04/30/2023	Worksheet S-2 Part I Date/Time Prepared: 9/19/2023 1:27 pm	
			V	XVIII	XIX
			1.00	2.00	3.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N			60.00
		Y/N	IME	Direct GME	
		1.00	2.00	3.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N		0.00	0.00
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)				N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet S-2  
Part I  
Date/Time Prepared:  
9/19/2023 1:27 pm

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

Health Financial Systems		CGH MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0043	Period: From 05/01/2022 To 04/30/2023	Worksheet S-2 Part I Date/Time Prepared: 9/19/2023 1:27 pm	
			1.00		
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?			N	68.00
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N	70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N N 0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N	75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N N 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.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06
<b>Rural Providers</b>				
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00
		Physical 1.00	Occupational 2.00	Speech 3.00
		Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
<b>Miscellaneous Cost Reporting Information</b>				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00

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		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1,776,636	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.	N		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.	Y	N	123.00
<b>Certified Transplant Center Information</b>				
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
<b>All Providers</b>				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N		140.00
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name:	Contractor's Name:	Contractor's Number:	141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:	Zip Code:	143.00
				1.00
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00
		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		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: 14-0043		Period: From 05/01/2022 To 04/30/2023		Worksheet S-2 Part I Date/Time Prepared: 9/19/2023 1:27 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: 14-0043		Period: From 05/01/2022 To 04/30/2023		Worksheet S-2 Part II Date/Time Prepared: 9/19/2023 1:27 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)	N					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		07/25/2022		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N		Legal Oper.			
		1.00		2.00			
<b>Approved Educational Activities</b>							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
<b>Bad Debts</b>							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y					12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N					13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.	N					14.00
<b>Bed Complement</b>							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N					15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
<b>PS&amp;R Data</b>							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	08/02/2023	Y	08/02/2023		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: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet S-2  
Part II  
Date/Time Prepared:  
9/19/2023 1:27 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		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		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.		N		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		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.		N		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.	KEVIN	WELLEN		41.00
42.00	Enter the employer/company name of the cost report preparer.	CLIFTONLARSONALLEN LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-925-4446	KEVIN.WELLEN@CLACONNECT.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0043

Period:  
From 05/01/2022  
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Part II  
Date/Time Prepared:  
9/19/2023 1:27 pm

		3.00	
<b>Cost Report Preparer Contact Information</b>			
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.	SIGNING DIRECTOR	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet S-3  
Part I  
Date/Time Prepared:  
9/19/2023 1:27 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P	
	Line No.				Visits / Trips	
	1.00	2.00	3.00	4.00	5.00	
PART I - STATISTICAL DATA						
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	87	31,755	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		87	31,755	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,920	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		95	34,675	0.00	0	14.00
15.00 CAH visits					0	15.00
15.10 REH hours and visits						15.10
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		95				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01
34.00 Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	34.00

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet S-3  
Part I  
Date/Time Prepared:  
9/19/2023 1:27 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	4,204	205	12,606			1.00
2.00	HMO and other (see instructions)	3,282	3,035				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	4,204	205	12,606			7.00
8.00	INTENSIVE CARE UNIT	1,089	20	1,396			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		52	736			13.00
14.00	Total (see instructions)	5,293	277	14,738	0.00	1,205.35	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	2,013	0	6,133	0.00	13.42	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						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,218.77	27.00
28.00	Observation Bed Days		0	2,112			28.00
29.00	Ambulance Trips	1,856					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	104	178			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: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet S-3  
Part I  
Date/Time Prepared:  
9/19/2023 1:27 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
<b>PART I - STATISTICAL DATA</b>						
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,303	79	3,597	1.00
2.00 HMO and other (see instructions)			704	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,303	79	3,597	14.00
15.00 CAH visits						15.00
15.10 REH hours and visits						15.10
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01
34.00 Temporary Expansion COVID-19 PHE Acute Care						34.00

## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet S-3  
Part II  
Date/Time Prepared:  
9/19/2023 1:27 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 + col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	111,397,900	0	111,397,900	2,556,296.11	43.58
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		3,308,401	0	3,308,401	20,719.71	159.67
4.00	Physician-Part A - Administrative		147,075	0	147,075	980.50	150.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		37,907,879	0	37,907,879	207,782.50	182.44
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		4,432,782	4,459,254	8,892,036	224,760.77	39.56
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		7,321,315	0	7,321,315	64,760.60	113.05
12.00	Contract Labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		28,348,921	0	28,348,921		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		3,286,637	0	3,286,637		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		474,765	0	474,765		
22.00	Physician Part A - Administrative		22,519	0	22,519		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		5,426,017	0	5,426,017		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		



## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet S-3  
Part II  
Date/Time Prepared:  
9/19/2023 1:27 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	569,128	0	569,128	12,323.94	46.18	26.00
27.00	Administrative & General	5.00	16,782,170	-601,989	16,180,181	537,310.75	30.11	27.00
28.00	Administrative & General under contract (see inst.)		524,098	0	524,098	1,203.95	435.32	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,657,397	0	1,657,397	57,804.68	28.67	30.00
31.00	Laundry & Linen Service	8.00	373,635	0	373,635	21,452.37	17.42	31.00
32.00	Housekeeping	9.00	1,683,570	0	1,683,570	86,951.04	19.36	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,358,530	-1,073,032	285,498	13,844.22	20.62	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,073,032	1,073,032	52,035.00	20.62	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,020,294	-813,886	206,408	3,758.92	54.91	38.00
39.00	Central Services and Supply	14.00	463,153	0	463,153	22,354.68	20.72	39.00
40.00	Pharmacy	15.00	1,512,185	-1,512,185	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	1,824,079	0	1,824,079	64,073.29	28.47	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: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet S-3  
Part III  
Date/Time Prepared:  
9/19/2023 1:27 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)	70,705,718	0	70,705,718	2,328,997.85	30.36	1.00
2.00	Excluded area salaries (see instructions)	4,432,782	4,459,254	8,892,036	224,760.77	39.56	2.00
3.00	Subtotal salaries (line 1 minus line 2)	66,272,936	-4,459,254	61,813,682	2,104,237.08	29.38	3.00
4.00	Subtotal other wages & related costs (see inst.)	7,321,315	0	7,321,315	64,760.60	113.05	4.00
5.00	Subtotal wage-related costs (see inst.)	28,371,440	0	28,371,440	0.00	45.90	5.00
6.00	Total (sum of lines 3 thru 5)	101,965,691	-4,459,254	97,506,437	2,168,997.68	44.95	6.00
7.00	Total overhead cost (see instructions)	27,768,239	-2,928,060	24,840,179	873,112.84	28.45	7.00

## HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet S-3  
Part IV  
Date/Time Prepared:  
9/19/2023 1:27 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,334,287	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)	5,493,388	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)	18,492,048	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	3,015,055	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	265,157	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	166,909	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	5,198,187	17.00
18.00	Medicare Taxes - Employers Portion Only	1,582,510	18.00
19.00	Unemployment Insurance	8,205	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	3,112	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	37,558,858	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: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet S-3  
Part V  
Date/Time Prepared:  
9/19/2023 1:27 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	7,321,315	37,558,858	1.00
2.00	Hospital	7,321,315	37,201,353	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	357,505	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			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 14-0043 Component CCN: 14-7562		Period: From 05/01/2022 To 04/30/2023		Worksheet S-4 Date/Time Prepared: 9/19/2023 1:27 pm		
						Home Health Agency I		PPS		
						1.00				
0.00	County				WHITESIDE				0.00	
				Title V	Title XVIII	Title XIX	Other	Total		
				1.00	2.00	3.00	4.00	5.00		
HOME HEALTH AGENCY STATISTICAL DATA										
1.00	Home Health Aide Hours				0	54	6	2,006	2,066	1.00
2.00	Unduplicated Census Count (see instructions)				0.00	174.00	45.00	270.00	489.00	2.00
					Number of Employees (Full Time Equivalent)					
					Enter the number of hours in your normal work week					
					Staff		Contract		Total	
					0		1.00		2.00	3.00
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES										
3.00	Administrator and Assistant Administrator(s)				40.00		2.39	0.00	2.39	3.00
4.00	Director(s) and Assistant Director(s)						0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel						0.00	0.00	0.00	5.00
6.00	Direct Nursing Service						6.73	0.00	6.73	6.00
7.00	Nursing Supervisor						0.00	0.00	0.00	7.00
8.00	Physical Therapy Service						2.88	0.00	2.88	8.00
9.00	Physical Therapy Supervisor						0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service						0.41	0.00	0.41	10.00
11.00	Occupational Therapy Supervisor						0.00	0.00	0.00	11.00
12.00	Speech Pathology Service						0.02	0.00	0.02	12.00
13.00	Speech Pathology Supervisor						0.00	0.00	0.00	13.00
14.00	Medical Social Service						0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor						0.00	0.00	0.00	15.00
16.00	Home Health Aide						0.99	0.00	0.99	16.00
17.00	Home Health Aide Supervisor						0.00	0.00	0.00	17.00
18.00	Other (specify)						0.00	0.00	0.00	18.00
								CBSA Data		
								1.00		
HOME HEALTH AGENCY CBSA CODES										
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.								1	19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).								99914	20.00
				Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)		
				Without Outliers	With Outliers					
				1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA										
21.00	Skilled Nursing Visits				791	154	43	0	988	21.00
22.00	Skilled Nursing Visit Charges				237,300	46,200	12,900	0	296,400	22.00
23.00	Physical Therapy Visits				729	127	13	0	869	23.00
24.00	Physical Therapy Visit Charges				215,055	37,465	3,826	0	256,346	24.00
25.00	Occupational Therapy Visits				58	41	3	0	102	25.00
26.00	Occupational Therapy Visit Charges				17,110	12,095	885	0	30,090	26.00
27.00	Speech Pathology Visits				0	0	0	0	0	27.00
28.00	Speech Pathology Visit Charges				0	0	0	0	0	28.00
29.00	Medical Social Service Visits				0	0	0	0	0	29.00
30.00	Medical Social Service Visit Charges				0	0	0	0	0	30.00
31.00	Home Health Aide Visits				4	50	0	0	54	31.00
32.00	Home Health Aide Visit Charges				440	5,500	0	0	5,940	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)				1,582	372	59	0	2,013	33.00
34.00	Other Charges				0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)				469,905	101,260	17,611	0	588,776	35.00
36.00	Total Number of Episodes (standard/non outlier)				210		42	0	252	36.00
37.00	Total Number of Outlier Episodes					23		0	23	37.00
38.00	Total Non-Routine Medical Supply Charges				12,251	236	192	0	12,679	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0043	Period: From 05/01/2022 To 04/30/2023	Worksheet S-10 Date/Time Prepared: 9/19/2023 1:27 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)			0.198721	1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid			5,234,993	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			6,405,428	5.00
6.00	Medicaid charges			129,197,428	6.00
7.00	Medicaid cost (line 1 times line 6)			25,674,242	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)			14,033,821	8.00
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone CHIP			62,961	9.00
10.00	Stand-alone CHIP charges			160,743	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			31,943	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			14,033,821	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	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)	2,625,799	2,557,417	5,183,216	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	521,801	2,557,417	3,079,218	21.00
22.00	Payments received from patients for amounts previously written off as charity care	46,605	179,484	226,089	22.00
23.00	Cost of charity care (line 21 minus line 22)	475,196	2,377,933	2,853,129	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			9,226,006	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			393,126	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			604,809	27.01
28.00	Non-Medicare bad debt expense (see instructions)			8,621,197	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,924,896	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			4,778,025	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			18,811,846	31.00

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023

Worksheet A

Date/Time Prepared:  
9/19/2023 1:27 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		10,012,681	10,012,681	-3,327,853	6,684,828	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	5,913,706	5,913,706	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	569,128	38,712,441	39,281,569	-2,790	39,278,779	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	16,782,170	14,591,241	31,373,411	-362,308	31,011,103	5.00
7.00	00700	OPERATION OF PLANT	1,657,397	3,153,256	4,810,653	238,112	5,048,765	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	373,635	115,868	489,503	0	489,503	8.00
9.00	00900	HOUSEKEEPING	1,683,570	1,943,917	3,627,487	-1,631	3,625,856	9.00
10.00	01000	DIETARY	1,358,530	944,190	2,302,720	-1,820,785	481,935	10.00
11.00	01100	CAFETERIA	0	0	0	1,811,331	1,811,331	11.00
13.00	01300	NURSING ADMINISTRATION	1,020,294	269,481	1,289,775	-816,925	472,850	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	463,153	443,704	906,857	-248,210	658,647	14.00
15.00	01500	PHARMACY	1,512,185	9,199,643	10,711,828	-9,918,126	793,702	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,824,079	721,896	2,545,975	-353	2,545,622	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	10,301,867	4,625,710	14,927,577	-445,083	14,482,494	30.00
31.00	03100	INTENSIVE CARE UNIT	2,389,581	1,148,229	3,537,810	-1,292,138	2,245,672	31.00
43.00	04300	NURSERY	0	0	0	544,299	544,299	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,636,482	6,305,308	7,941,790	-5,447,080	2,494,710	50.00
51.00	05100	RECOVERY ROOM	878,412	361,653	1,240,065	-206,580	1,033,485	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,220,178	1,220,178	52.00
53.00	05300	ANESTHESIOLOGY	3,334,201	1,396,393	4,730,594	-454,133	4,276,461	53.00
53.01	05301	PAIN MANAGEMENT	960,118	105,581	1,065,699	-73,660	992,039	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,112,766	2,428,004	3,540,770	166,502	3,707,272	54.00
54.01	05401	ULTRASOUND	503,648	768,320	1,271,968	65,234	1,337,202	54.01
56.00	05600	RADIOISOTOPE	176,437	952,252	1,128,689	-684,533	444,156	56.00
57.00	05700	CT SCAN	643,154	2,607,773	3,250,927	-91,216	3,159,711	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	340,119	906,492	1,246,611	-37,062	1,209,549	58.00
59.00	05900	CARDIAC CATHETERIZATION	730,170	2,459,439	3,189,609	-1,674,371	1,515,238	59.00
60.00	06000	LABORATORY	3,161,756	7,070,290	10,232,046	-2,848,303	7,383,743	60.00
64.00	06400	INTRAVENOUS THERAPY	137,567	31,263	168,830	-30,580	138,250	64.00
65.00	06500	RESPIRATORY THERAPY	752,979	769,726	1,522,705	-166,747	1,355,958	65.00
66.00	06600	PHYSICAL THERAPY	2,490,051	79,160	2,569,211	-2,035,398	533,813	66.00
67.00	06700	OCCUPATIONAL THERAPY	429,182	12,262	441,444	-317,501	123,943	67.00
68.00	06800	SPEECH PATHOLOGY	307,279	5,320	312,599	-210,669	101,930	68.00
69.00	06900	ELECTROCARDIOLOGY	788,415	362,769	1,151,184	-68,555	1,082,629	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	234,614	73,186	307,800	-50,185	257,615	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	15,143,070	15,143,070	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	35,798,079	35,798,079	73.00
74.00	07400	RENAL DIALYSIS	72,609	35,586	108,195	-24,035	84,160	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	GI LAB	1,249,222	623,562	1,872,784	-498,423	1,374,361	75.01
76.00	03950	DIABETIC EDUCATION	193,397	3,723	197,120	-3,552	193,568	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	788,333	405,295	1,193,628	-133,024	1,060,604	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	42,538,087	33,014,522	75,552,609	-28,538,122	47,014,487	90.00
91.00	09100	EMERGENCY	3,570,531	4,816,644	8,387,175	-507,167	7,880,008	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	1,755,388	387,158	2,142,546	-230,550	1,911,996	95.00
98.00	09850	HOME INFUSION	0	106,550	106,550	-106,550	0	98.00
101.00	10100	HOME HEALTH AGENCY	1,060,344	163,587	1,223,931	-19,532	1,204,399	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE		1,176,433	1,176,433	-1,176,433	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	109,780,850	153,310,508	263,091,358	-2,969,652	260,121,706	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	68	68	0	68	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,582,729	676,006	2,258,735	2,024,086	4,282,821	192.00
194.00	07950	COMMUNITY SERVICE	34,321	6,553	40,874	-1,429	39,445	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	0	595	595	2,518,129	2,518,724	194.01
194.02	07952	OFFSITE BUILDINGS	0	1,571,134	1,571,134	-1,571,134	0	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	111,397,900	155,564,864	266,962,764	0	266,962,764	200.00

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet A  
Date/Time Prepared:  
9/19/2023 1:27 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	-1,109,432	5,575,396	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-4,558	5,909,148	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-6,296,729	32,982,050	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-2,581,617	28,429,486	5.00
7.00	00700	OPERATION OF PLANT	-156,270	4,892,495	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-17,043	472,460	8.00
9.00	00900	HOUSEKEEPING	0	3,625,856	9.00
10.00	01000	DIETARY	0	481,935	10.00
11.00	01100	CAFETERIA	-808,446	1,002,885	11.00
13.00	01300	NURSING ADMINISTRATION	0	472,850	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	658,647	14.00
15.00	01500	PHARMACY	-480,612	313,090	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-17,962	2,527,660	16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-4,019,720	10,462,774	30.00
31.00	03100	INTENSIVE CARE UNIT	-3,690	2,241,982	31.00
43.00	04300	NURSERY	0	544,299	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,494,710	50.00
51.00	05100	RECOVERY ROOM	0	1,033,485	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,220,178	52.00
53.00	05300	ANESTHESIOLOGY	-4,173,413	103,048	53.00
53.01	05301	PAIN MANAGEMENT	-695,825	296,214	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,422,027	2,285,245	54.00
54.01	05401	ULTRASOUND	-529,880	807,322	54.01
56.00	05600	RADIOISOTOPE	-96,261	347,895	56.00
57.00	05700	CT SCAN	-2,070,429	1,089,282	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-668,281	541,268	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,515,238	59.00
60.00	06000	LABORATORY	-700,193	6,683,550	60.00
64.00	06400	INTRAVENOUS THERAPY	0	138,250	64.00
65.00	06500	RESPIRATORY THERAPY	-5,358	1,350,600	65.00
66.00	06600	PHYSICAL THERAPY	0	533,813	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	123,943	67.00
68.00	06800	SPEECH PATHOLOGY	0	101,930	68.00
69.00	06900	ELECTROCARDIOLOGY	-3,528	1,079,101	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	257,615	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,143,070	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-3,502,699	32,295,380	73.00
74.00	07400	RENAL DIALYSIS	0	84,160	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	GI LAB	0	1,374,361	75.01
76.00	03950	DIABETIC EDUCATION	0	193,568	76.00
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	1,060,604	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-39,651,874	7,362,613	90.00
91.00	09100	EMERGENCY	-3,740,874	4,139,134	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-700,288	1,211,708	95.00
98.00	09850	HOME INFUSION	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	1,204,399	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-73,457,009	186,664,697	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	68	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,282,821	192.00
194.00	07950	COMMUNITY SERVICE	0	39,445	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	0	2,518,724	194.01
194.02	07952	OFFSITE BUILDINGS	0	0	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-73,457,009	193,505,755	200.00



## RECLASSIFICATIONS

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023

Worksheet A-6

Date/Time Prepared:  
9/19/2023 1:27 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,176,433		1.00
	0		0	1,176,433		
	B - L&D AND NURSERY COST					
1.00	NURSERY	43.00	439,616	69,616		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	985,504	156,060		2.00
	0		1,425,120	225,676		
	C - OFFSITE BLDG					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	364,923		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	453,185		2.00
3.00	OTHER CAP REL COSTS	3.00	0	146,021		3.00
4.00	OPERATION OF PLANT	7.00	0	607,005		4.00
	0		0	1,571,134		
	E - COLLECTIONS & BILLING EXP					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	118,962		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	118,962		
	F - CAFETERIA EXPENSE					
1.00	CAFETERIA	11.00	1,073,032	738,299		1.00
	0		1,073,032	738,299		
	G - DRUG EXPENSE					
1.00	DRUGS CHARGED TO PATIENTS	73.00	1,512,185	34,285,894		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
	0		1,512,185	34,285,894		
	H - MARKETING & ADVERTISING					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,220		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
	0		0	6,220		
	I - TELEPHONE EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	25,474		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
	0		0	25,474		

## RECLASSIFICATIONS

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023

Worksheet A-6

Date/Time Prepared:  
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	J - PROPERTY INSURANCE & TAXES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	318,835		1.00
2.00	OTHER CAP REL COSTS	3.00	0	126,456		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
	0		0	445,291		
	K - MALPRACTICE INSURANCE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	17,200		1.00
	0		0	17,200		
	L - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	15,143,070		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
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
	0		0	15,143,070		
	N - POST ICU					
1.00	ADULTS & PEDIATRICS	30.00	869,483	331,402		1.00
	0		869,483	331,402		
	O - MME DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,799,906		1.00
	0		0	5,799,906		
	Q - NURSE FLOATS & SHIFT COORDINATORS					
1.00	ADULTS & PEDIATRICS	30.00	557,360	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	142,845	0		2.00
3.00	NURSERY	43.00	35,067	0		3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	78,614	0		4.00
	0		813,886	0		
	R - RADIOLOGY MANAGEMENT					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	277,193	11,207		1.00
2.00	ULTRASOUND	54.01	97,272	3,932		2.00
3.00	RADIOISOTOPE	56.00	33,538	1,356		3.00
4.00	CT SCAN	57.00	132,222	5,345		4.00
5.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	61,764	2,497		5.00
	0		601,989	24,337		
	V - OFFSITE THERAPY					
1.00	OFFSITE FREESTANDING PT/OT	194.01	2,478,071	40,058		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		2,478,071	40,058		

## RECLASSIFICATIONS

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023

Worksheet A-6

Date/Time Prepared:  
9/19/2023 1:27 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
1.00	W - NON-HOSPITAL CLINICS				1.00
	PHYSICIANS' PRIVATE OFFICES	192.00	1,981,183	49,825	
	TOTALS		1,981,183	49,825	
1.00	Y - DISCONTINUED SERVICES				1.00
	ADMINISTRATIVE & GENERAL	5.00	0	105,857	
	TOTALS		0	105,857	
500.00	Grand Total: Increases		10,754,949	60,105,038	500.00

## RECLASSIFICATIONS

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023

Worksheet A-6

Date/Time Prepared:  
9/19/2023 1:27 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	1,176,433	11		1.00
	0		0	1,176,433			
	B - L&D AND NURSERY COST						
1.00	ADULTS & PEDIATRICS	30.00	1,425,120	225,676	0		1.00
2.00	0	0.00	0	0	0		2.00
	0		1,425,120	225,676			
	C - OFFSITE BLDG						
1.00	OFFSITE BUILDINGS	194.02	0	1,571,134	13		1.00
2.00	0	0.00	0	0	10		2.00
3.00	0	0.00	0	0	9		3.00
4.00	0	0.00	0	0	0		4.00
	0		0	1,571,134			
	E - COLLECTIONS & BILLING EXP						
1.00	DIETARY	10.00	0	9,454	0		1.00
2.00	PHARMACY	15.00	0	18,524	0		2.00
3.00	AMBULANCE SERVICES	95.00	0	90,984	0		3.00
	0		0	118,962			
	F - CAFETERIA EXPENSE						
1.00	DIETARY	10.00	1,073,032	738,299	0		1.00
	0		1,073,032	738,299			
	G - DRUG EXPENSE						
1.00	NURSING ADMINISTRATION	13.00	0	1,334	0		1.00
2.00	PHARMACY	15.00	1,512,185	8,245,093	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	21,789	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	5,267	0		4.00
5.00	RECOVERY ROOM	51.00	0	35,229	0		5.00
6.00	ANESTHESIOLOGY	53.00	0	273,392	0		6.00
7.00	PAIN MANAGEMENT	53.01	0	7,752	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	19,631	0		8.00
9.00	ULTRASOUND	54.01	0	1,734	0		9.00
10.00	RADIOISOTOPE	56.00	0	228,911	0		10.00
11.00	CT SCAN	57.00	0	70,055	0		11.00
12.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	49,063	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	25,334	0		13.00
14.00	LABORATORY	60.00	0	96	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	1,430	0		15.00
16.00	PHYSICAL THERAPY	66.00	0	64	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	38,533	0		17.00
18.00	GI LAB	75.01	0	2,071	0		18.00
19.00	HYPERBARIC OXYGEN THERAPY	76.98	0	19,637	0		19.00
20.00	CLINIC	90.00	0	25,181,793	0		20.00
21.00	EMERGENCY	91.00	0	35,779	0		21.00
22.00	AMBULANCE SERVICES	95.00	0	20,678	0		22.00
23.00	INTRAVENOUS THERAPY	64.00	0	1,229	0		23.00
	0		1,512,185	34,285,894			
	H - MARKETING & ADVERTISING						
1.00	NURSING ADMINISTRATION	13.00	0	1,035	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	696	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	343	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	290	0		4.00
5.00	HYPERBARIC OXYGEN THERAPY	76.98	0	441	0		5.00
6.00	CLINIC	90.00	0	3,137	0		6.00
7.00	EMERGENCY	91.00	0	32	0		7.00
8.00	OPERATING ROOM	50.00	0	187	0		8.00
9.00	HOME HEALTH AGENCY	101.00	0	59	0		9.00
	0		0	6,220			
	I - TELEPHONE EXPENSE						
1.00	OPERATION OF PLANT	7.00	0	227	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	670	0		2.00
3.00	PHARMACY	15.00	0	129	0		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	353	0		4.00
5.00	OPERATING ROOM	50.00	0	3,038	0		5.00
6.00	LABORATORY	60.00	0	503	0		6.00
7.00	ELECTROCARDIOLOGY	69.00	0	534	0		7.00
8.00	GI LAB	75.01	0	1,271	0		8.00
9.00	DIABETIC EDUCATION	76.00	0	391	0		9.00
10.00	EMERGENCY	91.00	0	4,130	0		10.00
11.00	AMBULANCE SERVICES	95.00	0	391	0		11.00
12.00	HOME HEALTH AGENCY	101.00	0	6,915	0		12.00
13.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	6,922	0		13.00
	0		0	25,474			

## RECLASSIFICATIONS

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023

Worksheet A-6

Date/Time Prepared:  
9/19/2023 1:27 pm

	Decreases				Wkst. A-7 Ref.			
	Cost Center	Line #	Salary	Other				
	6.00	7.00	8.00	9.00				10.00
	J - PROPERTY INSURANCE & TAXES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	9,695	13	1.00		
2.00	OPERATION OF PLANT	7.00	0	318,835	0	2.00		
3.00	OPERATION OF PLANT	7.00	0	49,831	0	3.00		
4.00	HOUSEKEEPING	9.00	0	1,631	0	4.00		
5.00	AMBULANCE SERVICES	95.00	0	63,870	0	5.00		
6.00	COMMUNITY SERVICE	194.00	0	1,429	0	6.00		
	0		0	445,291				
	K - MALPRACTICE INSURANCE							
1.00	AMBULANCE SERVICES	95.00	0	17,200	0	1.00		
	0		0	17,200				
	L - MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,790	0	1.00		
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	248,210	0	2.00		
3.00	PHARMACY	15.00	0	142,195	0	3.00		
4.00	ADULTS & PEDIATRICS	30.00	0	530,047	0	4.00		
5.00	INTENSIVE CARE UNIT	31.00	0	228,488	0	5.00		
6.00	OPERATING ROOM	50.00	0	5,443,855	0	6.00		
7.00	RECOVERY ROOM	51.00	0	171,351	0	7.00		
8.00	ANESTHESIOLOGY	53.00	0	180,741	0	8.00		
9.00	PAIN MANAGEMENT	53.01	0	65,908	0	9.00		
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	101,977	0	10.00		
11.00	ULTRASOUND	54.01	0	34,236	0	11.00		
12.00	RADIOISOTOPE	56.00	0	490,516	0	12.00		
13.00	CT SCAN	57.00	0	158,728	0	13.00		
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	52,260	0	14.00		
15.00	CARDIAC CATHETERIZATION	59.00	0	1,649,037	0	15.00		
16.00	LABORATORY	60.00	0	2,847,704	0	16.00		
17.00	INTRAVENOUS THERAPY	64.00	0	29,351	0	17.00		
18.00	RESPIRATORY THERAPY	65.00	0	165,317	0	18.00		
19.00	PHYSICAL THERAPY	66.00	0	32,123	0	19.00		
20.00	OCCUPATIONAL THERAPY	67.00	0	10,741	0	20.00		
21.00	SPEECH PATHOLOGY	68.00	0	2,511	0	21.00		
22.00	ELECTROCARDIOLOGY	69.00	0	29,488	0	22.00		
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	50,185	0	23.00		
24.00	RENAL DIALYSIS	74.00	0	24,035	0	24.00		
25.00	GI LAB	75.01	0	495,081	0	25.00		
26.00	DIABETIC EDUCATION	76.00	0	3,161	0	26.00		
27.00	HYPERBARIC OXYGEN THERAPY	76.98	0	112,946	0	27.00		
28.00	CLINIC	90.00	0	1,322,184	0	28.00		
29.00	EMERGENCY	91.00	0	467,226	0	29.00		
30.00	AMBULANCE SERVICES	95.00	0	37,427	0	30.00		
31.00	HOME INFUSION	98.00	0	693	0	31.00		
32.00	HOME HEALTH AGENCY	101.00	0	12,558	0	32.00		
	0		0	15,143,070				
	N - POST ICU							
1.00	INTENSIVE CARE UNIT	31.00	869,483	331,402	0	1.00		
	0		869,483	331,402				
	O - MME DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,799,906	9	1.00		
	0		0	5,799,906				
	Q - NURSE FLOATS & SHIFT COORDINATORS							
1.00	NURSING ADMINISTRATION	13.00	813,886	0	0	1.00		
2.00		0.00	0	0	0	2.00		
3.00		0.00	0	0	0	3.00		
4.00		0.00	0	0	0	4.00		
	0		813,886	0				
	R - RADIOLOGY MANAGEMENT							
1.00	ADMINISTRATIVE & GENERAL	5.00	601,989	24,337	0	1.00		
2.00		0.00	0	0	0	2.00		
3.00		0.00	0	0	0	3.00		
4.00		0.00	0	0	0	4.00		
5.00		0.00	0	0	0	5.00		
	0		601,989	24,337				
	V - OFFSITE THERAPY							
1.00	PHYSICAL THERAPY	66.00	1,966,122	37,089	0	1.00		
2.00	OCCUPATIONAL THERAPY	67.00	305,677	1,083	0	2.00		
3.00	SPEECH PATHOLOGY	68.00	206,272	1,886	0	3.00		
	TOTALS		2,478,071	40,058				
	W - NON-HOSPITAL CLINICS							
1.00	CLINIC	90.00	1,981,183	49,825	0	1.00		
	TOTALS		1,981,183	49,825				

## RECLASSIFICATIONS

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023

Worksheet A-6

Date/Time Prepared:  
9/19/2023 1:27 pm

	Decreases				Wkst. A-7 Ref.	
	Cost Center	Li ne #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
1.00	Y - DISCONTINUED SERVICES					
	HOME INFUSION	98.00	0	105,857	0	1.00
	TOTALS		0	105,857		
500.00	Grand Total : Decreases		10,754,949	60,105,038		500.00

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet A-7  
Part I  
Date/Time Prepared:  
9/19/2023 1:27 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,864,606	0	0	0	0	1.00	
2.00	Land Improvements	3,657,516	0	0	0	7,785	2.00	
3.00	Buildings and Fixtures	98,769,762	0	0	0	418,110	3.00	
4.00	Building Improvements	23,943,464	1,700,305	0	1,700,305	41,764	4.00	
5.00	Fixed Equipment	491,306	93,115	0	93,115	75,425	5.00	
6.00	Movable Equipment	93,543,994	3,769,461	0	3,769,461	4,252,942	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	223,270,648	5,562,881	0	5,562,881	4,796,026	8.00	
9.00	Reconciling Items	-3,752,733	-4,674,066	0	-4,674,066	0	9.00	
10.00	Total (line 8 minus line 9)	227,023,381	10,236,947	0	10,236,947	4,796,026	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00						7.00
		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,864,606	0				1.00	
2.00	Land Improvements	3,649,731	0				2.00	
3.00	Buildings and Fixtures	98,351,652	0				3.00	
4.00	Building Improvements	25,602,005	0				4.00	
5.00	Fixed Equipment	508,996	0				5.00	
6.00	Movable Equipment	93,060,513	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	224,037,503	0				8.00	
9.00	Reconciling Items	-8,426,799	0				9.00	
10.00	Total (line 8 minus line 9)	232,464,302	0				10.00	

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet A-7  
Part II  
Date/Time Prepared:  
9/19/2023 1:27 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	9,979,558	33,123	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)	9,979,558	33,123	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	10,012,681				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	10,012,681				3.00



## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet A-7  
Part III  
Date/Time Prepared:  
9/19/2023 1:27 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	130,467,994	0	130,467,994	0.582349	158,677	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	93,569,509	0	93,569,509	0.417651	113,800	2.00
3.00	Total (sum of lines 1-2)	224,037,503	0	224,037,503	1.000000	272,477	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	158,677	4,179,652	486,308	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	113,800	5,795,348	0	2.00
3.00	Total (sum of lines 1-2)	0	0	272,477	9,975,000	486,308	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital -Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	158,677	683,758	67,001	5,575,396	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	113,800	0	0	5,909,148	2.00
3.00	Total (sum of lines 1-2)	0	272,477	683,758	67,001	11,484,544	3.00

## ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023

Worksheet A-8

Date/Time Prepared:  
9/19/2023 1:27 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)	B	-1,176,433	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-113,897	ADMINISTRATIVE & GENERAL	5.00	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	-53,587,158			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-6,666	OPERATION OF PLANT	7.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service	B	-17,043	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00	Cafeteria-employees and guests	B	-808,446	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	B	-3,502,699	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-17,962	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	DAYCARE RENT	B	-18,000	ADMINISTRATIVE & GENERAL	5.00	0	33.00

## ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023

Worksheet A-8

Date/Time Prepared:  
9/19/2023 1:27 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.01	RENTAL INCOME	B	-1,680	OPERATION OF PLANT	7.00	0	33.01
33.02	MISC INCOME - PHARMACY	B	-480,612	PHARMACY	15.00	0	33.02
33.03	MISC INCOME - A&G	B	-430,230	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	MISC INCOME - RT	B	-5,358	RESPIRATORY THERAPY	65.00	0	33.04
33.05	MISC INCOME - AMBULANCE	B	-700,288	AMBULANCE SERVICES	95.00	0	33.05
33.06	MISC INCOME - LAB	B	-1,350	LABORATORY	60.00	0	33.06
33.07	MISC INCOME - CLINIC	B	-18,000	CLINIC	90.00	0	33.07
33.08	CARDIAC REHAB PHASE III REVENUE	B	-3,528	ELECTROCARDIOLOGY	69.00	0	33.08
33.09	PATIENT ACCOUNTING REVENUE	B	-91,634	ADMINISTRATIVE & GENERAL	5.00	0	33.09
35.00	DAYCARE REVENUE	B	-616,911	ADMINISTRATIVE & GENERAL	5.00	0	35.00
36.00	DAYCARE DISCOUNT EXPENSE ELIMINATION	A	-35,608	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36.00
36.01	LOBBYING EXPENSE	A	-38,096	ADMINISTRATIVE & GENERAL	5.00	0	36.01
36.02	PHYSICIAN RECRUITMENT SALARIES	A	-108,199	ADMINISTRATIVE & GENERAL	5.00	0	36.02
37.00	PHYSICIAN RECRUITMENT OTHER EXPENSES	A	-204,163	ADMINISTRATIVE & GENERAL	5.00	0	37.00
37.01	PHYSICIAN RECRUITMENT BENEFITS	A	-31,877	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.01
37.02	MARKETING SALARIES	A	-307,407	ADMINISTRATIVE & GENERAL	5.00	0	37.02
37.03	MARKETING OTHER EXPENSES	A	-647,581	ADMINISTRATIVE & GENERAL	5.00	0	37.03
38.00	MARKETING DEPRECIATION	A	-4,558	CAP REL COSTS-MVBLE EQUIP	2.00	9	38.00
38.01	MARKETING BENEFITS	A	-122,476	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.01
39.00	CABLE TELEVISION	A	-147,924	OPERATION OF PLANT	7.00	0	39.00
39.01	CRNA SALARIES	A	-3,308,401	ANESTHESIOLOGY	53.00	0	39.01
39.02	CRNA LOCUM TENENS	A	-813,945	ANESTHESIOLOGY	53.00	0	39.02
39.03	CRNA MALPRACTICE INSURANCE	A	-14,170	ANESTHESIOLOGY	53.00	0	39.03
39.04	CRNA CME, LICENSE, SUBSCRIPTIONS	A	-30,893	ANESTHESIOLOGY	53.00	0	39.04
39.05	CRNA FICA TAXES	A	-95,521	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.05
39.06	CRNA MEDICARE TAXES	A	-47,590	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.06
40.00	CRNA BENEFITS	A	-315,210	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.00
40.01	ALCOHOLIC BEVERAGE EXPENSE	A	-4,049	ADMINISTRATIVE & GENERAL	5.00	0	40.01
41.00	DEFINED BENEFIT PENSION FUNDING ADJU	A	-1,026,661	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41.00
42.00	PHYSICIAN BENEFITS	A	-4,621,786	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	42.00
43.00	LOSS ON BOND ISSUANCE COSTS	A	67,001	CAP REL COSTS-BLDG & FIXT	1.00	14	43.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-73,457,009				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

## PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023

Worksheet A-8-2

Date/Time Prepared:  
9/19/2023 1:27 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	5.00	ADMINISTRATIVE & GENERAL	1,450	1,450	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	4,034,418	4,012,418	22,000	197,500	147	2.00
3.00	31.00	INTENSIVE CARE UNIT	3,690	3,690	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	25,800	0	25,800	239,400	172	4.00
5.00	53.01	PAIN MANAGEMENT	695,825	695,825	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	1,422,027	1,422,027	0	0	0	6.00
7.00	54.01	ULTRASOUND	529,880	529,880	0	0	0	7.00
8.00	56.00	RADIOISOTOPE	96,261	96,261	0	0	0	8.00
9.00	57.00	CT SCAN	2,070,429	2,070,429	0	0	0	9.00
10.00	58.00	MAGNETIC RESONANCE IMAGING (MRI)	668,281	668,281	0	0	0	10.00
11.00	60.00	LABORATORY	700,405	698,605	1,800	260,300	12	11.00
12.00	90.00	CLINIC	39,702,861	39,605,386	97,475	211,500	650	12.00
13.00	91.00	EMERGENCY	3,740,874	3,740,874	0	0	0	13.00
200.00			53,692,201	53,545,126	147,075		981	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	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	13,958	698	16,053	88	119,627	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	3,690	3.00
4.00	53.00	ANESTHESIOLOGY	19,796	990	0	0	0	4.00
5.00	53.01	PAIN MANAGEMENT	0	0	0	0	16,949	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	54.01	ULTRASOUND	0	0	0	0	0	7.00
8.00	56.00	RADIOISOTOPE	0	0	0	0	0	8.00
9.00	57.00	CT SCAN	0	0	0	0	0	9.00
10.00	58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	10.00
11.00	60.00	LABORATORY	1,502	75	1,199	3	22,157	11.00
12.00	90.00	CLINIC	66,094	3,305	130,310	320	1,047,992	12.00
13.00	91.00	EMERGENCY	0	0	0	0	0	13.00
200.00			101,350	5,068	147,562	411	1,210,415	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	5.00	ADMINISTRATIVE & GENERAL	0	0	0	1,450		1.00
2.00	30.00	ADULTS & PEDIATRICS	652	14,698	7,302	4,019,720		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	3,690		3.00
4.00	53.00	ANESTHESIOLOGY	0	19,796	6,004	6,004		4.00
5.00	53.01	PAIN MANAGEMENT	0	0	0	695,825		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,422,027		6.00
7.00	54.01	ULTRASOUND	0	0	0	529,880		7.00
8.00	56.00	RADIOISOTOPE	0	0	0	96,261		8.00
9.00	57.00	CT SCAN	0	0	0	2,070,429		9.00
10.00	58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	668,281		10.00
11.00	60.00	LABORATORY	57	1,562	238	698,843		11.00
12.00	90.00	CLINIC	2,573	68,987	28,488	39,633,874		12.00
13.00	91.00	EMERGENCY	0	0	0	3,740,874		13.00
200.00			3,282	105,043	42,032	53,587,158		200.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet B  
Part I  
Date/Time Prepared:  
9/19/2023 1:27 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	5,575,396	5,575,396			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	5,909,148	5,909,148			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	32,982,050	18,566	3,430	33,004,046	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	28,429,486	1,107,436	1,897,009	7,519,021	5.00
7.00	00700	OPERATION OF PLANT	4,892,495	463,279	78,727	790,510	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	472,460	62,385	28,722	178,209	8.00
9.00	00900	HOUSEKEEPING	3,625,856	6,487	41,869	802,994	9.00
10.00	01000	DIETARY	481,935	17,040	4,391	136,171	10.00
11.00	01100	CAFETERIA	1,002,885	64,041	16,496	511,792	11.00
13.00	01300	NURSING ADMINISTRATION	472,850	2,314	45,394	98,448	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	658,647	9,160	48,328	220,905	14.00
15.00	01500	PHARMACY	313,090	31,863	244,668	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,527,660	46,905	16,776	870,011	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,462,774	455,101	250,826	3,641,039	30.00
31.00	03100	INTENSIVE CARE UNIT	2,241,982	89,111	30,269	793,156	31.00
43.00	04300	NURSERY	544,299	75,559	36,209	226,404	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,494,710	213,425	678,503	780,535	50.00
51.00	05100	RECOVERY ROOM	1,033,485	72,421	46,141	418,967	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,220,178	92,521	81,207	507,541	52.00
53.00	05300	ANESTHESIOLOGY	103,048	5,610	34,487	12,306	53.00
53.01	05301	PAIN MANAGEMENT	296,214	26,297	22,980	134,141	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,285,245	160,060	404,928	662,953	54.00
54.01	05401	ULTRASOUND	807,322	5,005	35,426	286,614	54.01
56.00	05600	RADIOISOTOPE	347,895	39,673	18,928	100,149	56.00
57.00	05700	CT SCAN	1,089,282	16,777	9,284	369,823	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	541,268	31,249	238,298	191,682	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,515,238	68,898	286,864	348,261	59.00
60.00	06000	LABORATORY	6,683,550	98,867	227,463	1,203,356	60.00
64.00	06400	INTRAVENOUS THERAPY	138,250	0	6,989	65,614	64.00
65.00	06500	RESPIRATORY THERAPY	1,350,600	45,704	62,705	359,140	65.00
66.00	06600	PHYSICAL THERAPY	533,813	8,152	5,869	249,893	66.00
67.00	06700	OCCUPATIONAL THERAPY	123,943	3,515	0	58,907	67.00
68.00	06800	SPEECH PATHOLOGY	101,930	1,052	1,710	48,176	68.00
69.00	06900	ELECTROCARDIOLOGY	1,079,101	35,658	201,854	376,042	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	257,615	11,492	14,902	111,901	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,143,070	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	32,295,380	0	0	721,250	73.00
74.00	07400	RENAL DIALYSIS	84,160	5,251	18,860	34,632	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	GI LAB	1,374,361	30,846	198,095	595,828	75.01
76.00	03950	DIABETIC EDUCATION	193,568	35	0	92,242	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,060,604	37,753	226	376,003	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	7,362,613	1,346,051	234,070	3,165,296	90.00
91.00	09100	EMERGENCY	4,139,134	182,850	200,219	1,702,997	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,211,708	31,083	67,270	837,248	95.00
98.00	09850	HOME INFUSION	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	1,204,399	20,336	16,378	505,741	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	186,664,697	5,039,828	5,856,770	30,105,898	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	68	11,106	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,282,821	250,529	14,421	1,699,840	192.00
194.00	07950	COMMUNITY SERVICE	39,445	10,080	0	16,370	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	2,518,724	196,770	37,957	1,181,938	194.01
194.02	07952	OFFSITE BUILDINGS	0	67,083	0	0	194.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	193,505,755	5,575,396	5,909,148	33,004,046	202.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet B  
Part I  
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9/19/2023 1:27 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	38,952,952				5.00
7.00	00700	OPERATION OF PLANT	1,568,933	7,793,944			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	186,955	121,979	1,050,710		8.00
9.00	00900	HOUSEKEEPING	1,128,422	12,683	86,999	5,705,310	9.00
10.00	01000	DIETARY	161,187	33,318	3,153	24,819	862,014
11.00	01100	CAFETERIA	402,053	125,218	11,849	93,274	0
13.00	01300	NURSING ADMINISTRATION	156,012	4,525	0	3,370	0
14.00	01400	CENTRAL SERVICES & SUPPLY	236,169	17,910	0	13,341	0
15.00	01500	PHARMACY	148,606	62,301	0	46,407	0
16.00	01600	MEDICAL RECORDS & LIBRARY	872,389	91,711	0	68,315	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,732,602	889,846	308,323	662,836	798,183
31.00	03100	INTENSIVE CARE UNIT	795,055	174,236	53,231	129,787	63,831
43.00	04300	NURSERY	222,415	147,739	15,117	110,049	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,050,282	417,303	120,805	310,844	0
51.00	05100	RECOVERY ROOM	395,954	141,603	0	105,479	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	479,235	180,903	33,904	134,753	0
53.00	05300	ANESTHESIOLOGY	39,179	10,969	0	8,171	0
53.01	05301	PAIN MANAGEMENT	120,885	51,417	0	38,300	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	885,453	312,960	59,329	233,120	0
54.01	05401	ULTRASOUND	285,902	9,786	0	7,290	0
56.00	05600	RADIOISOTOPE	127,693	77,572	0	57,782	0
57.00	05700	CT SCAN	374,317	32,804	0	24,436	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	252,666	61,101	0	45,513	0
59.00	05900	CARDIAC CATHETERIZATION	559,336	134,713	0	100,346	0
60.00	06000	LABORATORY	2,070,039	193,312	0	143,996	0
64.00	06400	INTRAVENOUS THERAPY	53,143	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	458,241	89,363	0	66,566	0
66.00	06600	PHYSICAL THERAPY	201,057	15,939	0	11,873	0
67.00	06700	OCCUPATIONAL THERAPY	46,971	6,873	0	5,119	0
68.00	06800	SPEECH PATHOLOGY	38,528	2,057	0	1,532	0
69.00	06900	ELECTROCARDIOLOGY	426,612	69,722	0	51,935	0
70.00	07000	ELECTROENCEPHALOGRAPHY	99,784	22,469	0	16,737	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,816,614	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	8,321,340	0	0	0	0
74.00	07400	RENAL DIALYSIS	36,017	10,266	0	7,647	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	GI LAB	554,262	60,313	50,544	44,926	0
76.00	03950	DIABETIC EDUCATION	72,044	69	0	51	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	371,650	73,818	4,464	54,986	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,051,672	2,631,903	21,457	1,960,472	0
91.00	09100	EMERGENCY	1,568,981	357,522	231,237	266,314	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	541,201	60,775	32,927	45,271	0
98.00	09850	HOME INFUSION	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	440,272	39,763	0	29,619	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,350,128	6,746,761	1,033,339	4,925,276	862,014
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,816	21,715	0	16,175	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,574,629	489,853	5,753	364,886	0
194.00	07950	COMMUNITY SERVICE	16,608	19,710	0	14,682	0
194.01	07951	OFFSITE FREESTANDING PT/OT	991,864	384,739	11,618	286,587	0
194.02	07952	OFFSITE BUILDINGS	16,907	131,166	0	97,704	0
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	38,952,952	7,793,944	1,050,710	5,705,310	862,014

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet B  
Part I  
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,227,608					11.00
13.00	01300	NURSING ADMINISTRATION	4,745	787,658				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,183	0	1,232,643			14.00
15.00	01500	PHARMACY	0	0	354	847,289		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	80,748	0	314	0	4,574,829	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	301,915	182,038	1,670	0	218,778	30.00
31.00	03100	INTENSIVE CARE UNIT	61,715	39,193	515	0	47,401	31.00
43.00	04300	NURSERY	15,153	9,621	0	0	15,976	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	57,677	36,623	1,605	0	307,521	50.00
51.00	05100	RECOVERY ROOM	30,307	19,252	0	0	44,018	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,977	21,570	0	0	35,815	52.00
53.00	05300	ANESTHESIOLOGY	26,322	0	0	0	97,579	53.00
53.01	05301	PAIN MANAGEMENT	14,970	0	0	0	35,194	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	56,734	0	318	0	201,899	54.00
54.01	05401	ULTRASOUND	19,899	0	194	0	100,372	54.01
56.00	05600	RADIOISOTOPE	6,869	0	162	0	68,172	56.00
57.00	05700	CT SCAN	27,056	0	75	0	512,528	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,637	0	0	0	150,181	58.00
59.00	05900	CARDIAC CATHETERIZATION	22,573	14,326	545	0	144,712	59.00
60.00	06000	LABORATORY	111,894	0	448	0	733,975	60.00
64.00	06400	INTRAVENOUS THERAPY	5,610	0	0	0	8,945	64.00
65.00	06500	RESPIRATORY THERAPY	27,607	0	470	0	50,901	65.00
66.00	06600	PHYSICAL THERAPY	19,505	0	123	0	11,564	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,850	0	0	0	5,072	67.00
68.00	06800	SPEECH PATHOLOGY	3,330	0	0	0	2,610	68.00
69.00	06900	ELECTROCARDIOLOGY	30,805	11,677	281	0	147,437	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,779	0	121	0	25,612	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,172,885	0	130,492	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,869	0	0	847,289	491,372	73.00
74.00	07400	RENAL DIALYSIS	1,757	1,113	0	0	1,374	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	GI LAB	43,861	27,846	26	0	131,422	75.01
76.00	03950	DIABETIC EDUCATION	0	0	0	0	1,964	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	16,281	10,341	78	0	35,759	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	689,901	269,562	5,124	0	436,486	90.00
91.00	09100	EMERGENCY	128,804	81,665	951	0	334,707	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	78,992	0	48	0	27,160	95.00
98.00	09850	HOME INFUSION	0	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	35,183	22,347	83	0	6,151	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,058,508	747,174	1,186,390	847,289	4,563,149	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	63,917	40,484	46,253	0	11,680	192.00
194.00	07950	COMMUNITY SERVICE	0	0	0	0	0	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	105,183	0	0	0	0	194.01
194.02	07952	OFFSITE BUILDINGS	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,227,608	787,658	1,232,643	847,289	4,574,829	202.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet B  
Part I  
Date/Time Prepared:  
9/19/2023 1:27 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
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	21,905,931	-386,564	21,519,367	30.00
31.00	03100	INTENSIVE CARE UNIT	4,519,482	-152,083	4,367,399	31.00
43.00	04300	NURSERY	1,418,541	0	1,418,541	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,469,833	0	6,469,833	50.00
51.00	05100	RECOVERY ROOM	2,307,627	232,270	2,539,897	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,821,604	0	2,821,604	52.00
53.00	05300	ANESTHESIOLOGY	337,671	0	337,671	53.00
53.01	05301	PAIN MANAGEMENT	740,398	0	740,398	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,262,999	0	5,262,999	54.00
54.01	05401	ULTRASOUND	1,557,810	0	1,557,810	54.01
56.00	05600	RADIOISOTOPE	844,895	0	844,895	56.00
57.00	05700	CT SCAN	2,456,382	0	2,456,382	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,524,595	0	1,524,595	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,195,812	0	3,195,812	59.00
60.00	06000	LABORATORY	11,466,900	0	11,466,900	60.00
64.00	06400	INTRAVENOUS THERAPY	278,551	306,376	584,927	64.00
65.00	06500	RESPIRATORY THERAPY	2,511,297	0	2,511,297	65.00
66.00	06600	PHYSICAL THERAPY	1,057,788	0	1,057,788	66.00
67.00	06700	OCCUPATIONAL THERAPY	255,250	0	255,250	67.00
68.00	06800	SPEECH PATHOLOGY	200,925	0	200,925	68.00
69.00	06900	ELECTROCARDIOLOGY	2,431,124	0	2,431,124	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	570,412	0	570,412	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,263,061	0	20,263,061	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,725,500	0	42,725,500	73.00
74.00	07400	RENAL DIALYSIS	201,077	0	201,077	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501	GI LAB	3,112,330	0	3,112,330	75.01
76.00	03950	DIABETIC EDUCATION	359,973	0	359,973	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,041,963	0	2,041,963	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	21,174,607	0	21,174,607	90.00
91.00	09100	EMERGENCY	9,195,381	0	9,195,381	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	2,933,683	0	2,933,683	95.00
98.00	09850	HOME INFUSION	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	2,320,272	0	2,320,272	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	178,463,674	-1	178,463,673	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	51,880	0	51,880	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,845,066	0	8,845,066	192.00
194.00	07950	COMMUNITY SERVICE	116,895	0	116,895	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	5,715,380	0	5,715,380	194.01
194.02	07952	OFFSITE BUILDINGS	312,860	0	312,860	194.02
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)	193,505,755	-1	193,505,754	202.00



## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet B  
Part II  
Date/Time Prepared:  
9/19/2023 1:27 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			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	18,566	3,430	21,996	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	32,374	1,107,436	1,897,009	3,036,819	5.00
7.00	00700	OPERATION OF PLANT	5,826	463,279	78,727	547,832	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	62,385	28,722	91,107	8.00
9.00	00900	HOUSEKEEPING	0	6,487	41,869	48,356	9.00
10.00	01000	DIETARY	0	17,040	4,391	21,431	10.00
11.00	01100	CAFETERIA	0	64,041	16,496	80,537	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,314	45,394	47,708	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9,160	48,328	57,488	14.00
15.00	01500	PHARMACY	0	31,863	244,668	276,531	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	46,905	16,776	63,681	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	455,101	250,826	705,927	30.00
31.00	03100	INTENSIVE CARE UNIT	0	89,111	30,269	119,380	31.00
43.00	04300	NURSERY	0	75,559	36,209	111,768	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,665	213,425	678,503	897,593	50.00
51.00	05100	RECOVERY ROOM	0	72,421	46,141	118,562	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	92,521	81,207	173,728	52.00
53.00	05300	ANESTHESIOLOGY	20,432	5,610	34,487	60,529	53.00
53.01	05301	PAIN MANAGEMENT	0	26,297	22,980	49,277	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	160,060	404,928	564,988	54.00
54.01	05401	ULTRASOUND	0	5,005	35,426	40,431	54.01
56.00	05600	RADIOISOTOPE	0	39,673	18,928	58,601	56.00
57.00	05700	CT SCAN	0	16,777	9,284	26,061	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	31,249	238,298	269,547	58.00
59.00	05900	CARDIAC CATHETERIZATION	80,325	68,898	286,864	436,087	59.00
60.00	06000	LABORATORY	0	98,867	227,463	326,330	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	6,989	6,989	64.00
65.00	06500	RESPIRATORY THERAPY	505	45,704	62,705	108,914	65.00
66.00	06600	PHYSICAL THERAPY	0	8,152	5,869	14,021	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,515	0	3,515	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,052	1,710	2,762	68.00
69.00	06900	ELECTROCARDIOLOGY	0	35,658	201,854	237,512	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	759	11,492	14,902	27,153	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	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	5,251	18,860	24,111	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	GI LAB	0	30,846	198,095	228,941	75.01
76.00	03950	DIABETIC EDUCATION	0	35	0	35	76.00
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	37,753	226	37,979	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	17,251	1,346,051	234,070	1,597,372	90.00
91.00	09100	EMERGENCY	0	182,850	200,219	383,069	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	31,083	67,270	98,353	95.00
98.00	09850	HOME INFUSION	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	20,336	16,378	36,714	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	163,137	5,039,828	5,856,770	11,059,735	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,106	0	11,106	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	250,529	14,421	264,950	192.00
194.00	07950	COMMUNITY SERVICE	0	10,080	0	10,080	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	0	196,770	37,957	234,727	194.01
194.02	07952	OFFSITE BUILDINGS	0	67,083	0	67,083	194.02
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)	163,137	5,575,396	5,909,148	11,647,681	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet B  
Part II  
Date/Time Prepared:  
9/19/2023 1:27 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,041,825				5.00
7.00	00700	OPERATION OF PLANT	122,514	670,873			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	14,599	10,499	116,324		8.00
9.00	00900	HOUSEKEEPING	88,116	1,092	9,632	147,731	9.00
10.00	01000	DIETARY	12,587	2,868	349	643	10.00
11.00	01100	CAFETERIA	31,395	10,778	1,312	2,415	0
13.00	01300	NURSING ADMINISTRATION	12,183	389	0	87	0
14.00	01400	CENTRAL SERVICES & SUPPLY	18,442	1,542	0	345	0
15.00	01500	PHARMACY	11,604	5,363	0	1,202	0
16.00	01600	MEDICAL RECORDS & LIBRARY	68,123	7,894	0	1,769	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	291,470	76,595	34,135	17,163	35,157
31.00	03100	INTENSIVE CARE UNIT	62,084	14,998	5,893	3,361	2,812
43.00	04300	NURSERY	17,368	12,717	1,674	2,850	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	82,014	35,920	13,374	8,049	0
51.00	05100	RECOVERY ROOM	30,919	12,189	0	2,731	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,422	15,571	3,754	3,489	0
53.00	05300	ANESTHESIOLOGY	3,059	944	0	212	0
53.01	05301	PAIN MANAGEMENT	9,440	4,426	0	992	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	69,143	26,938	6,568	6,036	0
54.01	05401	ULTRASOUND	22,325	842	0	189	0
56.00	05600	RADIOISOTOPE	9,971	6,677	0	1,496	0
57.00	05700	CT SCAN	29,230	2,824	0	633	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	19,730	5,259	0	1,179	0
59.00	05900	CARDIAC CATHETERIZATION	43,677	11,596	0	2,598	0
60.00	06000	LABORATORY	161,645	16,640	0	3,729	0
64.00	06400	INTRAVENOUS THERAPY	4,150	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	35,783	7,692	0	1,724	0
66.00	06600	PHYSICAL THERAPY	15,700	1,372	0	307	0
67.00	06700	OCCUPATIONAL THERAPY	3,668	592	0	133	0
68.00	06800	SPEECH PATHOLOGY	3,009	177	0	40	0
69.00	06900	ELECTROCARDIOLOGY	33,313	6,001	0	1,345	0
70.00	07000	ELECTROENCEPHALOGRAPHY	7,792	1,934	0	433	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	298,031	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	649,874	0	0	0	0
74.00	07400	RENAL DIALYSIS	2,812	884	0	198	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	GI LAB	43,281	5,191	5,596	1,163	0
76.00	03950	DIABETIC EDUCATION	5,626	6	0	1	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	29,021	6,354	494	1,424	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	238,298	226,543	2,375	50,762	0
91.00	09100	EMERGENCY	122,518	30,774	25,600	6,896	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	42,261	5,231	3,645	1,172	0
98.00	09850	HOME INFUSION	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	34,380	3,423	0	767	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,838,577	580,735	114,401	127,533	37,969
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	220	1,869	0	419	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	122,959	42,165	637	9,448	0
194.00	07950	COMMUNITY SERVICE	1,297	1,697	0	380	0
194.01	07951	OFFSITE FREESTANDING PT/OT	77,452	33,117	1,286	7,421	0
194.02	07952	OFFSITE BUILDINGS	1,320	11,290	0	2,530	0
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	3,041,825	670,873	116,324	147,731	37,969

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet B  
Part II  
Date/Time Prepared:  
9/19/2023 1:27 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	126,778					11.00
13.00	01300	NURSING ADMINISTRATION	270	60,703				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,604	0	79,568			14.00
15.00	01500	PHARMACY	0	0	23	294,723		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,596	0	20	0	146,663	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,183	14,029	108	0	7,018	30.00
31.00	03100	INTENSIVE CARE UNIT	3,512	3,020	33	0	1,521	31.00
43.00	04300	NURSERY	862	742	0	0	513	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,283	2,822	104	0	9,865	50.00
51.00	05100	RECOVERY ROOM	1,725	1,484	0	0	1,412	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,934	1,662	0	0	1,149	52.00
53.00	05300	ANESTHESIOLOGY	1,498	0	0	0	3,130	53.00
53.01	05301	PAIN MANAGEMENT	852	0	0	0	1,129	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,229	0	21	0	6,477	54.00
54.01	05401	ULTRASOUND	1,132	0	13	0	3,220	54.01
56.00	05600	RADIOISOTOPE	391	0	10	0	2,187	56.00
57.00	05700	CT SCAN	1,540	0	5	0	16,442	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	719	0	0	0	4,818	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,285	1,104	35	0	4,642	59.00
60.00	06000	LABORATORY	6,368	0	29	0	23,447	60.00
64.00	06400	INTRAVENOUS THERAPY	319	0	0	0	287	64.00
65.00	06500	RESPIRATORY THERAPY	1,571	0	30	0	1,633	65.00
66.00	06600	PHYSICAL THERAPY	1,110	0	8	0	371	66.00
67.00	06700	OCCUPATIONAL THERAPY	276	0	0	0	163	67.00
68.00	06800	SPEECH PATHOLOGY	189	0	0	0	84	68.00
69.00	06900	ELECTROCARDIOLOGY	1,753	900	18	0	4,730	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	557	0	8	0	822	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	75,710	0	4,186	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,781	0	0	294,723	15,763	73.00
74.00	07400	RENAL DIALYSIS	100	86	0	0	44	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	GI LAB	2,496	2,146	2	0	4,216	75.01
76.00	03950	DIABETIC EDUCATION	0	0	0	0	63	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	927	797	5	0	1,147	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	39,263	20,775	331	0	14,003	90.00
91.00	09100	EMERGENCY	7,331	6,294	61	0	10,738	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	4,496	0	3	0	871	95.00
98.00	09850	HOME INFUSION	0	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	2,002	1,722	5	0	197	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	117,154	57,583	76,582	294,723	146,288	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,638	3,120	2,986	0	375	192.00
194.00	07950	COMMUNITY SERVICE	0	0	0	0	0	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	5,986	0	0	0	0	194.01
194.02	07952	OFFSITE BUILDINGS	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	126,778	60,703	79,568	294,723	146,663	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet B  
Part II  
Date/Time Prepared:  
9/19/2023 1:27 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
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,201,213	0	1,201,213	30.00
31.00	03100	INTENSIVE CARE UNIT	217,143	0	217,143	31.00
43.00	04300	NURSERY	148,645	0	148,645	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,053,544	0	1,053,544	50.00
51.00	05100	RECOVERY ROOM	169,301	0	169,301	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	239,047	0	239,047	52.00
53.00	05300	ANESTHESIOLOGY	69,380	0	69,380	53.00
53.01	05301	PAIN MANAGEMENT	66,205	0	66,205	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	683,842	0	683,842	54.00
54.01	05401	ULTRASOUND	68,343	0	68,343	54.01
56.00	05600	RADIOISOTOPE	79,400	0	79,400	56.00
57.00	05700	CT SCAN	76,982	0	76,982	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	301,380	0	301,380	58.00
59.00	05900	CARDIAC CATHETERIZATION	501,256	0	501,256	59.00
60.00	06000	LABORATORY	538,990	0	538,990	60.00
64.00	06400	INTRAVENOUS THERAPY	11,789	0	11,789	64.00
65.00	06500	RESPIRATORY THERAPY	157,586	0	157,586	65.00
66.00	06600	PHYSICAL THERAPY	33,056	0	33,056	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,386	0	8,386	67.00
68.00	06800	SPEECH PATHOLOGY	6,293	0	6,293	68.00
69.00	06900	ELECTROCARDIOLOGY	285,823	0	285,823	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	38,774	0	38,774	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	377,927	0	377,927	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	963,622	0	963,622	73.00
74.00	07400	RENAL DIALYSIS	28,258	0	28,258	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501	GI LAB	293,429	0	293,429	75.01
76.00	03950	DIABETIC EDUCATION	5,793	0	5,793	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	78,399	0	78,399	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,191,832	0	2,191,832	90.00
91.00	09100	EMERGENCY	594,416	0	594,416	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	156,590	0	156,590	95.00
98.00	09850	HOME INFUSION	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	79,547	0	79,547	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,726,191	0	10,726,191	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,614	0	13,614	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	451,411	0	451,411	192.00
194.00	07950	COMMUNITY SERVICE	13,465	0	13,465	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	360,777	0	360,777	194.01
194.02	07952	OFFSITE BUILDINGS	82,223	0	82,223	194.02
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)	11,647,681	0	11,647,681	202.00

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023

Worksheet B-1

Date/Time Prepared:  
9/19/2023 1:27 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	636,055				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		5,795,348			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,118	3,364	69,196,886		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	126,339	1,860,475	15,764,575	-38,952,952	5.00
7.00	00700	OPERATION OF PLANT	52,852	77,211	1,657,397	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,117	28,169	373,635	0	8.00
9.00	00900	HOUSEKEEPING	740	41,063	1,683,570	0	9.00
10.00	01000	DIETARY	1,944	4,306	285,498	0	10.00
11.00	01100	CAFETERIA	7,306	16,178	1,073,032	0	11.00
13.00	01300	NURSING ADMINISTRATION	264	44,520	206,408	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,045	47,397	463,153	0	14.00
15.00	01500	PHARMACY	3,635	239,956	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,351	16,453	1,824,079	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	51,919	245,996	7,633,861	0	30.00
31.00	03100	INTENSIVE CARE UNIT	10,166	29,686	1,662,943	0	31.00
43.00	04300	NURSERY	8,620	35,512	474,683	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	24,348	665,436	1,636,482	0	50.00
51.00	05100	RECOVERY ROOM	8,262	45,252	878,412	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,555	79,643	1,064,118	0	52.00
53.00	05300	ANESTHESIOLOGY	640	33,823	25,800	0	53.00
53.01	05301	PAIN MANAGEMENT	3,000	22,537	281,242	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,260	397,130	1,389,959	0	54.00
54.01	05401	ULTRASOUND	571	34,744	600,920	0	54.01
56.00	05600	RADIOISOTOPE	4,526	18,563	209,975	0	56.00
57.00	05700	CT SCAN	1,914	9,105	775,376	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,565	233,709	401,883	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,860	281,340	730,170	0	59.00
60.00	06000	LABORATORY	11,279	223,083	2,522,975	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	6,854	137,567	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,214	61,497	752,979	0	65.00
66.00	06600	PHYSICAL THERAPY	930	5,756	523,929	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	401	0	123,505	0	67.00
68.00	06800	SPEECH PATHOLOGY	120	1,677	101,007	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,068	197,967	788,415	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,311	14,615	234,614	0	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	0	1,512,185	0	73.00
74.00	07400	RENAL DIALYSIS	599	18,497	72,609	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	GI LAB	3,519	194,280	1,249,222	0	75.01
76.00	03950	DIABETIC EDUCATION	4	0	193,397	0	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,307	222	788,333	0	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	153,561	229,562	6,636,411	0	90.00
91.00	09100	EMERGENCY	20,860	196,363	3,570,531	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	3,546	65,975	1,755,388	0	95.00
98.00	09850	HOME INFUSION	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	2,320	16,063	1,060,344	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	574,956	5,743,979	63,120,582	-38,952,952	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,267	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	28,581	14,143	3,563,912	0	192.00
194.00	07950	COMMUNITY SERVICE	1,150	0	34,321	0	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	22,448	37,226	2,478,071	0	194.01
194.02	07952	OFFSITE BUILDINGS	7,653	0	0	0	194.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,575,396	5,909,148	33,004,046	38,952,952	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.765588	1.019636	0.476959	0.252037	203.00

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023

Worksheet B-1

Date/Time Prepared:  
9/19/2023 1:27 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
204.00		Cost to be allocated (per Wkst. B, Part II)			21,996		3,041,825	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000318		0.019681	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023

Worksheet B-1

Date/Time Prepared:  
9/19/2023 1:27 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	454,746				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,117	768,718			8.00
9.00	00900	HOUSEKEEPING	740	63,650	446,889		9.00
10.00	01000	DIETARY	1,944	2,307	1,944	50,048	10.00
11.00	01100	CAFETERIA	7,306	8,669	7,306	0	11.00
13.00	01300	NURSING ADMINISTRATION	264	0	264	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,045	0	1,045	0	14.00
15.00	01500	PHARMACY	3,635	0	3,635	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,351	0	5,351	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	51,919	225,574	51,919	46,342	30.00
31.00	03100	INTENSIVE CARE UNIT	10,166	38,945	10,166	3,706	31.00
43.00	04300	NURSERY	8,620	11,060	8,620	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	24,348	88,383	24,348	0	50.00
51.00	05100	RECOVERY ROOM	8,262	0	8,262	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,555	24,805	10,555	0	52.00
53.00	05300	ANESTHESIOLOGY	640	0	640	0	53.00
53.01	05301	PAIN MANAGEMENT	3,000	0	3,000	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,260	43,406	18,260	0	54.00
54.01	05401	ULTRASOUND	571	0	571	0	54.01
56.00	05600	RADIOISOTOPE	4,526	0	4,526	0	56.00
57.00	05700	CT SCAN	1,914	0	1,914	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,565	0	3,565	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,860	0	7,860	0	59.00
60.00	06000	LABORATORY	11,279	0	11,279	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,214	0	5,214	0	65.00
66.00	06600	PHYSICAL THERAPY	930	0	930	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	401	0	401	0	67.00
68.00	06800	SPEECH PATHOLOGY	120	0	120	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,068	0	4,068	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,311	0	1,311	0	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	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	599	0	599	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	GI LAB	3,519	36,979	3,519	0	75.01
76.00	03950	DIABETIC EDUCATION	4	0	4	0	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,307	3,266	4,307	0	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	153,561	15,698	153,561	0	90.00
91.00	09100	EMERGENCY	20,860	169,177	20,860	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	3,546	24,090	3,546	0	95.00
98.00	09850	HOME INFUSION	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	2,320	0	2,320	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	393,647	756,009	385,790	50,048	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,267	0	1,267	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	28,581	4,209	28,581	0	192.00
194.00	07950	COMMUNITY SERVICE	1,150	0	1,150	0	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	22,448	8,500	22,448	0	194.01
194.02	07952	OFFSITE BUILDINGS	7,653	0	7,653	0	194.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,793,944	1,050,710	5,705,310	862,014	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.139115	1.366834	12.766727	17.223745	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	670,873	116,324	147,731	37,969	204.00

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023

Worksheet B-1

Date/Time Prepared:  
9/19/2023 1:27 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
			7.00	8.00	9.00	10.00	11.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	1.475270	0.151322	0.330576	0.758652	1.492068	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00



## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023

Worksheet B-1

Date/Time Prepared:  
9/19/2023 1:27 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION	984,096				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	15,914,609			14.00
15.00	01500	PHARMACY	0	4,566	34,284,665		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,058	0	900,361,159	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	227,437	21,559	0	43,057,991	30.00
31.00	03100	INTENSIVE CARE UNIT	48,967	6,654	0	9,329,057	31.00
43.00	04300	NURSERY	12,021	0	0	3,144,357	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	45,757	20,720	0	60,523,661	50.00
51.00	05100	RECOVERY ROOM	24,053	0	0	8,663,185	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,950	0	0	7,048,825	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	19,204,594	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	6,926,520	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,112	0	39,736,141	54.00
54.01	05401	ULTRASOUND	0	2,507	0	19,754,443	54.01
56.00	05600	RADIOISOTOPE	0	2,093	0	13,416,996	56.00
57.00	05700	CT SCAN	0	970	0	100,871,517	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	29,557,349	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,899	7,038	0	28,481,000	59.00
60.00	06000	LABORATORY	0	5,778	0	144,436,249	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,760,556	64.00
65.00	06500	RESPIRATORY THERAPY	0	6,062	0	10,017,970	65.00
66.00	06600	PHYSICAL THERAPY	0	1,586	0	2,276,015	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	998,190	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	513,735	68.00
69.00	06900	ELECTROCARDIOLOGY	14,589	3,632	0	29,017,269	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,566	0	5,040,760	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,143,069	0	25,682,283	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	34,284,665	96,707,741	73.00
74.00	07400	RENAL DIALYSIS	1,390	0	0	270,436	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	GI LAB	34,791	332	0	25,865,416	75.01
76.00	03950	DIABETIC EDUCATION	0	0	0	386,556	76.00
76.98	07698	HYPERBARI C OXYGEN THERAPY	12,920	1,007	0	7,037,840	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	336,789	66,160	0	85,905,562	90.00
91.00	09100	EMERGENCY	102,032	12,279	0	65,874,279	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	618	0	5,345,421	95.00
98.00	09850	HOME INFUSION	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	27,920	1,070	0	1,210,561	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	933,515	15,317,436	34,284,665	898,062,475	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	50,581	597,173	0	2,298,684	192.00
194.00	07950	COMMUNITY SERVICE	0	0	0	0	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	0	0	0	0	194.01
194.02	07952	OFFSITE BUILDINGS	0	0	0	0	194.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	787,658	1,232,643	847,289	4,574,829	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.800387	0.077454	0.024713	0.005081	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	60,703	79,568	294,723	146,663	204.00

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023

Worksheet B-1

Date/Time Prepared:  
9/19/2023 1:27 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)		
		13.00	14.00	15.00	16.00		
205.00	Unit cost multiplier (Wkst. B, Part II)	0.061684	0.005000	0.008596	0.000163		205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023

Worksheet B-2

Date/Time Prepared:  
9/19/2023 1:27 pm

		Description	Worksheet		Amount	
			CODE	Line No.		
			1.00	2.00		
				3.00	4.00	
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	0	5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00
7.00		ADULTS & PEDIATRICS		1 30.00	-386,564	7.00
8.00		INTENSIVE CARE UNIT		1 31.00	-152,083	8.00
9.00		RECOVERY ROOM		1 51.00	232,270	9.00
10.00		IV THERAPY		1 64.00	306,376	10.00

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet C  
Part I  
Date/Time Prepared:  
9/19/2023 1:27 pm

				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE		Total Costs	
						Disallowance			
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	21,519,367		21,519,367	7,302	21,526,669	30.00	
31.00	03100	INTENSIVE CARE UNIT	4,367,399		4,367,399	0	4,367,399	31.00	
43.00	04300	NURSERY	1,418,541		1,418,541	0	1,418,541	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	6,469,833		6,469,833	0	6,469,833	50.00	
51.00	05100	RECOVERY ROOM	2,539,897		2,539,897	0	2,539,897	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,821,604		2,821,604	0	2,821,604	52.00	
53.00	05300	ANESTHESIOLOGY	337,671		337,671	6,004	343,675	53.00	
53.01	05301	PAIN MANAGEMENT	740,398		740,398	0	740,398	53.01	
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,262,999		5,262,999	0	5,262,999	54.00	
54.01	05401	ULTRASOUND	1,557,810		1,557,810	0	1,557,810	54.01	
56.00	05600	RADIOISOTOPE	844,895		844,895	0	844,895	56.00	
57.00	05700	CT SCAN	2,456,382		2,456,382	0	2,456,382	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,524,595		1,524,595	0	1,524,595	58.00	
59.00	05900	CARDIAC CATHETERIZATION	3,195,812		3,195,812	0	3,195,812	59.00	
60.00	06000	LABORATORY	11,466,900		11,466,900	238	11,467,138	60.00	
64.00	06400	INTRAVENOUS THERAPY	584,927		584,927	0	584,927	64.00	
65.00	06500	RESPIRATORY THERAPY	2,511,297	0	2,511,297	0	2,511,297	65.00	
66.00	06600	PHYSICAL THERAPY	1,057,788	0	1,057,788	0	1,057,788	66.00	
67.00	06700	OCCUPATIONAL THERAPY	255,250	0	255,250	0	255,250	67.00	
68.00	06800	SPEECH PATHOLOGY	200,925	0	200,925	0	200,925	68.00	
69.00	06900	ELECTROCARDIOLOGY	2,431,124		2,431,124	0	2,431,124	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	570,412		570,412	0	570,412	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,263,061		20,263,061	0	20,263,061	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	42,725,500		42,725,500	0	42,725,500	73.00	
74.00	07400	RENAL DIALYSIS	201,077		201,077	0	201,077	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00	
75.01	07501	GI LAB	3,112,330		3,112,330	0	3,112,330	75.01	
76.00	03950	DIABETIC EDUCATION	359,973		359,973	0	359,973	76.00	
76.98	07698	HYPERBARI C OXYGEN THERAPY	2,041,963		2,041,963	0	2,041,963	76.98	
77.00	07700	ALLOGENEI C HSCT ACQUISITION	0		0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	21,174,607		21,174,607	28,488	21,203,095	90.00	
91.00	09100	EMERGENCY	9,195,381		9,195,381	0	9,195,381	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,089,032		3,089,032	0	3,089,032	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	2,933,683		2,933,683	0	2,933,683	95.00	
98.00	09850	HOME INFUSION	0		0	0	0	98.00	
101.00	10100	HOME HEALTH AGENCY	2,320,272		2,320,272	0	2,320,272	101.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	181,552,705	0	181,552,705	42,032	181,594,737	200.00	
201.00		Less Observation Beds	3,089,032		3,089,032		3,089,032	201.00	
202.00		Total (see instructions)	178,463,673	0	178,463,673	42,032	178,505,705	202.00	

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet C  
Part I  
Date/Time Prepared:  
9/19/2023 1:27 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	33,153,088		33,153,088			30.00	
31.00	03100	INTENSIVE CARE UNIT	8,374,980		8,374,980			31.00	
43.00	04300	NURSERY	3,144,357		3,144,357			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,844,862	45,678,799	60,523,661	0.106898	0.000000	50.00	
51.00	05100	RECOVERY ROOM	1,232,583	9,623,646	10,856,229	0.233958	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,848,386	2,200,439	7,048,825	0.400294	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	5,923,359	13,281,235	19,204,594	0.017583	0.000000	53.00	
53.01	05301	PAIN MANAGEMENT	110,257	6,816,263	6,926,520	0.106893	0.000000	53.01	
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,290,839	31,445,302	39,736,141	0.132449	0.000000	54.00	
54.01	05401	ULTRASOUND	1,471,746	18,282,697	19,754,443	0.078859	0.000000	54.01	
56.00	05600	RADIOISOTOPE	749,917	12,667,079	13,416,996	0.062972	0.000000	56.00	
57.00	05700	CT SCAN	15,550,796	85,320,721	100,871,517	0.024352	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,236,503	27,320,846	29,557,349	0.051581	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	11,186,452	17,294,548	28,481,000	0.112209	0.000000	59.00	
60.00	06000	LABORATORY	26,694,670	117,741,579	144,436,249	0.079391	0.000000	60.00	
64.00	06400	INTRAVENOUS THERAPY	568,080	4,178,344	4,746,424	0.123235	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	6,719,082	3,298,888	10,017,970	0.250679	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	1,803,313	472,702	2,276,015	0.464754	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	778,746	219,444	998,190	0.255713	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	236,888	276,847	513,735	0.391106	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	5,465,487	23,551,782	29,017,269	0.083782	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	134,393	4,906,367	5,040,760	0.113160	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,724,468	15,957,815	25,682,283	0.788990	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	14,891,064	81,816,677	96,707,741	0.441800	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	249,969	20,467	270,436	0.743529	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00	
75.01	07501	GI LAB	1,084,324	24,781,092	25,865,416	0.120328	0.000000	75.01	
76.00	03950	DIABETIC EDUCATION	158	386,398	386,556	0.931231	0.000000	76.00	
76.98	07698	HYPERBARI C OXYGEN THERAPY	33,031	7,004,809	7,037,840	0.290141	0.000000	76.98	
77.00	07700	ALLOGENEI C HSCT ACQUISITION	0	0	0	0.000000	0.000000	77.00	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	134,300	85,771,262	85,905,562	0.246487	0.000000	90.00	
91.00	09100	EMERGENCY	14,625,072	51,249,207	65,874,279	0.139590	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	651,691	5,028,377	5,680,068	0.543837	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	5,345,421	5,345,421	0.548822	0.000000	95.00	
98.00	09850	HOME INFUSION	0	0	0	0.000000	0.000000	98.00	
101.00	10100	HOME HEALTH AGENCY	0	1,210,561	1,210,561			101.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	194,912,861	703,149,614	898,062,475			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	194,912,861	703,149,614	898,062,475			202.00	

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet C  
Part I  
Date/Time Prepared:  
9/19/2023 1:27 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.106898			50.00
51.00	05100	RECOVERY ROOM	0.233958			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.400294			52.00
53.00	05300	ANESTHESIOLOGY	0.017895			53.00
53.01	05301	PAIN MANAGEMENT	0.106893			53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.132449			54.00
54.01	05401	ULTRASOUND	0.078859			54.01
56.00	05600	RADIOISOTOPE	0.062972			56.00
57.00	05700	CT SCAN	0.024352			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.051581			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.112209			59.00
60.00	06000	LABORATORY	0.079392			60.00
64.00	06400	INTRAVENOUS THERAPY	0.123235			64.00
65.00	06500	RESPIRATORY THERAPY	0.250679			65.00
66.00	06600	PHYSICAL THERAPY	0.464754			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.255713			67.00
68.00	06800	SPEECH PATHOLOGY	0.391106			68.00
69.00	06900	ELECTROCARDIOLOGY	0.083782			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.113160			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.788990			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.441800			73.00
74.00	07400	RENAL DIALYSIS	0.743529			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501	GI LAB	0.120328			75.01
76.00	03950	DIABETIC EDUCATION	0.931231			76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.290141			76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000			77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.246819			90.00
91.00	09100	EMERGENCY	0.139590			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.543837			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.548822			95.00
98.00	09850	HOME INFUSION	0.000000			98.00
101.00	10100	HOME HEALTH AGENCY				101.00
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: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet D  
Part I  
Date/Time Prepared:  
9/19/2023 1:27 pm

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		1,201,213	0	1,201,213	14,718	81.62	30.00
31.00	INTENSIVE CARE UNIT		217,143		217,143	1,396	155.55	31.00
43.00	NURSERY		148,645		148,645	736	201.96	43.00
200.00	Total (lines 30 through 199)		1,567,001		1,567,001	16,850		200.00
Cost Center Description			Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
			6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		4,204	343,130				
31.00	INTENSIVE CARE UNIT		1,089	169,394				
43.00	NURSERY		0	0				
200.00	Total (lines 30 through 199)		5,293	512,524				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0043	Period: From 05/01/2022 To 04/30/2023	Worksheet D Part II Date/Time Prepared: 9/19/2023 1:27 pm	
Title XVIII				Hospital		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,053,544	60,523,661	0.017407	5,395,182	93,914	50.00
51.00	05100 RECOVERY ROOM	169,301	10,856,229	0.015595	560,983	8,749	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	239,047	7,048,825	0.033913	0	0	52.00
53.00	05300 ANESTHESIOLOGY	69,380	19,204,594	0.003613	2,217,879	8,013	53.00
53.01	05301 PAIN MANAGEMENT	66,205	6,926,520	0.009558	48,653	465	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	683,842	39,736,141	0.017210	1,735,482	29,868	54.00
54.01	05401 ULTRASOUND	68,343	19,754,443	0.003460	613,192	2,122	54.01
56.00	05600 RADIOISOTOPE	79,400	13,416,996	0.005918	315,735	1,869	56.00
57.00	05700 CT SCAN	76,982	100,871,517	0.000763	6,807,157	5,194	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	301,380	29,557,349	0.010196	950,290	9,689	58.00
59.00	05900 CARDIAC CATHETERIZATION	501,256	28,481,000	0.017600	4,211,603	74,124	59.00
60.00	06000 LABORATORY	538,990	144,436,249	0.003732	10,671,106	39,825	60.00
64.00	06400 INTRAVENOUS THERAPY	11,789	4,746,424	0.002484	248,173	616	64.00
65.00	06500 RESPIRATORY THERAPY	157,586	10,017,970	0.015730	2,966,894	46,669	65.00
66.00	06600 PHYSICAL THERAPY	33,056	2,276,015	0.014524	871,387	12,656	66.00
67.00	06700 OCCUPATIONAL THERAPY	8,386	998,190	0.008401	378,677	3,181	67.00
68.00	06800 SPEECH PATHOLOGY	6,293	513,735	0.012250	113,667	1,392	68.00
69.00	06900 ELECTROCARDIOLOGY	285,823	29,017,269	0.009850	2,414,814	23,786	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	38,774	5,040,760	0.007692	53,009	408	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	377,927	25,682,283	0.014715	4,340,232	63,867	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	963,622	96,707,741	0.009964	5,661,366	56,410	73.00
74.00	07400 RENAL DIALYSIS	28,258	270,436	0.104491	139,937	14,622	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 GI LAB	293,429	25,865,416	0.011344	433,690	4,920	75.01
76.00	03950 DIABETIC EDUCATION	5,793	386,556	0.014986	158	2	76.00
76.98	07698 HYPERBARI C OXYGEN THERAPY	78,399	7,037,840	0.011140	14,575	162	76.98
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2,191,832	85,905,562	0.025514	75,496	1,926	90.00
91.00	09100 EMERGENCY	594,416	65,874,279	0.009023	6,143,881	55,436	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	172,371	5,680,068	0.030347	351,439	10,665	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
98.00	09850 HOME INFUSION	0	0	0.000000	0	0	98.00
200.00	Total (lines 50 through 199)	9,095,424	846,834,068		57,734,657	570,550	200.00



APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0043		Period: From 05/01/2022 To 04/30/2023		Worksheet D Part III Date/Time Prepared: 9/19/2023 1:27 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		
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	14,718	0.00	4,204	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	1,396	0.00	1,089	31.00		
43.00	04300	NURSERY		0	736	0.00	0	43.00		
200.00		Total (lines 30 through 199)		0	16,850		5,293	200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0						30.00	
31.00	03100	INTENSIVE CARE UNIT	0						31.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet D  
Part IV  
Date/Time Prepared:  
9/19/2023 1:27 pm

Cost Center Description			Title XVIII			Hospital		PPS
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	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
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	GI LAB	0	0	0	0	0	75.01
76.00	03950	DIABETIC EDUCATION	0	0	0	0	0	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
98.00	09850	HOME INFUSION	0	0	0	0	0	98.00
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: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet D  
Part IV  
Date/Time Prepared:  
9/19/2023 1:27 pm

Cost Center Description			Title XVIII		Hospital	PPS		
			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	60,523,661	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	10,856,229	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	7,048,825	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	19,204,594	0.000000	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	6,926,520	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	39,736,141	0.000000	54.00
54.01	05401	ULTRASOUND	0	0	0	19,754,443	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	13,416,996	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	100,871,517	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	29,557,349	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	28,481,000	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	144,436,249	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	4,746,424	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	10,017,970	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,276,015	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	998,190	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	513,735	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	29,017,269	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,040,760	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	25,682,283	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	96,707,741	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	270,436	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	GI LAB	0	0	0	25,865,416	0.000000	75.01
76.00	03950	DIABETIC EDUCATION	0	0	0	386,556	0.000000	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	7,037,840	0.000000	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	85,905,562	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	65,874,279	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	5,680,068	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
98.00	09850	HOME INFUSION	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	0	0	846,834,068		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet D  
Part IV  
Date/Time Prepared:  
9/19/2023 1:27 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	5,395,182	0	13,193,897	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	560,983	0	2,601,546	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	2,217,879	0	3,329,426	0	53.00	
53.01	05301	PAIN MANAGEMENT	0.000000	48,653	0	2,114,062	0	53.01	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,735,482	0	9,278,600	0	54.00	
54.01	05401	ULTRASOUND	0.000000	613,192	0	4,237,577	0	54.01	
56.00	05600	RADIOISOTOPE	0.000000	315,735	0	4,301,759	0	56.00	
57.00	05700	CT SCAN	0.000000	6,807,157	0	26,046,244	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	950,290	0	6,805,682	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	4,211,603	0	6,201,933	0	59.00	
60.00	06000	LABORATORY	0.000000	10,671,106	0	16,164,991	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	248,173	0	1,443,129	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	2,966,894	0	995,280	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	871,387	0	86,605	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	378,677	0	28,237	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	113,667	0	5,173	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,414,814	0	7,452,142	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	53,009	0	1,246,619	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	4,340,232	0	4,933,182	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	5,661,366	0	31,752,978	0	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	139,937	0	2,188	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
75.01	07501	GI LAB	0.000000	433,690	0	5,845,373	0	75.01	
76.00	03950	DIABETIC EDUCATION	0.000000	158	0	17,671	0	76.00	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	14,575	0	2,541,914	0	76.98	
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	75,496	0	20,119,750	0	90.00	
91.00	09100	EMERGENCY	0.000000	6,143,881	0	9,491,166	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	351,439	0	1,399,561	0	92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00	
98.00	09850	HOME INFUSION	0.000000	0	0	0	0	98.00	
200.00		Total (lines 50 through 199)		57,734,657	0	181,636,685	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet D  
Part V  
Date/Time Prepared:  
9/19/2023 1:27 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	0.106898	13,193,897	0	0	1,410,401	50.00
51.00	05100	RECOVERY ROOM	0.233958	2,601,546	0	0	608,652	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.400294	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.017583	3,329,426	0	0	58,541	53.00
53.01	05301	PAIN MANAGEMENT	0.106893	2,114,062	0	0	225,978	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.132449	9,278,600	0	0	1,228,941	54.00
54.01	05401	ULTRASOUND	0.078859	4,237,577	0	0	334,171	54.01
56.00	05600	RADIOISOTOPE	0.062972	4,301,759	0	0	270,890	56.00
57.00	05700	CT SCAN	0.024352	26,046,244	0	0	634,278	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.051581	6,805,682	0	0	351,044	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.112209	6,201,933	0	0	695,913	59.00
60.00	06000	LABORATORY	0.079391	16,164,991	0	0	1,283,355	60.00
64.00	06400	INTRAVENOUS THERAPY	0.123235	1,443,129	0	0	177,844	64.00
65.00	06500	RESPIRATORY THERAPY	0.250679	995,280	0	0	249,496	65.00
66.00	06600	PHYSICAL THERAPY	0.464754	86,605	0	0	40,250	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.255713	28,237	0	0	7,221	67.00
68.00	06800	SPEECH PATHOLOGY	0.391106	5,173	0	0	2,023	68.00
69.00	06900	ELECTROCARDIOLOGY	0.083782	7,452,142	0	0	624,355	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.113160	1,246,619	0	0	141,067	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.788990	4,933,182	0	0	3,892,231	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.441800	31,752,978	0	203,172	14,028,466	73.00
74.00	07400	RENAL DIALYSIS	0.743529	2,188	0	0	1,627	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	GI LAB	0.120328	5,845,373	0	0	703,362	75.01
76.00	03950	DIABETIC EDUCATION	0.931231	17,671	0	0	16,456	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.290141	2,541,914	0	0	737,513	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.246487	20,119,750	0	0	4,959,257	90.00
91.00	09100	EMERGENCY	0.139590	9,491,166	0	0	1,324,872	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.543837	1,399,561	0	0	761,133	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0.548822		0			95.00
98.00	09850	HOME INFUSION	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		181,636,685	0	203,172	34,769,337	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		181,636,685	0	203,172	34,769,337	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet D  
Part V  
Date/Time Prepared:  
9/19/2023 1:27 pm

			Title XVIII		Hospital	PPS
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
53.01	05301	PAIN MANAGEMENT	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	ULTRASOUND	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	89,761		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	07501	GI LAB	0	0		75.01
76.00	03950	DIABETIC EDUCATION	0	0		76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0		77.00
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
98.00	09850	HOME INFUSION	0	0		98.00
200.00		Subtotal (see instructions)	0	89,761		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	89,761		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0043	Period: From 05/01/2022 To 04/30/2023	Worksheet D-1 Date/Time Prepared: 9/19/2023 1:27 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)		14,718	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,718	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)		12,606	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		4,204	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		21,526,669	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		21,526,669	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		21,526,669	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)		1,462.61	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,148,812	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		6,148,812	41.00

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023

Worksheet D-1

Date/Time Prepared:  
9/19/2023 1:27 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	42.00
	Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT	4,367,399	1,396	3,128.51	1,089	3,406,947
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
	Cost Center Description					
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				11,268,027	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)				20,823,786	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)				512,524	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				570,550	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				1,083,074	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				19,740,712	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)				2,112	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,462.61	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				3,089,032	89.00



## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023

Worksheet D-1

Date/Time Prepared:  
9/19/2023 1:27 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	1,201,213	21,526,669	0.055801	3,089,032	172,371	90.00
91.00	Nursing Program cost	0	21,526,669	0.000000	3,089,032	0	91.00
92.00	Allied health cost	0	21,526,669	0.000000	3,089,032	0	92.00
93.00	All other Medical Education	0	21,526,669	0.000000	3,089,032	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0043	Period: From 05/01/2022 To 04/30/2023	Worksheet D-3  Date/Time Prepared: 9/19/2023 1:27 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		11,710,840	30.00
31.00	03100	INTENSIVE CARE UNIT		3,341,540	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.106898	5,395,182	50.00
51.00	05100	RECOVERY ROOM	0.233958	560,983	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.400294	0	52.00
53.00	05300	ANESTHESIOLOGY	0.017895	2,217,879	53.00
53.01	05301	PAIN MANAGEMENT	0.106893	48,653	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.132449	1,735,482	54.00
54.01	05401	ULTRASOUND	0.078859	613,192	54.01
56.00	05600	RADIOISOTOPE	0.062972	315,735	56.00
57.00	05700	CT SCAN	0.024352	6,807,157	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.051581	950,290	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.112209	4,211,603	59.00
60.00	06000	LABORATORY	0.079392	10,671,106	60.00
64.00	06400	INTRAVENOUS THERAPY	0.123235	248,173	64.00
65.00	06500	RESPIRATORY THERAPY	0.250679	2,966,894	65.00
66.00	06600	PHYSICAL THERAPY	0.464754	871,387	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.255713	378,677	67.00
68.00	06800	SPEECH PATHOLOGY	0.391106	113,667	68.00
69.00	06900	ELECTROCARDIOLOGY	0.083782	2,414,814	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.113160	53,009	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.788990	4,340,232	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.441800	5,661,366	73.00
74.00	07400	RENAL DIALYSIS	0.743529	139,937	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	GI LAB	0.120328	433,690	75.01
76.00	03950	DIABETIC EDUCATION	0.931231	158	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.290141	14,575	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.246819	75,496	90.00
91.00	09100	EMERGENCY	0.139590	6,143,881	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.543837	351,439	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
98.00	09850	HOME INFUSION	0.000000	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		57,734,657	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)		57,734,657	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0043	Period: From 05/01/2022 To 04/30/2023	Worksheet E Part A Date/Time Prepared: 9/19/2023 1:27 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)	4,531,871	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	6,344,620	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)	109,416	2.03	
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	153,182	2.04	
3.00	Managed Care Simulated Payments	5,926,393	3.00	
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	89.21	4.00	
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)	0.00	5.00	
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)	0.00	5.01	
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00	
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)	0.00	6.26	
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00	
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01	
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)	0.00	7.02	
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00	8.00	
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01	
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00	8.02	
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)	0.00	8.21	
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)	0.00	9.00	
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00	10.00	
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00	
12.00	Current year allowable FTE (see instructions)	0.00	12.00	
13.00	Total allowable FTE count for the prior year.	0.00	13.00	
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00	14.00	
15.00	Sum of lines 12 through 14 divided by 3.	0.00	15.00	
16.00	Adjustment for residents in initial years of the program (see instructions)	0.00	16.00	
17.00	Adjustment for residents displaced by program or hospital closure	0.00	17.00	
18.00	Adjusted rolling average FTE count	0.00	18.00	
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000	19.00	
20.00	Prior year resident to bed ratio (see instructions)	0.000000	20.00	
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000	21.00	
22.00	IME payment adjustment (see instructions)	0	22.00	
22.01	IME payment adjustment - Managed Care (see instructions)	0	22.01	
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	0.00	23.00	
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00	24.00	
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00	25.00	
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000	26.00	
27.00	IME payments adjustment factor. (see instructions)	0.000000	27.00	
28.00	IME add-on adjustment amount (see instructions)	0	28.00	
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	28.01	
29.00	Total IME payment ( sum of lines 22 and 28)	0	29.00	
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0	29.01	
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	3.26	30.00	
31.00	Percentage of Medicaid patient days (see instructions)	22.90	31.00	
32.00	Sum of lines 30 and 31	26.16	32.00	
33.00	Allowable disproportionate share percentage (see instructions)	10.80	33.00	
34.00	Disproportionate share adjustment (see instructions)	293,666	34.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0043	Period: From 05/01/2022 To 04/30/2023	Worksheet E Part A Date/Time Prepared: 9/19/2023 1:27 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)	701,806	803,876	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	294,182	466,909	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	761,091		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges (see instructions)	0		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	12,193,846		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	13,668,787		48.00
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		13,300,052	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		820,692	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		101,604	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)		14,222,348	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		14,222,348	61.00
62.00	Deductibles billed to program beneficiaries		1,560,260	62.00
63.00	Coinurance billed to program beneficiaries		17,505	63.00
64.00	Allowable bad debts (see instructions)		316,087	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		205,457	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		234,390	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		12,850,040	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)		-3,532	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)		-35,001	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0043	Period: From 05/01/2022 To 04/30/2023	Worksheet E Part A Date/Time Prepared: 9/19/2023 1:27 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3	0	0	70.98	
70.99	HAC adjustment amount (see instructions)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		12,811,507	71.00	
71.01	Sequestration adjustment (see instructions)		235,732	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		12,710,376	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)		-134,601	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)		463,697	642,509	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		1.0000000000	1.0000000000	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)		0.9964	0.9971	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		-1,669	-1,863	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 REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0043	Period: From 05/01/2022 To 04/30/2023	Worksheet E Part B Date/Time Prepared: 9/19/2023 1:27 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		89,761	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		34,769,337	2.00
3.00	OPPS or REH payments		27,987,296	3.00
4.00	Outlier payment (see instructions)		401,125	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)		89,761	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		203,172	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)		203,172	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		203,172	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		113,411	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)		89,761	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)		28,388,421	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		5,288,337	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)		23,189,845	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
28.50	REH facility payment amount		0	28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		23,189,845	30.00
31.00	Primary payer payments		2,465	31.00
32.00	Subtotal (line 30 minus line 31)		23,187,380	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		288,722	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		187,669	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		145,971	36.00
37.00	Subtotal (see instructions)		23,375,049	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		23,375,049	40.00
40.01	Sequestration adjustment (see instructions)		430,101	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		23,058,318	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-113,370	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 14-0043	Period: From 05/01/2022 To 04/30/2023	Worksheet E Part B Date/Time Prepared: 9/19/2023 1:27 pm
		Title XVIII	Hospital	PPS
				1.00
MEDICARE PART B ANCILLARY COSTS				
200.00	Part B Combined Billed Days			0200.00

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet E-1  
Part I  
Date/Time Prepared:  
9/19/2023 1:27 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		12,710,376		23,058,318	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		12,710,376		23,058,318	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		134,601		113,370	6.02	
7.00	Total Medicare program liability (see instructions)		12,575,775		22,944,948	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: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet E-1  
Part II  
Date/Time Prepared:  
9/19/2023 1:27 pm

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

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 14-0043	Period: From 05/01/2022 To 04/30/2023	Worksheet E-5  Date/Time Prepared: 9/19/2023 1:27 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: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023

Worksheet G

Date/Time Prepared:  
9/19/2023 1:27 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	20,824,266	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	23,819,385	0	0	0	4.00
5.00	Other receivable	1,264,229	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	5,203,995	0	0	0	7.00
8.00	Prepaid expenses	4,238,790	0	0	0	8.00
9.00	Other current assets	336,905	0	0	0	9.00
10.00	Due from other funds	670,127	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	56,357,697	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	2,864,606	0	0	0	12.00
13.00	Land improvements	3,649,731	0	0	0	13.00
14.00	Accumulated depreciation	-2,986,567	0	0	0	14.00
15.00	Buildings	98,351,652	0	0	0	15.00
16.00	Accumulated depreciation	-67,835,117	0	0	0	16.00
17.00	Leasehold improvements	25,602,005	0	0	0	17.00
18.00	Accumulated depreciation	-15,951,167	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	508,996	0	0	0	21.00
22.00	Accumulated depreciation	-381,262	0	0	0	22.00
23.00	Major movable equipment	93,060,513	0	0	0	23.00
24.00	Accumulated depreciation	-75,996,432	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	8,426,799	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	69,313,757	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	80,804,424	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	59,793,087	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	140,597,511	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	266,268,965	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	7,063,639	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,596,724	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,150,000	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	0	0	0	0	43.00
44.00	Other current liabilities	18,424,790	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	40,235,153	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	51,908,615	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	44,734,735	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	96,643,350	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	136,878,503	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	129,390,462				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	129,390,462	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	266,268,965	0	0	0	60.00

## STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023

Worksheet G-1

Date/Time Prepared:  
9/19/2023 1:27 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		137,424,422		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-8,033,960				2.00
3.00	Total (sum of line 1 and line 2)		129,390,462		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		129,390,462		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		129,390,462		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
9/19/2023 1:27 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	36,297,445		36,297,445	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)	36,297,445		36,297,445	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
11.00	INTENSIVE CARE UNIT	8,374,980		8,374,980	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	8,374,980		8,374,980	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	44,672,425		44,672,425	17.00
18.00	Ancillary services	134,829,215	554,544,944	689,374,159	18.00
19.00	Outpatient services	15,411,063	142,048,846	157,459,909	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		1,210,561	1,210,561	22.00
23.00	AMBULANCE SERVICES	0	5,345,421	5,345,421	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	15,602,895	183,519,763	199,122,658	27.00
27.01	PHYSICIANS' PRIVATE OFFICES	0	2,298,684	2,298,684	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	210,515,598	888,968,219	1,099,483,817	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		266,962,764		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	INTEREST EXPENSE	1,176,433			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)		1,176,433		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		265,786,331		43.00

## STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0043

Period:  
From 05/01/2022  
To 04/30/2023

Worksheet G-3

Date/Time Prepared:  
9/19/2023 1:27 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,099,483,817	1.00
2.00	Less contractual allowances and discounts on patients' accounts	852,366,183	2.00
3.00	Net patient revenues (line 1 minus line 2)	247,117,634	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	265,786,331	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-18,668,697	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	37,736	6.00
7.00	Income from investments	852,356	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	113,897	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	17,043	13.00
14.00	Revenue from meals sold to employees and guests	808,446	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	3,502,699	17.00
18.00	Revenue from sale of medical records and abstracts	495,698	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	50,985	22.00
23.00	Governmental appropriations	0	23.00
24.00	DAYCARE REVENUE	652,519	24.00
24.01	GRANT REVENUE	63,996	24.01
24.02	MISCELLANEOUS INCOME	1,625,369	24.02
24.03	BILLING SERVICE/NSF FEES	94,134	24.03
24.04	SALE OF SCRAP	4,166	24.04
24.50	COVID-19 PHE Funding	3,816,190	24.50
25.00	Total other income (sum of lines 6-24)	12,135,234	25.00
26.00	Total (line 5 plus line 25)	-6,533,463	26.00
27.00	CHANGE IN NET EQUITY OF AFFILIATES	193,832	27.00
27.01	LOSS ON SALE OF ASSET	274	27.01
27.02	DONATION EXPENSES	129,958	27.02
27.03	INTEREST EXPENSE	1,176,433	27.03
28.00	Total other expenses (sum of line 27 and subscripts)	1,500,497	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-8,033,960	29.00

## ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0043

Period:

Worksheet H

HHA CCN: 14-7562

From 05/01/2022  
To 04/30/2023Date/Time Prepared:  
9/19/2023 1:27 pm

					Home Health Agency I	PPS
	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)
	1.00	2.00	3.00	4.00	5.00	6.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related - Bldg. & Fixtures		0		0	0
2.00	Capital Related - Movable Equipment		0		0	0
3.00	Plant Operation & Maintenance	0	0	0	0	0
4.00	Transportation	0	0	0	0	0
5.00	Administrative and General	169,271	0	33,691	0	332,858
<b>HHA REIMBURSABLE SERVICES</b>						
6.00	Skilled Nursing Care	590,531	0	0	0	590,531
7.00	Physical Therapy	228,590	0	0	0	228,590
8.00	Occupational Therapy	32,060	0	0	0	32,060
9.00	Speech Pathology	2,008	0	0	0	2,008
10.00	Medical Social Services	0	0	0	0	0
11.00	Home Health Aide	37,884	0	0	0	37,884
12.00	Supplies (see instructions)	0	0	0	0	0
13.00	Drugs	0	0	0	0	0
14.00	DME	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>						
15.00	Home Dialysis Aide Services	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0
18.00	Clinic	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0
24.00	Total (sum of lines 1-23)	1,060,344	0	33,691	0	1,223,931
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)		
	7.00	8.00	9.00	10.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	0
2.00	Capital Related - Movable Equipment	0	0	0	0	0
3.00	Plant Operation & Maintenance	0	0	0	0	0
4.00	Transportation	0	0	0	0	0
5.00	Administrative and General	-19,532	313,326	0	313,326	0
<b>HHA REIMBURSABLE SERVICES</b>						
6.00	Skilled Nursing Care	0	590,531	0	590,531	0
7.00	Physical Therapy	0	228,590	0	228,590	0
8.00	Occupational Therapy	0	32,060	0	32,060	0
9.00	Speech Pathology	0	2,008	0	2,008	0
10.00	Medical Social Services	0	0	0	0	0
11.00	Home Health Aide	0	37,884	0	37,884	0
12.00	Supplies (see instructions)	0	0	0	0	0
13.00	Drugs	0	0	0	0	0
14.00	DME	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>						
15.00	Home Dialysis Aide Services	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0
18.00	Clinic	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0
24.00	Total (sum of lines 1-23)	-19,532	1,204,399	0	1,204,399	0

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

## COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 14-0043

Period:

Worksheet H-1

HHA CCN: 14-7562

From 05/01/2022  
To 04/30/2023Part I  
Date/Time Prepared:  
9/19/2023 1:27 pmHome Health  
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (col s. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	313,326	0	0	0	0	313,326	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	590,531	0	0	0	0	590,531	6.00
7.00	Physical Therapy	228,590	0	0	0	0	228,590	7.00
8.00	Occupational Therapy	32,060	0	0	0	0	32,060	8.00
9.00	Speech Pathology	2,008	0	0	0	0	2,008	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Home Health Aide	37,884	0	0	0	0	37,884	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,204,399	0	0	0	0	1,204,399	24.00
		Administrative & General	Total (col s. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	313,326						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	207,647	798,178					6.00
7.00	Physical Therapy	80,379	308,969					7.00
8.00	Occupational Therapy	11,273	43,333					8.00
9.00	Speech Pathology	706	2,714					9.00
10.00	Medical Social Services	0	0					10.00
11.00	Home Health Aide	13,321	51,205					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		1,204,399					24.00



## COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0043

Period:

Worksheet H-1

HHA CCN: 14-7562

From 05/01/2022  
To 04/30/2023Part II  
Date/Time Prepared:  
9/19/2023 1:27 pmHome Health  
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)		
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)						
		1.00	2.00	3.00	4.00	5A.00	5.00		
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00	
2.00	Capital Related - Movable Equipment		0			0		2.00	
3.00	Plant Operation & Maintenance	0	0	0		0		3.00	
4.00	Transportation (see instructions)	0	0	0	0			4.00	
5.00	Administrative and General	0	0	0	0	-313,326	891,073	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	0	590,531	6.00	
7.00	Physical Therapy	0	0	0	0	0	228,590	7.00	
8.00	Occupational Therapy	0	0	0	0	0	32,060	8.00	
9.00	Speech Pathology	0	0	0	0	0	2,008	9.00	
10.00	Medical Social Services	0	0	0	0	0	0	10.00	
11.00	Home Health Aide	0	0	0	0	0	37,884	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0		0	0	13.00	
14.00	DME	0	0	0	0	0	0	14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	0	0	0	0	-313,326	891,073	24.00	
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		313,326	25.00	
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.351628	26.00	

## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0043

Period:

Worksheet H-2

HHA CCN: 14-7562

From 05/01/2022  
To 04/30/2023Part I  
Date/Time Prepared:  
9/19/2023 1:27 pmHome Health  
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.00	
1.00	Administrative and General	0	20,336	16,378	80,735	117,449	29,601	1.00
2.00	Skilled Nursing Care	798,178	0	0	281,660	1,079,838	272,160	2.00
3.00	Physical Therapy	308,969	0	0	109,028	417,997	105,351	3.00
4.00	Occupational Therapy	43,333	0	0	15,291	58,624	14,775	4.00
5.00	Speech Pathology	2,714	0	0	958	3,672	925	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	51,205	0	0	18,069	69,274	17,460	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	1,204,399	20,336	16,378	505,741	1,746,854	440,272	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	39,763	0	29,619	0	2,386	22,347	1.00
2.00	Skilled Nursing Care	0	0	0	0	21,733	0	2.00
3.00	Physical Therapy	0	0	0	0	8,416	0	3.00
4.00	Occupational Therapy	0	0	0	0	1,180	0	4.00
5.00	Speech Pathology	0	0	0	0	79	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	1,389	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	39,763	0	29,619	0	35,183	22,347	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0043

Period:

Worksheet H-2

HHA CCN: 14-7562

From 05/01/2022  
To 04/30/2023Part I  
Date/Time Prepared:  
9/19/2023 1:27 pm

						Home Heal th Agency I	9/19/2023 1:27 pm PPS	
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDI CAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		14. 00	15. 00	16. 00	24. 00	25. 00	26. 00	
1. 00	Administrative and General	83	0	6, 151	247, 399	0	247, 399	1. 00
2. 00	Skilled Nursing Care	0	0	0	1, 373, 731	0	1, 373, 731	2. 00
3. 00	Physical Therapy	0	0	0	531, 764	0	531, 764	3. 00
4. 00	Occupational Therapy	0	0	0	74, 579	0	74, 579	4. 00
5. 00	Speech Pathology	0	0	0	4, 676	0	4, 676	5. 00
6. 00	Medi cal Social Services	0	0	0	0	0	0	6. 00
7. 00	Home Heal th Aide	0	0	0	88, 123	0	88, 123	7. 00
8. 00	Supplies (see i nstructions)	0	0	0	0	0	0	8. 00
9. 00	Drugs	0	0	0	0	0	0	9. 00
10. 00	DME	0	0	0	0	0	0	10. 00
11. 00	Home Dialysi s Aide Servi ces	0	0	0	0	0	0	11. 00
12. 00	Respiratory Therapy	0	0	0	0	0	0	12. 00
13. 00	Private Duty Nursing	0	0	0	0	0	0	13. 00
14. 00	Clinic	0	0	0	0	0	0	14. 00
15. 00	Heal th Promotion Acti vi ti es	0	0	0	0	0	0	15. 00
16. 00	Day Care Program	0	0	0	0	0	0	16. 00
17. 00	Home Delivered Meal s Program	0	0	0	0	0	0	17. 00
18. 00	Homemaker Servi ce	0	0	0	0	0	0	18. 00
19. 00	All Others (speci fy)	0	0	0	0	0	0	19. 00
19. 50	Telemedi cine	0	0	0	0	0	0	19. 50
20. 00	Total (sum of lines 1-19) (2)	83	0	6, 151	2, 320, 272	0	2, 320, 272	20. 00
21. 00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21. 00
Cost Center Description		Allocated HHA A&G (see Part II)	Total HHA Costs					
		27. 00	28. 00					
1. 00	Administrative and General							1. 00
2. 00	Skilled Nursing Care	163, 955	1, 537, 686					2. 00
3. 00	Physical Therapy	63, 467	595, 231					3. 00
4. 00	Occupational Therapy	8, 901	83, 480					4. 00
5. 00	Speech Pathology	558	5, 234					5. 00
6. 00	Medi cal Social Services	0	0					6. 00
7. 00	Home Heal th Aide	10, 518	98, 641					7. 00
8. 00	Supplies (see i nstructions)	0	0					8. 00
9. 00	Drugs	0	0					9. 00
10. 00	DME	0	0					10. 00
11. 00	Home Dialysi s Aide Servi ces	0	0					11. 00
12. 00	Respiratory Therapy	0	0					12. 00
13. 00	Private Duty Nursing	0	0					13. 00
14. 00	Clinic	0	0					14. 00
15. 00	Heal th Promotion Acti vi ti es	0	0					15. 00
16. 00	Day Care Program	0	0					16. 00
17. 00	Home Delivered Meal s Program	0	0					17. 00
18. 00	Homemaker Servi ce	0	0					18. 00
19. 00	All Others (speci fy)	0	0					19. 00
19. 50	Telemedi cine	0	0					19. 50
20. 00	Total (sum of lines 1-19) (2)	247, 399	2, 320, 272					20. 00
21. 00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0. 119351						21. 00

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

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

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

Provider CCN: 14-0043

Period:

Worksheet H-2

HHA CCN: 14-7562

From 05/01/2022

Part II

To 04/30/2023

Date/Time Prepared:

9/19/2023 1:27 pm

						Home Health Agency I	PPS	
Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	5A	5.00	7.00	
1.00	Administrative and General	2,320	16,063	169,271	0	117,449	2,320	1.00
2.00	Skilled Nursing Care	0	0	590,531	0	1,079,838	0	2.00
3.00	Physical Therapy	0	0	228,590	0	417,997	0	3.00
4.00	Occupational Therapy	0	0	32,060	0	58,624	0	4.00
5.00	Speech Pathology	0	0	2,008	0	3,672	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	37,884	0	69,274	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	2,320	16,063	1,060,344		1,746,854	2,320	20.00
21.00	Total cost to be allocated	20,336	16,378	505,741		440,272	39,763	21.00
22.00	Unit cost multiplier	8.765517	1.019610	0.476959		0.252037	17.139224	22.00
Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	2,320	0	91	27,920	1,070	1.00
2.00	Skilled Nursing Care	0	0	0	829	0	0	2.00
3.00	Physical Therapy	0	0	0	321	0	0	3.00
4.00	Occupational Therapy	0	0	0	45	0	0	4.00
5.00	Speech Pathology	0	0	0	3	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	53	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	2,320	0	1,342	27,920	1,070	20.00
21.00	Total cost to be allocated	0	29,619	0	35,183	22,347	83	21.00
22.00	Unit cost multiplier	0.000000	12.766810	0.000000	26.216841	0.800394	0.077570	22.00

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

Provider CCN: 14-0043

Period:

Worksheet H-2

HHA CCN: 14-7562

From 05/01/2022  
To 04/30/2023Part II  
Date/Time Prepared:  
9/19/2023 1:27 pmHome Health  
Agency I

PPS

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)		
		15.00	16.00		
1.00	Administrative and General	0	1,210,561		1.00
2.00	Skilled Nursing Care	0	0		2.00
3.00	Physical Therapy	0	0		3.00
4.00	Occupational Therapy	0	0		4.00
5.00	Speech Pathology	0	0		5.00
6.00	Medical Social Services	0	0		6.00
7.00	Home Health Aide	0	0		7.00
8.00	Supplies (see instructions)	0	0		8.00
9.00	Drugs	0	0		9.00
10.00	DME	0	0		10.00
11.00	Home Dialysis Aide Services	0	0		11.00
12.00	Respiratory Therapy	0	0		12.00
13.00	Private Duty Nursing	0	0		13.00
14.00	Clinic	0	0		14.00
15.00	Health Promotion Activities	0	0		15.00
16.00	Day Care Program	0	0		16.00
17.00	Home Delivered Meals Program	0	0		17.00
18.00	Homemaker Service	0	0		18.00
19.00	All Others (specify)	0	0		19.00
19.50	Telemedicine	0	0		19.50
20.00	Total (sum of lines 1-19)	0	1,210,561		20.00
21.00	Total cost to be allocated	0	6,151		21.00
22.00	Unit cost multiplier	0.000000	0.005081		22.00

## APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0043

Period:

Worksheet H-3

HHA CCN: 14-7562

From 05/01/2022

Part I

To 04/30/2023

Date/Time Prepared:

				Title XVIII		Home Health Agency I	PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,537,686		1,537,686	3,387	454.00	1.00
2.00	Physical Therapy	3.00	595,231	0	595,231	2,305	258.23	2.00
3.00	Occupational Therapy	4.00	83,480	0	83,480	332	251.45	3.00
4.00	Speech Pathology	5.00	5,234	0	5,234	7	747.71	4.00
5.00	Medical Social Services	6.00	0	0	0	0	0.00	5.00
6.00	Home Health Aide	7.00	98,641		98,641	102	967.07	6.00
7.00	Total (sum of lines 1-6)		2,320,272	0	2,320,272	6,133		7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits			
					Part B			
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		99914	0	988			8.00
9.00	Physical Therapy		99914	0	869			9.00
10.00	Occupational Therapy		99914	0	102			10.00
11.00	Speech Pathology		99914	0	0			11.00
12.00	Medical Social Services		99914	0	0			12.00
13.00	Home Health Aide		99914	0	54			13.00
14.00	Total (sum of lines 8-13)			0	2,013			14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	10,004	10,004	12,679	0.789021	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Cost Center Description		Program Visits			Cost of Services			
		Part B				Part B		
		Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	988		0	448,552		1.00
2.00	Physical Therapy	0	869		0	224,402		2.00
3.00	Occupational Therapy	0	102		0	25,648		3.00
4.00	Speech Pathology	0	0		0	0		4.00
5.00	Medical Social Services	0	0		0	0		5.00
6.00	Home Health Aide	0	54		0	52,222		6.00
7.00	Total (sum of lines 1-6)	0	2,013		0	750,824		7.00
Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

## APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0043

Period:

Worksheet H-3

HHA CCN: 14-7562

From 05/01/2022  
To 04/30/2023Part I  
Date/Time Prepared:  
9/19/2023 1:27 pm

Title XVIII

Home Health  
Agency I

PPS

Cost Center Description		Program Covered Charges			Cost of Services	Agency 1		
		Part A	Part B					
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Part B		
						Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	12,679	0	0	10,004	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	448,552						1.00
2.00	Physical Therapy	224,402						2.00
3.00	Occupational Therapy	25,648						3.00
4.00	Speech Pathology	0						4.00
5.00	Medical Social Services	0						5.00
6.00	Home Health Aide	52,222						6.00
7.00	Total (sum of lines 1-6)	750,824						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

## APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0043

Period:

Worksheet H-3

HHA CCN: 14-7562

From 05/01/2022  
To 04/30/2023Part II  
Date/Time Prepared:  
9/19/2023 1:27 pmHome Health  
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.464754	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.255713	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.391106	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.788990	12,679	10,004	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.441800	0	0	col. 2, line 16.00		5.00



CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0043 HHA CCN: 14-7562	Period: From 05/01/2022 To 04/30/2023	Worksheet H-4 Part I-II Date/Time Prepared: 9/19/2023 1:27 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	400,580	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	40,327	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	9,612	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	0	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	8,965	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	459,484	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	459,484	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	459,484	26.00
27.00	Allowable bad debts (from your records)	0	0	27.00
27.01	Adjusted reimbursable bad debts (see instructions)	0	0	27.01
28.00	Allowable bad debts for dual eligible (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (see instructions)	0	459,484	29.00
30.00	PS&R OTHER ADJUSTMENTS	0	-519	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	30.99
31.00	Subtotal (see instructions)	0	458,965	31.00
31.01	Sequestration adjustment (see instructions)	0	8,410	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	31.02
31.75	Sequestration adjustment for non-claims based amounts (see instructions)	0	0	31.75
32.00	Interim payments (see instructions)	0	450,555	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 31.75, 32, and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED  
TO PROGRAM BENEFICIARIESProvider CCN: 14-0043  
HHA CCN: 14-7562Period:  
From 05/01/2022  
To 04/30/2023Worksheet H-5  
Date/Time Prepared:  
9/19/2023 1:27 pm

				Home Health Agency I		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		450,555	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		450,555	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		450,555	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0043	Period: From 05/01/2022 To 04/30/2023	Worksheet L Parts I-III Date/Time Prepared: 9/19/2023 1:27 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier	805,961	1.00	
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01	
2.00	Capital DRG outlier payments	14,731	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)	38.85	3.00	
4.00	Number of interns & residents (see instructions)	0.00	4.00	
5.00	Indirect medical education percentage (see instructions)	0.00	5.00	
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	0	6.00	
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	0.00	7.00	
8.00	Percentage of Medicaid patient days to total days (see instructions)	0.00	8.00	
9.00	Sum of lines 7 and 8	0.00	9.00	
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00	
11.00	Disproportionate share adjustment (see instructions)	0	11.00	
12.00	Total prospective capital payments (see instructions)	820,692	12.00	
		1.00		
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)	0	1.00	
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00	
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00	
4.00	Capital cost payment factor (see instructions)	0	4.00	
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00	
		1.00		
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)	0	1.00	
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00	
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00	
4.00	Applicable exception percentage (see instructions)	0.00	4.00	
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00	
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00	
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00	
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00	
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00	
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00	
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00	
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00	
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00	
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00	
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00	
16.00	Current year operating and capital costs (see instructions)	0	16.00	
17.00	Current year exception offset amount (see instructions)	0	17.00	