

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: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet S Parts I-III Date/Time Prepared: 5/31/2023 9:11 am
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PART I - COST REPORT STATUS

Provider use only

1. Electronically prepared cost report
 2. Manually prepared cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.

Date: 5/31/2023 Time: 9:11 am

Contractor use only

5. 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. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. 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 FRANCISCAN HEALTH HAMMOND (15-0004) for the cost reporting period beginning 01/01/2022 and ending 12/30/2022 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	Pam Ott	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 Pam Ott			2
3	Signatory Title CFO			3
4	Date 05/31/2023 09:11:13 AM			4

	Title V	Title XVIII		HIT	Title XIX		
		Part A	Part B				
	1.00	2.00	3.00	4.00	5.00		
PART III - SETTLEMENT SUMMARY							
1.00	HOSPITAL	0	1,589,932	-453,298	0	198,505	1.00
2.00	SUBPROVIDER - IPF	0	658	60		-3,435,542	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
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0				0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00	CMHC I	0				0	12.00
200.00	TOTAL	0	1,590,590	-453,238	0	-3,237,037	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 and 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: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet S-2 Part I Date/Time Prepared: 5/31/2023 9:11 am
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1.00	2.00	3.00	4.00							
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 5454 HOHMAN AVENUE			PO Box:	Zip Code: 46320	County: LAKE				1.00
2.00	City: HAMMOND			State: IN						2.00
	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
	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	FRANCSAN HEALTH HAMMOND	150004	23844	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	FRANCSAN ST. MARGARET HLTH HAMMOND	155004	23844	4	01/01/2002	N	P	P	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	ST. MARGARET HOME CARE	157145	23844		04/11/1985	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2022	12/30/2022			20.00
21.00	Type of Control (see instructions)					1				21.00
						1.00	2.00	3.00		

Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N							22.00
22.01	Did this hospital receive interim UCPS, including supplemental UCPS, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y							22.01
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N							22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N		N					22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N							23.00

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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	4	0	92	21	51	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0			25.00	
						Urban/Rural	St Date of Geogra			
						1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	
						Beginni ng:	Endi ng:			
						1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00	
						Y/N	Y/N			
						1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	N		40.00	
						V	XVII I	XI X		
						1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N		48.00
Teaching Hospitals										
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	Y			56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.					Y				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N				58.00

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		V	XVIII	XIX			
		1.00	2.00	3.00			
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N				59.00	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y				60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1			60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1			60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1			60.03
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.05	1			60.04
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
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	61.00
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	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20

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				1.00	
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ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01

Teaching Hospitals that Claim Residents in Nonprovider Settings					
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)			N	63.00

		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
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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
		1.00	2.00	3.00	

Section 5504 of the ACA 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	0.93	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	

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	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
					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.					Y		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					N N 0		71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					N		75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0		76.00
					1.00			
Long Term Care Hospital PPS								
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N		81.00
TEFRA Providers								
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.							86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					N		87.00
				Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments			
				1.00	2.00			
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.							0 88.00

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		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			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	Y	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	
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	
Rural Providers						
105.00	Does this hospital qualify as a CAH?		N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00	
			Physical	Occupational	Speech	Respiratory
			1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	N	N
						109.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet S-2 Part I Date/Time Prepared: 5/31/2023 9:11 am
			1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N		110.00
			1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
			1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
113.00	Did this hospital participate in the Community Health Access and Rural Transformation (CHART) model for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no.			113.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-1, chapter 22, §2208.1.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	624,104	1,595	175,084
			1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.			123.00
Certified Transplant Center Information				
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0004		Period: From 01/01/2022 To 12/30/2022		Worksheet S-2 Part I Date/Time Prepared: 5/31/2023 9:11 am	
		1.00		2.00			
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		15H014		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: FRANCSAN ALLIANCE, INC	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101		141.00	
142.00	Street: 1515 DRAGOON TRAIL	PO Box:				142.00	
143.00	City: MISHAWAKA	State: IN		Zip Code: 46546		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						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	
		1.00		2.00		3.00	
		4.00		Title XIX		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	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC						
161.10	CORF			N		N	
						1.00	
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name		County		State	
		0		1.00		2.00	
		3.00		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	
						169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet S-2 Part I Date/Time Prepared: 5/31/2023 9:11 am
			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: 15-0004		Period: From 01/01/2022 To 12/30/2022		Worksheet S-2 Part II Date/Time Prepared: 5/31/2023 9:11 am	
				Y/N	Date		
				1.00	2.00		
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	Y	12/30/2022		V		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	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		05/06/2022		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		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	Y		Y			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					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.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N			15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	05/03/2023	Y	05/03/2023		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: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet S-2 Part II Date/Time Prepared: 5/31/2023 9:11 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			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?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			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.	HONG		YANG	41.00
42.00	Enter the employer/company name of the cost report preparer	FRANCISCAN HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	219-407-6568		HONG.YANG@FRANCISCANALLIANCE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet S-2 Part II Date/Time Prepared: 5/31/2023 9:11 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF REIMBURSEMENT		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: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2023 9:11 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P		
	Line No.				Visits / Trips	Title V	
	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	10	3,650	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)		10	3,650	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	0	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	NEWBORN INTENSIVE CARE UNIT	35.00	0	0	0.00	0	12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		10	3,650	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	46	16,790		0	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00	NURSING FACILITY	45.00	0	0		0	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	99.00				0	25.00
25.10	CMHC - CORF	99.10				0	25.10
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		56				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: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet S-3
Part I
Date/Time Prepared:
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Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	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)	332	117	841		1.00
2.00	HMO and other (see instructions)	329	51			2.00
3.00	HMO IPF Subprovider	567	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)	332	117	841		7.00
8.00	INTENSIVE CARE UNIT	0	0	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	NEWBORN INTENSIVE CARE UNIT	0	0	0		12.00
13.00	NURSERY		0	0		13.00
14.00	Total (see instructions)	332	117	841	0.00	200.89
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF	501	3,141	7,101	0.00	29.70
17.00	SUBPROVIDER - IRF					17.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00
20.00	NURSING FACILITY		0	0	0.00	0.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY	22,781	0	50,616	0.00	68.51
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	0	0	0	0.00	0.00
25.10	CMHC - CORF	0	0	0	0.00	0.00
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				0.00	299.10
28.00	Observation Bed Days		40	927		28.00
29.00	Ambulance Trips	0				29.00
30.00	Employee discount days (see instruction)			0		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	0	0		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: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2023 9:11 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	120	44	299	1.00
2.00	HMO and other (see instructions)			86	19		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	NEWBORN INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	120	44	299	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	73	0	1,442	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					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	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet S-3
Part II
Date/Time Prepared:
5/31/2023 9:11 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	38,057,796	0	38,057,796	836,909.00	45.47
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		3,976	0	3,976	31.00	128.26
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		4,345,770	0	4,345,770	21,968.00	197.82
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)		10,172,763	-365,993	9,806,770	218,018.00	44.98
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		0	0	0	0.00	0.00
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		31,553	0	31,553	256.00	123.25
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		7,342,747	0	7,342,747	184,911.00	39.71
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		7,418,207	0	7,418,207		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,898,966	0	2,898,966		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		783	0	783		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		752,651	0	752,651		
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)		2,406,350	0	2,406,350		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet S-3
Part II
Date/Time Prepared:
5/31/2023 9:11 am

	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		
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	-717,741	1,059,000	341,259	10,744.00	31.76	26.00
27.00	Administrative & General	5.00	11,428,667	-312,854	11,115,813	296,021.00	37.55	27.00
28.00	Administrative & General under contract (see inst.)		488,741	0	488,741	3,519.00	138.89	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	957,682	-26,216	931,466	20,168.00	46.19	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	458,283	-12,545	445,738	22,163.00	20.11	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	10,516	-288	10,228	723.00	14.15	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	753,674	-20,631	733,043	11,192.00	65.50	38.00
39.00	Central Services and Supply	14.00	321	-9	312	11.00	28.36	39.00
40.00	Pharmacy	15.00	1,169,273	-21,792	1,147,481	26,752.00	42.89	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	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: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet S-3
Part III
Date/Time Prepared:
5/31/2023 9:11 am

	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)	34,200,767	0	34,200,767	818,460.00	41.79	1.00
2.00	Excluded area salaries (see instructions)	10,172,763	-365,993	9,806,770	218,018.00	44.98	2.00
3.00	Subtotal salaries (line 1 minus line 2)	24,028,004	365,993	24,393,997	600,442.00	40.63	3.00
4.00	Subtotal other wages & related costs (see inst.)	7,374,300	0	7,374,300	185,167.00	39.83	4.00
5.00	Subtotal wage-related costs (see inst.)	9,825,340	0	9,825,340	0.00	40.28	5.00
6.00	Total (sum of lines 3 thru 5)	41,227,644	365,993	41,593,637	785,609.00	52.94	6.00
7.00	Total overhead cost (see instructions)	14,549,416	664,665	15,214,081	391,293.00	38.88	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet S-3 Part IV Date/Time Prepared: 5/31/2023 9:11 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		4,922,727	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		4,398,996	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		109,321	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		0	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		1,639,562	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	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		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		11,070,606	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: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet S-3 Part V Date/Time Prepared: 5/31/2023 9:11 am
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	0	11,070,606	1.00
2.00	Hospital	0	11,070,606	2.00
3.00	SUBPROVIDER - IPF	0	0	3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY	0	0	8.00
9.00	NURSING FACILITY	0	0	9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	RENAL DIALYSIS I			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0004 Component CCN: 15-7145	Period: From 01/01/2022 To 12/30/2022	Worksheet S-4 Date/Time Prepared: 5/31/2023 9:11 am
			Home Health Agency I	PPS

					1.00	
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0.00	County					0.00
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		Title V	Title XVIII	Title XIX	Other	Total
		1.00	2.00	3.00	4.00	5.00

HOME HEALTH AGENCY STATISTICAL DATA

1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,456.00	0.00	0.00	0.00	2.00

		Number of Employees (Full Time Equivalent)			
		Staff	Contract	Total	
		0	1.00	2.00	3.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

3.00	Administrator and Assistant Administrator(s)	40.00				0.00	3.00
4.00	Director(s) and Assistant Director(s)	0.00				0.00	4.00
5.00	Other Administrative Personnel	23.10				23.10	5.00
6.00	Direct Nursing Service	21.43				21.43	6.00
7.00	Nursing Supervisor	3.54				3.54	7.00
8.00	Physical Therapy Service	18.90				18.90	8.00
9.00	Physical Therapy Supervisor	0.00				0.00	9.00
10.00	Occupational Therapy Service	0.00				0.00	10.00
11.00	Occupational Therapy Supervisor	0.00				0.00	11.00
12.00	Speech Pathology Service	0.00				0.00	12.00
13.00	Speech Pathology Supervisor	0.00				0.00	13.00
14.00	Medical Social Service	0.00				0.00	14.00
15.00	Medical Social Service Supervisor	0.00				0.00	15.00
16.00	Home Health Aide	1.54				1.54	16.00
17.00	Home Health Aide Supervisor	0.00				0.00	17.00
18.00	Other (specify)	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.					5	19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	16984					20.00
20.01		23844					20.01
20.02		33140					20.02
20.03		43780					20.03
20.04		99915					20.04

		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col s. 1-4)
		Without Outliers	With Outliers			
		1.00	2.00	3.00	4.00	5.00

PPS ACTIVITY DATA

21.00	Skilled Nursing Visits	7,525	1,810	333	77	9,745	21.00
22.00	Skilled Nursing Visit Charges	3,002,475	722,190	132,069	30,723	3,887,457	22.00
23.00	Physical Therapy Visits	8,155	1,687	169	84	10,095	23.00
24.00	Physical Therapy Visit Charges	3,375,756	698,418	69,966	34,776	4,178,916	24.00
25.00	Occupational Therapy Visits	621	704	9	6	1,340	25.00
26.00	Occupational Therapy Visit Charges	257,508	291,456	3,726	2,484	555,174	26.00
27.00	Speech Pathology Visits	90	85	3	0	178	27.00
28.00	Speech Pathology Visit Charges	37,260	35,190	1,242	0	73,692	28.00
29.00	Medical Social Service Visits	4	3	0	0	7	29.00
30.00	Medical Social Service Visit Charges	1,920	1,440	0	0	3,360	30.00
31.00	Home Health Aide Visits	936	466	4	10	1,416	31.00
32.00	Home Health Aide Visit Charges	180,648	89,938	772	1,930	273,288	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	17,331	4,755	518	177	22,781	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	6,855,567	1,838,632	207,775	69,913	8,971,887	35.00
36.00	Total Number of Episodes (standard/non outlier)	2,287		265	21	2,573	36.00
37.00	Total Number of Outlier Episodes		269		3	272	37.00
38.00	Total Non-Routine Medical Supply Charges	81,142	13,205	6,478	931	101,756	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet S-10 Date/Time Prepared: 5/31/2023 9:11 am
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.236685	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		13,819,259	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		97,135,094	6.00
7.00	Medicaid cost (line 1 times line 6)		22,990,420	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		9,171,161	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		9,171,161	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	11,356,470	1,868,498	13,224,968
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,687,906	1,868,498	4,556,404
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	2,687,906	1,868,498	4,556,404
			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)		514,125	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		250,646	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		385,610	27.01
28.00	Non-Medicare bad debt expense (see instructions)		128,515	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		165,382	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,721,786	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		13,892,947	31.00

Table with columns: Cost Center Description, Salaries, Other, Total (col. 1 + col. 2), Reclassified (See A-6), Reclassified Trial Balance (col. 3 +- col. 4). Rows include categories like GENERAL SERVICE COST CENTERS, INPATIENT ROUTINE SERVICE COST CENTERS, and ANCILLARY SERVICE COST CENTERS.

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0004		Period: From 01/01/2022 To 12/30/2022		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
76.12	03958	ANTI COAGULATION CLINIC	224,617	27,024	251,641	-18,673	232,968	76.12
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	172,346	123,644	295,990	-42,520	253,470	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	24,071	37	24,108	465	24,573	90.03
91.00	09100	EMERGENCY	4,155,372	3,284,739	7,440,111	-841,760	6,598,351	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	5,964,411	1,354,839	7,319,250	-453,939	6,865,311	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		-80,727	-80,727	1,159,435	1,078,708	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	37,621,218	84,372,957	121,994,175	137,882	122,132,057	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,140	1,515	4,655	-178	4,477	190.00
190.01	19001	CONVENT	0	0	0	0	0	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	111,391	111,391	-3,497	107,894	190.03
190.04	19004	WOMEN'S HEALTH CENTER	41,273	0	41,273	-1,133	40,140	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009	MDWISE	0	0	0	0	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011	CENTER OF HOPE	79,428	6,706	86,134	-3,274	82,860	190.11
190.12	19012	SELECT	0	0	0	0	0	190.12
190.13	19013	PERCINI AS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	WORKING WELL	312,737	176,728	489,465	-129,800	359,665	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	0	0	0	0	0	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	38,057,796	84,669,297	122,727,093	0	122,727,093	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet A
Date/Time Prepared:
5/31/2023 9:11 am

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	874,135	7,078,100	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	1,668,305	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,302,764	10,518,559	4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	-13,520,359	8,029,210	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-630	9,318,244	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	79,038	8.00
9.00	00900	HOUSEKEEPING	0	616,397	9.00
10.00	01000	DIETARY	0	98,111	10.00
11.00	01100	CAFETERIA	-3,791	-3,791	11.00
13.00	01300	NURSING ADMINISTRATION	-13,543	1,000,237	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	67,136	14.00
15.00	01500	PHARMACY	-237,726	935,539	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	526,385	531,510	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	231,743	226,743	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1	-30,874	146,970	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	23.04
23.05	02305	PARAMED ED PRGM-EMT	0	0	23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,795,292	2,571,718	30.00
31.00	03100	INTENSIVE CARE UNIT	0	646,920	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	-10,206	39,883	35.00
40.00	04000	SUBPROVIDER - I/PF	1,462,299	16,738,820	40.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-44,565	151,417	50.00
50.01	05001	OPEN HEART SURGERY	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0	996	50.02
51.00	05100	RECOVERY ROOM	0	14,790	51.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-703	752,383	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	31,907	54.01
54.02	05402	ULTRASOUND	0	285,529	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	940,645	55.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	-6,325	59.00
60.00	06000	LABORATORY	-5,463	2,451,045	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	0	24,870	63.01
65.00	06500	RESPIRATORY THERAPY	-15,452	1,156,040	65.00
66.00	06600	PHYSICAL THERAPY	-627,765	-25,643	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	16,505	67.00
68.00	06800	SPEECH PATHOLOGY	0	10,802	68.00
69.00	06900	ELECTROCARDIOLOGY	0	720	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,649,188	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	154,500	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23,096,376	73.00
76.00	03020	PAIN CLINIC	0	0	76.00
76.01	03950	ORTHOPEDICS	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	-69,922	68,328	76.02
76.03	03957	CARDIAC REHABILITATION	-469,001	3,759	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	76.04
76.05	03951	MRI	0	141,001	76.05
76.06	03952	BARIATRIC CENTER	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	76.07
76.08	03953	WOUND CARE	-71	240,374	76.08
76.09	03954	RENAL DIALYSIS	0	0	76.09
76.10	03955	INFUSION	-28,220	2,135,563	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	-10,924	222,044	76.12
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	77.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet A
Date/Time Prepared:
5/31/2023 9:11 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	-8,152	245,318	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0	24,573	90.03
91.00	09100 EMERGENCY	-1,427,746	5,170,605	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	6,865,311	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE	-1,078,708	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-16,001,787	106,130,270	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,477	190.00
190.01	19001 CONVENT	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	107,894	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	40,140	190.04
190.05	19005 DEVELOPMENT	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	190.08
190.09	19009 MDWISE	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	190.10
190.11	19011 CENTER OF HOPE	0	82,860	190.11
190.12	19012 SELECT	0	0	190.12
190.13	19013 PERCINI AS	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201 WORKING WELL	0	359,665	192.01
193.00	19300 NONPAID WORKERS	0	0	193.00
194.01	07951 REHAB	0	0	194.01
200.00	TOTAL (SUM OF LINES 118 through 199)	-16,001,787	106,725,306	200.00

RECLASSIFICATIONS

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet A-6

Date/Time Prepared:
5/31/2023 9:11 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - CAPITAL						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,864,465	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,339,133	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
	0		0	5,203,598		
C - INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	96,230	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	244,711	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	
	0		0	340,941		
D - CHARGEABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		1,649,188	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		154,500	2.00	
3.00	RADIOLOGY SPECIAL PROCEDURES	54.01	0	712	3.00	
4.00	SPEECH PATHOLOGY	68.00	0	2,638	4.00	
5.00	CARDIAC CATHETERIZATION	59.00	0	1,074	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	

RECLASSIFICATIONS

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet A-6

Date/Time Prepared:
5/31/2023 9:11 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
	0		0	1,808,112	
E - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	23,096,376	1.00
2.00	OPERATING ROOM	50.00	0	2,666	2.00
3.00	NUCLEAR MEDICINE	63.01	0	6,650	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
	0		0	23,105,692	
F - RADIOLOGY ADMINISTRATION					
1.00	NUCLEAR MEDICINE	63.01	951	0	1.00
2.00	ULTRASOUND	54.02	9,535	0	2.00
3.00	NUCLEAR MEDICINE	63.01	16,114	0	3.00
4.00	RADIOLOGY SPECIAL PROCEDURES	54.01	1,366	0	4.00
5.00	MRI	76.05	2,185	0	5.00
	0		30,151	0	
G - MEDICAL EDUCATION					
1.00		0.00	0	0	1.00
	0		0	0	
H - PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM - LAB 4+1	23.01	0	70,600	1.00
	0		0	70,600	
J - RENT					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,005,202	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	329,172	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	1,334,374	
N - SPECIALTY CLINIC					
1.00	SPECIALTY CLINIC	90.03	0	1,128	1.00
	0		0	1,128	
O - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	301,308	1.00
2.00	INTEREST EXPENSE	113.00	0	1,380,017	2.00
	0		0	1,681,325	
P - MISC A&G					
1.00	INTEREST EXPENSE	113.00	0	80,726	1.00
	0		0	80,726	
R - PARAMED REMOVAL					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	73,320	0	1.00
2.00	PHARMACY	15.00	10,216	466	2.00
3.00	EMERGENCY	91.00	6,442	61,047	3.00
	TOTALS		89,978	61,513	
S - PTO RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,059,000	0	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
	TOTALS		1,059,000	0		
500.00	Grand Total: Increases		1,179,129	33,688,009		500.00

RECLASSIFICATIONS

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet A-6
Date/Time Prepared:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
23.00	HOME HEALTH AGENCY	101.00		203,688	0	23.00	
24.00	CENTER OF HOPE	190.11		395	0	24.00	
25.00	WORKING WELL	192.01		9,757	0	25.00	
26.00	OTHER ADMINISTRATIVE AND GENERAL	5.05		99,716	0	26.00	
27.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		3,039	0	27.00	
28.00	OPERATION OF PLANT	7.00		1,443	0	28.00	
29.00	HOUSEKEEPING	9.00		293	0	29.00	
30.00	DIETARY	10.00		1,313	0	30.00	
	O		0	1,808,112			
E - PHARMACY							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		24	0	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05		34	0	2.00	
3.00	PHARMACY	15.00		23,009,591	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00		3,696	0	4.00	
5.00	SUBPROVIDER - IPF	40.00		167	0	5.00	
6.00	COMPUTED TOMOGRAPHY	55.01		554	0	6.00	
7.00	LABORATORY	60.00		2	0	7.00	
8.00	PHYSICAL THERAPY	66.00		23,816	0	8.00	
9.00	MRI	76.05		155	0	9.00	
10.00	WOUND CARE	76.08		1,094	0	10.00	
11.00	INFUSION	76.10		17,231	0	11.00	
12.00	OCC HEALTH CLINIC	90.01		9,005	0	12.00	
13.00	EMERGENCY	91.00		9,940	0	13.00	
14.00	HOME HEALTH AGENCY	101.00		108	0	14.00	
15.00	WORKING WELL	192.01		12,345	0	15.00	
16.00	PARAMED ED PRGM-EMT	23.05		17,930	0	16.00	
	O		0	23,105,692			
F - RADIOLOGY ADMINISTRATION							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	30,151	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
	O		30,151	0			
G - MEDICAL EDUCATION							
1.00		0.00	0	0	0	1.00	
	O		0	0			
H - PARAMEDICAL EDUCATION							
1.00	LABORATORY	60.00	0	70,600	0	1.00	
	O		0	70,600			
J - RENT							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		17,963	10	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05		206,739	10	2.00	
3.00	OPERATION OF PLANT	7.00		1,448	0	3.00	
4.00	NURSING ADMINISTRATION	13.00		3,607	0	4.00	
5.00	PHARMACY	15.00		82,769	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00		549	0	6.00	
7.00	OPERATING ROOM	50.00		41,890	0	7.00	
8.00	RESPIRATORY THERAPY	65.00		30,629	0	8.00	
9.00	INFUSION	76.10		768,212	0	9.00	
10.00	OCC HEALTH CLINIC	90.01		20,087	0	10.00	
11.00	EMERGENCY	91.00		1,432	0	11.00	
12.00	HOME HEALTH AGENCY	101.00		84,704	0	12.00	
13.00	WORKING WELL	192.01		74,345	0	13.00	
	O		0	1,334,374			
N - SPECIALTY CLINIC							
1.00	OPERATION OF PLANT	7.00	0	1,128	0	1.00	
	O		0	1,128			
O - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	301,308	11	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	1,380,017	0	2.00	
	O		0	1,681,325			
P - MISC A&G							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	80,726	9	1.00	
	O		0	80,726			
R - PARAMED REMOVAL							
1.00	PARAMED ED PRGM - RADIOLOGY	23.02	73,320	0	0	1.00	
2.00	PARAMED ED PRGM-PHARMACY	23.04	10,216	466	0	2.00	
3.00	PARAMED ED PRGM-EMT	23.05	6,442	61,047	0	3.00	
	TOTALS		89,978	61,513			

RECLASSIFICATIONS

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet A-6

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
S - PTO RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	312,854	0	0		1.00
2.00	OPERATION OF PLANT	7.00	26,216	0	0		2.00
3.00	HOUSEKEEPING	9.00	12,545	0	0		3.00
4.00	DIETARY	10.00	288	0	0		4.00
5.00	NURSING ADMINISTRATION	13.00	20,631	0	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	9	0	0		6.00
7.00	PHARMACY	15.00	32,008	0	0		7.00
8.00	PARAMED ED PRGM - LAB 4+1	23.01	2,438	0	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	110,767	0	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	21	0	0		10.00
11.00	SUBPROVIDER - IPF	40.00	98,350	0	0		11.00
12.00	OPERATING ROOM	50.00	1,149	0	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	10,925	0	0		13.00
14.00	RADIOLOGY SPECIAL PROCEDURES	54.01	697	0	0		14.00
15.00	ULTRASOUND	54.02	6,140	0	0		15.00
16.00	COMPUTED TOMOGRAPHY	55.01	8,512	0	0		16.00
17.00	NUCLEAR MEDICINE	63.01	140	0	0		17.00
18.00	RESPIRATORY THERAPY	65.00	19,060	0	0		18.00
19.00	PHYSICAL THERAPY	66.00	17,360	0	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	463	0	0		20.00
21.00	SPEECH PATHOLOGY	68.00	275	0	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	20	0	0		22.00
23.00	CARDIOVASCULAR SERVICES	76.02	1,952	0	0		23.00
24.00	CARDIAC REHABILITATION	76.03	13,111	0	0		24.00
25.00	MRI	76.05	3,906	0	0		25.00
26.00	WOUND CARE	76.08	6,676	0	0		26.00
27.00	INFUSION	76.10	51,983	0	0		27.00
28.00	ANTI COAGULATION CLINIC	76.12	6,149	0	0		28.00
29.00	OCC HEALTH CLINIC	90.01	4,718	0	0		29.00
30.00	SPECIALTY CLINIC	90.03	659	0	0		30.00
31.00	EMERGENCY	91.00	113,751	0	0		31.00
32.00	HOME HEALTH AGENCY	101.00	163,273	0	0		32.00
33.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	86	0	0		33.00
34.00	WOMEN'S HEALTH CENTER	190.04	1,133	0	0		34.00
35.00	CENTER OF HOPE	190.11	2,174	0	0		35.00
36.00	WORKING WELL	192.01	8,561	0	0		36.00
TOTALS			1,059,000	0	0		
500.00	Grand Total: Decreases		1,179,129	33,688,009			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,540,594	0	0	0	3,277,100	1.00
2.00	Land Improvements	3,655,975	0	0	0	0	2.00
3.00	Buildings and Fixtures	44,212,254	605,688	0	605,688	0	3.00
4.00	Building Improvements	147,679	0	0	0	0	4.00
5.00	Fixed Equipment	138,657,087	0	0	0	10,534,531	5.00
6.00	Movable Equipment	622,392	0	0	0	622,392	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	192,835,981	605,688	0	605,688	14,434,023	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	192,835,981	605,688	0	605,688	14,434,023	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,263,494	0				1.00
2.00	Land Improvements	3,655,975	0				2.00
3.00	Buildings and Fixtures	44,817,942	0				3.00
4.00	Building Improvements	147,679	0				4.00
5.00	Fixed Equipment	128,122,556	0				5.00
6.00	Movable Equipment	0	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	179,007,646	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	179,007,646	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet A-7
Part II
Date/Time Prepared:
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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	1,017,486	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,017,486	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	1,017,486				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	1,017,486				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0004

Period:
From 01/01/2022
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Worksheet A-7
Part III
Date/Time Prepared:
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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	50,885,090	0	50,885,090	0.284262	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	128,122,556	0	128,122,556	0.715738	0	2.00
3.00	Total (sum of lines 1-2)	179,007,646	0	179,007,646	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,801,225	1,005,202	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,339,133	329,172	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,140,358	1,334,374	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 cols. 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	301,308	96,230	0	874,135	7,078,100	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,668,305	2.00
3.00	Total (sum of lines 1-2)	301,308	96,230	0	874,135	8,746,405	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet A-8

Date/Time Prepared:
5/31/2023 9:11 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)	B	-331	0	INTEREST EXPENSE	113.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0	0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-166,122	0	OTHER ADMINISTRATIVE AND GENERAL	5.05		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	0	0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	B	0	0	OTHER ADMINISTRATIVE AND GENERAL	5.05		0	7.00
8.00 Television and radio service (chapter 21)		0	0		0.00		0	8.00
9.00 Parking lot (chapter 21)		0	0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-5,039,292	0				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	0	0	RADIOLOGY-DIAGNOSTIC	54.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-5,682,524	0				0	12.00
13.00 Laundry and linen service	B	0	0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-3,791	0	CAFETERIA	11.00		0	14.00
15.00 Rental of quarters to employee and others		0	0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0	0		0.00		0	16.00
17.00 Sale of drugs to other than patients		0	0		0.00		0	17.00
18.00 Sale of medical records and abstracts	B	-250	0	OTHER ADMINISTRATIVE AND GENERAL	5.05		0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0	0		0.00		0	19.00
20.00 Vending machines	B	0	0	CAFETERIA	11.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0	0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0	0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist		0	0	*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant		0	0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)		0	0	ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	0	SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0	0		0.00		0	32.00
33.00 OTHER OPERATING	B	-30,051	0	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.00
33.01 OTHER OPERATING	B	-282,005	0	OTHER ADMINISTRATIVE AND GENERAL	5.05		0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet A-8

Date/Time Prepared:
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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	
33.02 OTHER OPERATING	B	-252,460	PHARMACY		15.00	0 33.02
33.03 OTHER OPERATING	B	-703	RADIOLOGY-DIAGNOSTIC		54.00	0 33.03
33.04 OUTSOURCED STAFF	B	-558,045	EMERGENCY		91.00	0 33.04
33.05 OTHER OPERATING	B	-9	EMERGENCY		91.00	0 33.05
33.06 OTHER OPERATING	B	-1,029	ADULTS & PEDIATRICS		30.00	0 33.06
33.07 PROGRAM FEES	B	-30,874	PARAMED ED PRGM - LAB 4+1		23.01	0 33.07
33.08 PROGRAM FEES	B	-11,476	EMERGENCY		91.00	0 33.08
33.09 RETAIL SERVICES	B	-9,804	EMERGENCY		91.00	0 33.09
33.10 EDUCATION	B	-390	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.10
33.11 EMPLOYEE BADGES	B	-40	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.11
33.12 PROGRAM FEES	B	-2,131	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.12
33.13 OTHER OPERATING	B	-1,200	EMERGENCY		91.00	0 33.13
33.14 LOBBYING EXPENSE	A	-5,316	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.14
33.15 UNNECESSARY BORROWING	A	-386,994	INTEREST EXPENSE		113.00	0 33.15
33.16 GOODWILL	A	-19,283	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.16
33.17 HAF ASSESSMENT	A	-5,072,359	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.17
33.18 PENSION COST	A	-562,411	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.18
33.19 PODIATRY RESIDENTS ADD ON	A	231,743	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00	0 33.19
33.20 ADVERTISING EXPENSE	A	-12	SUBPROVIDER - IPF		40.00	0 33.20
33.21 ADVERTISING EXPENSE	A	-186	PHYSICAL THERAPY		66.00	0 33.21
33.22 ADVERTISING EXPENSE	A	-231	EMERGENCY		91.00	0 33.22
33.23 ADVERTISING EXPENSE	A	-467	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.23
33.24 ADVERTISING EXPENSE	A	2,906	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.24
33.25 ADVERTISING EXPENSE	A	-630	OPERATION OF PLANT		7.00	0 33.25
33.26 ADVERTISING EXPENSE	A	-11,426	NURSING ADMINISTRATION		13.00	0 33.26
33.27 ADVERTISING EXPENSE	A	-725	INFUSION		76.10	0 33.27
33.28 ADVERTISING EXPENSE	A	-53	ANTI COAGULATION CLINIC		76.12	0 33.28
33.29 ADVERTISING EXPENSE	A	-40	ADULTS & PEDIATRICS		30.00	0 33.29
33.30 ADVERTISING EXPENSE	A	-2,030	OCC HEALTH CLINIC		90.01	0 33.30
33.31 CONTRA SALARIES	A	1,898,254	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.31
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-16,001,787				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet A-8-1

Date/Time Prepared:
5/31/2023 9:11 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	874,135	0
2.00	5.05	OTHER ADMINISTRATIVE AND GEN	ADMINISTRATIVE & GENERAL	14,214,049	22,082,755
3.00	15.00	PHARMACY	COVP / PHARMACY	14,734	0
4.00	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	526,385	0
4.01	113.00	INTEREST EXPENSE	INTEREST	650,505	1,341,888
4.02	40.00	SUBPROVIDER - IPF	PSYCH	1,462,311	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			17,742,119	23,424,643

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

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

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

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

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

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet A-8-1

Date/Time Prepared:
5/31/2023 9:11 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	874,135	14		1.00
2.00	-7,868,706	0		2.00
3.00	14,734	0		3.00
4.00	526,385	0		4.00
4.01	-691,383	0		4.01
4.02	1,462,311	0		4.02
5.00	-5,682,524			5.00

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

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

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

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

6.00			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet A-8-2

Date/Time Prepared:
5/31/2023 9:11 am

1.00	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	5.05	OTHER ADMINISTRATIVE AND GENERAL	109,224	109,224	0	211,500	0	1.00
2.00	13.00	NURSING ADMINISTRATION	2,829	0	2,829	211,500	7	2.00
3.00	30.00	ADULTS & PEDIATRICS	2,794,528	2,793,805	723	211,500	3	3.00
4.00	35.00	NEWBORN INTENSIVE CARE UNIT	10,206	10,206	0	211,500	0	4.00
5.00	50.00	OPERATING ROOM	44,565	44,565	0	211,500	0	5.00
6.00	60.00	LABORATORY	22,241	0	22,241	211,500	165	6.00
7.00	65.00	RESPIRATORY THERAPY	15,452	15,452	0	211,500	0	7.00
8.00	66.00	PHYSICAL THERAPY	628,596	627,183	1,413	211,500	10	8.00
9.00	76.02	CARDIOVASCULAR SERVICES	69,922	69,922	0	211,500	0	9.00
10.00	76.03	CARDIAC REHABILITATION	469,001	469,001	0	211,500	0	10.00
11.00	76.08	WOUND CARE	173	0	173	211,500	1	11.00
12.00	76.10	INFUSION	29,630	27,067	2,563	211,500	21	12.00
13.00	76.12	ANTI COAGULATION CLINIC	16,458	10,871	5,587	211,500	80	13.00
14.00	90.01	OCC HEALTH CLINIC	6,122	6,122	0	211,500	0	14.00
15.00	91.00	EMERGENCY	846,981	846,981	0	211,500	0	15.00
200.00			5,065,928	5,030,399	35,529		287	200.00

1.00	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	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	712	36	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	305	15	0	0	0	3.00
4.00	35.00	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	16,778	839	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	7.00
8.00	66.00	PHYSICAL THERAPY	1,017	51	0	0	0	8.00
9.00	76.02	CARDIOVASCULAR SERVICES	0	0	0	0	0	9.00
10.00	76.03	CARDIAC REHABILITATION	0	0	0	0	0	10.00
11.00	76.08	WOUND CARE	102	5	0	0	0	11.00
12.00	76.10	INFUSION	2,135	107	0	0	0	12.00
13.00	76.12	ANTI COAGULATION CLINIC	8,135	407	0	0	0	13.00
14.00	90.01	OCC HEALTH CLINIC	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	0	0	0	0	0	15.00
200.00			29,184	1,460	0	0	0	200.00

1.00	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	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	109,224	1.00
2.00	13.00	NURSING ADMINISTRATION	0	712	2,117	2,117	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	305	418	2,794,223	3.00
4.00	35.00	NEWBORN INTENSIVE CARE UNIT	0	0	0	10,206	4.00
5.00	50.00	OPERATING ROOM	0	0	0	44,565	5.00
6.00	60.00	LABORATORY	0	16,778	5,463	5,463	6.00
7.00	65.00	RESPIRATORY THERAPY	0	0	0	15,452	7.00
8.00	66.00	PHYSICAL THERAPY	0	1,017	396	627,579	8.00
9.00	76.02	CARDIOVASCULAR SERVICES	0	0	0	69,922	9.00
10.00	76.03	CARDIAC REHABILITATION	0	0	0	469,001	10.00
11.00	76.08	WOUND CARE	0	102	71	71	11.00
12.00	76.10	INFUSION	0	2,135	428	27,495	12.00
13.00	76.12	ANTI COAGULATION CLINIC	0	8,135	0	10,871	13.00
14.00	90.01	OCC HEALTH CLINIC	0	0	0	6,122	14.00
15.00	91.00	EMERGENCY	0	0	0	846,981	15.00
200.00			0	29,184	8,893	5,039,292	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet B
Part I
Date/Time Prepared:
5/31/2023 9:11 am

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	7,078,100	7,078,100			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	1,668,305		1,668,305		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	10,518,559	47,935	4,893	10,571,387	4.00
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL	8,029,210	954,401	91,139	3,115,602	12,190,352 5.05
6.00 00600	MAINTENANCE & REPAIRS	0	715,239	0	0	715,239 6.00
7.00 00700	OPERATION OF PLANT	9,318,244	470,806	33,272	261,076	10,083,398 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	79,038	12,459	0	0	91,497 8.00
9.00 00900	HOUSEKEEPING	616,397	181,776	16,571	124,934	939,678 9.00
10.00 01000	DIETARY	98,111	189,856	12,118	2,867	302,952 10.00
11.00 01100	CAFETERIA	-3,791	110,212	0	0	106,421 11.00
13.00 01300	NURSING ADMINISTRATION	1,000,237	122,241	22,628	205,461	1,350,567 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	67,136	176,356	7,446	87	251,025 14.00
15.00 01500	PHARMACY	935,539	105,718	18,581	321,622	1,381,460 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	531,510	313,171	0	0	844,681 16.00
17.00 01700	SOCIAL SERVICE	0	18,572	0	0	18,572 17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	226,743	0	0	0	226,743 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01 02301	PARAMED ED PRGM - LAB 4+1	146,970	0	0	24,276	171,246 23.01
23.02 02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0 23.02
23.03 02303	PARAMED ED PRGM - RESPTHER	0	0	0	0	0 23.03
23.04 02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	0 23.04
23.05 02305	PARAMED ED PRGM-EMT	0	0	0	0	0 23.05
23.06 02306	PARAMED ED PRGM - LAB 3+1	0	0	0	0	0 23.06
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	2,571,718	306,628	124,258	1,103,090	4,105,694 30.00
31.00 03100	INTENSIVE CARE UNIT	646,920	0	224,340	213	871,473 31.00
35.00 02040	NEWBORN INTENSIVE CARE UNIT	39,883	0	0	0	39,883 35.00
40.00 04000	SUBPROVIDER - I/PF	16,738,820	0	0	979,427	17,718,247 40.00
43.00 04300	NURSERY	0	0	0	0	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	151,417	604,564	176,113	11,440	943,534 50.00
50.01 05001	OPEN HEART SURGERY	0	0	0	0	0 50.01
50.02 05002	OUTPATIENT SURGERY	996	461,801	3,198	0	465,995 50.02
51.00 05100	RECOVERY ROOM	14,790	0	3,290	0	18,080 51.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	752,383	279,397	338,314	120,899	1,490,993 54.00
54.01 05401	RADIOLOGY SPECIAL PROCEDURES	31,907	67,449	7,700	7,321	114,377 54.01
54.02 05402	ULTRASOUND	285,529	33,576	122,791	63,822	505,718 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01 05501	COMPUTED TOMOGRAPHY	940,645	34,352	191,175	84,770	1,250,942 55.01
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	-6,325	0	26,893	0	20,568 59.00
60.00 06000	LABORATORY	2,451,045	229,347	0	0	2,680,392 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
63.01 06301	NUCLEAR MEDICINE	24,870	45,407	55,144	6,174	131,595 63.01
65.00 06500	RESPIRATORY THERAPY	1,156,040	91,111	54,613	189,816	1,491,580 65.00
66.00 06600	PHYSICAL THERAPY	-25,643	235,725	0	172,887	382,969 66.00
67.00 06700	OCCUPATIONAL THERAPY	16,505	21,778	0	4,613	42,896 67.00
68.00 06800	SPEECH PATHOLOGY	10,802	67,482	415	2,736	81,435 68.00
69.00 06900	ELECTROCARDIOLOGY	720	37,922	7,471	202	46,315 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,649,188	0	0	0	1,649,188 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	154,500	0	0	0	154,500 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	23,096,376	0	0	0	23,096,376 73.00
76.00 03020	PAIN CLINIC	0	0	0	0	0 76.00
76.01 03950	ORTHOPEDICS	0	0	0	0	0 76.01
76.02 03140	CARDIOVASCULAR SERVICES	68,328	134,568	2,248	19,435	224,579 76.02
76.03 03957	CARDIAC REHABILITATION	3,759	28,982	11,733	130,569	175,043 76.03
76.04 03190	RADIATION ONCOLOGY	0	0	0	0	0 76.04
76.05 03951	MRI	141,001	66,127	8,902	39,512	255,542 76.05
76.06 03952	BARITRIC CENTER	0	0	0	0	0 76.06
76.07 03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0 76.07
76.08 03953	WOUND CARE	240,374	107,981	1,248	66,483	416,086 76.08
76.09 03954	RENAL DIALYSIS	0	0	0	0	0 76.09

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet B
Part I
Date/Time Prepared:
5/31/2023 9:11 am

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		
76.10 03955 INFUSION	2,135,563	10,972	39,352	517,675	2,703,562	76.10	
76.11 03956 CARE TRANSITION CENTER	0	0	0	0	0	76.11	
76.12 03958 ANTI COAGULATION CLINIC	222,044	0	0	61,233	283,277	76.12	
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 09001 OCC HEALTH CLINIC	245,318	0	3,121	46,984	295,423	90.01	
90.02 09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02	
90.03 09003 SPECIALTY CLINIC	24,573	0	5	6,562	31,140	90.03	
91.00 09100 EMERGENCY	5,170,605	257,652	51,242	1,134,611	6,614,110	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
99.00 09900 CMHC	0	0	0	0	0	99.00	
99.10 09910 CORF	0	0	0	0	0	99.10	
101.00 10100 HOME HEALTH AGENCY	6,865,311	194,301	970	1,625,972	8,686,554	101.00	
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	106,130,270	6,735,864	1,661,184	10,452,371	105,661,897	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,477	22,373	117	856	27,823	190.00	
190.01 19001 CONVENT	0	0	0	0	0	190.01	
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02	
190.03 19003 MEDICAL ARTS BUILDING	107,894	0	0	0	107,894	190.03	
190.04 19004 WOMEN'S HEALTH CENTER	40,140	18,969	0	11,251	70,360	190.04	
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05	
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06	
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07	
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08	
190.09 19009 MDWISE	0	0	0	0	0	190.09	
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10	
190.11 19011 CENTER OF HOPE	82,860	8,311	898	21,653	113,722	190.11	
190.12 19012 SELECT	0	0	0	0	0	190.12	
190.13 19013 PERCINI AS	0	0	0	0	0	190.13	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01 19201 WORKING WELL	359,665	0	6,106	85,256	451,027	192.01	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
194.01 07951 REHAB	0	292,583	0	0	292,583	194.01	
200.00	Cross Foot Adjustments	0	0	0	0	200.00	
201.00	Negative Cost Centers	0	0	0	0	201.00	
202.00	TOTAL (sum lines 118 through 201)	106,725,306	7,078,100	1,668,305	10,571,387	106,725,306	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet B
Part I
Date/Time Prepared:
5/31/2023 9:11 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.05	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	12,190,352					5.05
6.00	00600	MAINTENANCE & REPAIRS	92,231	807,470				6.00
7.00	00700	OPERATION OF PLANT	1,300,264	70,919	11,454,581			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	11,799	1,877	29,186	134,359		8.00
9.00	00900	HOUSEKEEPING	121,172	27,381	425,825	0	1,514,056	9.00
10.00	01000	DIETARY	39,066	28,598	444,753	0	61,219	10.00
11.00	01100	CAFETERIA	13,723	16,602	258,181	0	35,538	11.00
13.00	01300	NURSING ADMINISTRATION	174,157	18,414	286,361	0	39,417	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	32,370	26,565	413,129	0	56,866	14.00
15.00	01500	PHARMACY	178,141	15,925	247,653	0	34,089	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	108,922	47,174	733,630	0	100,982	16.00
17.00	01700	SOCIAL SERVICE	2,395	2,798	43,508	0	5,989	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	29,239	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1	22,082	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-EMT	0	0	0	0	0	23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1	0	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	529,433	46,188	718,302	134,359	98,872	30.00
31.00	03100	INTENSIVE CARE UNIT	112,377	0	0	0	0	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	5,143	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	2,284,786	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	121,670	91,065	1,416,240	0	194,939	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	60,091	69,562	1,081,807	0	148,907	50.02
51.00	05100	RECOVERY ROOM	2,331	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	192,265	42,086	654,511	0	90,091	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	14,749	10,160	158,005	0	21,749	54.01
54.02	05402	ULTRASOUND	65,213	5,058	78,654	0	10,827	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	161,310	5,175	80,474	0	11,077	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,652	0	0	2,652	0	59.00
60.00	06000	LABORATORY	345,639	34,547	537,265	0	73,953	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	16,969	6,840	106,369	0	14,641	63.01
65.00	06500	RESPIRATORY THERAPY	192,341	13,724	213,435	0	29,379	65.00
66.00	06600	PHYSICAL THERAPY	49,384	35,508	552,206	0	76,009	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,531	3,280	51,017	0	7,022	67.00
68.00	06800	SPEECH PATHOLOGY	10,501	10,165	158,083	0	21,760	68.00
69.00	06900	ELECTROCARDIOLOGY	5,972	5,712	88,835	0	12,228	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	212,664	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,923	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,978,277	0	0	0	0	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	0	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	28,960	20,270	315,237	0	43,391	76.02
76.03	03957	CARDIAC REHABILITATION	22,572	4,366	67,894	0	9,345	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05	03951	MRI	32,952	9,961	154,909	0	21,323	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953	WOUND CARE	53,655	16,266	252,956	0	34,819	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	0	0	76.09
76.10	03955	INFUSION	348,627	1,653	25,702	0	3,538	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	36,529	0	0	0	0	76.12
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet B
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Date/Time Prepared:
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.05	6.00	7.00	8.00	9.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	38,095	0	0	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	4,016	0	0	0	0	90.03
91.00	09100 EMERGENCY	852,896	38,811	603,571	0	83,080	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	1,120,140	29,268	455,166	0	62,652	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	12,053,224	755,918	10,652,864	134,359	1,403,702	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,588	3,370	52,410	0	7,214	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	13,913	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	9,073	2,857	44,437	0	6,117	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	14,665	1,252	19,470	0	2,680	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 WORKING WELL	58,160	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	37,729	44,073	685,400	0	94,343	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	12,190,352	807,470	11,454,581	134,359	1,514,056	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	876,588					10.00
11.00	01100	0	430,465				11.00
13.00	01300	0	9,983	1,878,899			13.00
14.00	01400	0	10	0	779,965		14.00
15.00	01500	0	23,588	0	0	1,880,856	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	1,834	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
23.04	02304	0	0	0	0	0	23.04
23.05	02305	0	0	0	0	0	23.05
23.06	02306	0	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	876,588	33,457	403,443	0	0	30.00
31.00	03100	0	34	404	0	0	31.00
35.00	02040	0	115	1,382	0	0	35.00
40.00	04000	0	54,473	0	0	0	40.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	0	0	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	0	0	0	0	0	51.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	10,878	0	0	0	54.00
54.01	05401	0	705	8,506	0	0	54.01
54.02	05402	0	4,282	0	0	0	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	0	5,445	0	0	0	55.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	0	0	0	63.00
63.01	06301	0	1	0	0	0	63.01
65.00	06500	0	11,780	0	0	0	65.00
66.00	06600	0	4,630	0	0	0	66.00
67.00	06700	0	317	0	0	0	67.00
68.00	06800	0	181	0	0	0	68.00
69.00	06900	0	88	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	709,768	0	71.00
72.00	07200	0	0	0	70,197	0	72.00
73.00	07300	0	0	0	0	1,880,856	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	0	0	0	0	0	76.01
76.02	03140	0	106	1,276	0	0	76.02
76.03	03957	0	2,432	29,324	0	0	76.03
76.04	03190	0	0	0	0	0	76.04
76.05	03951	0	2,881	0	0	0	76.05
76.06	03952	0	0	0	0	0	76.06
76.07	03550	0	0	0	0	0	76.07
76.08	03953	0	4,561	55,001	0	0	76.08
76.09	03954	0	0	0	0	0	76.09
76.10	03955	0	47,475	572,486	0	0	76.10
76.11	03956	0	0	0	0	0	76.11
76.12	03958	0	5,244	0	0	0	76.12
77.00	07700	0	0	0	0	0	77.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	3,941	0	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0	296	0	0	0	90.03
91.00	09100 EMERGENCY	0	65,382	788,407	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	125,636	0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	876,588	419,755	1,860,229	779,965	1,880,856	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	115	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	1,770	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	0	1,548	18,670	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	22	0	0	0	192.00
192.01	19201 WORKING WELL	0	7,255	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	876,588	430,465	1,878,899	779,965	1,880,856	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED PRGM - LAB 4+1	
					SERVICES-OTHER PRGM COSTS APPRV			
			16.00	17.00	22.00	23.00	23.01	
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
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,835,389					16.00
17.00	01700	SOCIAL SERVICE	0	73,262				17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	255,982			22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0		23.00
23.01	02301	PARAMED PRGM - LAB 4+1	0	0	0		195,162	23.01
23.02	02302	PARAMED PRGM - RADIOLOGY	0	0	0			23.02
23.03	02303	PARAMED PRGM - RESPIRATORY	0	0	0			23.03
23.04	02304	PARAMED PRGM-PHARMACY	0	0	0			23.04
23.05	02305	PARAMED PRGM-EMT	0	0	0			23.05
23.06	02306	PARAMED PRGM - LAB 3+1	0	0	0			23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,152	1,042	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	102,054	4,066	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	241	10	0	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	38	2	0	0	0	50.02
51.00	05100	RECOVERY ROOM	13	1	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	63	3	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,402	972	0	0	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	109	4	0	0	0	54.01
54.02	05402	ULTRASOUND	15,678	625	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	105,948	4,222	0	0	0	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	146	6	0	0	0	59.00
60.00	06000	LABORATORY	90,896	3,622	0	0	195,162	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	1,539	61	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	14	1	0	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	5,180	206	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	877	35	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	859	34	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	232	9	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	13,298	530	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,291	251	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	258	10	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,077,921	43,078	0	0	0	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	0	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	13	1	0	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	196	8	0	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	12	0	0	0	0	76.04
76.05	03951	MRI	14,012	558	0	0	0	76.05
76.06	03952	BARITRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953	WOUND CARE	3,332	133	0	0	0	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	0	0	76.09
76.10	03955	INFUSION	6,540	261	0	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0	76.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB 4+1	
		16.00	17.00	22.00	23.00	23.01	
76.12	03958 ANTI COAGULATION CLINIC	2,253	90	0	0	0	76.12
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	252,923	10,078	255,982	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	83,899	3,343	0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,835,389	73,262	255,982	0	195,162	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	0	0	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 WORKING WELL	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	0	194.01
200.00	Cross Foot Adjustments			0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,835,389	73,262	255,982	0	195,162	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

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Cost Center Description		PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - RESP THER	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMT	PARAMED ED PRGM - LAB 3+1	
		23.02	23.03	23.04	23.05	23.06	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700						17.00
22.00	02200						22.00
23.00	02300						23.00
23.01	02301						23.01
23.02	02302	0					23.02
23.03	02303		0				23.03
23.04	02304			0			23.04
23.05	02305				0		23.05
23.06	02306					0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	0	0	0	30.00
31.00	03100	0	0	0	0	0	31.00
35.00	02040	0	0	0	0	0	35.00
40.00	04000	0	0	0	0	0	40.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	0	0	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	0	0	0	0	0	51.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	0	0	0	0	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	0	0	0	0	0	55.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	0	0	0	63.00
63.01	06301	0	0	0	0	0	63.01
65.00	06500	0	0	0	0	0	65.00
66.00	06600	0	0	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	0	0	0	0	0	76.01
76.02	03140	0	0	0	0	0	76.02
76.03	03957	0	0	0	0	0	76.03
76.04	03190	0	0	0	0	0	76.04
76.05	03951	0	0	0	0	0	76.05
76.06	03952	0	0	0	0	0	76.06
76.07	03550	0	0	0	0	0	76.07
76.08	03953	0	0	0	0	0	76.08
76.09	03954	0	0	0	0	0	76.09
76.10	03955	0	0	0	0	0	76.10
76.11	03956	0	0	0	0	0	76.11
76.12	03958	0	0	0	0	0	76.12
77.00	07700	0	0	0	0	0	77.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

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Part I
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Cost Center Description		PARAMED ED PRGM - RADIOLOGY 23.02	PARAMED ED PRGM - RESP THER 23.03	PARAMED ED PRGM-PHARMACY 23.04	PARAMED ED PRGM-EMT 23.05	PARAMED ED PRGM - LAB 3+1 23.06	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0	0	0	0	0	90.03
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							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	0	0	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 WORKING WELL	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	0	194.01
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

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Date/Time Prepared:
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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
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL				5.05
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1				23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY				23.02
23.03	02303	PARAMED ED PRGM - RESPTHER				23.03
23.04	02304	PARAMED ED PRGM-PHARMACY				23.04
23.05	02305	PARAMED ED PRGM-EMT				23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1				23.06
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,973,530	0	6,973,530	30.00
31.00	03100	INTENSIVE CARE UNIT	984,288	0	984,288	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	46,523	0	46,523	35.00
40.00	04000	SUBPROVIDER - IPF	20,163,626	0	20,163,626	40.00
43.00	04300	NURSERY	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,767,699	0	2,767,699	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	1,826,402	0	1,826,402	50.02
51.00	05100	RECOVERY ROOM	20,425	0	20,425	51.00
53.00	05300	ANESTHESIOLOGY	66	0	66	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,506,198	0	2,506,198	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	328,364	0	328,364	54.01
54.02	05402	ULTRASOUND	686,055	0	686,055	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	1,624,593	0	1,624,593	55.01
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	23,372	0	23,372	59.00
60.00	06000	LABORATORY	3,961,476	0	3,961,476	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,600	0	1,600	63.00
63.01	06301	NUCLEAR MEDICINE	276,430	0	276,430	63.01
65.00	06500	RESPIRATORY THERAPY	1,957,625	0	1,957,625	65.00
66.00	06600	PHYSICAL THERAPY	1,101,618	0	1,101,618	66.00
67.00	06700	OCCUPATIONAL THERAPY	110,956	0	110,956	67.00
68.00	06800	SPEECH PATHOLOGY	282,366	0	282,366	68.00
69.00	06900	ELECTROCARDIOLOGY	172,978	0	172,978	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,578,162	0	2,578,162	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	244,888	0	244,888	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,076,508	0	29,076,508	73.00
76.00	03020	PAIN CLINIC	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	633,833	0	633,833	76.02
76.03	03957	CARDIAC REHABILITATION	311,180	0	311,180	76.03
76.04	03190	RADIATION ONCOLOGY	12	0	12	76.04
76.05	03951	MRI	492,138	0	492,138	76.05
76.06	03952	BARITRIC CENTER	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	76.07
76.08	03953	WOUND CARE	836,809	0	836,809	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	76.09
76.10	03955	INFUSION	3,709,844	0	3,709,844	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	76.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet B
Part I
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
76.12	03958 ANTI COAGULATION CLINIC	327,393	0	327,393	76.12
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	337,459	0	337,459	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	35,452	0	35,452	90.03
91.00	09100 EMERGENCY	9,565,240	-255,982	9,309,258	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900 CMHC	0	0	0	99.00
99.10	09910 CORF	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	10,566,658	0	10,566,658	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	104,531,766	-255,982	104,275,784	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	94,520	0	94,520	190.00
190.01	19001 CONVENT	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	121,807	0	121,807	190.03
190.04	19004 WOMEN'S HEALTH CENTER	134,614	0	134,614	190.04
190.05	19005 DEVELOPMENT	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	190.10
190.11	19011 CENTER OF HOPE	172,007	0	172,007	190.11
190.12	19012 SELECT	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	22	0	22	192.00
192.01	19201 WORKING WELL	516,442	0	516,442	192.01
193.00	19300 NONPAID WORKERS	0	0	0	193.00
194.01	07951 REHAB	1,154,128	0	1,154,128	194.01
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)	106,725,306	-255,982	106,469,324	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet B Part II Date/Time Prepared: 5/31/2023 9:11 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
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	47,935	4,893	52,828	4.00
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL	0	954,401	91,139	1,045,540	5.05
6.00 00600	MAINTENANCE & REPAIRS	0	715,239	0	715,239	6.00
7.00 00700	OPERATION OF PLANT	0	470,806	33,272	504,078	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	12,459	0	12,459	8.00
9.00 00900	HOUSEKEEPING	0	181,776	16,571	198,347	9.00
10.00 01000	DIETARY	0	189,856	12,118	201,974	10.00
11.00 01100	CAFETERIA	0	110,212	0	110,212	11.00
13.00 01300	NURSING ADMINISTRATION	0	122,241	22,628	144,869	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	176,356	7,446	183,802	14.00
15.00 01500	PHARMACY	0	105,718	18,581	124,299	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	313,171	0	313,171	16.00
17.00 01700	SOCIAL SERVICE	0	18,572	0	18,572	17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01 02301	PARAMED ED PRGM - LAB 4+1	0	0	0	0	23.01
23.02 02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	23.02
23.03 02303	PARAMED ED PRGM - RESP THER	0	0	0	0	23.03
23.04 02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.04
23.05 02305	PARAMED ED PRGM-EMT	0	0	0	0	23.05
23.06 02306	PARAMED ED PRGM - LAB 3+1	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	306,628	124,258	430,886	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	224,340	224,340	31.00
35.00 02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	35.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00 04300	NURSERY	0	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	604,564	176,113	780,677	50.00
50.01 05001	OPEN HEART SURGERY	0	0	0	0	50.01
50.02 05002	OUTPATIENT SURGERY	0	461,801	3,198	464,999	50.02
51.00 05100	RECOVERY ROOM	0	0	3,290	3,290	51.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	279,397	338,314	617,711	54.00
54.01 05401	RADIOLOGY SPECIAL PROCEDURES	0	67,449	7,700	75,149	54.01
54.02 05402	ULTRASOUND	0	33,576	122,791	156,367	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01 05501	COMPUTED TOMOGRAPHY	0	34,352	191,175	225,527	55.01
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	26,893	26,893	59.00
60.00 06000	LABORATORY	0	229,347	0	229,347	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
63.01 06301	NUCLEAR MEDICINE	0	45,407	55,144	100,551	63.01
65.00 06500	RESPIRATORY THERAPY	0	91,111	54,613	145,724	65.00
66.00 06600	PHYSICAL THERAPY	0	235,725	0	235,725	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	21,778	0	21,778	67.00
68.00 06800	SPEECH PATHOLOGY	0	67,482	415	67,897	68.00
69.00 06900	ELECTROCARDIOLOGY	0	37,922	7,471	45,393	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03020	PAIN CLINIC	0	0	0	0	76.00
76.01 03950	ORTHOPEDICS	0	0	0	0	76.01
76.02 03140	CARDIOVASCULAR SERVICES	0	134,568	2,248	136,816	76.02
76.03 03957	CARDIAC REHABILITATION	0	28,982	11,733	40,715	76.03
76.04 03190	RADIATION ONCOLOGY	0	0	0	0	76.04
76.05 03951	MRI	0	66,127	8,902	75,029	76.05
76.06 03952	BARIATRIC CENTER	0	0	0	0	76.06
76.07 03550	PSYCH ACTIVITY THERAPY	0	0	0	0	76.07
76.08 03953	WOUND CARE	0	107,981	1,248	109,229	76.08
76.09 03954	RENAL DIALYSIS	0	0	0	0	76.09
76.10 03955	INFUSION	0	10,972	39,352	50,324	76.10

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet B Part II Date/Time Prepared: 5/31/2023 9:11 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
76.11 03956 CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	0	0	0	0	306	76.12
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	3,121	3,121	235	90.01
90.02 09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03 09003 SPECIALTY CLINIC	0	0	5	5	33	90.03
91.00 09100 EMERGENCY	0	257,652	51,242	308,894	5,671	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	194,301	970	195,271	8,127	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	6,735,864	1,661,184	8,397,048	52,234	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	22,373	117	22,490	4	190.00
190.01 19001 CONVENT	0	0	0	0	0	190.01
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03 19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04 19004 WOMEN'S HEALTH CENTER	0	18,969	0	18,969	56	190.04
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09 19009 MDWISE	0	0	0	0	0	190.09
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11 19011 CENTER OF HOPE	0	8,311	898	9,209	108	190.11
190.12 19012 SELECT	0	0	0	0	0	190.12
190.13 19013 PERCINIAS	0	0	0	0	0	190.13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 WORKING WELL	0	0	6,106	6,106	426	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 07951 REHAB	0	292,583	0	292,583	0	194.01
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	7,078,100	1,668,305	8,746,405	52,828	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet B Part II Date/Time Prepared: 5/31/2023 9:11 am		
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.05	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	1,061,101				5.05
6.00	00600	MAINTENANCE & REPAIRS	8,028	723,267			6.00
7.00	00700	OPERATION OF PLANT	113,176	63,523	682,082		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,027	1,681	1,738	16,905	8.00
9.00	00900	HOUSEKEEPING	10,547	24,526	25,356	0	259,400
10.00	01000	DIETARY	3,400	25,616	26,484	0	10,488
11.00	01100	CAFETERIA	1,194	14,870	15,374	0	6,089
13.00	01300	NURSING ADMINISTRATION	15,159	16,493	17,052	0	6,753
14.00	01400	CENTRAL SERVICES & SUPPLY	2,818	23,795	24,600	0	9,743
15.00	01500	PHARMACY	15,506	14,264	14,747	0	5,840
16.00	01600	MEDICAL RECORDS & LIBRARY	9,481	42,255	43,685	0	17,301
17.00	01700	SOCIAL SERVICE	208	2,506	2,591	0	1,026
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,545	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMED ED PRGM - LAB 4+1	1,922	0	0	0	0
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0
23.03	02303	PARAMED ED PRGM - RESP THER	0	0	0	0	0
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	0
23.05	02305	PARAMED ED PRGM-EMT	0	0	0	0	0
23.06	02306	PARAMED ED PRGM - LAB 3+1	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	46,082	41,372	42,772	16,905	16,940
31.00	03100	INTENSIVE CARE UNIT	9,781	0	0	0	0
35.00	02040	NEWBORN INTENSIVE CARE UNIT	448	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	198,870	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,590	81,571	84,333	0	33,400
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0
50.02	05002	OUTPATIENT SURGERY	5,230	62,308	64,418	0	25,512
51.00	05100	RECOVERY ROOM	203	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,735	37,698	38,974	0	15,435
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	1,284	9,101	9,409	0	3,726
54.02	05402	ULTRASOUND	5,676	4,530	4,684	0	1,855
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	05501	COMPUTED TOMOGRAPHY	14,041	4,635	4,792	0	1,898
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	231	0	0	0	0
60.00	06000	LABORATORY	30,085	30,945	31,992	0	12,670
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
63.01	06301	NUCLEAR MEDICINE	1,477	6,126	6,334	0	2,508
65.00	06500	RESPIRATORY THERAPY	16,741	12,293	12,709	0	5,033
66.00	06600	PHYSICAL THERAPY	4,298	31,805	32,882	0	13,023
67.00	06700	OCCUPATIONAL THERAPY	481	2,938	3,038	0	1,203
68.00	06800	SPEECH PATHOLOGY	914	9,105	9,413	0	3,728
69.00	06900	ELECTROCARDIOLOGY	520	5,117	5,290	0	2,095
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,510	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,734	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	259,274	0	0	0	0
76.00	03020	PAI N CLINIC	0	0	0	0	0
76.01	03950	ORTHOPEDICS	0	0	0	0	0
76.02	03140	CARDIOVASCULAR SERVICES	2,521	18,157	18,771	0	7,434
76.03	03957	CARDIAC REHABILITATION	1,965	3,910	4,043	0	1,601
76.04	03190	RADIATION ONCOLOGY	0	0	0	0	0
76.05	03951	MRI	2,868	8,922	9,224	0	3,653
76.06	03952	BARIATRIC CENTER	0	0	0	0	0
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0
76.08	03953	WOUND CARE	4,670	14,569	15,063	0	5,965
76.09	03954	RENAL DIALYSIS	0	0	0	0	0
76.10	03955	INFUSION	30,345	1,480	1,530	0	606
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0
76.12	03958	ANTI COAGULATION CLINIC	3,180	0	0	0	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet B
Part II
Date/Time Prepared:
5/31/2023 9:11 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.05	6.00	7.00	8.00	9.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	3,316	0	0	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	350	0	0	0	0	90.03
91.00	09100 EMERGENCY	74,237	34,764	35,941	0	14,234	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	97,498	26,216	27,104	0	10,734	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,049,166	677,091	634,343	16,905	240,493	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	312	3,019	3,121	0	1,236	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	1,211	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	790	2,559	2,646	0	1,048	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	1,276	1,121	1,159	0	459	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 WORKING WELL	5,062	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	3,284	39,477	40,813	0	16,164	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,061,101	723,267	682,082	16,905	259,400	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0004		Period: From 01/01/2022 To 12/30/2022		Worksheet B Part II Date/Time Prepared: 5/31/2023 9:11 am	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	267,976					10.00
11.00	01100	0	146,449				11.00
13.00	01300	0	3,396	204,749			13.00
14.00	01400	0	0	0	244,761		14.00
15.00	01500	0	8,025	0	0	184,289	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	624	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
23.04	02304	0	0	0	0	0	23.04
23.05	02305	0	0	0	0	0	23.05
23.06	02306	0	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	267,976	11,382	43,964	0	0	30.00
31.00	03100	0	11	44	0	0	31.00
35.00	02040	0	39	151	0	0	35.00
40.00	04000	0	18,532	0	0	0	40.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	0	0	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	0	0	0	0	0	51.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	3,701	0	0	0	54.00
54.01	05401	0	240	927	0	0	54.01
54.02	05402	0	1,457	0	0	0	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	0	1,852	0	0	0	55.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	0	0	0	63.00
63.01	06301	0	0	0	0	0	63.01
65.00	06500	0	4,008	0	0	0	65.00
66.00	06600	0	1,575	0	0	0	66.00
67.00	06700	0	108	0	0	0	67.00
68.00	06800	0	61	0	0	0	68.00
69.00	06900	0	30	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	222,733	0	71.00
72.00	07200	0	0	0	22,028	0	72.00
73.00	07300	0	0	0	0	184,289	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	0	0	0	0	0	76.01
76.02	03140	0	36	139	0	0	76.02
76.03	03957	0	827	3,196	0	0	76.03
76.04	03190	0	0	0	0	0	76.04
76.05	03951	0	980	0	0	0	76.05
76.06	03952	0	0	0	0	0	76.06
76.07	03550	0	0	0	0	0	76.07
76.08	03953	0	1,552	5,994	0	0	76.08
76.09	03954	0	0	0	0	0	76.09
76.10	03955	0	16,152	62,385	0	0	76.10
76.11	03956	0	0	0	0	0	76.11
76.12	03958	0	1,784	0	0	0	76.12
77.00	07700	0	0	0	0	0	77.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet B
Part II
Date/Time Prepared:
5/31/2023 9:11 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	OCC HEALTH CLINIC	0	1,341	0	0	0 90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0	0 90.02
90.03	09003	SPECIALTY CLINIC	0	101	0	0	0 90.03
91.00	09100	EMERGENCY	0	22,244	85,914	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0	0	0 99.00
99.10	09910	CORF	0	0	0	0	0 99.10
101.00	10100	HOME HEALTH AGENCY	0	42,745	0	0	0 101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0 102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	267,976	142,806	202,714	244,761	184,289 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	39	0	0	0 190.00
190.01	19001	CONVENT	0	0	0	0	0 190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0 190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	0	0 190.03
190.04	19004	WOMEN'S HEALTH CENTER	0	602	0	0	0 190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0 190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	0 190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0 190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0 190.08
190.09	19009	MDWISE	0	0	0	0	0 190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	0	0 190.10
190.11	19011	CENTER OF HOPE	0	527	2,035	0	0 190.11
190.12	19012	SELECT	0	0	0	0	0 190.12
190.13	19013	PERCINI AS	0	0	0	0	0 190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	7	0	0	0 192.00
192.01	19201	WORKING WELL	0	2,468	0	0	0 192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.01	07951	REHAB	0	0	0	0	0 194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	1,290	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	267,976	147,739	204,749	244,761	184,289 202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet B Part II Date/Time Prepared: 5/31/2023 9:11 am
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB 4+1	
		16.00	17.00	22.00	23.00	23.01	
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
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	425,893				16.00
17.00	01700	SOCIAL SERVICE	0	24,903			17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	2,545		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0		23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1	0	0		2,667	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0			23.02
23.03	02303	PARAMED ED PRGM - RESPIRATORY	0	0			23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0			23.04
23.05	02305	PARAMED ED PRGM-EMT	0	0			23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1	0	0			23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,070	358			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0			31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0			35.00
40.00	04000	SUBPROVIDER - IPF	23,688	1,396			40.00
43.00	04300	NURSERY	0	0			43.00
44.00	04400	SKILLED NURSING FACILITY	0	0			44.00
45.00	04500	NURSING FACILITY	0	0			45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	56	3			50.00
50.01	05001	OPEN HEART SURGERY	0	0			50.01
50.02	05002	OUTPATIENT SURGERY	9	1			50.02
51.00	05100	RECOVERY ROOM	3	0			51.00
53.00	05300	ANESTHESIOLOGY	15	1			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,664	334			54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	25	1			54.01
54.02	05402	ULTRASOUND	3,639	215			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
55.01	05501	COMPUTED TOMOGRAPHY	24,592	1,450			55.01
57.00	05700	CT SCAN	0	0			57.00
58.00	05800	MRI	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	34	2			59.00
60.00	06000	LABORATORY	21,098	1,244			60.00
60.01	06001	BLOOD LABORATORY	0	0			60.01
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	357	21			63.00
63.01	06301	NUCLEAR MEDICINE	3	0			63.01
65.00	06500	RESPIRATORY THERAPY	1,202	71			65.00
66.00	06600	PHYSICAL THERAPY	204	12			66.00
67.00	06700	OCCUPATIONAL THERAPY	199	12			67.00
68.00	06800	SPEECH PATHOLOGY	54	3			68.00
69.00	06900	ELECTROCARDIOLOGY	3,087	182			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,460	86			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	60	4			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	250,074	14,537			73.00
76.00	03020	PAIN CLINIC	0	0			76.00
76.01	03950	ORTHOPEDICS	0	0			76.01
76.02	03140	CARDIOVASCULAR SERVICES	3	0			76.02
76.03	03957	CARDIAC REHABILITATION	46	3			76.03
76.04	03190	RADIATION ONCOLOGY	3	0			76.04
76.05	03951	MRI	3,252	192			76.05
76.06	03952	BARIATRIC CENTER	0	0			76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0			76.07
76.08	03953	WOUND CARE	773	46			76.08
76.09	03954	RENAL DIALYSIS	0	0			76.09
76.10	03955	INFUSION	1,518	89			76.10
76.11	03956	CARE TRANSITION CENTER	0	0			76.11

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet B
Part II
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB 4+1	
76.12	03958 ANTI COAGULATION CLINIC	16.00	17.00	22.00	23.00	23.01	76.12
77.00	07700 ALLOGENEIC HSCT ACQUISITION	523	31				77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90.00	09000 CLINIC	0	0				90.00
90.01	09001 OCC HEALTH CLINIC	0	0				90.01
90.02	09002 CARDIOLOGY CLINIC	0	0				90.02
90.03	09003 SPECIALTY CLINIC	0	0				90.03
91.00	09100 EMERGENCY	58,708	3,461				91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0				99.00
99.10	09910 CORF	0	0				99.10
101.00	10100 HOME HEALTH AGENCY	19,474	1,148				101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0				102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	425,893	24,903	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
190.01	19001 CONVENT	0	0				190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0				190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0				190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0				190.04
190.05	19005 DEVELOPMENT	0	0				190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0				190.06
190.07	19007 IMAGE RECOVERY	0	0				190.07
190.08	19008 FAMILY SERVICES	0	0				190.08
190.09	19009 MDWISE	0	0				190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0				190.10
190.11	19011 CENTER OF HOPE	0	0				190.11
190.12	19012 SELECT	0	0				190.12
190.13	19013 PERCINI AS	0	0				190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0				192.00
192.01	19201 WORKING WELL	0	0				192.01
193.00	19300 NONPAID WORKERS	0	0				193.00
194.01	07951 REHAB	0	0				194.01
200.00	Cross Foot Adjustments			2,545	0	2,667	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	425,893	24,903	2,545	0	2,667	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet B Part II Date/Time Prepared: 5/31/2023 9:11 am		
Cost Center Description			PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - RESP THER	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMT	PARAMED ED PRGM - LAB 3+1
			23.02	23.03	23.04	23.05	23.06
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
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1					23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0				23.02
23.03	02303	PARAMED ED PRGM - RESP THER		0			23.03
23.04	02304	PARAMED ED PRGM-PHARMACY			0		23.04
23.05	02305	PARAMED ED PRGM-EMT				0	23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1					0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS					30.00
31.00	03100	INTENSIVE CARE UNIT					31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT					35.00
40.00	04000	SUBPROVIDER - IPF					40.00
43.00	04300	NURSERY					43.00
44.00	04400	SKILLED NURSING FACILITY					44.00
45.00	04500	NURSING FACILITY					45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM					50.00
50.01	05001	OPEN HEART SURGERY					50.01
50.02	05002	OUTPATIENT SURGERY					50.02
51.00	05100	RECOVERY ROOM					51.00
53.00	05300	ANESTHESIOLOGY					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES					54.01
54.02	05402	ULTRASOUND					54.02
55.00	05500	RADIOLOGY-THERAPEUTIC					55.00
55.01	05501	COMPUTED TOMOGRAPHY					55.01
57.00	05700	CT SCAN					57.00
58.00	05800	MRI					58.00
59.00	05900	CARDIAC CATHETERIZATION					59.00
60.00	06000	LABORATORY					60.00
60.01	06001	BLOOD LABORATORY					60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					63.00
63.01	06301	NUCLEAR MEDICINE					63.01
65.00	06500	RESPIRATORY THERAPY					65.00
66.00	06600	PHYSICAL THERAPY					66.00
67.00	06700	OCCUPATIONAL THERAPY					67.00
68.00	06800	SPEECH PATHOLOGY					68.00
69.00	06900	ELECTROCARDIOLOGY					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					73.00
76.00	03020	PAIN CLINIC					76.00
76.01	03950	ORTHOPEDICS					76.01
76.02	03140	CARDIOVASCULAR SERVICES					76.02
76.03	03957	CARDIAC REHABILITATION					76.03
76.04	03190	RADIATION ONCOLOGY					76.04
76.05	03951	MRI					76.05
76.06	03952	BARIATRIC CENTER					76.06
76.07	03550	PSYCH ACTIVITY THERAPY					76.07
76.08	03953	WOUND CARE					76.08
76.09	03954	RENAL DIALYSIS					76.09
76.10	03955	INFUSION					76.10
76.11	03956	CARE TRANSITION CENTER					76.11
76.12	03958	ANTI COAGULATION CLINIC					76.12
77.00	07700	ALLOGENEIC HSCT ACQUISITION					77.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet B
Part II
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Cost Center Description		PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMT	PARAMED ED PRGM - LAB 3+1	
		23.02	23.03	23.04	23.05	23.06	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC						88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000 CLINIC						90.00
90.01	09001 OCC HEALTH CLINIC						90.01
90.02	09002 CARDIOLOGY CLINIC						90.02
90.03	09003 SPECIALTY CLINIC						90.03
91.00	09100 EMERGENCY						91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC						99.00
99.10	09910 CORF						99.10
101.00	10100 HOME HEALTH AGENCY						101.00
102.00	10200 OPIOID TREATMENT PROGRAM						102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.01	19001 CONVENT						190.01
190.02	19002 HOME MEDICAL EQUIPMENT						190.02
190.03	19003 MEDICAL ARTS BUILDING						190.03
190.04	19004 WOMEN'S HEALTH CENTER						190.04
190.05	19005 DEVELOPMENT						190.05
190.06	19006 NEUROSURGERY PROF SERVICES						190.06
190.07	19007 IMAGE RECOVERY						190.07
190.08	19008 FAMILY SERVICES						190.08
190.09	19009 MDWISE						190.09
190.10	19010 CATHERINE MCAULEY CLINIC						190.10
190.11	19011 CENTER OF HOPE						190.11
190.12	19012 SELECT						190.12
190.13	19013 PERCINI AS						190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201 WORKING WELL						192.01
193.00	19300 NONPAID WORKERS						193.00
194.01	07951 REHAB						194.01
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	0	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet B Part II Date/Time Prepared: 5/31/2023 9:11 am
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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
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL			5.05
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1			23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY			23.02
23.03	02303	PARAMED ED PRGM - RESPTHER			23.03
23.04	02304	PARAMED ED PRGM-PHARMACY			23.04
23.05	02305	PARAMED ED PRGM-EMT			23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1			23.06
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	930,221	0	930,221
31.00	03100	INTENSIVE CARE UNIT	234,177	0	234,177
35.00	02040	NEWBORN INTENSIVE CARE UNIT	638	0	638
40.00	04000	SUBPROVIDER - IPF	247,382	0	247,382
43.00	04300	NURSERY	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0
45.00	04500	NURSING FACILITY	0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	990,687	0	990,687
50.01	05001	OPEN HEART SURGERY	0	0	0
50.02	05002	OUTPATIENT SURGERY	622,477	0	622,477
51.00	05100	RECOVERY ROOM	3,496	0	3,496
53.00	05300	ANESTHESIOLOGY	16	0	16
54.00	05400	RADIOLOGY-DIAGNOSTIC	736,856	0	736,856
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	99,899	0	99,899
54.02	05402	ULTRASOUND	178,742	0	178,742
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0
55.01	05501	COMPUTED TOMOGRAPHY	279,211	0	279,211
57.00	05700	CT SCAN	0	0	0
58.00	05800	MRI	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	27,160	0	27,160
60.00	06000	LABORATORY	357,381	0	357,381
60.01	06001	BLOOD LABORATORY	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	378	0	378
63.01	06301	NUCLEAR MEDICINE	117,030	0	117,030
65.00	06500	RESPIRATORY THERAPY	198,730	0	198,730
66.00	06600	PHYSICAL THERAPY	320,388	0	320,388
67.00	06700	OCCUPATIONAL THERAPY	29,780	0	29,780
68.00	06800	SPEECH PATHOLOGY	91,189	0	91,189
69.00	06900	ELECTROCARDIOLOGY	61,715	0	61,715
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	242,789	0	242,789
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,826	0	23,826
73.00	07300	DRUGS CHARGED TO PATIENTS	708,174	0	708,174
76.00	03020	PAIN CLINIC	0	0	0
76.01	03950	ORTHOPEDICS	0	0	0
76.02	03140	CARDIOVASCULAR SERVICES	183,974	0	183,974
76.03	03957	CARDIAC REHABILITATION	56,959	0	56,959
76.04	03190	RADIATION ONCOLOGY	3	0	3
76.05	03951	MRI	104,318	0	104,318
76.06	03952	BARITRIC CENTER	0	0	0
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0
76.08	03953	WOUND CARE	158,193	0	158,193
76.09	03954	RENAL DIALYSIS	0	0	0
76.10	03955	INFUSION	167,017	0	167,017
76.11	03956	CARE TRANSITION CENTER	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet B
Part II
Date/Time Prepared:
5/31/2023 9:11 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
76.12	03958 ANTI COAGULATION CLINIC	5,824	0	5,824	76.12
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	8,013	0	8,013	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	489	0	489	90.03
91.00	09100 EMERGENCY	644,068	0	644,068	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900 CMHC	0	0	0	99.00
99.10	09910 CORF	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	428,317	0	428,317	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	8,259,517	0	8,259,517	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	30,221	0	30,221	190.00
190.01	19001 CONVENT	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	1,211	0	1,211	190.03
190.04	19004 WOMEN'S HEALTH CENTER	26,670	0	26,670	190.04
190.05	19005 DEVELOPMENT	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	190.10
190.11	19011 CENTER OF HOPE	15,894	0	15,894	190.11
190.12	19012 SELECT	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	7	0	7	192.00
192.01	19201 WORKING WELL	14,062	0	14,062	192.01
193.00	19300 NONPAID WORKERS	0	0	0	193.00
194.01	07951 REHAB	392,321	0	392,321	194.01
200.00	Cross Foot Adjustments	5,212	0	5,212	200.00
201.00	Negative Cost Centers	1,290	0	1,290	201.00
202.00	TOTAL (sum lines 118 through 201)	8,746,405	0	8,746,405	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet B-1
Date/Time Prepared:
5/31/2023 9:11 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)			
	BLDG & FIXT (SQ. FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5A.05
76.10 03955 INFUSION	664	30,908	1,846,959	0	2,703,562	76.10		
76.11 03956 CARE TRANSITION CENTER	0	0	0	0	0	76.11		
76.12 03958 ANTI COAGULATION CLINIC	0	0	218,468	0	283,277	76.12		
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00		
OUTPATIENT SERVICE COST CENTERS								
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00		
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00		
90.00 09000 CLINIC	0	0	0	0	0	90.00		
90.01 09001 OCC HEALTH CLINIC	0	2,451	167,628	0	295,423	90.01		
90.02 09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02		
90.03 09003 SPECIALTY CLINIC	0	4	23,412	0	31,140	90.03		
91.00 09100 EMERGENCY	15,593	40,246	4,048,063	0	6,614,110	91.00		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00		
OTHER REIMBURSABLE COST CENTERS								
99.00 09900 CMHC	0	0	0	0	0	99.00		
99.10 09910 CORF	0	0	0	0	0	99.10		
101.00 10100 HOME HEALTH AGENCY	11,759	762	5,801,138	0	8,686,554	101.00		
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00		
SPECIAL PURPOSE COST CENTERS								
113.00 11300 INTEREST EXPENSE						113.00		
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		407,652	1,304,718	37,291,913	-12,190,352	93,471,545	118.00
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,354	92	3,054	0	27,823	190.00		
190.01 19001 CONVENT	0	0	0	0	0	190.01		
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02		
190.03 19003 MEDICAL ARTS BUILDING	0	0	0	0	107,894	190.03		
190.04 19004 WOMEN'S HEALTH CENTER	1,148	0	40,140	0	70,360	190.04		
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05		
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06		
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07		
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08		
190.09 19009 MDWISE	0	0	0	0	0	190.09		
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10		
190.11 19011 CENTER OF HOPE	503	705	77,254	0	113,722	190.11		
190.12 19012 SELECT	0	0	0	0	0	190.12		
190.13 19013 PERCINIAS	0	0	0	0	0	190.13		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00		
192.01 19201 WORKING WELL	0	4,796	304,176	0	451,027	192.01		
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00		
194.01 07951 REHAB	17,707	0	0	0	292,583	194.01		
200.00	Cross Foot Adjustments					200.00		
201.00	Negative Cost Centers					201.00		
202.00	7,078,100	1,668,305	10,571,387		12,190,352	202.00		
203.00	Unit cost multiplier (Wkst. B, Part I)		16.523564	1.273213	0.280285	0.128951	203.00	
204.00	Cost to be allocated (per Wkst. B, Part II)				52,828	1,061,101	204.00	
205.00	Unit cost multiplier (Wkst. B, Part II)				0.001401	0.011224	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: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet B-1
Date/Time Prepared:
5/31/2023 9:11 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	15,593	15,593	0	15,593	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	11,759	11,759	0	11,759	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	303,705	275,212	841	263,457	841	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,354	1,354	0	1,354	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	1,148	1,148	0	1,148	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	503	503	0	503	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 WORKING WELL	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	17,707	17,707	0	17,707	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	807,470	11,454,581	134,359	1,514,056	876,588	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.488988	38.707847	159.760999	5.328013	1,042.316290	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	723,267	682,082	16,905	259,400	267,976	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.229436	2.304923	20.101070	0.912837	318.639715	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: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet B-1

Date/Time Prepared:
5/31/2023 9:11 am

Cost Center Description		CAFETERIA (PROD HOURS)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		11.00	13.00	14.00	15.00	16.00	
76.12	03958 ANTI COAGULATION CLINIC	5,948	0	0	0	540,819	76.12
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	4,470	0	0	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	336	0	0	0	0	90.03
91.00	09100 EMERGENCY	74,152	74,152	0	0	60,711,225	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	142,492	0	0	0	20,138,928	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	476,062	174,960	100	100	440,568,098	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	130	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	2,008	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	1,756	1,756	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	25	0	0	0	0	192.00
192.01	19201 WORKING WELL	8,228	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	430,465	1,878,899	779,965	1,880,856	1,835,389	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.881723	10.632308	7,799.650000	18,808.560000	0.004166	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	147,739	204,749	244,761	184,289	425,893	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.299972	1.158633	2,447.610000	1,842.890000	0.000967	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: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet B-1
Date/Time Prepared:
5/31/2023 9:11 am

Cost Center Description		SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - LAB 4+1 (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	
		17.00	22.00	23.00	23.01	23.02	
76.10	03955 INFUSION	1,569,897	0	0	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	540,819	0	0	0	0	76.12
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	60,711,225	100	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	20,138,928	0	0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	440,568,098	100	0	100	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	0	0	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 WORKING WELL	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	73,262	255,982	0	195,162	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000166	2,559.820000	0.000000	1,951.620000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	24,903	2,545	0	2,667	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000057	25.450000	0.000000	26.670000	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)			0	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet B-1

Date/Time Prepared:
5/31/2023 9:11 am

Cost Center Description		PARAMED PRGM - RESPTHER (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-EMT (ASSIGNED TIME)	PARAMED PRGM - LAB 3+1 (ASSIGNED TIME)	
		23.03	23.04	23.05	23.06	
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.05	00590					5.05
6.00	00600					6.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500					15.00
16.00	01600					16.00
17.00	01700					17.00
22.00	02200					22.00
23.00	02300					23.00
23.01	02301					23.01
23.02	02302					23.02
23.03	02303	0				23.03
23.04	02304		0			23.04
23.05	02305			0		23.05
23.06	02306				0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	0	0	0	0	30.00
31.00	03100	0	0	0	0	31.00
35.00	02040	0	0	0	0	35.00
40.00	04000	0	0	0	0	40.00
43.00	04300	0	0	0	0	43.00
44.00	04400	0	0	0	0	44.00
45.00	04500	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	0	0	0	0	50.00
50.01	05001	0	0	0	0	50.01
50.02	05002	0	0	0	0	50.02
51.00	05100	0	0	0	0	51.00
53.00	05300	0	0	0	0	53.00
54.00	05400	0	0	0	0	54.00
54.01	05401	0	0	0	0	54.01
54.02	05402	0	0	0	0	54.02
55.00	05500	0	0	0	0	55.00
55.01	05501	0	0	0	0	55.01
57.00	05700	0	0	0	0	57.00
58.00	05800	0	0	0	0	58.00
59.00	05900	0	0	0	0	59.00
60.00	06000	0	0	0	0	60.00
60.01	06001	0	0	0	0	60.01
63.00	06300	0	0	0	0	63.00
63.01	06301	0	0	0	0	63.01
65.00	06500	0	0	0	0	65.00
66.00	06600	0	0	0	0	66.00
67.00	06700	0	0	0	0	67.00
68.00	06800	0	0	0	0	68.00
69.00	06900	0	0	0	0	69.00
70.00	07000	0	0	0	0	70.00
71.00	07100	0	0	0	0	71.00
72.00	07200	0	0	0	0	72.00
73.00	07300	0	0	0	0	73.00
76.00	03020	0	0	0	0	76.00
76.01	03950	0	0	0	0	76.01
76.02	03140	0	0	0	0	76.02
76.03	03957	0	0	0	0	76.03
76.04	03190	0	0	0	0	76.04
76.05	03951	0	0	0	0	76.05
76.06	03952	0	0	0	0	76.06
76.07	03550	0	0	0	0	76.07
76.08	03953	0	0	0	0	76.08
76.09	03954	0	0	0	0	76.09
76.10	03955	0	0	0	0	76.10
76.11	03956	0	0	0	0	76.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet B-1

Date/Time Prepared:
5/31/2023 9:11 am

Cost Center Description		PARAMED ED PRGM - RESPTHER (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM-EMT (ASSIGNED TIME)	PARAMED ED PRGM - LAB 3+1 (ASSIGNED TIME)	
		23.03	23.04	23.05	23.06	
76.12	03958 ANTI COAGULATION CLINIC	0	0	0	0	76.12
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
99.00	09900 CMHC	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	0	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201 WORKING WELL	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	194.01
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0004

Period: From 01/01/2022 To 12/30/2022

Worksheet C Part I

Date/Time Prepared: 5/31/2023 9:11 am

Table with columns: Cost Center Description, Total Cost (from Wkst. B, Part I, col. 26), Therapy Limit Adj., Total Costs, Hospital RCE Disallowance, Total Costs, PPS. Includes sub-sections: INPATIENT ROUTINE SERVICE COST CENTERS, ANCILLARY SERVICE COST CENTERS, OUTPATIENT SERVICE COST CENTERS, OTHER REIMBURSABLE COST CENTERS, SPECIAL PURPOSE COST CENTERS.

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet C Part I Date/Time Prepared: 5/31/2023 9:11 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - I/PF			40.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	47.909761		50.00
50.01	05001	OPEN HEART SURGERY	0.000000		50.01
50.02	05002	OUTPATIENT SURGERY	199.171429		50.02
51.00	05100	RECOVERY ROOM	6.592963		51.00
53.00	05300	ANESTHESIOLOGY	0.004379		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.427860		54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	12.589679		54.01
54.02	05402	ULTRASOUND	0.182298		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.063881		55.01
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.666971		59.00
60.00	06000	LABORATORY	0.181816		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.004331		63.00
63.01	06301	NUCLEAR MEDICINE	84.200426		63.01
65.00	06500	RESPIRATORY THERAPY	1.574494		65.00
66.00	06600	PHYSICAL THERAPY	5.233456		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.538073		67.00
68.00	06800	SPEECH PATHOLOGY	5.060141		68.00
69.00	06900	ELECTROCARDIOLOGY	0.054191		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.707385		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3.946815		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.112374		73.00
76.00	03020	PAIN CLINIC	0.000000		76.00
76.01	03950	ORTHOPEDI CS	0.000000		76.01
76.02	03140	CARDIOVASCULAR SERVICES	197.087376		76.02
76.03	03957	CARDIAC REHABILITATION	6.613253		76.03
76.04	03190	RADIATION ONCOLOGY	0.004101		76.04
76.05	03951	MRI	0.146322		76.05
76.06	03952	BARITRIC CENTER	0.000000		76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000		76.07
76.08	03953	WOUND CARE	1.046333		76.08
76.09	03954	RENAL DIALYSIS	0.000000		76.09
76.10	03955	INFUSION	2.363386		76.10
76.11	03956	CARE TRANSITION CENTER	0.000000		76.11
76.12	03958	ANTI COAGULATION CLINIC	0.605365		76.12
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	OCC HEALTH CLINIC	0.000000		90.01
90.02	09002	CARDIOLOGY CLINIC	0.000000		90.02
90.03	09003	SPECIALTY CLINIC	0.000000		90.03
91.00	09100	EMERGENCY	0.153337		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.466980		92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
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: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet D Part I Date/Time Prepared: 5/31/2023 9:11 am
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	930,221	0	930,221	1,768	526.14	30.00
31.00	INTENSIVE CARE UNIT	234,177		234,177	0	0.00	31.00
35.00	NEWBORN INTENSIVE CARE UNIT	638		638	0	0.00	35.00
40.00	SUBPROVIDER - IPF	247,382	0	247,382	7,101	34.84	40.00
43.00	NURSERY	0		0	0	0.00	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	1,412,418		1,412,418	8,869		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	332	174,678				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
35.00	NEWBORN INTENSIVE CARE UNIT	0	0				35.00
40.00	SUBPROVIDER - IPF	501	17,455				40.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30 through 199)	833	192,133				200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet D Part III Date/Time Prepared: 5/31/2023 9:11 am
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	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)	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	1,768	0.00	332 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0.00	0 31.00	
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0.00	0 35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	7,101	0.00	501 40.00	
43.00	04300	NURSERY	0	0	0	0.00	0 43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0 44.00	
45.00	04500	NURSING FACILITY	0	0	0	0.00	0 45.00	
200.00		Total (lines 30 through 199)	0	0	8,869		833 200.00	
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
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0					35.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
43.00	04300	NURSERY	0					43.00
44.00	04400	SKILLED NURSING FACILITY	0					44.00
45.00	04500	NURSING FACILITY	0					45.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet D Part V Date/Time Prepared: 5/31/2023 9:11 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	0	0	50.00
50.01 05001	OPEN HEART SURGERY	0	0	50.01
50.02 05002	OUTPATIENT SURGERY	0	0	50.02
51.00 05100	RECOVERY ROOM	0	0	51.00
53.00 05300	ANESTHESIOLOGY	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401	RADIOLOGY SPECIAL PROCEDURES	0	0	54.01
54.02 05402	ULTRASOUND	0	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01 05501	COMPUTED TOMOGRAPHY	0	0	55.01
57.00 05700	CT SCAN	0	0	57.00
58.00 05800	MRI	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000	LABORATORY	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
63.01 06301	NUCLEAR MEDICINE	0	0	63.01
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	16	73.00
76.00 03020	PAIN CLINIC	0	0	76.00
76.01 03950	ORTHOPEDECS	0	0	76.01
76.02 03140	CARDIOVASCULAR SERVICES	0	0	76.02
76.03 03957	CARDIAC REHABILITATION	0	0	76.03
76.04 03190	RADIATION ONCOLOGY	0	0	76.04
76.05 03951	MRI	0	0	76.05
76.06 03952	BARITRIC CENTER	0	0	76.06
76.07 03550	PSYCH ACTIVITY THERAPY	0	0	76.07
76.08 03953	WOUND CARE	0	0	76.08
76.09 03954	RENAL DIALYSIS	0	0	76.09
76.10 03955	INFUSION	0	0	76.10
76.11 03956	CARE TRANSITION CENTER	0	0	76.11
76.12 03958	ANTI COAGULATION CLINIC	0	0	76.12
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800	RURAL HEALTH CLINIC			88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00 09000	CLINIC	0	0	90.00
90.01 09001	OCC HEALTH CLINIC	0	0	90.01
90.02 09002	CARDIOLOGY CLINIC	0	0	90.02
90.03 09003	SPECIALTY CLINIC	0	0	90.03
91.00 09100	EMERGENCY	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00	Subtotal (see instructions)	0	16	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	16	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS					Provider CCN: 15-0004	Period:	Worksheet D
					Component CCN: 15-S004	From 01/01/2022	Part II
						To 12/30/2022	Date/Time Prepared: 5/31/2023 9:11 am
					Title XVIII	Subprovider - IPF	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	990,687	57,769	17.149111	0	0 50.00
50.01	05001	OPEN HEART SURGERY	0	0	0.000000	0	0 50.01
50.02	05002	OUTPATIENT SURGERY	622,477	9,170	67.881897	0	0 50.02
51.00	05100	RECOVERY ROOM	3,496	3,098	1.128470	0	0 51.00
53.00	05300	ANESTHESIOLOGY	16	15,073	0.001062	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	736,856	5,857,517	0.125797	15,400	1,937 54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	99,899	26,082	3.830189	0	0 54.01
54.02	05402	ULTRASOUND	178,742	3,763,378	0.047495	0	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0 55.00
55.01	05501	COMPUTED TOMOGRAPHY	279,211	25,431,523	0.010979	42,759	469 55.01
57.00	05700	CT SCAN	0	0	0.000000	0	0 57.00
58.00	05800	MRI	0	0	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	27,160	35,042	0.775070	0	0 59.00
60.00	06000	LABORATORY	357,381	21,818,455	0.016380	201,174	3,295 60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	378	369,470	0.001023	0	0 63.00
63.01	06301	NUCLEAR MEDICINE	117,030	3,283	35.647274	0	0 63.01
65.00	06500	RESPIRATORY THERAPY	198,730	1,243,336	0.159836	283	45 65.00
66.00	06600	PHYSICAL THERAPY	320,388	210,571	1.521520	2,612	3,974 66.00
67.00	06700	OCCUPATIONAL THERAPY	29,780	206,210	0.144416	3,807	550 67.00
68.00	06800	SPEECH PATHOLOGY	91,189	55,802	1.634153	439	717 68.00
69.00	06900	ELECTROCARDIOLOGY	61,715	3,192,006	0.019334	30,031	581 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	242,789	1,510,006	0.160787	15,313	2,462 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,826	62,047	0.383999	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	708,174	258,746,581	0.002737	53,722	147 73.00
76.00	03020	PAIN CLINIC	0	0	0.000000	0	0 76.00
76.01	03950	ORTHOPEDI CS	0	0	0.000000	0	0 76.01
76.02	03140	CARDIOVASCULAR SERVICES	183,974	3,216	57.205846	0	0 76.02
76.03	03957	CARDIAC REHABILITATION	56,959	47,054	1.210503	0	0 76.03
76.04	03190	RADIATION ONCOLOGY	3	2,926	0.001025	0	0 76.04
76.05	03951	MRI	104,318	3,363,385	0.031016	4,169	129 76.05
76.06	03952	BARIATRIC CENTER	0	0	0.000000	0	0 76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0.000000	0	0 76.07
76.08	03953	WOUND CARE	158,193	799,822	0.197785	0	0 76.08
76.09	03954	RENAL DIALYSIS	0	0	0.000000	0	0 76.09
76.10	03955	INFUSION	167,017	1,569,897	0.106387	0	0 76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0.000000	0	0 76.11
76.12	03958	ANTI COAGULATION CLINIC	5,824	540,819	0.010769	0	0 76.12
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0 77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	09000	CLINIC	0	0	0.000000	0	0 90.00
90.01	09001	OCC HEALTH CLINIC	8,013	0	0.000000	0	0 90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0.000000	0	0 90.02
90.03	09003	SPECIALTY CLINIC	489	0	0.000000	0	0 90.03
91.00	09100	EMERGENCY	644,068	60,711,225	0.010609	147,438	1,564 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	2,492,597	0.000000	0	0 92.00
200.00		Total (lines 50 through 199)	6,418,782	392,147,360		517,147	15,870 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0004

Period: From 01/01/2022

Worksheet D

Component CCN: 15-S004

To 12/30/2022

Part IV

Date/Time Prepared: 5/31/2023 9:11 am

Title XVIII

Subprovider - IPF

PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0	0	0	0	0	55.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	195,162	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01	06301 NUCLEAR MEDICINE	0	0	0	0	0	63.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950 ORTHOPEDICS	0	0	0	0	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03	03957 CARDIAC REHABILITATION	0	0	0	0	0	76.03
76.04	03190 RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05	03951 MRI	0	0	0	0	0	76.05
76.06	03952 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953 WOUND CARE	0	0	0	0	0	76.08
76.09	03954 RENAL DIALYSIS	0	0	0	0	0	76.09
76.10	03955 INFUSION	0	0	0	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0	0	0	0	0	76.12
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
90.02	09002 RADIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	195,162	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2022 To 12/30/2022	Worksheet D Part IV Date/Time Prepared: 5/31/2023 9:11 am
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	Title XVIII	Subprovider - IPF	PPS
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 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	57,769	0.000000	50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	0	0.000000	50.01
50.02 05002 OUTPATIENT SURGERY	0	0	0	9,170	0.000000	50.02
51.00 05100 RECOVERY ROOM	0	0	0	3,098	0.000000	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	15,073	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	5,857,517	0.000000	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0	0	26,082	0.000000	54.01
54.02 05402 ULTRASOUND	0	0	0	3,763,378	0.000000	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0	0	25,431,523	0.000000	55.01
57.00 05700 CT SCAN	0	0	0	0	0.000000	57.00
58.00 05800 MRI	0	0	0	0	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	35,042	0.000000	59.00
60.00 06000 LABORATORY	0	195,162	195,162	21,818,455	0.008945	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	369,470	0.000000	63.00
63.01 06301 NUCLEAR MEDICINE	0	0	0	3,283	0.000000	63.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	1,243,336	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	210,571	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	206,210	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	55,802	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	3,192,006	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,510,006	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	62,047	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	258,746,581	0.000000	73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0.000000	76.00
76.01 03950 ORTHOPEDICS	0	0	0	0	0.000000	76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	0	0	3,216	0.000000	76.02
76.03 03957 CARDIAC REHABILITATION	0	0	0	47,054	0.000000	76.03
76.04 03190 RADIATION ONCOLOGY	0	0	0	2,926	0.000000	76.04
76.05 03951 MRI	0	0	0	3,363,385	0.000000	76.05
76.06 03952 BARIATRIC CENTER	0	0	0	0	0.000000	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0.000000	76.07
76.08 03953 WOUND CARE	0	0	0	799,822	0.000000	76.08
76.09 03954 RENAL DIALYSIS	0	0	0	0	0.000000	76.09
76.10 03955 INFUSION	0	0	0	1,569,897	0.000000	76.10
76.11 03956 CARE TRANSITION CENTER	0	0	0	0	0.000000	76.11
76.12 03958 ANTI COAGULATION CLINIC	0	0	0	540,819	0.000000	76.12
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0.000000	90.01
90.02 09002 RADIOLOGY CLINIC	0	0	0	0	0.000000	90.02
90.03 09003 SPECIALTY CLINIC	0	0	0	0	0.000000	90.03
91.00 09100 EMERGENCY	0	0	0	60,711,225	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	2,492,597	0.000000	92.00
200.00 Total (lines 50 through 199)	0	195,162	195,162	392,147,360		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2022 To 12/30/2022	Worksheet D Part IV Date/Time Prepared: 5/31/2023 9:11 am
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Title XVIII		Subprovider - IPF	PPS
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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	0	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0.000000	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0.000000	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	15,400	0	782	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.000000	0	0	0	54.01
54.02	05402	ULTRASOUND	0.000000	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.000000	42,759	0	4,765	55.01
57.00	05700	CT SCAN	0.000000	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.008945	201,174	1,800	3,115	28 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	0.000000	0	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	0.000000	283	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	2,612	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	3,807	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	439	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	30,031	0	5,194	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	15,313	0	742	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	53,722	0	67	73.00
76.00	03020	PAIN CLINIC	0.000000	0	0	0	76.00
76.01	03950	ORTHOPEDI CS	0.000000	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.000000	0	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	0.000000	0	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	0.000000	0	0	0	76.04
76.05	03951	MRI	0.000000	4,169	0	0	76.05
76.06	03952	BARIATRIC CENTER	0.000000	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000	0	0	0	76.07
76.08	03953	WOUND CARE	0.000000	0	0	0	76.08
76.09	03954	RENAL DIALYSIS	0.000000	0	0	0	76.09
76.10	03955	INFUSION	0.000000	0	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	0.000000	0	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	0.000000	0	0	0	76.12
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0.000000	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	0.000000	0	0	0	90.03
91.00	09100	EMERGENCY	0.000000	147,438	0	7,778	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
200.00		Total (lines 50 through 199)		517,147	1,800	22,443	28 200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2022 To 12/30/2022	Worksheet D Part V Date/Time Prepared: 5/31/2023 9:11 am
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	Title XVIII	Subprovider - IPF	PPS
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	PPS Services (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	47.909761	0	0	0	0	50.00
50.01 05001 OPEN HEART SURGERY	0.000000	0	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	199.171429	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	6.592963	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0.004379	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.427860	782	0	0	335	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	12.589679	0	0	0	0	54.01
54.02 05402 ULTRASOUND	0.182298	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	0.063881	4,765	0	0	304	55.01
57.00 05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00 05800 MRI	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.666971	0	0	0	0	59.00
60.00 06000 LABORATORY	0.181565	3,115	0	0	566	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.004331	0	0	0	0	63.00
63.01 06301 NUCLEAR MEDICINE	84.200426	0	0	0	0	63.01
65.00 06500 RESPIRATORY THERAPY	1.574494	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	5.231575	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.538073	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	5.060141	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.054191	5,194	0	0	281	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.707385	742	0	0	1,267	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	3.946815	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.112374	67	0	0	8	73.00
76.00 03020 PAIN CLINIC	0.000000	0	0	0	0	76.00
76.01 03950 ORTHOPEDICS	0.000000	0	0	0	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	197.087376	0	0	0	0	76.02
76.03 03957 CARDIAC REHABILITATION	6.613253	0	0	0	0	76.03
76.04 03190 RADIATION ONCOLOGY	0.004101	0	0	0	0	76.04
76.05 03951 MRI	0.146322	0	0	0	0	76.05
76.06 03952 BARIATRIC CENTER	0.000000	0	0	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0.000000	0	0	0	0	76.07
76.08 03953 WOUND CARE	1.046244	0	0	0	0	76.08
76.09 03954 RENAL DIALYSIS	0.000000	0	0	0	0	76.09
76.10 03955 INFUSION	2.363113	0	0	0	0	76.10
76.11 03956 CARE TRANSITION CENTER	0.000000	0	0	0	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	0.605365	0	0	0	0	76.12
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC						88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0.000000	0	0	0	0	90.01
90.02 09002 RADIOLOGY CLINIC	0.000000	0	0	0	0	90.02
90.03 09003 SPECIALTY CLINIC	0.000000	0	0	0	0	90.03
91.00 09100 EMERGENCY	0.153337	7,778	0	0	1,193	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	1.466980	0	0	0	0	92.00
200.00 Subtotal (see instructions)		22,443	0	0	3,954	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 - line 201)		22,443	0	0	3,954	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2022 To 12/30/2022	Worksheet D Part V Date/Time Prepared: 5/31/2023 9:11 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 OPEN HEART SURGERY	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0	54.01
54.02 05402 ULTRASOUND	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0	55.01
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
63.01 06301 NUCLEAR MEDICINE	0	0	63.01
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00 03020 PAIN CLINIC	0	0	76.00
76.01 03950 ORTHOPEDICS	0	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	0	76.02
76.03 03957 CARDIAC REHABILITATION	0	0	76.03
76.04 03190 RADIATION ONCOLOGY	0	0	76.04
76.05 03951 MRI	0	0	76.05
76.06 03952 BARIATRIC CENTER	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	76.07
76.08 03953 WOUND CARE	0	0	76.08
76.09 03954 RENAL DIALYSIS	0	0	76.09
76.10 03955 INFUSION	0	0	76.10
76.11 03956 CARE TRANSITION CENTER	0	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	0	0	76.12
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC			88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	90.01
90.02 09002 RADIOLOGY CLINIC	0	0	90.02
90.03 09003 SPECIALTY CLINIC	0	0	90.03
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS					Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2022 To 12/30/2022	Worksheet D Part II Date/Time Prepared: 5/31/2023 9:11 am
					Title XIX	Subprovider - IPF	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	990,687	57,769	17.149111	0	0
50.01	05001	OPEN HEART SURGERY	0	0	0.000000	0	0
50.02	05002	OUTPATIENT SURGERY	622,477	9,170	67.881897	0	0
51.00	05100	RECOVERY ROOM	3,496	3,098	1.128470	0	0
53.00	05300	ANESTHESIOLOGY	16	15,073	0.001062	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	736,856	5,857,517	0.125797	45,101	5,674
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	99,899	26,082	3.830189	148	567
54.02	05402	ULTRASOUND	178,742	3,763,378	0.047495	43,807	2,081
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0
55.01	05501	COMPUTED TOMOGRAPHY	279,211	25,431,523	0.010979	33,449	367
57.00	05700	CT SCAN	0	0	0.000000	0	0
58.00	05800	MRI	0	0	0.000000	0	0
59.00	05900	CARDIAC CATHETERIZATION	27,160	35,042	0.775070	0	0
60.00	06000	LABORATORY	357,381	21,818,455	0.016380	478,928	7,845
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	378	369,470	0.001023	12,878	13
63.01	06301	NUCLEAR MEDICINE	117,030	3,283	35.647274	0	0
65.00	06500	RESPIRATORY THERAPY	198,730	1,243,336	0.159836	124,037	19,826
66.00	06600	PHYSICAL THERAPY	320,388	210,571	1.521520	44,422	67,589
67.00	06700	OCCUPATIONAL THERAPY	29,780	206,210	0.144416	40,772	5,888
68.00	06800	SPEECH PATHOLOGY	91,189	55,802	1.634153	7,699	12,581
69.00	06900	ELECTROCARDIOLOGY	61,715	3,192,006	0.019334	113,732	2,199
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	242,789	1,510,006	0.160787	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,826	62,047	0.383999	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	708,174	258,746,581	0.002737	0	0
76.00	03020	PAIN CLINIC	0	0	0.000000	0	0
76.01	03950	ORTHOPEDI CS	0	0	0.000000	0	0
76.02	03140	CARDIOVASCULAR SERVICES	183,974	3,216	57.205846	0	0
76.03	03957	CARDIAC REHABILITATION	56,959	47,054	1.210503	4,960	6,004
76.04	03190	RADIATION ONCOLOGY	3	2,926	0.001025	0	0
76.05	03951	MRI	104,318	3,363,385	0.031016	74,531	2,312
76.06	03952	BIARIATRIC CENTER	0	0	0.000000	0	0
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0.000000	0	0
76.08	03953	WOUND CARE	158,193	799,822	0.197785	4,179	827
76.09	03954	RENAL DIALYSIS	0	0	0.000000	0	0
76.10	03955	INFUSION	167,017	1,569,897	0.106387	83	9
76.11	03956	CARE TRANSITION CENTER	0	0	0.000000	0	0
76.12	03958	ANTI COAGULATION CLINIC	5,824	540,819	0.010769	0	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0
90.00	09000	CLINIC	0	0	0.000000	0	0
90.01	09001	OCC HEALTH CLINIC	8,013	0	0.000000	0	0
90.02	09002	CARDIOLOGY CLINIC	0	0	0.000000	0	0
90.03	09003	SPECIALTY CLINIC	489	0	0.000000	0	0
91.00	09100	EMERGENCY	644,068	60,711,225	0.010609	535,628	5,682
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	2,492,597	0.000000	0	0
200.00		Total (lines 50 through 199)	6,418,782	392,147,360		1,564,354	139,464

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2022 To 12/30/2022	Worksheet D Part IV Date/Time Prepared: 5/31/2023 9:11 am
Title XIX		Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0	0	0	0	54.01
54.02 05402 ULTRASOUND	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0	0	0	0	55.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	195,162	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01 06301 NUCLEAR MEDICINE	0	0	0	0	0	63.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01 03950 ORTHOPEDICS	0	0	0	0	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03 03957 CARDIAC REHABILITATION	0	0	0	0	0	76.03
76.04 03190 RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05 03951 MRI	0	0	0	0	0	76.05
76.06 03952 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08 03953 WOUND CARE	0	0	0	0	0	76.08
76.09 03954 RENAL DIALYSIS	0	0	0	0	0	76.09
76.10 03955 INFUSION	0	0	0	0	0	76.10
76.11 03956 CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	0	0	0	0	0	76.12
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
90.02 09002 RADIOLOGY CLINIC	0	0	0	0	0	90.02
90.03 09003 SPECIALTY CLINIC	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00 Total (lines 50 through 199)	0	0	0	0	195,162	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2022 To 12/30/2022	Worksheet D Part IV Date/Time Prepared: 5/31/2023 9:11 am
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	Title XIX	Subprovider - IPF	PPS
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 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	57,769	0.000000
50.01 05001 OPEN HEART SURGERY	0	0	0	0	0.000000
50.02 05002 OUTPATIENT SURGERY	0	0	0	9,170	0.000000
51.00 05100 RECOVERY ROOM	0	0	0	3,098	0.000000
53.00 05300 ANESTHESIOLOGY	0	0	0	15,073	0.000000
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	5,857,517	0.000000
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0	0	26,082	0.000000
54.02 05402 ULTRASOUND	0	0	0	3,763,378	0.000000
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000
55.01 05501 COMPUTED TOMOGRAPHY	0	0	0	25,431,523	0.000000
57.00 05700 CT SCAN	0	0	0	0	0.000000
58.00 05800 MRI	0	0	0	0	0.000000
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	35,042	0.000000
60.00 06000 LABORATORY	0	195,162	195,162	21,818,455	0.008945
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	369,470	0.000000
63.01 06301 NUCLEAR MEDICINE	0	0	0	3,283	0.000000
65.00 06500 RESPIRATORY THERAPY	0	0	0	1,243,336	0.000000
66.00 06600 PHYSICAL THERAPY	0	0	0	210,571	0.000000
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	206,210	0.000000
68.00 06800 SPEECH PATHOLOGY	0	0	0	55,802	0.000000
69.00 06900 ELECTROCARDIOLOGY	0	0	0	3,192,006	0.000000
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,510,006	0.000000
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	62,047	0.000000
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	258,746,581	0.000000
76.00 03020 PAIN CLINIC	0	0	0	0	0.000000
76.01 03950 ORTHOPEDICS	0	0	0	0	0.000000
76.02 03140 CARDIOVASCULAR SERVICES	0	0	0	3,216	0.000000
76.03 03957 CARDIAC REHABILITATION	0	0	0	47,054	0.000000
76.04 03190 RADIATION ONCOLOGY	0	0	0	2,926	0.000000
76.05 03951 MRI	0	0	0	3,363,385	0.000000
76.06 03952 BARIATRIC CENTER	0	0	0	0	0.000000
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0.000000
76.08 03953 WOUND CARE	0	0	0	799,822	0.000000
76.09 03954 RENAL DIALYSIS	0	0	0	0	0.000000
76.10 03955 INFUSION	0	0	0	1,569,897	0.000000
76.11 03956 CARE TRANSITION CENTER	0	0	0	0	0.000000
76.12 03958 ANTI COAGULATION CLINIC	0	0	0	540,819	0.000000
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000
90.00 09000 CLINIC	0	0	0	0	0.000000
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0.000000
90.02 09002 RADIOLOGY CLINIC	0	0	0	0	0.000000
90.03 09003 SPECIALTY CLINIC	0	0	0	0	0.000000
91.00 09100 EMERGENCY	0	0	0	60,711,225	0.000000
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	2,492,597	0.000000
200.00 Total (lines 50 through 199)	0	195,162	195,162	392,147,360	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2022 To 12/30/2022		Worksheet D Part IV Date/Time Prepared: 5/31/2023 9:11 am	
		Title XIX		Subprovider - IPF		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	0	0	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0.000000	0	0	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0.000000	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	45,101	0	0	0	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.000000	148	0	0	0	54.01
54.02	05402 ULTRASOUND	0.000000	43,807	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0.000000	33,449	0	0	0	55.01
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.008945	478,928	4,284	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	12,878	0	0	0	63.00
63.01	06301 NUCLEAR MEDICINE	0.000000	0	0	0	0	63.01
65.00	06500 RESPIRATORY THERAPY	0.000000	124,037	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	44,422	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	40,772	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	7,699	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	113,732	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
76.00	03020 PAIN CLINIC	0.000000	0	0	0	0	76.00
76.01	03950 ORTHOPEDICS	0.000000	0	0	0	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0.000000	0	0	0	0	76.02
76.03	03957 CARDIAC REHABILITATION	0.000000	4,960	0	0	0	76.03
76.04	03190 RADIATION ONCOLOGY	0.000000	0	0	0	0	76.04
76.05	03951 MRI	0.000000	74,531	0	0	0	76.05
76.06	03952 BARIATRIC CENTER	0.000000	0	0	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0.000000	0	0	0	0	76.07
76.08	03953 WOUND CARE	0.000000	4,179	0	0	0	76.08
76.09	03954 RENAL DIALYSIS	0.000000	0	0	0	0	76.09
76.10	03955 INFUSION	0.000000	83	0	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	0.000000	0	0	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0.000000	0	0	0	0	76.12
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 RADIOLOGY CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.000000	535,628	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		1,564,354	4,284	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/31/2023 9:11 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,768	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,768	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)		841	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)		332	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)		6,973,948	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)		6,973,948	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)		6,973,948	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		3,944.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,309,587	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)		1,309,587	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet D-1 Date/Time Prepared: 5/31/2023 9:11 am
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	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	984,288	0	0.00	0	0	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 NEWBORN INTENSIVE CARE UNIT	46,523	0	0.00	0	0	47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,221,603	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)					2,531,190	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)					174,678	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					212,150	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					386,828	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,144,362	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)					927	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					3,944.54	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,656,589	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004		Period: From 01/01/2022 To 12/30/2022		Worksheet D-1 Date/Time Prepared: 5/31/2023 9:11 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	930,221	6,973,948	0.133385	3,656,589	487,734	90.00
91.00	Nursing Program cost	0	6,973,948	0.000000	3,656,589	0	91.00
92.00	Allied health cost	0	6,973,948	0.000000	3,656,589	0	92.00
93.00	All other Medical Education	0	6,973,948	0.000000	3,656,589	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2022 To 12/30/2022	Worksheet D-1 Date/Time Prepared: 5/31/2023 9:11 am
		Title XVIII	Subprovider - IPF	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)			7,101 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			7,101 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)			7,101 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)			501 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)			20,163,626 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)			20,163,626 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)			20,163,626 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)			2,839.55 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,422,615 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)			1,422,615 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2022 To 12/30/2022	Worksheet D-1 Date/Time Prepared: 5/31/2023 9:11 am	
				Title XVIII	Subprovider - IPF	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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				121,309		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)				1,543,924		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)				17,455		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				17,670		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				35,125		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				1,508,799		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)				0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00		88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2022 To 12/30/2022	Worksheet D-1 Date/Time Prepared: 5/31/2023 9:11 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description						1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	247,382	20,163,626	0.012269	0	0	90.00
91.00	Nursing Program cost	0	20,163,626	0.000000	0	0	91.00
92.00	Allied health cost	0	20,163,626	0.000000	0	0	92.00
93.00	All other Medical Education	0	20,163,626	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet D-1 Date/Time Prepared: 5/31/2023 9:11 am
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,768	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,768	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)		841	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)		117	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)		6,973,530	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)		6,973,530	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)		6,973,530	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		3,944.30	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		461,483	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)		461,483	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet D-1 Date/Time Prepared: 5/31/2023 9:11 am		
Cost Center Description			Title XIX		Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	984,288	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEWBORN INTENSIVE CARE UNIT	46,523	0	0.00	0	0	47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				110,318	0	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)				0	0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)				571,801	0	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	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)					927	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					3,944.30	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,656,366	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004		Period: From 01/01/2022 To 12/30/2022		Worksheet D-1 Date/Time Prepared: 5/31/2023 9:11 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	930,221	6,973,530	0.133393	3,656,366	487,734	90.00
91.00	Nursing Program cost	0	6,973,530	0.000000	3,656,366	0	91.00
92.00	Allied health cost	0	6,973,530	0.000000	3,656,366	0	92.00
93.00	All other Medical Education	0	6,973,530	0.000000	3,656,366	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2022 To 12/30/2022	Worksheet D-1 Date/Time Prepared: 5/31/2023 9:11 am
		Title XIX	Subprovider - IPF	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)			7,101 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			7,101 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)			7,101 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)			3,141 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)			20,163,626 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)			20,163,626 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)			20,163,626 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)			2,839.55 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			8,919,027 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)			8,919,027 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet D-1	
				Component CCN: 15-S004	Date/Time Prepared: 5/31/2023 9:11 am		
				Title XIX	Subprovider - IPF	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	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					743,661		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)					9,662,688		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)					0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					143,748		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					143,748		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					9,518,940		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)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2022 To 12/30/2022	Worksheet D-1 Date/Time Prepared: 5/31/2023 9:11 am
	Title XIX	Subprovider - IPF	PPS

Cost Center Description						1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	20,163,626	0.000000	0	0	90.00
91.00	Nursing Program cost	0	20,163,626	0.000000	0	0	91.00
92.00	Allied health cost	0	20,163,626	0.000000	0	0	92.00
93.00	All other Medical Education	0	20,163,626	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet D-3 Date/Time Prepared: 5/31/2023 9:11 am	
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		549,055	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	47.909761	0	50.00
50.01	05001	OPEN HEART SURGERY	0.000000	0	50.01
50.02	05002	OUTPATIENT SURGERY	199.171429	0	50.02
51.00	05100	RECOVERY ROOM	6.592963	0	51.00
53.00	05300	ANESTHESIOLOGY	0.004379	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.427860	55,271	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	12.589679	0	54.01
54.02	05402	ULTRASOUND	0.182298	38,621	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.063881	318,208	55.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.666971	0	59.00
60.00	06000	LABORATORY	0.181816	455,716	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.004331	6,342	63.00
63.01	06301	NUCLEAR MEDICINE	84.200426	0	63.01
65.00	06500	RESPIRATORY THERAPY	1.574494	80,746	65.00
66.00	06600	PHYSICAL THERAPY	5.233456	59,417	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.538073	52,673	67.00
68.00	06800	SPEECH PATHOLOGY	5.060141	5,548	68.00
69.00	06900	ELECTROCARDIOLOGY	0.054191	122,163	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.707385	76,038	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3.946815	7,310	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.112374	158,927	73.00
76.00	03020	PAIN CLINIC	0.000000	0	76.00
76.01	03950	ORTHOPEDICS	0.000000	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	197.087376	0	76.02
76.03	03957	CARDIAC REHABILITATION	6.613253	2,264	76.03
76.04	03190	RADIATION ONCOLOGY	0.004101	0	76.04
76.05	03951	MRI	0.146322	42,881	76.05
76.06	03952	BARIATRIC CENTER	0.000000	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000	0	76.07
76.08	03953	WOUND CARE	1.046333	0	76.08
76.09	03954	RENAL DIALYSIS	0.000000	0	76.09
76.10	03955	INFUSION	2.363386	0	76.10
76.11	03956	CARE TRANSITION CENTER	0.000000	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	0.605365	0	76.12
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0.000000	0	90.02
90.03	09003	SPECIALTY CLINIC	0.000000	0	90.03
91.00	09100	EMERGENCY	0.153337	550,826	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.466980	207,456	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,240,407	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)		2,240,407	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet D-3	
		Component CCN: 15-S004		Date/Time Prepared: 5/31/2023 9:11 am	
		Title XVIII	Subprovider - IPF	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			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY		1,600,661	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	47.909761	0	50.00
50.01	05001	OPEN HEART SURGERY	0.000000	0	50.01
50.02	05002	OUTPATIENT SURGERY	199.171429	0	50.02
51.00	05100	RECOVERY ROOM	6.592963	0	51.00
53.00	05300	ANESTHESIOLOGY	0.004379	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.427860	15,400	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	12.589679	0	54.01
54.02	05402	ULTRASOUND	0.182298	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.063881	42,759	55.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.666971	0	59.00
60.00	06000	LABORATORY	0.181816	201,174	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.004331	0	63.00
63.01	06301	NUCLEAR MEDICINE	84.200426	0	63.01
65.00	06500	RESPIRATORY THERAPY	1.574494	283	65.00
66.00	06600	PHYSICAL THERAPY	5.233456	2,612	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.538073	3,807	67.00
68.00	06800	SPEECH PATHOLOGY	5.060141	439	68.00
69.00	06900	ELECTROCARDIOLOGY	0.054191	30,031	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.707385	15,313	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3.946815	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.112374	53,722	73.00
76.00	03020	PAIN CLINIC	0.000000	0	76.00
76.01	03950	ORTHOPEDICS	0.000000	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	197.087376	0	76.02
76.03	03957	CARDIAC REHABILITATION	6.613253	0	76.03
76.04	03190	RADIATION ONCOLOGY	0.004101	0	76.04
76.05	03951	MRI	0.146322	4,169	76.05
76.06	03952	BARIATRIC CENTER	0.000000	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000	0	76.07
76.08	03953	WOUND CARE	1.046333	0	76.08
76.09	03954	RENAL DIALYSIS	0.000000	0	76.09
76.10	03955	INFUSION	2.363386	0	76.10
76.11	03956	CARE TRANSITION CENTER	0.000000	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	0.605365	0	76.12
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0.000000	0	90.02
90.03	09003	SPECIALTY CLINIC	0.000000	0	90.03
91.00	09100	EMERGENCY	0.153337	147,438	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.466980	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		517,147	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)		517,147	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet D-3 Date/Time Prepared: 5/31/2023 9:11 am	
Cost Center Description		Title XIX	Hospital	Cost	
		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		95,632	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	47.909761	0	50.00
50.01	05001	OPEN HEART SURGERY	0.000000	0	50.01
50.02	05002	OUTPATIENT SURGERY	199.171429	0	50.02
51.00	05100	RECOVERY ROOM	6.592963	0	51.00
53.00	05300	ANESTHESIOLOGY	0.004379	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.427860	6,362	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	12.589679	21	54.01
54.02	05402	ULTRASOUND	0.182298	6,180	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.063881	47,185	55.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.666971	0	59.00
60.00	06000	LABORATORY	0.181565	67,559	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.004331	1,817	63.00
63.01	06301	NUCLEAR MEDICINE	84.200426	0	63.01
65.00	06500	RESPIRATORY THERAPY	1.574494	17,497	65.00
66.00	06600	PHYSICAL THERAPY	5.231575	6,266	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.538073	5,751	67.00
68.00	06800	SPEECH PATHOLOGY	5.060141	1,086	68.00
69.00	06900	ELECTROCARDIOLOGY	0.054191	16,043	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.707385	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3.946815	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.112374	24,301	73.00
76.00	03020	PAIN CLINIC	0.000000	0	76.00
76.01	03950	ORTHOPEDICS	0.000000	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	197.087376	0	76.02
76.03	03957	CARDIAC REHABILITATION	6.613253	700	76.03
76.04	03190	RADIATION ONCOLOGY	0.004101	0	76.04
76.05	03951	MRI	0.146322	10,514	76.05
76.06	03952	BARIATRIC CENTER	0.000000	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000	0	76.07
76.08	03953	WOUND CARE	1.046244	590	76.08
76.09	03954	RENAL DIALYSIS	0.000000	0	76.09
76.10	03955	INFUSION	2.363113	12	76.10
76.11	03956	CARE TRANSITION CENTER	0.000000	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	0.605365	0	76.12
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0.000000	0	90.02
90.03	09003	SPECIALTY CLINIC	0.000000	0	90.03
91.00	09100	EMERGENCY	0.153337	75,557	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.466980	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		287,441	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)		287,441	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet D-3	
		Component CCN: 15-S004		Date/Time Prepared: 5/31/2023 9:11 am	
		Title XIX	Subprovider - IPF	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				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT				35.00
40.00	04000 SUBPROVIDER - IPF				40.00
43.00	04300 NURSERY		9,064,280		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	47.909761	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0.000000	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	199.171429	0	0	50.02
51.00	05100 RECOVERY ROOM	6.592963	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.004379	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.427860	45,101	19,297	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	12.589679	148	1,863	54.01
54.02	05402 ULTRASOUND	0.182298	43,807	7,986	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0.063881	33,449	2,137	55.01
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.666971	0	0	59.00
60.00	06000 LABORATORY	0.181816	478,928	87,077	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.004331	12,878	56	63.00
63.01	06301 NUCLEAR MEDICINE	84.200426	0	0	63.01
65.00	06500 RESPIRATORY THERAPY	1.574494	124,037	195,296	65.00
66.00	06600 PHYSICAL THERAPY	5.233456	44,422	232,481	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.538073	40,772	21,938	67.00
68.00	06800 SPEECH PATHOLOGY	5.060141	7,699	38,958	68.00
69.00	06900 ELECTROCARDIOLOGY	0.054191	113,732	6,163	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.707385	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3.946815	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.112374	0	0	73.00
76.00	03020 PAIN CLINIC	0.000000	0	0	76.00
76.01	03950 ORTHOPEDICS	0.000000	0	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	197.087376	0	0	76.02
76.03	03957 CARDIAC REHABILITATION	6.613253	4,960	32,802	76.03
76.04	03190 RADIATION ONCOLOGY	0.004101	0	0	76.04
76.05	03951 MRI	0.146322	74,531	10,906	76.05
76.06	03952 BARIATRIC CENTER	0.000000	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0.000000	0	0	76.07
76.08	03953 WOUND CARE	1.046333	4,179	4,373	76.08
76.09	03954 RENAL DIALYSIS	0.000000	0	0	76.09
76.10	03955 INFUSION	2.363386	83	196	76.10
76.11	03956 CARE TRANSITION CENTER	0.000000	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0.605365	0	0	76.12
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0.000000	0	0	90.01
90.02	09002 RADIOLOGY CLINIC	0.000000	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0.000000	0	0	90.03
91.00	09100 EMERGENCY	0.153337	535,628	82,132	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.466980	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)			1,564,354	743,661
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)			0	201.00
202.00	Net charges (line 200 minus line 201)			1,564,354	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet E Part A Date/Time Prepared: 5/31/2023 9:11 am
		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)	682,251		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	119,211		1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0		1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)	0		1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount	0		2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0		2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)	0		2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	0		2.04
3.00	Managed Care Simulated Payments	649,146		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	7.48		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)		6.11	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.	1.72		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)	4.39		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.93		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)	0.93		12.00
13.00	Total allowable FTE count for the prior year.	6.55		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.	7.94		14.00
15.00	Sum of lines 12 through 14 divided by 3.	5.14		15.00
16.00	Adjustment for residents in initial years of the program (see instructions)	0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00		17.00
18.00	Adjusted rolling average FTE count	5.14		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.687166		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.055316		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.055316		21.00
22.00	IME payment adjustment (see instructions)	23,852		22.00
22.01	IME payment adjustment - Managed Care (see instructions)	19,319		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)	-3.46		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)	23,852		29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	19,319		29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	9.23		30.00
31.00	Percentage of Medicaid patient days (see instructions)	19.98		31.00
32.00	Sum of lines 30 and 31	29.21		32.00
33.00	Allowable disproportionate share percentage (see instructions)	12.00		33.00
34.00	Disproportionate share adjustment (see instructions)	24,044		34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet E Part A Date/Time Prepared: 5/31/2023 9:11 am
		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)		2,411,103	2,552,467 35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)		1,803,372	636,368 35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)		2,439,740	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
41.00	Total ESRD Medicare discharges (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		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	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)		3,289,098	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		3,308,417	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		92,284	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).		22,149	52.00
53.00	Nursing and Allied Health Managed Care payment		148,579	53.00
54.00	Special add-on payments for new technologies		1,825	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)		4,076	58.00
59.00	Total (sum of amounts on lines 49 through 58)		3,577,330	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		3,577,330	61.00
62.00	Deductibles billed to program beneficiaries		107,220	62.00
63.00	Coinurance billed to program beneficiaries		1,945	63.00
64.00	Allowable bad debts (see instructions)		159,688	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		103,797	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		53,513	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		3,571,962	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.75	N95 respirator payment adjustment amount (see instructions)		0	70.75
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		0	70.93
70.94	HRR adjustment amount (see instructions)		-6,591	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet E Part A Date/Time Prepared: 5/31/2023 9:11 am	
		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	70.98
70.99	HAC adjustment amount (see instructions)			26,196	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			3,539,175	71.00
71.01	Sequestration adjustment (see instructions)			44,594	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM or CHART pass-throughs			0	71.03
72.00	Interim payments			1,904,649	72.00
72.01	Interim payments-PARHM or CHART			0	72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM or CHART (for contractor use only)			0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			1,589,932	74.00
74.01	Balance due provider/program-PARHM or CHART (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			53,200	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. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	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. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/31/2023 9:11 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	682,251	0	682,251		682,251	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	119,211	0		119,211	119,211	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0	0		0	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	649,146	0	588,725	60,421	649,146	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.055316	0.055316	0.055316	0.055316		5.00
6.00	IME payment adjustment (see instructions)	22.00	23,852	0	20,304	3,548	23,852	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	19,319	0	17,521	1,798	19,319	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	23,852	0	20,304	3,548	23,852	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	19,319	0	17,521	1,798	19,319	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1200	0.1200	0.1200	0.1200		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	24,044	0	20,468	3,576	24,044	11.00
11.01	Uncompensated care payments	36.00	2,439,740	0	1,803,372	643,362	2,446,734	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	3,289,098	0	2,519,401	769,697	3,289,098	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	3,308,417	0	2,536,922	771,495	3,308,417	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	92,284	0	79,135	13,149	92,284	16.00
17.00	Special add-on payments for new technologies	54.00	1,825	0	1,825	0	1,825	17.00
17.01	Net organ acquisition cost							17.01

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/31/2023 9:11 am

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL		0	2,617,882	784,644	3,402,526		19.00
	W/S L, line	(Amounts from L)						
	0	1.00	2.00	3.00	4.00	5.00		
20.00	Capital DRG other than outlier	1.00	60,435	0	51,824	8,611	60,435	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	0	0	0	0	0	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.5270	0.5270	0.5270	0.5270		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	31,849	0	27,311	4,538	31,849	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	92,284	0	79,135	13,149	92,284	26.00
	W/S E, Part A line	(Amounts to E, Part A)						
	0	1.00	2.00	3.00	4.00	5.00		
27.00	Low volume adjustment factor			0.000000	0.000000			27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96		0			0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0004		Period: From 01/01/2022 To 12/30/2022		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/31/2023 9:11 am	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	682,251	682,251		682,251	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	119,211		119,211	119,211	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0		0	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	649,146	588,725	60,421	649,146	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.055316	0.055316	0.055316		5.00
6.00	IME payment adjustment (see instructions)	22.00	23,852	20,304	3,548	23,852	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	19,319	17,521	1,798	19,319	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	23,852	20,304	3,548	23,852	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	19,319	17,521	1,798	19,319	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1200	0.1200	0.1200		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	24,044	20,468	3,576	24,044	11.00
11.01	Uncompensated care payments	36.00	2,439,740	1,803,372	636,368	2,439,740	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	3,289,098	2,526,395	762,703	3,289,098	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	3,308,417	2,543,916	764,501	3,308,417	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	92,284	79,135	13,149	92,284	16.00
17.00	Special add-on payments for new technologies	54.00	1,825	1,825	0	1,825	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			2,624,876	777,650	3,402,526	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/31/2023 9:11 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	60,435	51,824	8,611	60,435	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	0	0	0	0	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.5270	0.5270	0.5270		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	31,849	27,311	4,538	31,849	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	92,284	79,135	13,149	92,284	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	0	0	0	0	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-6,591	-5,267	-1,324	-6,591	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		26,196	0	26,196	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet E Part B Date/Time Prepared: 5/31/2023 9:11 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		16	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		15,640,309	2.00
3.00	OPPS payments		17,052,406	3.00
4.00	Outlier payment (see instructions)		2,455	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		6,346	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		16	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		140	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)		140	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		140	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		124	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)		16	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)		17,061,207	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,087,534	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)		13,973,689	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		85,038	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		14,058,727	30.00
31.00	Primary payer payments		182	31.00
32.00	Subtotal (line 30 minus line 31)		14,058,545	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		225,922	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		146,849	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		154,587	36.00
37.00	Subtotal (see instructions)		14,205,394	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)		14,205,394	40.00
40.01	Sequestration adjustment (see instructions)		178,987	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM or CHART pass-throughs		0	40.03
41.00	Interim payments		14,479,705	41.00
41.01	Interim payments-PARHM or CHART		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM or CHART (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-453,298	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
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet E Part B Date/Time Prepared: 5/31/2023 9:11 am
Title XVIII		Hospital	PPS
			1.00
200.00	MEDI CARE PART B ANCI LLARY COSTS Part B Combined Billed Days		0 200.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2022 To 12/30/2022	Worksheet E Part B Date/Time Prepared: 5/31/2023 9:11 am
		Title XVIII	Subprovider - IPF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,926	2.00
3.00	OPPS payments		5,336	3.00
4.00	Outlier payment (see instructions)		0	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		28	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		5,364	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		120	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)		5,244	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		5,244	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		5,244	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		5,244	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	39.50
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)		5,244	40.00
40.01	Sequestration adjustment (see instructions)		66	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM or CHART pass-throughs		0	40.03
41.00	Interim payments		5,118	41.00
41.01	Interim payments-PARHM or CHART		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM or CHART (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		60	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
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2022 To 12/30/2022	Worksheet E Part B Date/Time Prepared: 5/31/2023 9:11 am
	Title XVIII	Subprovider - IPF	PPS
	1.00	MEDI CARE PART B ANCILLARY COSTS	
200.00	Part B Combined Billed Days		200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet E-1
Part I
Date/Time Prepared:
5/31/2023 9:11 am

		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		965,094		13,807,035	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	12/31/2022	939,555	12/31/2022	672,670	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)		939,555		672,670	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)		1,904,649		14,479,705	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		1,589,932		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		453,298	6.02	
7.00	Total Medicare program liability (see instructions)		3,494,581		14,026,407	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2022 To 12/30/2022	Worksheet E-1 Part I Date/Time Prepared: 5/31/2023 9:11 am		
		Title XVIII	Subprovider - IPF	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		354,657		5,118	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)		354,657		5,118	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		658		60	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		355,315		5,178	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: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet E-1 Part II Date/Time Prepared: 5/31/2023 9:11 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2022 To 12/30/2022	Worksheet E-3 Part II Date/Time Prepared: 5/31/2023 9:11 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		476,622	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		19.508242	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9))) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		476,622	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		476,622	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		476,622	18.00
19.00	Deductibles		69,948	19.00
20.00	Subtotal (line 18 minus line 19)		406,674	20.00
21.00	Coinsurance		48,625	21.00
22.00	Subtotal (line 20 minus line 21)		358,049	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		358,049	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		1,800	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.98	Recovery of accelerated depreciation.		0	30.98
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		359,849	31.00
31.01	Sequestration adjustment (see instructions)		4,534	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		354,657	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		658	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.		0.000000	99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)		0.000000	99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet E-3 Part VII Date/Time Prepared: 5/31/2023 9:11 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		571,801		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant programs only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		571,801	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		571,801	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		95,611		8.00
9.00	Ancillary service charges		287,441	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		383,052	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		383,052	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		188,749	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		383,052	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		383,052	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		188,749	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		383,052	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinsurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		383,052	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		383,052	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		383,052	0	40.00
41.00	Interim payments		184,547	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		198,505	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2022 To 12/30/2022	Worksheet E-3 Part VII Date/Time Prepared: 5/31/2023 9:11 am
		Title XIX	Subprovider - IPF	PPS
			Inpatient 1.00	Outpatient 2.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		0	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant programs only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		9,064,280	8.00
9.00	Ancillary service charges		1,564,354	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		10,628,634	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	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	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		10,628,634	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		10,628,634	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		4,284	26.00
27.00	Subtotal (sum of lines 22 through 26)		4,284	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		4,284	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		4,284	31.00
32.00	Deductibles		0	32.00
33.00	Coinsurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		4,284	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		4,284	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		4,284	40.00
41.00	Interim payments		3,439,826	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-3,435,542	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet E-4 Date/Time Prepared: 5/31/2023 9:11 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			6.11	1.00
1.01	FTE cap adjustment under §131 of the CAA 2021 (see instructions)			0.00	1.01
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
2.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)				2.26
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			1.75	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
3.02	Adjustment (increase or decrease) to the hospital's rural track FTE limitation(s) for rural track programs with a rural track Medicare GME affiliation agreement in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)				3.02
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
4.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)				4.21
5.00	FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus lines 2.26 through 2.49, minus lines 3 and 3.01, plus or minus line 3.02, plus or minus line 4, plus lines 4.01 through 4.27)			4.36	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.93	6.00
7.00	Enter the lesser of line 5 or line 6			0.93	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.93	0.93	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6. For cost reporting periods beginning on or after October 1, 2022, or if Worksheet S-2, Part I, line 68, is "Y", see instructions.	0.00	0.93	0.93	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.93		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	6.53		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	7.91		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	5.12		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	5.12		17.00
18.00	Per resident amount	0.00	97,814.78		18.00
18.01	Per resident amount under §131 of the CAA 2021				18.01
19.00	Approved amount for resident costs	0	500,812	500,812	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			500,812	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet E-4 Date/Time Prepared: 5/31/2023 9:11 am	
		Title XVIII	Hospital	PPS	
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	833	896		26.00
27.00	Total Inpatient Days (see instructions)	7,942	7,942		27.00
28.00	Ratio of inpatient days to total inpatient days	0.104885	0.112818		28.00
29.00	Program direct GME amount	52,528	56,501	109,029	29.00
29.01	Percent reduction for MA DGME		3.26		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		1,842	1,842	30.00
31.00	Net Program direct GME amount			107,187	31.00
				1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)					
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			4,075,114	37.00
38.00	Organ acquisition and HSCT acquisition costs (see instructions)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			4,075,114	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			15,650,625	42.00
43.00	Primary payer payments (see instructions)			4,893	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			15,645,732	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			19,720,846	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.206640	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.793360	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			107,187	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			22,149	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			85,038	50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet E-5 Date/Time Prepared: 5/31/2023 9:11 am
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: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet G

Date/Time Prepared:
5/31/2023 9:11 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	17,824,311	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	5,810,390	0	0	0	4.00
5.00	Other receivable	838,131	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	699,751	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	25,172,583	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,263,494	0	0	0	12.00
13.00	Land improvements	3,655,975	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	44,817,942	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	147,679	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	128,122,556	0	0	0	23.00
24.00	Accumulated depreciation	-173,328,751	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	5,678,895	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	105,200,228	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	105,200,228	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	136,051,706	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,493,253	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,511,745	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	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	1,321,755	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	11,326,753	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	1,463,646	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	15,466,426	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	16,930,072	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	28,256,825	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	107,794,881				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)	107,794,881	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	136,051,706	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet G-1

Date/Time Prepared:
5/31/2023 9:11 am

		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		107,747,268		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		47,613			2.00
3.00	Total (sum of line 1 and line 2)		107,794,881		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		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)		107,794,881		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		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)		107,794,881		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: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/31/2023 9:11 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	3,786,063		3,786,063	1.00
2.00	SUBPROVIDER - IPF	24,496,821		24,496,821	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	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	28,282,884		28,282,884	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	0		0	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	NEWBORN INTENSIVE CARE UNIT	0		0	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	28,282,884		28,282,884	17.00
18.00	Ancillary services	241,246	328,702,290	328,943,536	18.00
19.00	Outpatient services	269,040	62,934,782	63,203,822	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		20,320,457	20,320,457	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NRCC	0	2,333,937	2,333,937	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	28,793,170	414,291,466	443,084,636	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		122,727,093		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		122,727,093		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0004

Period:
From 01/01/2022
To 12/30/2022

Worksheet G-3

Date/Time Prepared:
5/31/2023 9:11 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	443,084,636	1.00
2.00	Less contractual allowances and discounts on patients' accounts	325,414,085	2.00
3.00	Net patient revenues (line 1 minus line 2)	117,670,551	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	122,727,093	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-5,056,542	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	1,721,409	24.00
24.01	TOTAL NON-OPERATING REVENUE	3,332,889	24.01
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	5,054,298	25.00
26.00	Total (line 5 plus line 25)	-2,244	26.00
27.00	OTHER	-49,857	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-49,857	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	47,613	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0004

Period: From 01/01/2022

Worksheet H

HHA CCN: 15-7145

To 12/30/2022

Date/Time Prepared: 5/31/2023 9:11 am

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	1,795,483	0	0	0	1,354,839	3,150,322	5.00
HHA REIMBURSABLE SERVICES							
6.00	2,002,524	0	0	0	0	2,002,524	6.00
7.00	329,731	0	0	0	0	329,731	7.00
8.00	1,768,035	0	0	0	0	1,768,035	8.00
9.00	0	0	0	0	0	0	9.00
10.00	0	0	0	0	0	0	10.00
11.00	0	0	0	0	0	0	11.00
12.00	0	0	0	0	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	68,638	0	0	0	0	68,638	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
23.50	0	0	0	0	0	0	23.50
24.00	5,964,411	0	0	0	1,354,839	7,319,250	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-453,939	2,696,383	0	2,696,383			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	2,002,524	0	2,002,524			6.00
7.00	0	329,731	0	329,731			7.00
8.00	0	1,768,035	0	1,768,035			8.00
9.00	0	0	0	0			9.00
10.00	0	0	0	0			10.00
11.00	0	0	0	0			11.00
12.00	0	0	0	0			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	68,638	0	68,638			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
23.50	0	0	0	0			23.50
24.00	-453,939	6,865,311	0	6,865,311			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0004 HHA CCN: 15-7145		Period: From 01/01/2022 To 12/30/2022		Worksheet H-1 Part I Date/Time Prepared: 5/31/2023 9:11 am	
				Home Health Agency I		PPS	
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	2,696,383	0	0	0	2,696,383	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,002,524	0	0	0	2,002,524	6.00
7.00	Physical Therapy	329,731	0	0	0	329,731	7.00
8.00	Occupational Therapy	1,768,035	0	0	0	1,768,035	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	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	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	68,638	0	0	0	68,638	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	6,865,311	0	0	0	6,865,311	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	2,696,383					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,295,194	3,297,718				6.00
7.00	Physical Therapy	213,264	542,995				7.00
8.00	Occupational Therapy	1,143,531	2,911,566				8.00
9.00	Speech Pathology	0	0				9.00
10.00	Medical Social Services	0	0				10.00
11.00	Home Health Aide	0	0				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	44,394	113,032				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)		6,865,311				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0004

Period: From 01/01/2022

Worksheet H-1

HHA CCN: 15-7145

To 12/30/2022

Part II
Date/Time Prepared:
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	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
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	-2,696,383	4,168,928
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	2,002,524
7.00	Physical Therapy	0	0	0	0	0	329,731
8.00	Occupational Therapy	0	0	0	0	0	1,768,035
9.00	Speech Pathology	0	0	0	0	0	0
10.00	Medical Social Services	0	0	0	0	0	0
11.00	Home Health Aide	0	0	0	0	0	0
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	68,638
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-2,696,383	4,168,928
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	2,696,383
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.646781

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0004

Period: From 01/01/2022

Worksheet H-2

HHA CCN: 15-7145

To 12/30/2022

Part I
Date/Time Prepared:
5/31/2023 9:11 am

Home Health
Agency I

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Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
	0	194,301	970	1,625,972	1,821,243	234,851	1.00	
1.00 Administrative and General	0	194,301	970	1,625,972	1,821,243	234,851	1.00	
2.00 Skilled Nursing Care	3,297,718	0	0	0	3,297,718	425,244	2.00	
3.00 Physical Therapy	542,995	0	0	0	542,995	70,020	3.00	
4.00 Occupational Therapy	2,911,566	0	0	0	2,911,566	375,449	4.00	
5.00 Speech Pathology	0	0	0	0	0	0	5.00	
6.00 Medical Social Services	0	0	0	0	0	0	6.00	
7.00 Home Health Aide	0	0	0	0	0	0	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	113,032	0	0	0	113,032	14,576	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	6,865,311	194,301	970	1,625,972	8,686,554	1,120,140	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00	
Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
	6.00	7.00	8.00	9.00	10.00	11.00		
1.00 Administrative and General	29,268	455,166	0	62,652	0	125,636	1.00	
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00	
3.00 Physical Therapy	0	0	0	0	0	0	3.00	
4.00 Occupational Therapy	0	0	0	0	0	0	4.00	
5.00 Speech Pathology	0	0	0	0	0	0	5.00	
6.00 Medical Social Services	0	0	0	0	0	0	6.00	
7.00 Home Health Aide	0	0	0	0	0	0	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	29,268	455,166	0	62,652	0	125,636	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: 15-0004	Period: From 01/01/2022	Worksheet H-2
		HHA CCN: 15-7145	To 12/30/2022	Part I
				Date/Time Prepared: 5/31/2023 9:11 am
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Cost Center Description	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE	INTERNS & RESIDENTS	
	ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY		SERVICES-OTHER PRGM COSTS APPRV	
	13.00	14.00	15.00	16.00	17.00	22.00	
1.00 Administrative and General	0	0	0	83,899	3,343	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	0	0	83,899	3,343	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PARAMED PRGM	PARAMED PRGM - LAB 4+1	PARAMED PRGM - RADIOLOGY	PARAMED PRGM - RESPTHER	PARAMED PRGM-PHARMACY	PARAMED PRGM-EMT	
	23.00	23.01	23.02	23.03	23.04	23.05	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(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: 15-0004

Period: From 01/01/2022

Worksheet H-2

HHA CCN: 15-7145

To 12/30/2022

Part I
Date/Time Prepared:
5/31/2023 9:11 am

Home Health Agency I

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Cost Center Description	PARAMED ED PRGM - LAB 3+1	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	23.06	24.00	25.00	26.00	27.00	28.00	
1.00 Administrative and General	0	2,816,058	0	2,816,058			1.00
2.00 Skilled Nursing Care	0	3,722,962	0	3,722,962	1,352,681	5,075,643	2.00
3.00 Physical Therapy	0	613,015	0	613,015	222,729	835,744	3.00
4.00 Occupational Therapy	0	3,287,015	0	3,287,015	1,194,284	4,481,299	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	127,608	0	127,608	46,364	173,972	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	10,566,658	0	10,566,658	2,816,058	10,566,658	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.					0.363334		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: 15-0004 HHA CCN: 15-7145	Period: From 01/01/2022 To 12/30/2022	Worksheet H-2 Part II Date/Time Prepared: 5/31/2023 9:11 am
			Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	11,759	762	5,801,138	0	1,821,243	11,759	1.00
2.00 Skilled Nursing Care	0	0	0	0	3,297,718	0	2.00
3.00 Physical Therapy	0	0	0	0	542,995	0	3.00
4.00 Occupational Therapy	0	0	0	0	2,911,566	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	113,032	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)	11,759	762	5,801,138	0	8,686,554	11,759	20.00
21.00 Total cost to be allocated	194,301	970	1,625,972		1,120,140	29,268	21.00
22.00 Unit cost multiplier	16.523599	1.272966	0.280285		0.128951	2.488987	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	NURSING ADMINISTRATION (DIRECT NRS ING)	
	7.00	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	11,759	0	11,759	0	142,492	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	11,759	0	11,759	0	142,492	0	20.00
21.00 Total cost to be allocated	455,166	0	62,652	0	125,636	0	21.00
22.00 Unit cost multiplier	38.707883	0.000000	5.328004	0.000000	0.881706	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0004 HHA CCN: 15-7145	Period: From 01/01/2022 To 12/30/2022	Worksheet H-2 Part II Date/Time Prepared: 5/31/2023 9:11 am
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		Home Health Agency I	PPS
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Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICES (GROSS CHARGES)	INTERNS & RESIDENTS	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	
	14.00	15.00	16.00	17.00		22.00	23.00	
1.00 Administrative and General	0	0	20,138,928	20,138,928	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	20,138,928	20,138,928	0	0	0	20.00
21.00 Total cost to be allocated	0	0	83,899	3,343	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.004166	0.000166	0.000000	0.000000	0.000000	22.00
Cost Center Description	PARAMED ED PRGM - LAB 4+1 (ASSIGNED TIME)	PARAMED ED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED ED PRGM - RESPTHER (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM-EMT (ASSIGNED TIME)	PARAMED ED PRGM - LAB 3+1 (ASSIGNED TIME)		
	23.01	23.02	23.03	23.04	23.05	23.06		
1.00 Administrative and General	0	0	0	0	0	0	1.00	
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00	
3.00 Physical Therapy	0	0	0	0	0	0	3.00	
4.00 Occupational Therapy	0	0	0	0	0	0	4.00	
5.00 Speech Pathology	0	0	0	0	0	0	5.00	
6.00 Medical Social Services	0	0	0	0	0	0	6.00	
7.00 Home Health Aide	0	0	0	0	0	0	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19)	0	0	0	0	0	0	20.00	
21.00 Total cost to be allocated	0	0	0	0	0	0	21.00	
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00	

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0004 HHA CCN: 15-7145	Period: From 01/01/2022 To 12/30/2022	Worksheet H-3 Part I Date/Time Prepared: 5/31/2023 9:11 am	
				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 5,075,643		5,075,643	20,995	241.75	1.00
2.00	Physical Therapy	3.00 835,744	0	835,744	23,524	35.53	2.00
3.00	Occupational Therapy	4.00 4,481,299	0	4,481,299	3,337	1,342.91	3.00
4.00	Speech Pathology	5.00 0	0	0	377	0.00	4.00
5.00	Medical Social Services	6.00 0		0	18	0.00	5.00
6.00	Home Health Aide	7.00 0		0	2,365	0.00	6.00
7.00	Total (sum of lines 1-6)		0	10,392,686	50,616		7.00
Program Visits							
Part B							
Not Subject to Deductibles & Coinsurance							
Subject to Deductibles							
	0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation							
8.00	Skilled Nursing Care	16984	0	12			8.00
8.01	Skilled Nursing Care	23844	0	6,239			8.01
8.02	Skilled Nursing Care	33140	0	3,483			8.02
8.03	Skilled Nursing Care	43780	0	11			8.03
8.04	Skilled Nursing Care	99915	0	0			8.04
9.00	Physical Therapy	16984	0	19			9.00
9.01	Physical Therapy	23844	0	6,316			9.01
9.02	Physical Therapy	33140	0	3,735			9.02
9.03	Physical Therapy	43780	0	19			9.03
9.04	Physical Therapy	99915	0	6			9.04
10.00	Occupational Therapy	16984	0	22			10.00
10.01	Occupational Therapy	23844	0	713			10.01
10.02	Occupational Therapy	33140	0	600			10.02
10.03	Occupational Therapy	43780	0	5			10.03
10.04	Occupational Therapy	99915	0	0			10.04
11.00	Speech Pathology	16984	0	4			11.00
11.01	Speech Pathology	23844	0	155			11.01
11.02	Speech Pathology	33140	0	18			11.02
11.03	Speech Pathology	43780	0	1			11.03
11.04	Speech Pathology	99915	0	0			11.04
12.00	Medical Social Services	16984	0	0			12.00
12.01	Medical Social Services	23844	0	4			12.01
12.02	Medical Social Services	33140	0	3			12.02
12.03	Medical Social Services	43780	0	0			12.03
12.04	Medical Social Services	99915	0	0			12.04
13.00	Home Health Aide	16984	0	0			13.00
13.01	Home Health Aide	23844	0	763			13.01
13.02	Home Health Aide	33140	0	653			13.02
13.03	Home Health Aide	43780	0	0			13.03
13.04	Home Health Aide	99915	0	0			13.04
14.00	Total (sum of lines 8-13)		0	22,781			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	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00 0	0	0	0	0.000000	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0004 HHA CCN: 15-7145	Period: From 01/01/2022 To 12/30/2022	Worksheet H-3 Part I Date/Time Prepared: 5/31/2023 9:11 am
		Title XVIII	Home Health Agency I	PPS

Cost Center Description	Program Visits			Cost of Services			
	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance	
	6.00	7.00	8.00	9.00	10.00	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	9,745		0	2,355,854	1.00
2.00	Physical Therapy	0	10,095		0	358,675	2.00
3.00	Occupational Therapy	0	1,340		0	1,799,499	3.00
4.00	Speech Pathology	0	178		0	0	4.00
5.00	Medical Social Services	0	7		0	0	5.00
6.00	Home Health Aide	0	1,416		0	0	6.00
7.00	Total (sum of lines 1-6)	0	22,781		0	4,514,028	7.00
Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00

Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
8.03	Skilled Nursing Care						8.03
8.04	Skilled Nursing Care						8.04
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
9.03	Physical Therapy						9.03
9.04	Physical Therapy						9.04
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
10.03	Occupational Therapy						10.03
10.04	Occupational Therapy						10.04
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
11.03	Speech Pathology						11.03
11.04	Speech Pathology						11.04
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
12.03	Medical Social Services						12.03
12.04	Medical Social Services						12.04
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
13.03	Home Health Aide						13.03
13.04	Home Health Aide						13.04
14.00	Total (sum of lines 8-13)						14.00

Cost Center Description	Program Covered Charges			Cost of Services			
	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance	
	6.00	7.00	8.00	9.00	10.00	11.00	

Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	101,756	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0004
HHA CCN: 15-7145

Period:
From 01/01/2022
To 12/30/2022

Worksheet H-3
Part I
Date/Time Prepared:
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Title XVIII

Home Health
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Cost Center Description		Total Program Cost (sum of cols. 9-10)		
		12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION				
Cost Per Visit Computation				
1.00	Skilled Nursing Care	2,355,854		1.00
2.00	Physical Therapy	358,675		2.00
3.00	Occupational Therapy	1,799,499		3.00
4.00	Speech Pathology	0		4.00
5.00	Medical Social Services	0		5.00
6.00	Home Health Aide	0		6.00
7.00	Total (sum of lines 1-6)	4,514,028		7.00
Cost Center Description		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
8.04	Skilled Nursing Care			8.04
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
9.04	Physical Therapy			9.04
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
10.04	Occupational Therapy			10.04
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
11.04	Speech Pathology			11.04
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
12.04	Medical Social Services			12.04
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
13.04	Home Health Aide			13.04
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0004
HHA CCN: 15-7145

Period:
From 01/01/2022
To 12/30/2022

Worksheet H-3
Part II
Date/Time Prepared:
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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	5.231575	0	0	col. 2, line 2.00	1.00
2.00	Occupational Therapy	67.00	0.538073	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	5.060141	0	0	col. 2, line 4.00	3.00
4.00	Cost of Medical Supplies	71.00	1.707385	0	0	col. 2, line 15.00	4.00
5.00	Cost of Drugs	73.00	0.112374	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004 HHA CCN: 15-7145	Period: From 01/01/2022 To 12/30/2022	Worksheet H-4 Part I-11 Date/Time Prepared: 5/31/2023 9:11 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	4,711	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	-4,711
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	4,794,416
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	573,892
13.00	Total PPS Reimbursement - LUPA Episodes		0	85,952
14.00	Total PPS Reimbursement - PEP Episodes		0	31,465
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	143,582
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	903
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	5,625,499
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	5,625,499
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	5,625,499
27.00	Allowable bad debts (from your records)		0	0
27.01	Adjusted reimbursable bad debts (see instructions)		0	0
28.00	Allowable bad debts for dual eligible (see instructions)		0	0
29.00	Total costs - current cost reporting period (see instructions)		0	5,625,499
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	5,625,499
31.01	Sequestration adjustment (see instructions)		0	72,704
31.02	Demonstration payment adjustment after sequestration		0	-1
31.75	Sequestration adjustment for non-claims based amounts (see instructions)		0	0
32.00	Interim payments (see instructions)		0	5,552,796
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 31.75, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet H-5
	HHA CCN: 15-7145	Home Health Agency I	Date/Time Prepared: 5/31/2023 9:11 am 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		5,552,796	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		5,552,796	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		5,552,796	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: 15-0004	Period: From 01/01/2022 To 12/30/2022	Worksheet L Parts I-III Date/Time Prepared: 5/31/2023 9:11 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		60,435	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		0	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		2.31	3.00
4.00	Number of interns & residents (see instructions)		5.14	4.00
5.00	Indirect medical education percentage (see instructions)		52.70	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)		31,849	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)		92,284	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00