

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: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet S Parts I-III Date/Time Prepared: 5/30/2023 7:13 pm
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PART I - COST REPORT STATUS

Provider use only 1. Electronically prepared cost report Date: 5/30/2023 Time: 7:13 pm
 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.

Contractor use only 5. Cost Report Status 6. Date Received: 10. NPR Date:
 (1) As Submitted 7. Contractor No. 11. Contractor's Vendor Code: 4
 (2) Settled without Audit 8. Initial Report for this Provider CCN 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.
 (3) Settled with Audit 9. Final Report for this Provider CCN
 (4) Reopened
 (5) Amended

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 LAFAYETTE (15-0109) for the cost reporting period beginning 01/01/2022 and ending 12/31/2022 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			I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name			2
3	Signatory Title			3
4	Date			4

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	1,280,620	-271,148	0	18,843,402 1.00
2.00	SUBPROVIDER - IPF	0	0	0		0 2.00
3.00	SUBPROVIDER - IRF	0	-40,555	26		2,744 3.00
5.00	SWING BED - SNF	0	0	0		0 5.00
6.00	SWING BED - NF	0				0 6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0 9.00
200.00	TOTAL	0	1,240,065	-271,122	0	18,846,146 200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The number for this information collection is OMB 0938-0050 and the number for the Supplement to Form CMS 2552-10, Worksheet N95, is OMB 0938-1425. The time required to complete and review the information collection is estimated 675 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0109		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 7:13 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1701 SOUTH CREASY LANE			PO Box:						1.00	
2.00	City: LAFAYETTE			State: IN		Zip Code: 47905-		County: TIPPECANOE		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	
		V		XVIII		XIX					
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		FRANCISCAN HEALTH LAFAYETTE	150109	29200	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		FRANCISCAN HEALTH LAFAYETTE REHAB	15T109	29200	5	01/01/1995	N	P	O	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		FRANCISCAN HOME CARE	157124	29200		07/06/1966	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		FRANCISCAN HEALTH LAFAYETTE HOSPICE	151563	29200		01/01/1984				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
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	12/31/2022		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)					N	N		22.03		
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						Y		22.04		
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)								22.04		
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.								22.04		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0109			Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 7:13 pm		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	685	210	73	16	10,590	242	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	282		25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	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 impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N			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.								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)		20.00	1	60.01		
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.02		
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.03		
		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)				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	
						1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
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
						N	
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings 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

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			Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	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 Nonprovi der Si te	Unweighted FTEs in Hospi tal	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	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	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	

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0109		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 7:13 pm	
		V		XIX			
		1.00		2.00			
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? 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
						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	
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	
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 7:13 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	617,498	93,501	399,457
		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	
119.00	DO NOT USE THIS LINE			
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
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	
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.		Y	5.06
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.			
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	
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.			
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.			
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.			
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.			
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.			
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.			
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.			
133.00	Removed and reserved			
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.			
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	158014
		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: FRANCISCAN ALLIANCE, INC.	Contractor's Name: WPS	Contractor's Number: 08101	
142.00	Street: 1515 DRAGOON TRAIL	PO Box: 1290		
143.00	City: MISHAWAKA	State: IN	Zip Code: 46546-1290	
			1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	
		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y	
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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0109		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 7:13 pm		
1.00								
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00	
161.00	CMHC		N	N	N	N	161.00	
1.00								
Multi campus								
165.00	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	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
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
		Beginni ng	Endi ng					
		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. 1, 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: 15-0109		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part II Date/Time Prepared: 5/30/2023 7:13 pm	
		Y/N	Date				
		1.00	2.00				
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	05/26/2023			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N			Legal Oper.		
		1.00			2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	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.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					2.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/05/2023	Y	04/05/2023		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

		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			Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N		31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			Y		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N		33.00
Provider-Based Physicians						
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			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.	PAMELA		MEI SER		41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCIS CAN HEALTH				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	734-777-7602		PAMELA.MEI.SER@FRANCIS CANALLIANCE.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-2
Part II
Date/Time Prepared:
5/30/2023 7:13 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	COST REPORT ANALYST	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: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2023 7:13 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	Title V	
	Line No.				Visits / Trips		
	1.00	2.00	3.00	4.00	5.00		
PART I - STATISTICAL DATA							
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	146	53,290	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)		146	53,290	0.00	0		7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,205	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 NEONATAL INTENSIVE CARE UNIT	35.00	14	5,110	0.00	0		12.00
13.00 NURSERY	43.00				0		13.00
14.00 Total (see instructions)		177	64,605	0.00	0		14.00
15.00 CAH visits					0		15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	41.00	15	5,475		0		17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	101.00				0		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE	116.00	0	0				24.00
24.10 HOSPICE (non-distinct part)	30.00						24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0		26.25
27.00 Total (sum of lines 14-26)		192					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: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2023 7:13 pm

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)	11,359	362	31,984		1.00
2.00	HMO and other (see instructions)	9,160	7,230			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	1,250	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)	11,359	362	31,984		7.00
8.00	INTENSIVE CARE UNIT	1,583	535	4,593		8.00
9.00	CORONARY CARE UNIT					9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT					11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	1,880	3,378		12.00
13.00	NURSERY		1,567	2,917		13.00
14.00	Total (see instructions)	12,942	4,344	42,872	0.00	1,291.57
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF	1,250	228	2,534	0.00	19.02
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY	11,103	0	22,875	0.00	32.24
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE	0	0	0	0.00	40.33
24.10	HOSPICE (non-distinct part)			0		24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				0.00	1,383.16
28.00	Observation Bed Days		0	761		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	242	242		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: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2023 7:13 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
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	2,672	1,557	9,889	1.00
2.00	HMO and other (see instructions)			1,555	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	2,672	1,557	9,889	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	101	18	186	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						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: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2023 7:13 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	139,994,413	0	139,994,413	3,091,368.00	45.29
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		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FOHC 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		21,583,128	0	21,583,128	546,832.00	39.47
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		27,713,898	438,336	28,152,234	332,451.00	84.68
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		14,461,866	0	14,461,866	120,889.00	119.63
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		312,657	0	312,657	2,104.00	148.60
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		23,535,986	0	23,535,986	596,310.00	39.47
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)		17,531,667	0	17,531,667		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		4,412,965	0	4,412,965		
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		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		7,194,425	0	7,194,425		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2023 7:13 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	279,535	-223,628	55,907	7,952.00	7.03	26.00
27.00	Administrative & General	28,823,122	0	28,823,122	230,786.00	124.89	27.00
28.00	Administrative & General under contract (see inst.)	1,371,281	0	1,371,281	10,835.00	126.56	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,797,122	0	2,797,122	106,062.97	26.37	30.00
31.00	Laundry & Linen Service	539,259	0	539,259	21,941.87	24.58	31.00
32.00	Housekeeping	2,134,185	0	2,134,185	102,755.81	20.77	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,282,898	-898,451	1,384,447	64,714.62	21.39	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	898,451	898,451	42,004.99	21.39	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	4,013,782	0	4,013,782	97,038.64	41.36	38.00
39.00	Central Services and Supply	387,102	0	387,102	19,657.50	19.69	39.00
40.00	Pharmacy	2,815,767	-58,676	2,757,091	64,346.80	42.85	40.00
41.00	Medical Records & Medical Records Library	87,660	-61,362	26,298	1,212.00	21.70	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2023 7:13 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation 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)	119,782,566	0	119,782,566	2,555,371.00	46.87	1.00
2.00	Excluded area salaries (see instructions)	27,713,898	438,336	28,152,234	332,451.00	84.68	2.00
3.00	Subtotal salaries (line 1 minus line 2)	92,068,668	-438,336	91,630,332	2,222,920.00	41.22	3.00
4.00	Subtotal other wages & related costs (see inst.)	38,310,509	0	38,310,509	719,303.00	53.26	4.00
5.00	Subtotal wage-related costs (see inst.)	24,726,092	0	24,726,092	0.00	26.98	5.00
6.00	Total (sum of lines 3 thru 5)	155,105,269	-438,336	154,666,933	2,942,223.00	52.57	6.00
7.00	Total overhead cost (see instructions)	45,531,713	-343,666	45,188,047	769,308.20	58.74	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2023 7:13 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	10,273,616	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	5,641,349	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)	15,054,652	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	572,521	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	9,453,296	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)	40,995,434	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: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part V Date/Time Prepared: 5/30/2023 7:13 pm
Cost Center Description			Contract Labor	Benefit Cost
PART V - Contract Labor and Benefit Cost			1.00	2.00
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	SUBPROVIDER - IPF			0 3.00
4.00	SUBPROVIDER - IRF		0	0 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 8.00
9.00	NURSING FACILITY			0 9.00
10.00	OTHER LONG TERM CARE I			0 10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	RENAL DIALYSIS I		0	0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0109 Component CCN: 15-7124	Period: From 01/01/2022 To 12/31/2022	Worksheet S-4 Date/Time Prepared: 5/30/2023 7:13 pm
			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	716.00	0.00	0.00	0.00	2.00
		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week			Staff	Contract	Total
		0			1.00	2.00	3.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES								
3.00	Administrator and Assistant Administrator(s)	40.00			1.00	0.00	1.00	3.00
4.00	Director(s) and Assistant Director(s)				1.00	0.00	1.00	4.00
5.00	Other Administrative Personnel				10.00	0.00	10.00	5.00
6.00	Direct Nursing Service				35.00	0.00	35.00	6.00
7.00	Nursing Supervisor				0.00	0.00	0.00	7.00
8.00	Physical Therapy Service				16.00	0.00	16.00	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service				3.00	0.00	3.00	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00	11.00
12.00	Speech Pathology Service				1.00	0.00	1.00	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	13.00
14.00	Medical Social Service				1.00	0.00	1.00	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	15.00
16.00	Home Health Aide				1.00	0.00	1.00	16.00
17.00	Home Health Aide Supervisor				0.00	0.00	0.00	17.00
18.00	Other (specify)				0.00	0.00	0.00	18.00

							CBSA Data
							1.00

HOME HEALTH AGENCY CBSA CODES								
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.						6	19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).					23844		20.00
20.01						26900		20.01
20.02						29200		20.02
20.03						33140		20.03
20.04						45460		20.04
20.05						99915		20.05

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

PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	4,320	690	127	20	5,157	21.00
22.00	Skilled Nursing Visit Charges	1,723,680	275,310	49,875	7,980	2,056,845	22.00
23.00	Physical Therapy Visits	3,088	745	78	7	3,918	23.00
24.00	Physical Therapy Visit Charges	1,278,432	308,430	32,292	2,898	1,622,052	24.00
25.00	Occupational Therapy Visits	1,090	433	18	2	1,543	25.00
26.00	Occupational Therapy Visit Charges	451,260	179,262	7,452	828	638,802	26.00
27.00	Speech Pathology Visits	155	53	5	0	213	27.00
28.00	Speech Pathology Visit Charges	64,170	21,942	2,070	0	88,182	28.00
29.00	Medical Social Service Visits	125	39	3	0	167	29.00
30.00	Medical Social Service Visit Charges	60,000	18,720	1,440	0	80,160	30.00
31.00	Home Health Aide Visits	86	19	0	0	105	31.00
32.00	Home Health Aide Visit Charges	16,598	3,667	0	0	20,265	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	8,864	1,979	231	29	11,103	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)	3,594,140	807,331	93,129	11,706	4,506,306	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,043		129	7	1,179	36.00
37.00	Total Number of Outlier Episodes		106		0	106	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 15-0109
Hospice CCN: 15-1563

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-9
PARTS I THROUGH IV
Date/Time Prepared:
5/30/2023 7:13 pm

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
1.00	Hospice Continuous Home Care						1.00	
2.00	Hospice Routine Home Care						2.00	
3.00	Hospice Inpatient Respite Care						3.00	
4.00	Hospice General Inpatient Care						4.00	
5.00	Total Hospice Days						5.00	
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
6.00	Number of patients receiving hospice care						6.00	
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00	
8.00	Average Length of Stay (line 5 / line 6)						8.00	
9.00	Unduplicated census count						9.00	

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	37,786	0	0	37,786	11.00
12.00	Hospice Inpatient Respite Care	47	0	0	47	12.00
13.00	Hospice General Inpatient Care	5	0	0	5	13.00
14.00	Total Hospice Days	37,838	0	0	37,838	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet S-10 Date/Time Prepared: 5/30/2023 7:13 pm
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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)			0.184572	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			60,634,314	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00	
6.00	Medicaid charges			297,131,893	6.00	
7.00	Medicaid cost (line 1 times line 6)			54,842,228	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)			0	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)			0	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
Uncompensated Care (see instructions for each line)						
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	38,323,459	5,081,797	43,405,256	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	7,073,437	5,081,797	12,155,234	21.00	
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00	
23.00	Cost of charity care (line 21 minus line 22)	7,073,437	5,081,797	12,155,234	23.00	
				1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)			2,796,465	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			255,397	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			392,919	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			2,403,546	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			581,149	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			12,736,383	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			12,736,383	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet A
Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		3,670,989	3,670,989	7,159,114	10,830,103	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	19,790,430	19,790,430	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		33,181,498	33,461,033	3,716,795	37,177,828	4.00
5.01	01160	COMMUNICATIONS	798,823	408,941	1,207,764	-2,439	1,205,325	5.01
5.02	01140	MGMT INFO SYSTEMS	909,756	3,163,600	4,073,356	-372,909	3,700,447	5.02
5.03	00550	PURCHASING	13,182	746,019	759,201	-127,139	632,062	5.03
5.04	00570	ADMINING	-155	1,101	946	-695	251	5.04
5.05	00580	PATIENT ACCOUNTING	-425	1,208,050	1,207,625	0	1,207,625	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	27,101,941	50,513,967	77,615,908	-8,252,892	69,363,016	5.06
7.00	00700	OPERATION OF PLANT	2,797,122	14,091,962	16,889,084	-7,069,285	9,819,799	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	539,259	712,185	1,251,444	-70,273	1,181,171	8.00
9.00	00900	HOUSEKEEPING	2,134,185	1,147,128	3,281,313	-54,162	3,227,151	9.00
10.00	01000	DIETARY	2,282,898	1,781,292	4,064,190	-1,728,403	2,335,787	10.00
11.00	01100	CAFETERIA	0	0	0	1,513,570	1,513,570	11.00
13.00	01300	NURSING ADMINISTRATION	4,013,782	2,179,446	6,193,228	-356,893	5,836,335	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	387,102	1,048,898	1,436,000	-321,584	1,114,416	14.00
15.00	01500	PHARMACY	2,815,767	9,445,678	12,261,445	-9,389,526	2,871,919	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	87,660	168,553	256,213	-186,549	69,664	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING PROGRAM	2,049,728	1,187,076	3,236,804	-201,053	3,035,751	20.00
23.00	02301	PHARMACY RESIDENCY	179,210	15,363	194,573	69,005	263,578	23.00
23.01	02300	EMS EDUCATION	47,095	29,977	77,072	60,352	137,424	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,872,636	7,679,543	30,552,179	-7,535,308	23,016,871	30.00
31.00	03100	INTENSIVE CARE UNIT	4,719,815	1,300,987	6,020,802	-717,349	5,303,453	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,320,300	979,346	3,299,646	-175,131	3,124,515	35.00
41.00	04100	SUBPROVIDER - IRF	1,804,731	210,829	2,015,560	-127,136	1,888,424	41.00
43.00	04300	NURSERY	0	0	0	855,814	855,814	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,209,611	20,875,998	25,085,609	-16,336,056	8,749,553	50.00
51.00	05100	RECOVERY ROOM	629,070	63,222	692,292	-23,538	668,754	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,847,456	3,847,456	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,677,862	7,779,970	12,457,832	-5,144,547	7,313,285	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	407,885	401,570	809,455	-79,625	729,830	55.00
56.00	05600	RADIOISOTOPE	130,230	34,772	165,002	-14,513	150,489	56.00
56.01	03950	CARDIAC CATH LAB	1,292,217	4,747,664	6,039,881	-4,874,829	1,165,052	56.01
57.00	05700	CT SCAN	741,759	754,999	1,496,758	-374,824	1,121,934	57.00
58.00	05800	MRI	349,827	89,983	439,810	-87,734	352,076	58.00
60.00	06000	LABORATORY	0	12,430,457	12,430,457	-914,306	11,516,151	60.00
65.00	06500	RESPIRATORY THERAPY	2,140,762	2,104,298	4,245,060	-1,220,727	3,024,333	65.00
66.00	06600	PHYSICAL THERAPY	5,202,861	2,112,558	7,315,419	-1,571,703	5,743,716	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,645,123	29,667	1,674,790	-14,938	1,659,852	67.00
68.00	06800	SPEECH PATHOLOGY	661,924	22,898	684,822	-16,538	668,284	68.00
69.00	06900	ELECTROCARDIOLOGY	1,704,872	2,667,418	4,372,290	-179,558	4,192,732	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	662,854	120,621	783,475	-111,264	672,211	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	17,420,507	17,420,507	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,638,031	12,638,031	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	22,330,029	22,330,029	73.00
73.01	07301	DIABETES CENTER	399,961	2,805	402,766	-485	402,281	73.01
74.00	07400	RENAL DIALYSIS	84,866	1,107,898	1,192,764	-33,288	1,159,476	74.00
76.00	03480	ONCOLOGY	3,627,885	13,612,392	17,240,277	-13,292,997	3,947,280	76.00
76.01	03952	ANTI COAGULATION	310,228	35,082	345,310	-34,116	311,194	76.01
76.02	03951	INFUSION SERVICES	632,792	1,004,670	1,637,462	-795,630	841,832	76.02
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	490,730	718,316	1,209,046	-321,332	887,714	90.00
91.00	09100	EMERGENCY	6,129,712	5,512,130	11,641,842	-919,983	10,721,859	91.00
91.01	04950	WOUND CARE	869,514	10,359	879,873	-4,699	875,174	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,204,787	752,051	1,956,838	-318,885	1,637,953	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	-92,354	-92,354	95.00
101.00	10100	HOME HEALTH AGENCY	4,068,866	355,121	4,423,987	-182,417	4,241,570	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		8,673,465	8,673,465	-5,910,379	2,763,086	113.00
116.00	11600	HOSPICE	3,090,577	2,926,589	6,017,166	-682,699	5,334,467	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	123,520,722	223,819,401	347,340,123	-841,587	346,498,536	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	56,468	-10,484	45,984	-5,221	40,763	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet A
Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	16,383,502	3,671,239	20,054,741	8,843	20,063,584	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	837,965	837,965	194.03
194.04	07953	JV-SAGAMORE ASC	33,721	2,125	35,846	0	35,846	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	139,994,413	227,482,281	367,476,694	0	367,476,694	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet A
Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	230,994	11,061,097	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	423,319	20,213,749	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-5,513,527	31,664,301	4.00
5.01	01160	COMMUNICATIONS	0	1,205,325	5.01
5.02	01140	MGMT INFO SYSTEMS	-216,322	3,484,125	5.02
5.03	00550	PURCHASING	-1,228,409	-596,347	5.03
5.04	00570	ADMINISTRATIVE	0	251	5.04
5.05	00580	PATIENT ACCOUNTING	0	1,207,625	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-18,427,901	50,935,115	5.06
7.00	00700	OPERATION OF PLANT	-38,154	9,781,645	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,181,171	8.00
9.00	00900	HOUSEKEEPING	-210,757	3,016,394	9.00
10.00	01000	DIETARY	-1,122	2,334,665	10.00
11.00	01100	CAFETERIA	-1,517,732	-4,162	11.00
13.00	01300	NURSING ADMINISTRATION	-565,855	5,270,480	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,114,416	14.00
15.00	01500	PHARMACY	567,164	3,439,083	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,765,245	1,834,909	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
20.00	02000	NURSING PROGRAM	-2,595,553	440,198	20.00
23.00	02301	PHARMACY RESIDENCY	0	263,578	23.00
23.01	02300	EMS EDUCATION	-2,890	134,534	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-875,493	22,141,378	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,303,453	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-773,329	2,351,186	35.00
41.00	04100	SUBPROVIDER - IRF	-132,973	1,755,451	41.00
43.00	04300	NURSERY	0	855,814	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-915	8,748,638	50.00
51.00	05100	RECOVERY ROOM	0	668,754	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,847,456	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-495,262	6,818,023	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	729,830	55.00
56.00	05600	RADIOISOTOPE	-12,988	137,501	56.00
56.01	03950	CARDIAC CATH LAB	0	1,165,052	56.01
57.00	05700	CT SCAN	0	1,121,934	57.00
58.00	05800	MRI	0	352,076	58.00
60.00	06000	LABORATORY	-13,480	11,502,671	60.00
65.00	06500	RESPIRATORY THERAPY	-29,893	2,994,440	65.00
66.00	06600	PHYSICAL THERAPY	-388,890	5,354,826	66.00
67.00	06700	OCCUPATIONAL THERAPY	-89,837	1,570,015	67.00
68.00	06800	SPEECH PATHOLOGY	0	668,284	68.00
69.00	06900	ELECTROCARDIOLOGY	-2,001,480	2,191,252	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-13,821	658,390	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,420,507	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,638,031	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-2,853	22,327,176	73.00
73.01	07301	DIABETES CENTER	-2,300	399,981	73.01
74.00	07400	RENAL DIALYSIS	0	1,159,476	74.00
76.00	03480	ONCOLOGY	0	3,947,280	76.00
76.01	03952	ANTI COAGULATION	-214	310,980	76.01
76.02	03951	INFUSION SERVICES	-301,120	540,712	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	887,714	90.00
91.00	09100	EMERGENCY	-2,506,400	8,215,459	91.00
91.01	04950	WOUND CARE	0	875,174	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,637,953	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	-92,354	95.00
101.00	10100	HOME HEALTH AGENCY	-8,226	4,233,344	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-2,763,086	0	113.00
116.00	11600	HOSPICE	0	5,334,467	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-37,744,060	308,754,476	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	40,763	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	20,063,584	192.00
194.00	07950	MOB	0	0	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet A Date/Time Prepared: 5/30/2023 7:13 pm
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
194.01	07951	LIFELINE	6.00	7.00	194.01
194.02	07952	PATIENT TRANSPORT	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	837,965	194.03
194.04	07953	JV-SAGAMORE ASC	0	35,846	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-37,744,060	329,732,634	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RENTALS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,614,940	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
		0	0	2,614,940	
B - EQUIPMENT RENTAL					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	600,298	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
		0	0	600,298	
C - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	17,420,507	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	12,638,031	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	22,330,029	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
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00

RECLASSIFICATIONS

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-6

Date/Time Prepared:
5/30/2023 7:13 pm

Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
0			0	52,388,567		
E - LDRP						
1.00	NURSERY	43.00	711,934	143,880		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	3,200,619	646,837		2.00
0			3,912,553	790,717		
F - CAFETERIA						
1.00	CAFETERIA	11.00	898,451	615,119		1.00
0			898,451	615,119		
G - CAPITAL EXP (INT & DEP)						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	17,823,927		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
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
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
0			0	17,823,927		
H - INTEREST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,544,174		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,366,205		2.00
0			0	5,910,379		
I - NURSING SCHOOL						
1.00	NURSING PROGRAM	20.00	156,032	243,209		1.00
2.00		0.00	0	0		2.00
0			156,032	243,209		
J - PARAMED PROGRAM						
1.00	PHARMACY RESIDENCY	23.00	58,676	10,114		1.00
2.00	EMS EDUCATION	23.01	81,454	0		2.00
0			140,130	10,114		

RECLASSIFICATIONS

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-6

Date/Time Prepared:
5/30/2023 7:13 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
K - FSEH SHARED SERVICES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	106,893	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	958,995	2.00
3.00	NURSING ADMINISTRATION	13.00	0	441,724	3.00
4.00	PHARMACY	15.00	0	19,572	4.00
			0	1,527,184	
L - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,082,375	1.00
2.00	COMMUNICATIONS	5.01	0	1,038	2.00
3.00	MGMT INFO SYSTEMS	5.02	0	1,967	3.00
4.00	PURCHASING	5.03	0	41	4.00
5.00	OPERATION OF PLANT	7.00	0	6,764	5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	580	6.00
7.00	HOUSEKEEPING	9.00	0	4,783	7.00
8.00	DIETARY	10.00	0	4,137	8.00
9.00	NURSING ADMINISTRATION	13.00	0	10,829	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,024	10.00
11.00	PHARMACY	15.00	0	6,309	11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	232	12.00
13.00	NURSING PROGRAM	20.00	0	2,260	13.00
14.00	PHARMACY RESIDENCY	23.00	0	215	14.00
15.00	EMS EDUCATION	23.01	0	41	15.00
16.00	ADULTS & PEDIATRICS	30.00	0	17,362	16.00
17.00	INTENSIVE CARE UNIT	31.00	0	7,307	17.00
18.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	3,767	18.00
19.00	SUBPROVIDER - IRF	41.00	0	3,252	19.00
20.00	OPERATING ROOM	50.00	0	8,190	20.00
21.00	RECOVERY ROOM	51.00	0	1,047	21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,672	22.00
23.00	RADIOLOGY - THERAPEUTIC	55.00	0	1,068	23.00
24.00	RADIOISOTOPE	56.00	0	192	24.00
25.00	CARDIAC CATH LAB	56.01	0	3,276	25.00
26.00	CT SCAN	57.00	0	1,254	26.00
27.00	MRI	58.00	0	778	27.00
28.00	RESPIRATORY THERAPY	65.00	0	2,782	28.00
29.00	OCCUPATIONAL THERAPY	67.00	0	3,929	29.00
30.00	SPEECH PATHOLOGY	68.00	0	1,049	30.00
31.00	ELECTROCARDIOLOGY	69.00	0	3,750	31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,623	32.00
33.00	DIABETES CENTER	73.01	0	682	33.00
34.00	ANTI COAGULATION	76.01	0	472	34.00
35.00	INFUSION SERVICES	76.02	0	1,466	35.00
36.00	CLINIC	90.00	0	1,368	36.00
37.00	EMERGENCY	91.00	0	8,962	37.00
38.00	WOUND CARE	91.01	0	1,760	38.00
39.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	2,191	39.00
40.00	HOME HEALTH AGENCY	101.00	0	12,020	40.00
41.00	HOSPICE	116.00	0	5,342	41.00
42.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	155	42.00
43.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	22,180	43.00
	TOTALS		0	5,248,491	
M - WORKING WELL					
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.03	223,628	614,337	1.00
	TOTALS		223,628	614,337	
500.00	Grand Total: Increases		5,330,794	88,387,282	500.00

RECLASSIFICATIONS

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-6
Date/Time Prepared:
5/30/2023 7:13 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - RENTALS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	58,161	10	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	139,059	0	2.00
3.00	OPERATION OF PLANT	7.00	0	39	0	3.00
4.00	DIETARY	10.00	0	50,616	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	294,587	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	799,280	0	6.00
7.00	PHYSICAL THERAPY	66.00	0	784,989	0	7.00
8.00	EMERGENCY	91.00	0	156,809	0	8.00
9.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	241,032	0	9.00
10.00	HOSPICE	116.00	0	90,368	0	10.00
			0	2,614,940		
B - EQUIPMENT RENTAL						
1.00	MGMT INFO SYSTEMS	5.02	0	52,041	10	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	41,451	0	2.00
3.00	OPERATION OF PLANT	7.00	0	6,027	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	67,313	0	4.00
5.00	NURSING ADMINISTRATION	13.00	0	4,628	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	1,337	0	6.00
7.00	OPERATING ROOM	50.00	0	50,500	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,742	0	8.00
9.00	RADIOISOTOPE	56.00	0	10,500	0	9.00
10.00	CT SCAN	57.00	0	4,200	0	10.00
11.00	RESPIRATORY THERAPY	65.00	0	15,229	0	11.00
12.00	PHYSICAL THERAPY	66.00	0	47,969	0	12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,548	0	13.00
14.00	INFUSION SERVICES	76.02	0	23,330	0	14.00
15.00	EMERGENCY	91.00	0	76	0	15.00
16.00	HOSPICE	116.00	0	266,407	0	16.00
			0	600,298		
C - MEDICAL SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	23,177	220	1.00
2.00	COMMUNICATIONS	5.01	0	2,205	0	2.00
3.00	MGMT INFO SYSTEMS	5.02	0	17,297	0	3.00
4.00	PURCHASING	5.03	0	62,754	0	4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	120,364	0	5.00
6.00	OPERATION OF PLANT	7.00	0	4,208	0	6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	1,994	0	7.00
8.00	HOUSEKEEPING	9.00	0	25,550	0	8.00
9.00	DIETARY	10.00	0	25,330	0	9.00
10.00	NURSING ADMINISTRATION	13.00	0	8,956	0	10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	253,391	0	11.00
12.00	PHARMACY	15.00	0	9,318,887	0	12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	9	0	13.00
14.00	NURSING PROGRAM	20.00	0	15,805	0	14.00
15.00	EMS EDUCATION	23.01	0	15,752	0	15.00
16.00	ADULTS & PEDIATRICS	30.00	0	1,780,239	0	16.00
17.00	INTENSIVE CARE UNIT	31.00	0	431,655	0	17.00
18.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	111,796	0	18.00
19.00	SUBPROVIDER - IRF	41.00	0	39,099	0	19.00
20.00	OPERATING ROOM	50.00	0	15,036,413	0	20.00
21.00	RECOVERY ROOM	51.00	0	22,467	0	21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,999,046	0	22.00
23.00	RADIOLOGY - THERAPEUTIC	55.00	0	7,494	0	23.00
24.00	CARDIAC CATH LAB	56.01	0	4,185,910	0	24.00
25.00	CT SCAN	57.00	0	252,324	0	25.00
26.00	MRI	58.00	0	86,211	0	26.00
27.00	LABORATORY	60.00	0	841,713	0	27.00
28.00	RESPIRATORY THERAPY	65.00	0	769,630	0	28.00
29.00	PHYSICAL THERAPY	66.00	0	374,048	0	29.00
30.00	OCCUPATIONAL THERAPY	67.00	0	9,419	0	30.00
31.00	SPEECH PATHOLOGY	68.00	0	3,339	0	31.00
32.00	ELECTROCARDIOLOGY	69.00	0	28,196	0	32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	75,769	0	33.00
34.00	DIABETES CENTER	73.01	0	869	0	34.00
35.00	RENAL DIALYSIS	74.00	0	27,433	0	35.00
36.00	ONCOLOGY	76.00	0	13,119,137	0	36.00
37.00	ANTI COAGULATION	76.01	0	27,218	0	37.00
38.00	INFUSION SERVICES	76.02	0	770,362	0	38.00
39.00	CLINIC	90.00	0	322,120	0	39.00

RECLASSIFICATIONS

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-6
Date/Time Prepared:
5/30/2023 7:13 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
40.00	EMERGENCY	91.00	0	614,706	0	40.00	
41.00	WOUND CARE	91.01	0	1,428	0	41.00	
42.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	70,806	0	42.00	
43.00	HOME HEALTH AGENCY	101.00	0	183,491	0	43.00	
44.00	HOSPICE	116.00	0	300,550	0	44.00	
			0	52,388,567			
E - LDRP							
1.00	ADULTS & PEDIATRICS	30.00	3,912,553	790,717	0	1.00	
2.00		0.00	0	0	0	2.00	
			3,912,553	790,717			
F - CAFETERIA							
1.00	DIETARY	10.00	898,451	615,119	0	1.00	
			898,451	615,119			
G - CAPITAL EXP (INT & DEP)							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	446,277	9	1.00	
2.00	COMMUNICATIONS	5.01	0	1,272	0	2.00	
3.00	MGMT INFO SYSTEMS	5.02	0	305,538	0	3.00	
4.00	PURCHASING	5.03	0	64,426	0	4.00	
5.00	ADMINISTRATIVE AND GENERAL	5.04	0	695	0	5.00	
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,715,784	0	6.00	
7.00	OPERATION OF PLANT	7.00	0	7,065,775	0	7.00	
8.00	LAUNDRY & LINEN SERVICE	8.00	0	1,546	0	8.00	
9.00	HOUSEKEEPING	9.00	0	33,395	0	9.00	
10.00	DIETARY	10.00	0	143,024	0	10.00	
11.00	NURSING ADMINISTRATION	13.00	0	354,138	0	11.00	
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	69,217	0	12.00	
13.00	PHARMACY	15.00	0	8,158	0	13.00	
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	188	0	14.00	
15.00	NURSING PROGRAM	20.00	0	586,749	0	15.00	
16.00	EMS EDUCATION	23.01	0	5,391	0	16.00	
17.00	ADULTS & PEDIATRICS	30.00	0	560,580	0	17.00	
18.00	INTENSIVE CARE UNIT	31.00	0	293,001	0	18.00	
19.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	67,102	0	19.00	
20.00	SUBPROVIDER - IRF	41.00	0	91,289	0	20.00	
21.00	OPERATING ROOM	50.00	0	1,257,333	0	21.00	
22.00	RECOVERY ROOM	51.00	0	2,118	0	22.00	
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,347,151	0	23.00	
24.00	RADIOLOGY - THERAPEUTIC	55.00	0	73,199	0	24.00	
25.00	RADIOISOTOPE	56.00	0	4,205	0	25.00	
26.00	CARDIAC CATH LAB	56.01	0	692,195	0	26.00	
27.00	CT SCAN	57.00	0	119,554	0	27.00	
28.00	MRI	58.00	0	2,301	0	28.00	
29.00	LABORATORY	60.00	0	72,593	0	29.00	
30.00	RESPIRATORY THERAPY	65.00	0	438,650	0	30.00	
31.00	PHYSICAL THERAPY	66.00	0	356,501	0	31.00	
32.00	OCCUPATIONAL THERAPY	67.00	0	9,448	0	32.00	
33.00	SPEECH PATHOLOGY	68.00	0	14,248	0	33.00	
34.00	ELECTROCARDIOLOGY	69.00	0	155,112	0	34.00	
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	35,570	0	35.00	
36.00	DIABETES CENTER	73.01	0	298	0	36.00	
37.00	RENAL DIALYSIS	74.00	0	5,855	0	37.00	
38.00	ONCOLOGY	76.00	0	169,799	0	38.00	
39.00	ANTI COAGULATION	76.01	0	7,370	0	39.00	
40.00	INFUSION SERVICES	76.02	0	3,404	0	40.00	
41.00	CLINIC	90.00	0	580	0	41.00	
42.00	EMERGENCY	91.00	0	157,354	0	42.00	
43.00	WOUND CARE	91.01	0	5,031	0	43.00	
44.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	9,238	0	44.00	
45.00	AMBULANCE SERVICES	95.00	0	10,900	0	45.00	
46.00	HOME HEALTH AGENCY	101.00	0	10,946	0	46.00	
47.00	HOSPICE	116.00	0	30,716	0	47.00	
48.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	5,376	0	48.00	
49.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	13,337	0	49.00	
			0	17,823,927			
H - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	5,910,379	11	1.00	
2.00		0.00	0	0	11	2.00	
			0	5,910,379			

RECLASSIFICATIONS

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-6

Date/Time Prepared:
5/30/2023 7:13 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
I - NURSING SCHOOL						
1.00	MEDICAL RECORDS & LIBRARY	16.00	61,362	125,222	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	94,670	117,987	0	2.00
			156,032	243,209		
J - PARAMED PROGRAM						
1.00	PHARMACY	15.00	58,676	10,114	0	1.00
2.00	AMBULANCE SERVICES	95.00	81,454	0	0	2.00
			140,130	10,114		
K - FSEH SHARED SERVICES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	106,893	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	958,995	0	2.00
3.00	NURSING ADMINISTRATION	13.00	0	441,724	0	3.00
4.00	PHARMACY	15.00	0	19,572	0	4.00
			0	1,527,184		
L - EMPLOYEE BENEFITS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	5,236,234	0	1.00
2.00	PHYSICAL THERAPY	66.00	0	8,196	0	2.00
3.00	ONCOLOGY	76.00	0	4,061	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
36.00		0.00	0	0	0	36.00
37.00		0.00	0	0	0	37.00
38.00		0.00	0	0	0	38.00
39.00		0.00	0	0	0	39.00
40.00		0.00	0	0	0	40.00
41.00		0.00	0	0	0	41.00
42.00		0.00	0	0	0	42.00
43.00		0.00	0	0	0	43.00
	TOTALS		0	5,248,491		
M - WORKING WELL						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	223,628	614,337	0	1.00
	TOTALS		223,628	614,337		
500.00	Grand Total: Decreases		5,330,794	88,387,282		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-7
Part I
Date/Time Prepared:
5/30/2023 7:13 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	12,741,293	4,000,000	0	4,000,000	0	1.00
2.00	Land Improvements	4,868,998	0	0	0	0	2.00
3.00	Buildings and Fixtures	290,927,328	9,842,214	0	9,842,214	2,333,113	3.00
4.00	Building Improvements	5,192,487	432,883	0	432,883	251,239	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	94,322,938	5,904,075	0	5,904,075	9,861,551	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	408,053,044	20,179,172	0	20,179,172	12,445,903	8.00
9.00	Reconciling Items	0	21,251,981	0	21,251,981	5,851,285	9.00
10.00	Total (line 8 minus line 9)	408,053,044	-1,072,809	0	-1,072,809	6,594,618	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	16,741,293	0				1.00
2.00	Land Improvements	4,868,998	3,758,817				2.00
3.00	Buildings and Fixtures	298,436,429	23,305,958				3.00
4.00	Building Improvements	5,374,131	577,052				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	90,365,462	36,698,243				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	415,786,313	64,340,070				8.00
9.00	Reconciling Items	15,400,696	0				9.00
10.00	Total (line 8 minus line 9)	400,385,617	64,340,070				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-7
Part II
Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	3,670,989	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)	3,670,989	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	3,670,989				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	3,670,989				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-7
Part III
Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	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	3,901,983	2,614,940	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	18,247,246	600,298	2.00
3.00	Total (sum of lines 1-2)	0	0	0	22,149,229	3,215,238	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	4,544,174	0	0	0	11,061,097	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,366,205	0	0	0	20,213,749	2.00
3.00	Total (sum of lines 1-2)	5,910,379	0	0	0	31,274,846	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-8

Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
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)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-7,905,797				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-2,759,763				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,517,732	CAFETERIA		11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B		0	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)	B	-2,594,133	NURSING PROGRAM		20.00	0	19.00
19.01 Nursing and allied health education (tuition, fees, books, etc.)	B	-2,890	EMS EDUCATION		23.01	0	19.01
20.00 Vending machines	B		0	DIETARY	10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-8

Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 RECRUITMENT	A			0 EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.00
33.01 RECRUITMENT	A			0 OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.01
34.00 HAF	A	-18,492,454		0 OTHER ADMINISTRATIVE AND GENERAL	5.06	0 34.00
35.00 ADVERTISING	A	-3,578		0 OTHER ADMINISTRATIVE AND GENERAL	5.06	0 35.00
35.01 ADVERTISING	A	-214		0 ANTI COAGULATION	76.01	0 35.01
35.02 ADVERTISING	A	-3,792		0 OPERATION OF PLANT	7.00	0 35.02
35.03 ADVERTISING	A	-1,122		0 DIETARY	10.00	0 35.03
35.04 ADVERTISING	A	-28,391		0 NURSING ADMINISTRATIVE	13.00	0 35.04
35.05 ADVERTISING	A	-1,420		0 NURSING PROGRAM	20.00	0 35.05
35.06 ADVERTISING	A	-218,641		0 ADULTS & PEDIATRICS	30.00	0 35.06
35.07 ADVERTISING	A	-1,213		0 SUBPROVIDER - IRF	41.00	0 35.07
35.08 ADVERTISING	A	-93		0 PHYSICAL THERAPY	66.00	0 35.08
35.09 ADVERTISING	A	-754		0 OCCUPATIONAL THERAPY	67.00	0 35.09
35.10 ADVERTISING	A	-1,289		0 ELECTROCARDIOLOGY	69.00	0 35.10
36.00 ATHLETIC TRAINING	B			0 PHYSICAL THERAPY	66.00	0 36.00
37.00 BLDG RENT	B			0 OTHER ADMINISTRATIVE AND GENERAL	5.06	0 37.00
38.00 DISCOUNTS / REBATES	B	-1,228,409		0 PURCHASING	5.03	0 38.00
38.01 DISCOUNTS / REBATES	B			0 PATIENT ACCOUNTING	5.05	0 38.01
38.02 DISCOUNTS / REBATES	B			0 OTHER ADMINISTRATIVE AND GENERAL	5.06	0 38.02
38.03 DISCOUNTS / REBATES	B			0 DIETARY	10.00	0 38.03
38.04 DISCOUNTS / REBATES	B	-2,853		0 DRUGS CHARGED TO PATIENTS	73.00	0 38.04
38.05 DISCOUNTS / REBATES	B			0 OPERATING ROOM	50.00	0 38.05
38.06 DISCOUNTS / REBATES	B			0 RADIOLOGY-DIAGNOSTIC	54.00	0 38.06
38.07 DISCOUNTS / REBATES	B			0 LABORATORY	60.00	0 38.07
38.08 DISCOUNTS / REBATES	B			0 RESPIRATORY THERAPY	65.00	0 38.08
39.00 EDUCATION	B			0 PHARMACY RESIDENCY	23.00	0 39.00
40.00 FOOD SERVICE DAY CARE	B			0 DIETARY	10.00	0 40.00
41.00 MARKETING	A			0 OTHER ADMINISTRATIVE AND GENERAL	5.06	0 41.00
41.02 MARKETING	A			0 ADULTS & PEDIATRICS	30.00	0 41.02
41.05 MARKETING	A			0 PHYSICAL THERAPY	66.00	0 41.05
41.06 MARKETING	A			0 OCCUPATIONAL THERAPY	67.00	0 41.06
41.07 MARKETING	A			0 SPEECH PATHOLOGY	68.00	0 41.07
41.08 MARKETING	A			0 ELECTROCARDIOLOGY	69.00	0 41.08
41.09 MARKETING	A			0 DIABETES CENTER	73.01	0 41.09
41.10 MARKETING	A			0 WOUND CARE	91.01	0 41.10
41.11 MARKETING	A			0 HOME HEALTH AGENCY	101.00	0 41.11
42.00 MISCELLANEOUS REVENUE	B	-216,322		0 MGMT INFO SYSTEMS	5.02	0 42.00
42.01 MISCELLANEOUS REVENUE	B	-1,692,833		0 OTHER ADMINISTRATIVE AND GENERAL	5.06	9 42.01
42.02 MISCELLANEOUS REVENUE	B	-34,362		0 OPERATION OF PLANT	7.00	0 42.02
42.03 MISCELLANEOUS REVENUE	B	-210,757		0 HOUSEKEEPING	9.00	0 42.03
42.04 MISCELLANEOUS REVENUE	B			0 CAFETERIA	11.00	0 42.04
42.05 MISCELLANEOUS REVENUE	B	-1,595		0 NURSING ADMINISTRATIVE	13.00	0 42.05
42.06 MISCELLANEOUS REVENUE	B	-1,086		0 PHARMACY	15.00	0 42.06
42.07 MISCELLANEOUS REVENUE	B	-15,152		0 ADULTS & PEDIATRICS	30.00	0 42.07
42.08 MISCELLANEOUS REVENUE	B	-915		0 OPERATING ROOM	50.00	0 42.08
42.09 MISCELLANEOUS REVENUE	B	-301,120		0 INFUSION SERVICES	76.02	0 42.09
42.10 MISCELLANEOUS REVENUE	B	-121		0 RADIOISOTOPE	56.00	0 42.10
42.11 MISCELLANEOUS REVENUE	B	-290,775		0 PHYSICAL THERAPY	66.00	0 42.11
42.12 MISCELLANEOUS REVENUE	B	-89,083		0 OCCUPATIONAL THERAPY	67.00	0 42.12
42.13 MISCELLANEOUS REVENUE	B			0 ELECTROENCEPHALOGRAPHY	70.00	0 42.13
42.14 OTHER (BLANK)	B			0 EMERGENCY	91.00	0 42.14
42.15 MISCELLANEOUS REVENUE	B	-8,226		0 HOME HEALTH AGENCY	101.00	0 42.15
42.16 PENSION ADJUSTMENT	A	-117,175		0 EMPLOYEE BENEFITS DEPARTMENT	4.00	0 42.16
43.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 43.00
44.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 44.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-37,744,060				50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-8

Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00

(1) 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: 15-0109

Period: From 01/01/2022 To 12/31/2022

Worksheet A-8-1

Date/Time Prepared: 5/30/2023 7:13 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICES	230,994	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICES	2,564,132	2,140,813
3.00	113.00	INTEREST EXPENSE	INTEREST FA ALLOWCATION	6,117,232	8,880,318
3.01	15.00	PHARMACY	HO ALLOCATION	587,822	0
3.02	16.00	MEDICAL RECORDS & LIBRARY	HO ALLOCATION	1,765,245	0
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HO ALLOCATION	0	5,260,281
4.01	5.06	OTHER ADMINISTRATIVE AND GEN	HO ALLOCATION	44,221,563	38,552,364
4.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	FSEH SHARED SERVICES	0	136,071
4.03	5.06	OTHER ADMINISTRATIVE AND GEN	FSEH SHARED SERVICES	0	2,721,463
4.04	13.00	NURSING ADMINISTRATION	FSEH SHARED SERVICES	0	535,869
4.05	15.00	PHARMACY	FSEH SHARED SERVICES	0	19,572
4.06	0.00			0	0
4.07	0.00			0	0
4.08	0.00			0	0
4.09	0.00			0	0
4.10	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			55,486,988	58,246,751

* 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	FRANCSAN ALLI	100.00	FRANCSAN ALLI	100.00	6.00
7.00	G	FSEH	100.00	FSEH	100.00	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: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-8-1

Date/Time Prepared:
5/30/2023 7:13 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	230,994	9		1.00
2.00	423,319	9		2.00
3.00	-2,763,086	11		3.00
3.01	587,822	0		3.01
3.02	1,765,245	0		3.02
4.00	-5,260,281	0		4.00
4.01	5,669,199	0		4.01
4.02	-136,071	0		4.02
4.03	-2,721,463	0		4.03
4.04	-535,869	0		4.04
4.05	-19,572	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
5.00	-2,759,763			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	HOME OFFICE		6.00
7.00	SISTER FACILITY		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: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-8-2

Date/Time Prepared:
5/30/2023 7:13 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	1,285,302	1,139,927	145,375	211,500	969	1.00
2.00	30.00	ADULTS & PEDIATRICS	641,700	641,700	0	211,500	0	2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	786,853	766,903	19,950	211,500	133	3.00
4.00	41.00	SUBPROVIDER - IRF	131,760	131,760	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	518,852	487,207	31,645	211,500	232	5.00
6.00	56.00	RADIOLOGY	12,867	12,867	0	0	0	6.00
7.00	60.00	LABORATORY	41,850	0	41,850	211,500	279	7.00
8.00	65.00	RESPIRATORY THERAPY	29,893	29,893	0	0	0	8.00
9.00	66.00	PHYSICAL THERAPY	98,022	98,022	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	2,000,496	2,000,021	475	211,500	3	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	13,821	13,821	0	0	0	11.00
12.00	73.01	DIABETES CENTER	2,300	2,300	0	0	0	12.00
13.00	90.00	CLINIC	-363	0	-363	211,500	-3	13.00
14.00	91.00	EMERGENCY	2,556,428	2,482,703	73,725	211,500	492	14.00
200.00			8,119,781	7,807,124	312,657		2,105	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	98,530	4,927	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	13,524	676	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	23,590	1,180	0	0	0	5.00
6.00	56.00	RADIOLOGY	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	28,370	1,419	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	8.00
9.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	305	15	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	11.00
12.00	73.01	DIABETES CENTER	0	0	0	0	0	12.00
13.00	90.00	CLINIC	-305	-15	0	0	0	13.00
14.00	91.00	EMERGENCY	50,028	2,501	0	0	0	14.00
200.00			214,042	10,703	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	98,530	46,845	1,186,772		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	641,700		2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	13,524	6,426	773,329		3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	131,760		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	23,590	8,055	495,262		5.00
6.00	56.00	RADIOLOGY	0	0	0	12,867		6.00
7.00	60.00	LABORATORY	0	28,370	13,480	13,480		7.00
8.00	65.00	RESPIRATORY THERAPY	0	0	0	29,893		8.00
9.00	66.00	PHYSICAL THERAPY	0	0	0	98,022		9.00
10.00	69.00	ELECTROCARDIOLOGY	0	305	170	2,000,191		10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	13,821		11.00
12.00	73.01	DIABETES CENTER	0	0	0	2,300		12.00
13.00	90.00	CLINIC	0	-320	0	0		13.00
14.00	91.00	EMERGENCY	0	50,028	23,697	2,506,400		14.00
200.00			0	214,027	98,673	7,905,797		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	11,061,097	11,061,097			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	20,213,749		20,213,749		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	31,664,301	65,397	125,148	31,854,846	4.00
5.01 01160	COMMUNICATIONS	1,205,325	14,153	27,083	180,215	1,426,776 5.01
5.02 01140	MGMT INFO SYSTEMS	3,484,125	245,143	469,119	205,242	46,547 5.02
5.03 00550	PURCHASING	-596,347	163,077	312,072	2,974	28,333 5.03
5.04 00570	ADMINISTRATIVE	251	0	0	0	0 5.04
5.05 00580	PATIENT ACCOUNTING	1,207,625	105,770	202,408	0	28,333 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	50,935,115	1,254,536	2,400,746	6,380,300	147,737 5.06
7.00 00700	OPERATION OF PLANT	9,781,645	2,066,904	3,955,331	631,034	111,309 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,181,171	66,537	127,330	121,657	2,024 8.00
9.00 00900	HOUSEKEEPING	3,016,394	176,340	337,453	481,174	18,214 9.00
10.00 01000	DIETARY	2,334,665	277,383	530,815	295,226	60,714 10.00
11.00 01100	CAFETERIA	-4,162	132,324	253,223	219,798	0 11.00
13.00 01300	NURSING ADMINISTRATION	5,270,480	41,916	80,213	905,513	18,214 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,114,416	77,395	148,108	87,331	8,095 14.00
15.00 01500	PHARMACY	3,439,083	128,320	245,560	622,002	46,547 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,834,909	54,067	103,465	5,933	34,405 16.00
17.00 01700	SOCIAL SERVICE	0	8,383	16,043	0	18,214 17.00
20.00 02000	NURSING PROGRAM	440,198	566,528	1,084,137	497,622	0 20.00
23.00 02301	PHARMACY RESIDENCY	263,578	0	0	53,667	0 23.00
23.01 02300	EMS EDUCATION	134,534	0	0	29,001	0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	22,141,378	1,614,764	3,090,098	4,329,889	232,736 30.00
31.00 03100	INTENSIVE CARE UNIT	5,303,453	159,462	305,155	1,064,795	44,524 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	2,351,186	111,707	213,768	523,462	34,405 35.00
41.00 04100	SUBPROVIDER - IIRF	1,755,451	200,530	383,745	407,149	48,571 41.00
43.00 04300	NURSERY	855,814	0	0	146,882	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	8,748,638	473,256	905,647	949,692	48,571 50.00
51.00 05100	RECOVERY ROOM	668,754	36,452	69,757	141,919	16,190 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,847,456	0	0	661,960	52,619 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,818,023	306,189	585,940	1,055,330	121,428 54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	729,830	56,778	108,653	92,019	0 55.00
56.00 05600	RADIOISOTOPE	137,501	3,601	6,891	29,380	0 56.00
56.01 03950	CARDIAC CATH LAB	1,165,052	186,127	356,182	291,525	0 56.01
57.00 05700	CT SCAN	1,121,934	21,229	40,625	167,342	0 57.00
58.00 05800	MRI	352,076	18,782	35,943	78,921	0 58.00
60.00 06000	LABORATORY	11,502,671	90,297	172,797	0	89,047 60.00
65.00 06500	RESPIRATORY THERAPY	2,994,440	39,511	75,610	482,958	68,809 65.00
66.00 06600	PHYSICAL THERAPY	5,354,826	11,831	22,641	1,173,771	12,143 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,570,015	0	0	371,141	0 67.00
68.00 06800	SPEECH PATHOLOGY	668,284	1,362	2,607	149,331	0 68.00
69.00 06900	ELECTROCARDIOLOGY	2,191,252	152,247	291,347	384,621	12,143 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	658,390	73,906	141,430	149,541	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,420,507	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	12,638,031	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	22,327,176	0	0	0	0 73.00
73.01 07301	DIABETES CENTER	399,981	0	0	90,232	12,143 73.01
74.00 07400	RENAL DIALYSIS	1,159,476	25,595	48,979	19,146	0 74.00
76.00 03480	ONCOLOGY	3,947,280	27,583	52,784	818,454	0 76.00
76.01 03952	ANTI COAGULATION	310,980	0	0	69,988	0 76.01
76.02 03951	INFUSION SERVICES	540,712	0	0	142,759	0 76.02
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	887,714	0	0	110,709	0 90.00
91.00 09100	EMERGENCY	8,215,459	580,430	1,110,742	1,382,869	64,761 91.00
91.01 04950	WOUND CARE	875,174	238,720	456,828	196,163	0 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					0 92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	1,637,953	112,221	214,752	271,801	0 92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	-92,354	150,203	287,436	0	0 95.00
101.00 10100	HOME HEALTH AGENCY	4,233,344	274,283	524,882	917,940	0 101.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0 102.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	5,334,467	0	0	697,237	0 116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS		
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	4.00	5.01		
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	308,754,476	10,411,239	19,923,493	28,087,915	1,426,776	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	40,763	43,431	83,219	12,739	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	20,063,584	108,189	207,037	3,696,134	0	192.00
194.00	07950 MOB	0	0	0	0	0	194.00
194.01	07951 LIFELINE	0	0	0	0	0	194.01
194.02	07952 PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954 OTHER NONREIMBURSABLE COST CENTERS	837,965	422,567	0	50,451	0	194.03
194.04	07953 JV-SAGAMORE ASC	35,846	75,671	0	7,607	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	329,732,634	11,061,097	20,213,749	31,854,846	1,426,776	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0109		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part I Date/Time Prepared: 5/30/2023 7:13 pm	
Cost Center Description			MGMT INFO SYSTEMS	PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS	4,450,176					5.02
5.03	00550	PURCHASING	0	-89,891				5.03
5.04	00570	ADMINISTRATIVE	0	0	251			5.04
5.05	00580	PATIENT ACCOUNTING	0	0	251	1,544,387		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	178,448	0	0	0	61,296,882	5.06
7.00	00700	OPERATION OF PLANT	181,682	0	0	0	16,727,905	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	33,603	0	0	0	1,532,322	8.00
9.00	00900	HOUSEKEEPING	185,188	0	0	0	4,215,063	9.00
10.00	01000	DIETARY	144,669	0	0	0	3,643,472	10.00
11.00	01100	CAFETERIA	0	0	0	0	601,183	11.00
13.00	01300	NURSING ADMINISTRATION	124,766	0	0	0	6,441,102	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	25,438	0	0	0	1,460,783	14.00
15.00	01500	PHARMACY	101,156	0	0	0	4,582,668	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,439	0	0	0	2,037,218	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	42,640	17.00
20.00	02000	NURSING PROGRAM	59,220	0	0	0	2,647,705	20.00
23.00	02301	PHARMACY RESIDENCY	6,114	0	0	0	323,359	23.00
23.01	02300	EMS EDUCATION	2,402	0	0	0	165,937	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,037,257	0	0	134,688	32,580,810	30.00
31.00	03100	INTENSIVE CARE UNIT	229,878	0	0	22,199	7,129,466	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	100,803	0	0	18,952	3,354,283	35.00
41.00	04100	SUBPROVIDER - IRF	76,900	0	0	5,987	2,878,333	41.00
43.00	04300	NURSERY	0	0	0	4,764	1,007,460	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	146,167	0	0	307,236	11,579,207	50.00
51.00	05100	RECOVERY ROOM	26,996	0	0	16,991	977,059	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	19,447	4,581,482	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	171,680	0	0	106,245	9,164,835	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	16,962	0	0	14,064	1,018,306	55.00
56.00	05600	RADIOISOTOPE	3,086	0	0	13,845	194,304	56.00
56.01	03950	CARDIAC CATH LAB	45,201	0	0	77,646	2,121,733	56.01
57.00	05700	CT SCAN	32,125	0	0	61,762	1,445,017	57.00
58.00	05800	MRI	15,253	0	0	10,471	511,446	58.00
60.00	06000	LABORATORY	0	0	0	130,432	11,985,244	60.00
65.00	06500	RESPIRATORY THERAPY	87,206	0	0	29,399	3,777,933	65.00
66.00	06600	PHYSICAL THERAPY	151,665	0	0	29,641	6,756,518	66.00
67.00	06700	OCCUPATIONAL THERAPY	47,118	0	0	14,795	2,003,069	67.00
68.00	06800	SPEECH PATHOLOGY	18,793	0	0	5,257	845,634	68.00
69.00	06900	ELECTROCARDIOLOGY	60,257	0	0	38,995	3,130,862	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	31,436	0	0	5,081	1,059,784	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	87,416	17,507,923	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	42,265	12,680,296	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	77,366	22,404,542	73.00
73.01	07301	DIABETES CENTER	13,984	0	0	5	516,345	73.01
74.00	07400	RENAL DIALYSIS	3,002	0	0	3,160	1,259,358	74.00
76.00	03480	ONCOLOGY	133,748	0	0	24,824	5,004,673	76.00
76.01	03952	ANTI COAGULATION	7,095	0	0	1,015	389,078	76.01
76.02	03951	INFUSION SERVICES	22,160	0	0	3,940	709,571	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	23,250	0	0	763	1,022,436	90.00
91.00	09100	EMERGENCY	275,785	0	0	133,934	11,763,980	91.00
91.01	04950	WOUND CARE	20,290	0	0	780	1,787,955	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	68,085	0	0	8,541	2,313,353	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	180,777	0	0	0	526,062	95.00
101.00	10100	HOME HEALTH AGENCY	158,177	0	0	8,868	6,117,494	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	109,239	0	0	83,613	6,224,556	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,361,500	0	251	1,544,387	304,048,646	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,283	0	0	0	182,435	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	85,818	0	0	0	24,160,762	192.00
194.00	07950	MOB	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Description			MGMT INFO SYSTEMS	PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	1,310,983	194.03
194.04	07953	JV-SAGAMORE ASC	575	0	0	0	119,699	194.04
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	-89,891	0	0	-89,891	201.00
202.00		TOTAL (sum lines 118 through 201)	4,450,176	-89,891	251	1,544,387	329,732,634	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.06	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	01140	MGMT INFO SYSTEMS					5.02	
5.03	00550	PURCHASING					5.03	
5.04	00570	ADMINISTRATIVE					5.04	
5.05	00580	PATIENT ACCOUNTING					5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	61,296,882				5.06	
7.00	00700	OPERATION OF PLANT	3,818,512	20,546,417			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	349,786	191,308	2,073,416		8.00	
9.00	00900	HOUSEKEEPING	962,181	507,009	47,951	5,732,204	9.00	
10.00	01000	DIETARY	831,703	797,528	58,234	248,244	5,579,181	10.00
11.00	01100	CAFETERIA	137,233	380,457	0	118,423	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,470,323	120,517	0	37,513	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	333,456	222,526	52,549	69,265	0	14.00
15.00	01500	PHARMACY	1,046,095	368,945	0	114,840	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	465,040	155,452	0	48,387	0	16.00
17.00	01700	SOCIAL SERVICE	9,734	24,103	0	7,503	0	17.00
20.00	02000	NURSING PROGRAM	604,397	1,628,872	0	507,014	0	20.00
23.00	02301	PHARMACY RESIDENCY	73,814	0	0	0	0	23.00
23.01	02300	EMS EDUCATION	37,879	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,437,279	4,642,744	731,950	1,445,134	4,569,534	30.00
31.00	03100	INTENSIVE CARE UNIT	1,627,457	458,483	111,503	142,710	650,670	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	765,689	321,178	46,476	99,972	0	35.00
41.00	04100	SUBPROVIDER - IRF	657,043	576,561	39,361	179,464	358,977	41.00
43.00	04300	NURSERY	229,975	0	76,381	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,643,209	1,360,698	363,639	423,540	0	50.00
51.00	05100	RECOVERY ROOM	223,035	104,807	66,868	32,623	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,045,824	0	81,666	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,092,075	880,351	127,596	274,024	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	232,451	163,247	0	50,813	0	55.00
56.00	05600	RADIOISOTOPE	44,354	10,353	0	3,222	0	56.00
56.01	03950	CARDIAC CATH LAB	484,332	535,150	8,431	166,574	0	56.01
57.00	05700	CT SCAN	329,857	61,038	0	18,999	0	57.00
58.00	05800	MRI	116,749	54,003	0	16,809	0	58.00
60.00	06000	LABORATORY	2,735,896	259,620	13,220	80,811	0	60.00
65.00	06500	RESPIRATORY THERAPY	862,396	113,601	15,480	35,360	0	65.00
66.00	06600	PHYSICAL THERAPY	1,542,324	34,016	28,809	10,588	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	457,245	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	193,035	3,917	0	1,219	0	68.00
69.00	06900	ELECTROCARDIOLOGY	714,688	437,737	11,742	136,253	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	241,919	212,493	0	66,142	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,996,569	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,894,557	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,114,330	0	0	0	0	73.00
73.01	07301	DIABETES CENTER	117,867	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	287,476	73,589	0	22,906	0	74.00
76.00	03480	ONCOLOGY	1,142,427	79,305	0	24,685	0	76.00
76.01	03952	ANTI COAGULATION	88,816	0	0	0	0	76.01
76.02	03951	INFUSION SERVICES	161,975	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	233,394	0	0	0	0	90.00
91.00	09100	EMERGENCY	2,685,387	1,668,845	191,560	519,456	0	91.00
91.01	04950	WOUND CARE	408,140	686,365	0	213,643	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	528,074	322,657	0	100,432	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	120,085	431,861	0	134,424	0	95.00
101.00	10100	HOME HEALTH AGENCY	1,396,453	788,614	0	245,469	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,420,892	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	55,413,427	18,677,950	2,073,416	5,596,461	5,579,181	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	41,645	124,874	0	38,919	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,515,225	311,065	0	96,824	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
194.00	07950 MOB	0	0	0	0	0	194.00
194.01	07951 LIFELINE	0	0	0	0	0	194.01
194.02	07952 PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954 OTHER NONREIMBURSABLE COST CENTERS	299,261	1,214,959	0	0	0	194.03
194.04	07953 JV-SAGAMORE ASC	27,324	217,569	0	0	0	194.04
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)	61,296,882	20,546,417	2,073,416	5,732,204	5,579,181	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	01140						5.02
5.03	00550						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,237,296					11.00
13.00	01300	41,425	8,110,880				13.00
14.00	01400	8,446	0	2,147,025			14.00
15.00	01500	33,586	0	21,290	6,167,424		15.00
16.00	01600	1,474	0	1	0	2,707,572	16.00
17.00	01700	0	0	0	0	0	17.00
20.00	02000	19,662	0	1,042	0	0	20.00
23.00	02301	2,030	0	0	0	0	23.00
23.01	02300	797	0	1,080	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	344,387	2,979,113	126,202	0	236,088	30.00
31.00	03100	76,324	660,234	30,693	0	38,911	31.00
35.00	02060	33,468	289,516	7,925	0	33,220	35.00
41.00	04100	25,532	220,866	2,783	0	10,494	41.00
43.00	04300	0	0	0	0	8,351	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	48,530	419,808	1,251,848	0	539,032	50.00
51.00	05100	8,963	77,536	1,599	0	29,782	51.00
52.00	05200	0	0	0	0	34,088	52.00
54.00	05400	57,001	0	132,301	0	186,232	54.00
55.00	05500	5,632	0	527	0	24,651	55.00
56.00	05600	1,025	8,865	0	0	24,268	56.00
56.01	03950	15,008	129,822	251,541	0	136,102	56.01
57.00	05700	10,666	0	11,411	0	108,261	57.00
58.00	05800	5,064	0	2,646	0	18,355	58.00
60.00	06000	0	0	62,027	0	228,628	60.00
65.00	06500	28,954	250,464	54,740	0	51,531	65.00
66.00	06600	50,356	435,598	18,745	0	51,957	66.00
67.00	06700	15,644	135,329	670	0	25,933	67.00
68.00	06800	6,240	53,975	238	0	9,215	68.00
69.00	06900	20,006	173,063	2,007	0	68,352	69.00
70.00	07000	10,437	90,288	5,393	0	8,906	70.00
71.00	07100	0	0	0	0	153,227	71.00
72.00	07200	0	0	0	0	74,084	72.00
73.00	07300	0	0	0	6,167,424	135,611	73.00
73.01	07301	4,643	40,165	62	0	9	73.01
74.00	07400	997	8,622	1,089	0	5,538	74.00
76.00	03480	44,407	0	83,749	0	43,513	76.00
76.01	03952	2,356	0	1,937	0	1,779	76.01
76.02	03951	7,358	0	11,015	0	6,905	76.02
76.98	07698	0	0	0	0	0	76.98
77.00	07700	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	7,720	0	4,788	0	1,338	90.00
91.00	09100	91,566	792,083	43,470	0	234,767	91.00
91.01	04950	6,737	58,275	87	0	1,367	91.01
92.00	09200						92.00
92.01	09201	22,605	0	4,996	0	14,971	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	60,021	519,212	0	0	0	95.00
101.00	10100	52,518	454,301	3,139	0	15,545	101.00
102.00	10200	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	36,269	313,745	5,767	0	146,561	116.00
118.00		1,207,854	8,110,880	2,146,808	6,167,424	2,707,572	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	758	0	84	0	0	190.00
192.00	19200	28,493	0	133	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part I
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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
194.00 07950 MOB	0	0	0	0	0	194.00
194.01 07951 LIFELINE	0	0	0	0	0	194.01
194.02 07952 PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03 07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04 07953 JV-SAGAMORE ASC	191	0	0	0	0	194.04
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)	1,237,296	8,110,880	2,147,025	6,167,424	2,707,572	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0109		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part I Date/Time Prepared: 5/30/2023 7:13 pm	
Cost Center Description			SOCIAL SERVICE	NURSING PROGRAM	PHARMACY RESIDENCY	EMS EDUCATION	Subtotal	
			17.00	20.00	23.00	23.01	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	83,980					17.00
20.00	02000	NURSING PROGRAM	0	5,408,692				20.00
23.00	02301	PHARMACY RESIDENCY	0		399,203			23.00
23.01	02300	EMS EDUCATION	0			205,693		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	59,308	5,408,692	0	0	60,561,241	30.00
31.00	03100	INTENSIVE CARE UNIT	8,246	0	0	0	10,934,697	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,851	0	0	0	4,956,578	35.00
41.00	04100	SUBPROVIDER - IRF	5,239	0	0	0	4,954,653	41.00
43.00	04300	NURSERY	6,336	0	0	0	1,328,503	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	18,629,511	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	1,522,272	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	5,743,060	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	12,914,415	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	1,495,627	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	286,391	56.00
56.01	03950	CARDIAC CATH LAB	0	0	0	0	3,848,693	56.01
57.00	05700	CT SCAN	0	0	0	0	1,985,249	57.00
58.00	05800	MRI	0	0	0	0	725,072	58.00
60.00	06000	LABORATORY	0	0	0	0	15,365,446	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	5,190,459	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	8,928,911	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	2,637,890	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,113,473	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	4,694,710	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,695,362	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	21,657,719	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	15,648,937	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	399,203	0	34,221,110	73.00
73.01	07301	DIABETES CENTER	0	0	0	0	679,091	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,659,575	74.00
76.00	03480	ONCOLOGY	0	0	0	0	6,422,759	76.00
76.01	03952	ANTI COAGULATION	0	0	0	0	483,966	76.01
76.02	03951	INFUSION SERVICES	0	0	0	0	896,824	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	1,269,676	90.00
91.00	09100	EMERGENCY	0	0	0	205,693	18,196,807	91.00
91.01	04950	WOUND CARE	0	0	0	0	3,162,569	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	3,307,088	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	1,791,665	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	9,073,533	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	8,147,790	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	83,980	5,408,692	399,203	205,693	296,131,322	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	388,715	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	30,112,502	192.00
194.00	07950	MOB	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0109		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part I Date/Time Prepared: 5/30/2023 7:13 pm	
Cost Center Description			SOCI AL SERVICE	NURSI NG PROGRAM	PHARMACY RESI DENCY	EMS EDUCATI ON	Subtotal	
			17.00	20.00	23.00	23.01	24.00	
194.01	07951	LI FELINE	0	0	0	0	0	194.01
194.02	07952	PATI ENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	2,825,203	194.03
194.04	07953	JV-SAGAMORE ASC	0	0	0	0	364,783	194.04
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	-89,891	201.00
202.00		TOTAL (sum lines 118 through 201)	83,980	5,408,692	399,203	205,693	329,732,634	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160	COMMUNICATIONS		5.01
5.02	01140	MGMT INFO SYSTEMS		5.02
5.03	00550	PURCHASING		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	PATIENT ACCOUNTING		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
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
20.00	02000	NURSING PROGRAM		20.00
23.00	02301	PHARMACY RESIDENCY		23.00
23.01	02300	EMS EDUCATION		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	60,561,241
31.00	03100	INTENSIVE CARE UNIT	0	10,934,697
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	4,956,578
41.00	04100	SUBPROVIDER - IRF	0	4,954,653
43.00	04300	NURSERY	0	1,328,503
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	18,629,511
51.00	05100	RECOVERY ROOM	0	1,522,272
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,743,060
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,914,415
55.00	05500	RADIOLOGY - THERAPEUTIC	0	1,495,627
56.00	05600	RADIOISOTOPE	0	286,391
56.01	03950	CARDIAC CATH LAB	0	3,848,693
57.00	05700	CT SCAN	0	1,985,249
58.00	05800	MRI	0	725,072
60.00	06000	LABORATORY	0	15,365,446
65.00	06500	RESPIRATORY THERAPY	0	5,190,459
66.00	06600	PHYSICAL THERAPY	0	8,928,911
67.00	06700	OCCUPATIONAL THERAPY	0	2,637,890
68.00	06800	SPEECH PATHOLOGY	0	1,113,473
69.00	06900	ELECTROCARDIOLOGY	0	4,694,710
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,695,362
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	21,657,719
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,648,937
73.00	07300	DRUGS CHARGED TO PATIENTS	0	34,221,110
73.01	07301	DIABETES CENTER	0	679,091
74.00	07400	RENAL DIALYSIS	0	1,659,575
76.00	03480	ONCOLOGY	0	6,422,759
76.01	03952	ANTI COAGULATION	0	483,966
76.02	03951	INFUSION SERVICES	0	896,824
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	1,269,676
91.00	09100	EMERGENCY	0	18,196,807
91.01	04950	WOUND CARE	0	3,162,569
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	3,307,088
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	1,791,665
101.00	10100	HOME HEALTH AGENCY	0	9,073,533
102.00	10200	OPIOID TREATMENT PROGRAM	0	0
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	0	8,147,790
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	296,131,322

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	388,715	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	30,112,502	192.00
194.00	07950	MOB	0	0	194.00
194.01	07951	LIFELINE	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	2,825,203	194.03
194.04	07953	JV-SAGAMORE ASC	0	364,783	194.04
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	-89,891	201.00
202.00		TOTAL (sum lines 118 through 201)	0	329,732,634	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/30/2023 7:13 pm
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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	65,397	125,148	190,545	4.00
5.01 01160	COMMUNICATIONS	0	14,153	27,083	41,236	5.01
5.02 01140	MGMT INFO SYSTEMS	0	245,143	469,119	714,262	5.02
5.03 00550	PURCHASING	0	163,077	312,072	475,149	5.03
5.04 00570	ADMINITTING	0	0	0	0	5.04
5.05 00580	PATIENT ACCOUNTING	0	105,770	202,408	308,178	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	1,254,536	2,400,746	3,655,282	5.06
7.00 00700	OPERATION OF PLANT	0	2,066,904	3,955,331	6,022,235	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	66,537	127,330	193,867	8.00
9.00 00900	HOUSEKEEPING	0	176,340	337,453	513,793	9.00
10.00 01000	DIETARY	0	277,383	530,815	808,198	10.00
11.00 01100	CAFETERIA	0	132,324	253,223	385,547	11.00
13.00 01300	NURSING ADMINISTRATION	0	41,916	80,213	122,129	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	77,395	148,108	225,503	14.00
15.00 01500	PHARMACY	0	128,320	245,560	373,880	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	54,067	103,465	157,532	16.00
17.00 01700	SOCIAL SERVICE	0	8,383	16,043	24,426	17.00
20.00 02000	NURSING PROGRAM	0	566,528	1,084,137	1,650,665	20.00
23.00 02301	PHARMACY RESIDENCY	0	0	0	0	23.00
23.01 02300	EMS EDUCATION	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,614,764	3,090,098	4,704,862	30.00
31.00 03100	INTENSIVE CARE UNIT	0	159,462	305,155	464,617	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	111,707	213,768	325,475	35.00
41.00 04100	SUBPROVIDER - IRF	0	200,530	383,745	584,275	41.00
43.00 04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	473,256	905,647	1,378,903	50.00
51.00 05100	RECOVERY ROOM	0	36,452	69,757	106,209	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	306,189	585,940	892,129	54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	0	56,778	108,653	165,431	55.00
56.00 05600	RADIOISOTOPE	0	3,601	6,891	10,492	56.00
56.01 03950	CARDIAC CATH LAB	0	186,127	356,182	542,309	56.01
57.00 05700	CT SCAN	0	21,229	40,625	61,854	57.00
58.00 05800	MRI	0	18,782	35,943	54,725	58.00
60.00 06000	LABORATORY	0	90,297	172,797	263,094	60.00
65.00 06500	RESPIRATORY THERAPY	0	39,511	75,610	115,121	65.00
66.00 06600	PHYSICAL THERAPY	0	11,831	22,641	34,472	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	1,362	2,607	3,969	68.00
69.00 06900	ELECTROCARDIOLOGY	0	152,247	291,347	443,594	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	73,906	141,430	215,336	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
73.01 07301	DIABETES CENTER	0	0	0	0	73.01
74.00 07400	RENAL DIALYSIS	0	25,595	48,979	74,574	74.00
76.00 03480	ONCOLOGY	0	27,583	52,784	80,367	76.00
76.01 03952	ANTI COAGULATION	0	0	0	0	76.01
76.02 03951	INFUSION SERVICES	0	0	0	0	76.02
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
91.00 09100	EMERGENCY	0	580,430	1,110,742	1,691,172	91.00
91.01 04950	WOUND CARE	0	238,720	456,828	695,548	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	112,221	214,752	326,973	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	150,203	287,436	437,639	95.00
101.00 10100	HOME HEALTH AGENCY	0	274,283	524,882	799,165	101.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00 11600	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	10,411,239	19,923,493	30,334,732	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part II
Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	43,431	83,219	126,650	76	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	108,189	207,037	315,226	22,101	192.00
194.00 07950 MOB	0	0	0	0	0	194.00
194.01 07951 LIFELINE	0	0	0	0	0	194.01
194.02 07952 PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03 07954 OTHER NONREIMBURSABLE COST CENTERS	0	422,567	0	422,567	302	194.03
194.04 07953 JV-SAGAMORE ASC	0	75,671	0	75,671	45	194.04
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	11,061,097	20,213,749	31,274,846	190,545	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/30/2023 7:13 pm	
Cost Center Description			COMMUNICATIONS	MGMT INFO SYSTEMS	PURCHASING	ADMINING	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS	42,314					5.01
5.02	01140	MGMT INFO SYSTEMS	1,380	716,869				5.02
5.03	00550	PURCHASING	840	0	476,007			5.03
5.04	00570	ADMINING	0	0	0	0		5.04
5.05	00580	PATIENT ACCOUNTING	840	0	0	0	309,018	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	4,381	28,746	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	3,301	29,267	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	60	5,413	0	0	0	8.00
9.00	00900	HOUSEKEEPING	540	29,831	0	0	0	9.00
10.00	01000	DIETARY	1,801	23,304	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	540	20,098	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	240	4,098	0	0	0	14.00
15.00	01500	PHARMACY	1,380	16,295	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,020	715	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	540	0	0	0	0	17.00
20.00	02000	NURSING PROGRAM	0	9,540	0	0	0	20.00
23.00	02301	PHARMACY RESIDENCY	0	985	0	0	0	23.00
23.01	02300	EMS EDUCATION	0	387	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,906	167,091	0	0	26,994	30.00
31.00	03100	INTENSIVE CARE UNIT	1,320	37,030	0	0	4,449	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,020	16,238	0	0	3,798	35.00
41.00	04100	SUBPROVIDER - I RF	1,440	12,388	0	0	1,200	41.00
43.00	04300	NURSERY	0	0	0	0	955	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,440	23,546	0	0	61,074	50.00
51.00	05100	RECOVERY ROOM	480	4,349	0	0	3,405	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,561	0	0	0	3,898	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,601	27,655	0	0	21,293	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	2,732	0	0	2,819	55.00
56.00	05600	RADIOISOTOPE	0	497	0	0	2,775	56.00
56.01	03950	CARDIAC CATH LAB	0	7,281	0	0	15,561	56.01
57.00	05700	CT SCAN	0	5,175	0	0	12,378	57.00
58.00	05800	MRI	0	2,457	0	0	2,099	58.00
60.00	06000	LABORATORY	2,641	0	0	0	26,141	60.00
65.00	06500	RESPIRATORY THERAPY	2,041	14,048	0	0	5,892	65.00
66.00	06600	PHYSICAL THERAPY	360	24,431	0	0	5,941	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,590	0	0	2,965	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,027	0	0	1,054	68.00
69.00	06900	ELECTROCARDIOLOGY	360	9,707	0	0	7,815	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,064	0	0	1,018	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	17,519	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	8,471	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	15,505	73.00
73.01	07301	DIABETES CENTER	360	2,253	0	0	1	73.01
74.00	07400	RENAL DIALYSIS	0	484	0	0	633	74.00
76.00	03480	ONCOLOGY	0	21,545	0	0	4,975	76.00
76.01	03952	ANTI COAGULATION	0	1,143	0	0	203	76.01
76.02	03951	INFUSION SERVICES	0	3,570	0	0	790	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,745	0	0	153	90.00
91.00	09100	EMERGENCY	1,921	44,425	0	0	26,842	91.00
91.01	04950	WOUND CARE	0	3,268	0	0	156	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,968	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	1,712	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	29,121	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	25,480	0	0	1,777	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
116.00	11600	HOSPICE	0	17,597	0	0	16,757	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	42,314	702,584	0	0	309,018	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	368	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	13,824	0	0	0	192.00
194.00	07950	MOB	0	0	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part II
Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Description			COMMUNICATIONS	MGMT INFO SYSTEMS	PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04	07953	JV-SAGAMORE ASC	0	93	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	476,007	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	42,314	716,869	476,007	0	309,018	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/30/2023 7:13 pm	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	3,726,629					5.06
7.00	00700	OPERATION OF PLANT	232,150	6,290,726				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	21,266	58,573	279,906			8.00
9.00	00900	HOUSEKEEPING	58,497	155,232	6,473	767,245		9.00
10.00	01000	DIETARY	50,564	244,180	7,861	33,227	1,170,900	10.00
11.00	01100	CAFETERIA	8,343	116,485	0	15,851	0	11.00
13.00	01300	NURSING ADMINISTRATION	89,390	36,899	0	5,021	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,273	68,131	7,094	9,271	0	14.00
15.00	01500	PHARMACY	63,598	112,960	0	15,371	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	28,273	47,595	0	6,477	0	16.00
17.00	01700	SOCIAL SERVICE	592	7,380	0	1,004	0	17.00
20.00	02000	NURSING PROGRAM	36,745	498,714	0	67,863	0	20.00
23.00	02301	PHARMACY RESIDENCY	4,488	0	0	0	0	23.00
23.01	02300	EMS EDUCATION	2,303	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	452,181	1,421,476	98,812	193,427	959,006	30.00
31.00	03100	INTENSIVE CARE UNIT	98,943	140,374	15,053	19,102	136,556	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	46,551	98,335	6,274	13,381	0	35.00
41.00	04100	SUBPROVIDER - IIRF	39,946	176,526	5,314	24,021	75,338	41.00
43.00	04300	NURSERY	13,982	0	10,311	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	160,696	416,607	49,090	56,690	0	50.00
51.00	05100	RECOVERY ROOM	13,560	32,089	9,027	4,367	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	63,582	0	11,025	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	127,190	269,538	17,225	36,678	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	14,132	49,982	0	6,801	0	55.00
56.00	05600	RADIOISOTOPE	2,697	3,170	0	431	0	56.00
56.01	03950	CARDIAC CATH LAB	29,445	163,848	1,138	22,296	0	56.01
57.00	05700	CT SCAN	20,054	18,688	0	2,543	0	57.00
58.00	05800	MRI	7,098	16,534	0	2,250	0	58.00
60.00	06000	LABORATORY	166,331	79,488	1,785	10,816	0	60.00
65.00	06500	RESPIRATORY THERAPY	52,430	34,781	2,090	4,733	0	65.00
66.00	06600	PHYSICAL THERAPY	93,767	10,415	3,889	1,417	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	27,799	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	11,736	1,199	0	163	0	68.00
69.00	06900	ELECTROCARDIOLOGY	43,450	134,023	1,585	18,237	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,708	65,059	0	8,853	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	242,975	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	175,977	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	310,930	0	0	0	0	73.00
73.01	07301	DIABETES CENTER	7,166	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	17,477	22,531	0	3,066	0	74.00
76.00	03480	ONCOLOGY	69,455	24,281	0	3,304	0	76.00
76.01	03952	ANTI COAGULATION	5,400	0	0	0	0	76.01
76.02	03951	INFUSION SERVICES	9,847	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	14,189	0	0	0	0	90.00
91.00	09100	EMERGENCY	163,261	510,953	25,860	69,528	0	91.00
91.01	04950	WOUND CARE	24,813	210,145	0	28,596	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	32,105	98,788	0	13,443	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	7,301	132,224	0	17,992	0	95.00
101.00	10100	HOME HEALTH AGENCY	84,899	241,451	0	32,856	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	86,384	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,368,939	5,718,654	279,906	749,076	1,170,900	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,532	38,233	0	5,209	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	335,303	95,239	0	12,960	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part II
Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
194.00	07950 MOB	0	0	0	0	0	194.00
194.01	07951 LIFELINE	0	0	0	0	0	194.01
194.02	07952 PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954 OTHER NONREIMBURSABLE COST CENTERS	18,194	371,986	0	0	0	194.03
194.04	07953 JV-SAGAMORE ASC	1,661	66,614	0	0	0	194.04
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)	3,726,629	6,290,726	279,906	767,245	1,170,900	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/30/2023 7:13 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	525,772					11.00
13.00	01300	NURSING ADMINISTRATION	17,603	297,095				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,589	0	338,721			14.00
15.00	01500	PHARMACY	14,272	0	3,359	604,834		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	626	0	0	0	242,273	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING PROGRAM	8,355	0	164	0	0	20.00
23.00	02301	PHARMACY RESIDENCY	863	0	0	0	0	23.00
23.01	02300	EMS EDUCATION	339	0	170	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	146,343	109,123	19,910	0	21,119	30.00
31.00	03100	INTENSIVE CARE UNIT	32,433	24,184	4,842	0	3,481	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	14,222	10,605	1,250	0	2,972	35.00
41.00	04100	SUBPROVIDER - IIRF	10,850	8,090	439	0	939	41.00
43.00	04300	NURSERY	0	0	0	0	747	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,622	15,377	197,494	0	48,287	50.00
51.00	05100	RECOVERY ROOM	3,809	2,840	252	0	2,664	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	3,049	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,222	0	20,873	0	16,659	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	2,393	0	83	0	2,205	55.00
56.00	05600	RADIOISOTOPE	435	325	0	0	2,171	56.00
56.01	03950	CARDIAC CATH LAB	6,377	4,755	39,685	0	12,175	56.01
57.00	05700	CT SCAN	4,532	0	1,800	0	9,684	57.00
58.00	05800	MRI	2,152	0	417	0	1,642	58.00
60.00	06000	LABORATORY	0	0	9,786	0	20,452	60.00
65.00	06500	RESPIRATORY THERAPY	12,304	9,174	8,636	0	4,610	65.00
66.00	06600	PHYSICAL THERAPY	21,398	15,956	2,957	0	4,648	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,648	4,957	106	0	2,320	67.00
68.00	06800	SPEECH PATHOLOGY	2,651	1,977	37	0	824	68.00
69.00	06900	ELECTROCARDIOLOGY	8,501	6,339	317	0	6,114	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,435	3,307	851	0	797	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	13,707	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,627	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	604,834	12,131	73.00
73.01	07301	DIABETES CENTER	1,973	1,471	10	0	1	73.01
74.00	07400	RENAL DIALYSIS	424	316	172	0	495	74.00
76.00	03480	ONCOLOGY	18,870	0	13,213	0	3,892	76.00
76.01	03952	ANTI COAGULATION	1,001	0	306	0	159	76.01
76.02	03951	INFUSION SERVICES	3,127	0	1,738	0	618	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,280	0	755	0	120	90.00
91.00	09100	EMERGENCY	38,909	29,013	6,858	0	21,001	91.00
91.01	04950	WOUND CARE	2,863	2,135	14	0	122	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	9,606	0	788	0	1,339	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	25,505	19,018	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	22,317	16,641	495	0	1,391	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	15,412	11,492	910	0	13,111	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	513,261	297,095	338,687	604,834	242,273	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	322	0	13	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,108	0	21	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part II
Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
194.00 07950 MOB	0	0	0	0	0	194.00
194.01 07951 LIFELINE	0	0	0	0	0	194.01
194.02 07952 PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03 07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04 07953 JV-SAGAMORE ASC	81	0	0	0	0	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	1,768	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	527,540	297,095	338,721	604,834	242,273	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/30/2023 7:13 pm	
Cost Center Description			SOCIAL SERVICE	NURSING PROGRAM	PHARMACY RESIDENCY	EMS EDUCATION	Subtotal	
			17.00	20.00	23.00	23.01	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	33,942					17.00
20.00	02000	NURSING PROGRAM	0	2,275,022				20.00
23.00	02301	PHARMACY RESIDENCY	0		6,657			23.00
23.01	02300	EMS EDUCATION	0			3,372		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,970				8,377,111	30.00
31.00	03100	INTENSIVE CARE UNIT	3,333				992,084	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,961				545,212	35.00
41.00	04100	SUBPROVIDER - IRF	2,117				945,318	41.00
43.00	04300	NURSERY	2,561				29,434	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0				2,435,505	50.00
51.00	05100	RECOVERY ROOM	0				183,900	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0				87,073	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0				1,463,373	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0				247,128	55.00
56.00	05600	RADIOISOTOPE	0				23,169	56.00
56.01	03950	CARDIAC CATH LAB	0				846,613	56.01
57.00	05700	CT SCAN	0				137,709	57.00
58.00	05800	MRI	0				89,846	58.00
60.00	06000	LABORATORY	0				580,534	60.00
65.00	06500	RESPIRATORY THERAPY	0				268,748	65.00
66.00	06600	PHYSICAL THERAPY	0				226,670	66.00
67.00	06700	OCCUPATIONAL THERAPY	0				54,604	67.00
68.00	06800	SPEECH PATHOLOGY	0				27,530	68.00
69.00	06900	ELECTROCARDIOLOGY	0				682,342	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0				320,322	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0				274,201	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0				191,075	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0				943,400	73.00
73.01	07301	DIABETES CENTER	0				13,775	73.01
74.00	07400	RENAL DIALYSIS	0				120,286	74.00
76.00	03480	ONCOLOGY	0				244,796	76.00
76.01	03952	ANTI COAGULATION	0				8,630	76.01
76.02	03951	INFUSION SERVICES	0				20,544	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0				0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0				0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0				22,904	90.00
91.00	09100	EMERGENCY	0				2,638,012	91.00
91.01	04950	WOUND CARE	0				968,833	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0				497,347	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0				668,800	95.00
101.00	10100	HOME HEALTH AGENCY	0				1,231,961	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0				0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0				165,832	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	33,942	0	0	0	26,574,621	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0				173,403	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0				806,782	192.00
194.00	07950	MOB	0				0	194.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/30/2023 7:13 pm	
Cost Center Description			SOCI AL SERVICE	NURSI NG PROGRAM	PHARMACY RESI DENCY	EMS EDUCATI ON	Subtotal	
			17.00	20.00	23.00	23.01	24.00	
194.01	07951	LI FELINE	0				0	194.01
194.02	07952	PATI ENT TRANSPORT	0				0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0				813,049	194.03
194.04	07953	JV-SAGAMORE ASC	0				144,165	194.04
200.00		Cross Foot Adjustments		2,275,022	6,657	3,372	2,285,051	200.00
201.00		Negative Cost Centers	0	0	0	0	477,775	201.00
202.00		TOTAL (sum lines 118 through 201)	33,942	2,275,022	6,657	3,372	31,274,846	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/30/2023 7:13 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160	COMMUNICATIONS		5.01
5.02	01140	MGMT INFO SYSTEMS		5.02
5.03	00550	PURCHASING		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	PATIENT ACCOUNTING		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
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
20.00	02000	NURSING PROGRAM		20.00
23.00	02301	PHARMACY RESIDENCY		23.00
23.01	02300	EMS EDUCATION		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	8,377,111	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	992,084	35.00
41.00	04100	SUBPROVIDER - I RF	545,212	41.00
43.00	04300	NURSERY	945,318	43.00
			29,434	
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	2,435,505	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	183,900	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	87,073	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,463,373	55.00
56.00	05600	RADIOISOTOPE	247,128	56.00
56.01	03950	CARDIAC CATH LAB	23,169	56.01
57.00	05700	CT SCAN	846,613	57.00
58.00	05800	MRI	137,709	58.00
60.00	06000	LABORATORY	89,846	60.00
65.00	06500	RESPIRATORY THERAPY	580,534	65.00
66.00	06600	PHYSICAL THERAPY	268,748	66.00
67.00	06700	OCCUPATIONAL THERAPY	226,670	67.00
68.00	06800	SPEECH PATHOLOGY	54,604	68.00
69.00	06900	ELECTROCARDIOLOGY	27,530	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	682,342	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	320,322	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	274,201	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	191,075	73.00
73.01	07301	DIABETES CENTER	943,400	73.01
74.00	07400	RENAL DIALYSIS	13,775	74.00
76.00	03480	ONCOLOGY	120,286	76.00
76.01	03952	ANTI COAGULATION	244,796	76.01
76.02	03951	INFUSION SERVICES	8,630	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	20,544	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	77.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	22,904	91.00
91.01	04950	WOUND CARE	2,638,012	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	968,833	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	92.01
			497,347	
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00
101.00	10100	HOME HEALTH AGENCY	668,800	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	1,231,961	102.00
			0	
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	113.00
116.00	11600	HOSPICE	165,832	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	26,574,621	118.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/30/2023 7:13 pm
Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
NONREIMBURSABLE COST CENTERS		25.00	26.00	
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	173,403	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	806,782	192.00
194.00	07950 MOB	0	0	194.00
194.01	07951 LIFELINE	0	0	194.01
194.02	07952 PATIENT TRANSPORT	0	0	194.02
194.03	07954 OTHER NONREIMBURSABLE COST CENTERS	0	813,049	194.03
194.04	07953 JV-SAGAMORE ASC	0	144,165	194.04
200.00	Cross Foot Adjustments	0	2,285,051	200.00
201.00	Negative Cost Centers	0	477,775	201.00
202.00	TOTAL (sum lines 118 through 201)	0	31,274,846	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1
Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	795,618				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		759,784			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,704	4,704	141,200,043		4.00
5.01 01160	COMMUNICATIONS	1,018	1,018	798,823	705	5.01
5.02 01140	MGMT INFO SYSTEMS	17,633	17,633	909,756	23	4,054,498 5.02
5.03 00550	PURCHASING	11,730	11,730	13,182	14	0 5.03
5.04 00570	ADMINISTRATIVE	0	0	0	0	0 5.04
5.05 00580	PATIENT ACCOUNTING	7,608	7,608	0	14	0 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	90,238	90,238	28,281,443	73	162,582 5.06
7.00 00700	OPERATION OF PLANT	148,671	148,671	2,797,122	55	165,528 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	4,786	4,786	539,259	1	30,615 8.00
9.00 00900	HOUSEKEEPING	12,684	12,684	2,134,185	9	168,722 9.00
10.00 01000	DIETARY	19,952	19,952	1,308,620	30	131,806 10.00
11.00 01100	CAFETERIA	9,518	9,518	974,278	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	3,015	3,015	4,013,782	9	113,673 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	5,567	5,567	387,102	4	23,176 14.00
15.00 01500	PHARMACY	9,230	9,230	2,757,091	23	92,162 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,889	3,889	26,298	17	4,044 16.00
17.00 01700	SOCIAL SERVICE	603	603	0	9	0 17.00
20.00 02000	NURSING PROGRAM	40,750	40,750	2,205,760	0	53,955 20.00
23.00 02301	PHARMACY RESIDENCY	0	0	237,886	0	5,570 23.00
23.01 02300	EMS EDUCATION	0	0	128,549	0	2,188 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	116,149	116,149	19,192,687	115	945,031 30.00
31.00 03100	INTENSIVE CARE UNIT	11,470	11,470	4,719,815	22	209,439 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	8,035	8,035	2,320,300	17	91,840 35.00
41.00 04100	SUBPROVIDER - IIRF	14,424	14,424	1,804,731	24	70,063 41.00
43.00 04300	NURSERY	0	0	651,072	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	34,041	34,041	4,209,611	24	133,171 50.00
51.00 05100	RECOVERY ROOM	2,622	2,622	629,070	8	24,596 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	2,934,207	26	0 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	22,024	22,024	4,677,862	60	156,415 54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	4,084	4,084	407,885	0	15,454 55.00
56.00 05600	RADIOISOTOPE	259	259	130,230	0	2,812 56.00
56.01 03950	CARDIAC CATH LAB	13,388	13,388	1,292,217	0	41,182 56.01
57.00 05700	CT SCAN	1,527	1,527	741,759	0	29,269 57.00
58.00 05800	MRI	1,351	1,351	349,827	0	13,897 58.00
60.00 06000	LABORATORY	6,495	6,495	0	44	0 60.00
65.00 06500	RESPIRATORY THERAPY	2,842	2,842	2,140,762	34	79,452 65.00
66.00 06600	PHYSICAL THERAPY	851	851	5,202,861	6	138,180 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	1,645,123	0	42,929 67.00
68.00 06800	SPEECH PATHOLOGY	98	98	661,924	0	17,122 68.00
69.00 06900	ELECTROCARDIOLOGY	10,951	10,951	1,704,872	6	54,899 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	5,316	5,316	662,854	0	28,641 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
73.01 07301	DIABETES CENTER	0	0	399,961	6	12,741 73.01
74.00 07400	RENAL DIALYSIS	1,841	1,841	84,866	0	2,735 74.00
76.00 03480	ONCOLOGY	1,984	1,984	3,627,885	0	121,856 76.00
76.01 03952	ANTI COAGULATION	0	0	310,228	0	6,464 76.01
76.02 03951	INFUSION SERVICES	0	0	632,793	0	20,190 76.02
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	490,730	0	21,183 90.00
91.00 09100	EMERGENCY	41,750	41,750	6,129,712	32	251,264 91.00
91.01 04950	WOUND CARE	17,171	17,171	869,514	0	18,486 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	8,072	8,072	1,204,787	0	62,031 92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	10,804	10,804	0	0	164,704 95.00
101.00 10100	HOME HEALTH AGENCY	19,729	19,729	4,068,866	0	144,113 101.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0 102.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	0	0	3,090,577	0	99,526 116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1

Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)						
	1.00	2.00					4.00	5.01
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		748,874	748,874	124,502,724	705	3,973,706	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,124	3,128	56,468	0	2,080	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,782	7,782	16,383,502	0	78,188	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	30,395	0	223,628	0	0	194.03
194.04	07953	JV-SAGAMORE ASC	5,443	0	33,721	0	524	194.04
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)	11,061,097	20,213,749	31,854,846	1,426,776	4,450,176	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.902522	26.604599	0.225601	2,023.795745	1.097590	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			190,545	42,314	716,869	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001349	60.019858	0.176808	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: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1
Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Description		PURCHASING (COSTED REQUISITION)	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	01140						5.02
5.03	00550	30,693,363					5.03
5.04	00570	0	1,604,419,206				5.04
5.05	00580	0	0	1,604,419,206			5.05
5.06	00560	208,804	0	0	-61,296,882	268,525,643	5.06
7.00	00700	4,208	0	0	0	16,727,905	7.00
8.00	00800	1,994	0	0	0	1,532,322	8.00
9.00	00900	25,550	0	0	0	4,215,063	9.00
10.00	01000	25,330	0	0	0	3,643,472	10.00
11.00	01100	0	0	0	0	601,183	11.00
13.00	01300	8,956	0	0	0	6,441,102	13.00
14.00	01400	252,924	0	0	0	1,460,783	14.00
15.00	01500	299,125	0	0	0	4,582,668	15.00
16.00	01600	9	0	0	0	2,037,218	16.00
17.00	01700	0	0	0	0	42,640	17.00
20.00	02000	14,639	0	0	0	2,647,705	20.00
23.00	02301	0	0	0	0	323,359	23.00
23.01	02300	15,179	0	0	0	165,937	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,773,118	139,862,761	139,862,761	0	32,580,810	30.00
31.00	03100	431,231	23,051,522	23,051,522	0	7,129,466	31.00
35.00	02060	111,339	19,679,933	19,679,933	0	3,354,283	35.00
41.00	04100	39,099	6,216,923	6,216,923	0	2,878,333	41.00
43.00	04300	0	4,947,013	4,947,013	0	1,007,460	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	17,588,482	319,737,176	319,737,176	0	11,579,207	50.00
51.00	05100	22,463	17,643,562	17,643,562	0	977,059	51.00
52.00	05200	0	20,194,445	20,194,445	0	4,581,482	52.00
54.00	05400	1,858,817	110,327,310	110,327,310	0	9,164,835	54.00
55.00	05500	7,400	14,603,888	14,603,888	0	1,018,306	55.00
56.00	05600	0	14,376,907	14,376,907	0	194,304	56.00
56.01	03950	3,534,118	80,629,172	80,629,172	0	2,121,733	56.01
57.00	05700	160,328	64,135,476	64,135,476	0	1,445,017	57.00
58.00	05800	37,174	10,873,603	10,873,603	0	511,446	58.00
60.00	06000	871,474	135,443,286	135,443,286	0	11,985,244	60.00
65.00	06500	769,090	30,528,059	30,528,059	0	3,777,933	65.00
66.00	06600	263,365	30,780,074	30,780,074	0	6,756,518	66.00
67.00	06700	9,419	15,363,068	15,363,068	0	2,003,069	67.00
68.00	06800	3,339	5,459,241	5,459,241	0	845,634	68.00
69.00	06900	28,196	40,493,187	40,493,187	0	3,130,862	69.00
70.00	07000	75,769	5,276,360	5,276,360	0	1,059,784	70.00
71.00	07100	0	90,774,579	90,774,579	0	17,507,923	71.00
72.00	07200	0	43,888,758	43,888,758	0	12,680,296	72.00
73.00	07300	0	80,338,228	80,338,228	0	22,404,542	73.00
73.01	07301	869	5,575	5,575	0	516,345	73.01
74.00	07400	15,306	3,281,070	3,281,070	0	1,259,358	74.00
76.00	03480	1,176,657	25,777,832	25,777,832	0	5,004,673	76.00
76.01	03952	27,218	1,054,111	1,054,111	0	389,078	76.01
76.02	03951	154,759	4,090,891	4,090,891	0	709,571	76.02
76.98	07698	0	0	0	0	0	76.98
77.00	07700	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	67,275	792,510	792,510	0	1,022,436	90.00
91.00	09100	610,745	139,079,702	139,079,702	0	11,763,980	91.00
91.01	04950	1,223	809,845	809,845	0	1,787,955	91.01
92.00	09200						92.00
92.01	09201	70,198	8,869,023	8,869,023	0	2,313,353	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	526,062	95.00
101.00	10100	44,105	9,208,916	9,208,916	0	6,117,494	101.00
102.00	10200	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	81,025	86,825,200	86,825,200	0	6,224,556	116.00
118.00		30,690,319	1,604,419,206	1,604,419,206	-61,296,882	242,751,764	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,176	0	0	0	182,435	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1

Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Description		PURCHASING (COSTED REQUISITE)	ADMINISTRATIVE (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
192.00	19200	1,868	0	0	0	24,160,762	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07954	0	0	0	0	1,310,983	194.03
194.04	07953	0	0	0	0	119,699	194.04
200.00							200.00
201.00							201.00
202.00		-89,891	251	1,544,387		61,296,882	202.00
203.00		0.000000	0.000000	0.000963		0.228272	203.00
204.00		476,007	0	309,018		3,726,629	204.00
205.00		0.015508	0.000000	0.000193		0.013878	205.00
206.00							206.00
207.00							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1

Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	01140	MGMT INFO SYSTEMS					5.02
5.03	00550	PURCHASING					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	514,016				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,786	1,183,654			8.00
9.00	00900	HOUSEKEEPING	12,684	27,374	460,712		9.00
10.00	01000	DIETARY	19,952	33,244	19,952	160,532	10.00
11.00	01100	CAFETERIA	9,518	0	9,518	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,015	0	3,015	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,567	29,999	5,567	0	14.00
15.00	01500	PHARMACY	9,230	0	9,230	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,889	0	3,889	0	16.00
17.00	01700	SOCIAL SERVICE	603	0	603	0	17.00
20.00	02000	NURSING PROGRAM	40,750	0	40,750	0	20.00
23.00	02301	PHARMACY RESIDENCY	0	0	0	0	23.00
23.01	02300	EMS EDUCATION	0	0	0	2,188	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	116,149	417,849	116,149	131,481	30.00
31.00	03100	INTENSIVE CARE UNIT	11,470	63,654	11,470	18,722	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	8,035	26,532	8,035	0	35.00
41.00	04100	SUBPROVIDER - IIRF	14,424	22,470	14,424	10,329	41.00
43.00	04300	NURSERY	0	43,604	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	34,041	207,591	34,041	0	50.00
51.00	05100	RECOVERY ROOM	2,622	38,173	2,622	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	46,621	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,024	72,841	22,024	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	4,084	0	4,084	0	55.00
56.00	05600	RADIOISOTOPE	259	0	259	0	56.00
56.01	03950	CARDIAC CATH LAB	13,388	4,813	13,388	0	56.01
57.00	05700	CT SCAN	1,527	0	1,527	0	57.00
58.00	05800	MRI	1,351	0	1,351	0	58.00
60.00	06000	LABORATORY	6,495	7,547	6,495	0	60.00
65.00	06500	RESPIRATORY THERAPY	2,842	8,837	2,842	0	65.00
66.00	06600	PHYSICAL THERAPY	851	16,446	851	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	98	0	98	0	68.00
69.00	06900	ELECTROCARDIOLOGY	10,951	6,703	10,951	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,316	0	5,316	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
73.01	07301	DIABETES CENTER	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	1,841	0	1,841	0	74.00
76.00	03480	ONCOLOGY	1,984	0	1,984	0	76.00
76.01	03952	ANTI COAGULATION	0	0	0	0	76.01
76.02	03951	INFUSION SERVICES	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	41,750	109,356	41,750	0	91.00
91.01	04950	WOUND CARE	17,171	0	17,171	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	8,072	0	8,072	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	10,804	0	10,804	0	95.00
101.00	10100	HOME HEALTH AGENCY	19,729	0	19,729	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
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	467,272	1,183,654	449,802	160,532	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,124	0	3,128	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1

Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)		
		7.00	8.00	9.00	10.00	11.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,782	0	7,782	0	78,188	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	30,395	0	0	0	0	194.03
194.04	07953	JV-SAGAMORE ASC	5,443	0	0	0	524	194.04
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)	20,546,417	2,073,416	5,732,204	5,579,181	1,237,296	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	39.972330	1.751708	12.442055	34.754323	0.364420	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	6,290,726	279,906	767,245	1,170,900	527,540	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	12.238386	0.236476	1.665346	7.293873	0.154855	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: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1
Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQ UI SI)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	01140						5.02
5.03	00550						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
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	2,572,926					13.00
14.00	01400	0	30,165,597				14.00
15.00	01500	0	299,125	100			15.00
16.00	01600	0	9	0	1,604,419,206		16.00
17.00	01700	0	0	0	0	48,142	17.00
20.00	02000	0	14,639	0	0	0	20.00
23.00	02301	0	0	0	0	0	23.00
23.01	02300	0	15,179	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	945,031	1,773,118	0	139,862,761	33,999	30.00
31.00	03100	209,439	431,231	0	23,051,522	4,727	31.00
35.00	02060	91,840	111,339	0	19,679,933	2,781	35.00
41.00	04100	70,063	39,099	0	6,216,923	3,003	41.00
43.00	04300	0	0	0	4,947,013	3,632	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	133,171	17,588,482	0	319,737,176	0	50.00
51.00	05100	24,596	22,463	0	17,643,562	0	51.00
52.00	05200	0	0	0	20,194,445	0	52.00
54.00	05400	0	1,858,817	0	110,327,310	0	54.00
55.00	05500	0	7,400	0	14,603,888	0	55.00
56.00	05600	2,812	0	0	14,376,907	0	56.00
56.01	03950	41,182	3,534,118	0	80,629,172	0	56.01
57.00	05700	0	160,328	0	64,135,476	0	57.00
58.00	05800	0	37,174	0	10,873,603	0	58.00
60.00	06000	0	871,474	0	135,443,286	0	60.00
65.00	06500	79,452	769,090	0	30,528,059	0	65.00
66.00	06600	138,180	263,365	0	30,780,074	0	66.00
67.00	06700	42,929	9,419	0	15,363,068	0	67.00
68.00	06800	17,122	3,339	0	5,459,241	0	68.00
69.00	06900	54,899	28,196	0	40,493,187	0	69.00
70.00	07000	28,641	75,769	0	5,276,360	0	70.00
71.00	07100	0	0	0	90,774,579	0	71.00
72.00	07200	0	0	0	43,888,758	0	72.00
73.00	07300	0	0	100	80,338,228	0	73.00
73.01	07301	12,741	869	0	5,575	0	73.01
74.00	07400	2,735	15,306	0	3,281,070	0	74.00
76.00	03480	0	1,176,657	0	25,777,832	0	76.00
76.01	03952	0	27,218	0	1,054,111	0	76.01
76.02	03951	0	154,759	0	4,090,891	0	76.02
76.98	07698	0	0	0	0	0	76.98
77.00	07700	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	67,275	0	792,510	0	90.00
91.00	09100	251,264	610,745	0	139,079,702	0	91.00
91.01	04950	18,486	1,223	0	809,845	0	91.01
92.00	09200						92.00
92.01	09201	0	70,198	0	8,869,023	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	164,704	0	0	0	0	95.00
101.00	10100	144,113	44,105	0	9,208,916	0	101.00
102.00	10200	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	99,526	81,025	0	86,825,200	0	116.00
118.00							118.00
		2,572,926	30,162,553	100	1,604,419,206	48,142	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1

Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQ UI SI)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,176	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,868	0	0	0
194.00	07950	MOB	0	0	0	0	0
194.01	07951	LIFELINE	0	0	0	0	0
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.04	07953	JV-SAGAMORE ASC	0	0	0	0	0
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)	8,110,880	2,147,025	6,167,424	2,707,572	83,980
203.00		Unit cost multiplier (Wkst. B, Part I)	3.152395	0.071175	61,674.240000	0.001688	1.744423
204.00		Cost to be allocated (per Wkst. B, Part II)	297,095	338,721	604,834	242,273	33,942
205.00		Unit cost multiplier (Wkst. B, Part II)	0.115470	0.011229	6,048.340000	0.000151	0.705039
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: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1
Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Description		NURSING PROGRAM (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	EMS EDUCATION (ASSIGNED TIME)	
		20.00	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
5.01	01160	COMMUNICATIONS			5.01
5.02	01140	MGMT INFO SYSTEMS			5.02
5.03	00550	PURCHASING			5.03
5.04	00570	ADMINISTRATIVE			5.04
5.05	00580	PATIENT ACCOUNTING			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL			5.06
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
20.00	02000	NURSING PROGRAM	100		20.00
23.00	02301	PHARMACY RESIDENCY		100	23.00
23.01	02300	EMS EDUCATION		100	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	100	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0	0	56.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
60.00	06000	LABORATORY	0	0	60.00
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	100	73.00
73.01	07301	DIABETES CENTER	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03480	ONCOLOGY	0	0	76.00
76.01	03952	ANTI COAGULATION	0	0	76.01
76.02	03951	INFUSION SERVICES	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
91.01	04950	WOUND CARE	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	100	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1

Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Description		NURSING PROGRAM (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	EMS EDUCATION (ASSIGNED TIME)	
		20.00	23.00	23.01	
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
194.00	07950 MOB	0	0	0	194.00
194.01	07951 LIFELINE	0	0	0	194.01
194.02	07952 PATIENT TRANSPORT	0	0	0	194.02
194.03	07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.03
194.04	07953 JV-SAGAMORE ASC	0	0	0	194.04
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,408,692	399,203	205,693	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	54,086.920000	3,992.030000	2,056.930000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,275,022	6,657	3,372	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	22,750.220000	66.570000	33.720000	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet C
Part I
Date/Time Prepared:
5/30/2023 7:13 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	60,561,241		60,561,241	0	60,561,241	30.00
31.00	03100 INTENSIVE CARE UNIT	10,934,697		10,934,697	0	10,934,697	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	4,956,578		4,956,578	6,426	4,963,004	35.00
41.00	04100 SUBPROVIDER - IRF	4,954,653		4,954,653	0	4,954,653	41.00
43.00	04300 NURSERY	1,328,503		1,328,503	0	1,328,503	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	18,629,511		18,629,511	0	18,629,511	50.00
51.00	05100 RECOVERY ROOM	1,522,272		1,522,272	0	1,522,272	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,743,060		5,743,060	0	5,743,060	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,914,415		12,914,415	8,055	12,922,470	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	1,495,627		1,495,627	0	1,495,627	55.00
56.00	05600 RADIOISOTOPE	286,391		286,391	0	286,391	56.00
56.01	03950 CARDIAC CATH LAB	3,848,693		3,848,693	0	3,848,693	56.01
57.00	05700 CT SCAN	1,985,249		1,985,249	0	1,985,249	57.00
58.00	05800 MRI	725,072		725,072	0	725,072	58.00
60.00	06000 LABORATORY	15,365,446		15,365,446	13,480	15,378,926	60.00
65.00	06500 RESPIRATORY THERAPY	5,190,459	0	5,190,459	0	5,190,459	65.00
66.00	06600 PHYSICAL THERAPY	8,928,911	0	8,928,911	0	8,928,911	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,637,890	0	2,637,890	0	2,637,890	67.00
68.00	06800 SPEECH PATHOLOGY	1,113,473	0	1,113,473	0	1,113,473	68.00
69.00	06900 ELECTROCARDIOLOGY	4,694,710		4,694,710	170	4,694,880	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,695,362		1,695,362	0	1,695,362	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	21,657,719		21,657,719	0	21,657,719	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,648,937		15,648,937	0	15,648,937	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	34,221,110		34,221,110	0	34,221,110	73.00
73.01	07301 DIABETES CENTER	679,091		679,091	0	679,091	73.01
74.00	07400 RENAL DIALYSIS	1,659,575		1,659,575	0	1,659,575	74.00
76.00	03480 ONCOLOGY	6,422,759		6,422,759	0	6,422,759	76.00
76.01	03952 ANTI COAGULATION	483,966		483,966	0	483,966	76.01
76.02	03951 INFUSION SERVICES	896,824		896,824	0	896,824	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0		0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,269,676		1,269,676	0	1,269,676	90.00
91.00	09100 EMERGENCY	18,196,807		18,196,807	23,697	18,220,504	91.00
91.01	04950 WOUND CARE	3,162,569		3,162,569	0	3,162,569	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,407,454		1,407,454	0	1,407,454	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	3,307,088		3,307,088	0	3,307,088	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	1,791,665		1,791,665	0	1,791,665	95.00
101.00	10100 HOME HEALTH AGENCY	9,073,533		9,073,533	0	9,073,533	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
116.00	11600 HOSPICE	8,147,790		8,147,790		8,147,790	116.00
200.00	Subtotal (see instructions)	297,538,776	0	297,538,776	51,828	297,590,604	200.00
201.00	Less Observation Beds	1,407,454		1,407,454		1,407,454	201.00
202.00	Total (see instructions)	296,131,322	0	296,131,322	51,828	296,183,150	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0109		Period: From 01/01/2022 To 12/31/2022		Worksheet C Part I Date/Time Prepared: 5/30/2023 7:13 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	114,852,510		114,852,510				30.00
31.00	03100	INTENSIVE CARE UNIT	23,051,522		23,051,522				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	19,679,933		19,679,933				35.00
41.00	04100	SUBPROVIDER - IRF	6,216,923		6,216,923				41.00
43.00	04300	NURSERY	4,947,013		4,947,013				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	89,684,701	230,052,475	319,737,176	0.058265	0.000000		50.00
51.00	05100	RECOVERY ROOM	4,640,880	13,002,682	17,643,562	0.086279	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,319,323	875,122	20,194,445	0.284388	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,305,110	84,022,200	110,327,310	0.117055	0.000000		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	4,091,547	10,512,341	14,603,888	0.102413	0.000000		55.00
56.00	05600	RADIOISOTOPE	954	14,375,953	14,376,907	0.019920	0.000000		56.00
56.01	03950	CARDIAC CATH LAB	42,951,097	37,678,075	80,629,172	0.047733	0.000000		56.01
57.00	05700	CT SCAN	17,978,289	46,157,187	64,135,476	0.030954	0.000000		57.00
58.00	05800	MRI	2,908,542	7,965,061	10,873,603	0.066682	0.000000		58.00
60.00	06000	LABORATORY	58,987,505	76,455,781	135,443,286	0.113446	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	24,724,636	5,803,423	30,528,059	0.170023	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	8,455,001	22,325,073	30,780,074	0.290087	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	7,229,928	8,133,140	15,363,068	0.171703	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,759,682	3,699,559	5,459,241	0.203961	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	13,640,087	26,853,100	40,493,187	0.115938	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,160,739	4,115,621	5,276,360	0.321313	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,349,017	79,425,562	90,774,579	0.238588	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	40,970,179	2,918,579	43,888,758	0.356559	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,931,872	35,406,356	80,338,228	0.425963	0.000000		73.00
73.01	07301	DIABETES CENTER	609	4,966	5,575	121.810045	0.000000		73.01
74.00	07400	RENAL DIALYSIS	2,260,713	1,020,357	3,281,070	0.505803	0.000000		74.00
76.00	03480	ONCOLOGY	82,879	25,694,953	25,777,832	0.249158	0.000000		76.00
76.01	03952	ANTI COAGULATION	0	1,054,111	1,054,111	0.459122	0.000000		76.01
76.02	03951	INFUSION SERVICES	0	4,090,891	4,090,891	0.219225	0.000000		76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000		76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	792,510	792,510	1.602095	0.000000		90.00
91.00	09100	EMERGENCY	26,460,359	112,619,343	139,079,702	0.130837	0.000000		91.00
91.01	04950	WOUND CARE	0	809,845	809,845	3.905153	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	25,010,251	25,010,251	0.056275	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,771,445	7,097,578	8,869,023	0.372881	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY	0	9,208,916	9,208,916				101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0				102.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE	0	0	0				113.00
116.00	11600	HOSPICE	0	86,825,200	86,825,200				116.00
200.00		Subtotal (see instructions)	620,412,995	984,006,211	1,604,419,206				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	620,412,995	984,006,211	1,604,419,206				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/30/2023 7:13 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
		INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.058265		50.00
51.00	05100	RECOVERY ROOM	0.086279		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.284388		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.117128		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.102413		55.00
56.00	05600	RADIOISOTOPE	0.019920		56.00
56.01	03950	CARDIAC CATH LAB	0.047733		56.01
57.00	05700	CT SCAN	0.030954		57.00
58.00	05800	MRI	0.066682		58.00
60.00	06000	LABORATORY	0.113545		60.00
65.00	06500	RESPIRATORY THERAPY	0.170023		65.00
66.00	06600	PHYSICAL THERAPY	0.290087		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.171703		67.00
68.00	06800	SPEECH PATHOLOGY	0.203961		68.00
69.00	06900	ELECTROCARDIOLOGY	0.115942		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.321313		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.238588		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.356559		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.425963		73.00
73.01	07301	DIABETES CENTER	121.810045		73.01
74.00	07400	RENAL DIALYSIS	0.505803		74.00
76.00	03480	ONCOLOGY	0.249158		76.00
76.01	03952	ANTI COAGULATION	0.459122		76.01
76.02	03951	INFUSION SERVICES	0.219225		76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000		77.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	1.602095		90.00
91.00	09100	EMERGENCY	0.131008		91.00
91.01	04950	WOUND CARE	3.905153		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.056275		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.372881		92.01
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/30/2023 7:13 pm		
			Title XIX	Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	60,561,241		0	60,561,241	30.00
31.00	03100	INTENSIVE CARE UNIT	10,934,697		0	10,934,697	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,956,578		6,426	4,963,004	35.00
41.00	04100	SUBPROVIDER - IRF	4,954,653		0	4,954,653	41.00
43.00	04300	NURSERY	1,328,503		0	1,328,503	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	18,629,511		0	18,629,511	50.00
51.00	05100	RECOVERY ROOM	1,522,272		0	1,522,272	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,743,060		0	5,743,060	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,914,415		8,055	12,922,470	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,495,627		0	1,495,627	55.00
56.00	05600	RADIOISOTOPE	286,391		0	286,391	56.00
56.01	03950	CARDIAC CATH LAB	3,848,693		0	3,848,693	56.01
57.00	05700	CT SCAN	1,985,249		0	1,985,249	57.00
58.00	05800	MRI	725,072		0	725,072	58.00
60.00	06000	LABORATORY	15,365,446		13,480	15,378,926	60.00
65.00	06500	RESPIRATORY THERAPY	5,190,459	0	0	5,190,459	65.00
66.00	06600	PHYSICAL THERAPY	8,928,911	0	0	8,928,911	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,637,890	0	0	2,637,890	67.00
68.00	06800	SPEECH PATHOLOGY	1,113,473	0	0	1,113,473	68.00
69.00	06900	ELECTROCARDIOLOGY	4,694,710		170	4,694,880	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,695,362		0	1,695,362	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,657,719		0	21,657,719	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,648,937		0	15,648,937	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,221,110		0	34,221,110	73.00
73.01	07301	DIABETES CENTER	679,091		0	679,091	73.01
74.00	07400	RENAL DIALYSIS	1,659,575		0	1,659,575	74.00
76.00	03480	ONCOLOGY	6,422,759		0	6,422,759	76.00
76.01	03952	ANTI COAGULATION	483,966		0	483,966	76.01
76.02	03951	INFUSION SERVICES	896,824		0	896,824	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0		0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,269,676		0	1,269,676	90.00
91.00	09100	EMERGENCY	18,196,807		23,697	18,220,504	91.00
91.01	04950	WOUND CARE	3,162,569		0	3,162,569	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,407,454		0	1,407,454	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,307,088		0	3,307,088	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,791,665		0	1,791,665	95.00
101.00	10100	HOME HEALTH AGENCY	9,073,533		0	9,073,533	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	8,147,790			8,147,790	116.00
200.00		Subtotal (see instructions)	297,538,776	0		297,590,604	200.00
201.00		Less Observation Beds	1,407,454			1,407,454	201.00
202.00		Total (see instructions)	296,131,322	0	51,828	296,183,150	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0109		Period: From 01/01/2022 To 12/31/2022		Worksheet C Part I Date/Time Prepared: 5/30/2023 7:13 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	114,852,510		114,852,510			30.00
31.00	03100	INTENSIVE CARE UNIT	23,051,522		23,051,522			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	19,679,933		19,679,933			35.00
41.00	04100	SUBPROVIDER - IRF	6,216,923		6,216,923			41.00
43.00	04300	NURSERY	4,947,013		4,947,013			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	89,684,701	230,052,475	319,737,176	0.058265	0.000000	50.00
51.00	05100	RECOVERY ROOM	4,640,880	13,002,682	17,643,562	0.086279	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,319,323	875,122	20,194,445	0.284388	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,305,110	84,022,200	110,327,310	0.117055	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	4,091,547	10,512,341	14,603,888	0.102413	0.000000	55.00
56.00	05600	RADIOISOTOPE	954	14,375,953	14,376,907	0.019920	0.000000	56.00
56.01	03950	CARDIAC CATH LAB	42,951,097	37,678,075	80,629,172	0.047733	0.000000	56.01
57.00	05700	CT SCAN	17,978,289	46,157,187	64,135,476	0.030954	0.000000	57.00
58.00	05800	MRI	2,908,542	7,965,061	10,873,603	0.066682	0.000000	58.00
60.00	06000	LABORATORY	58,987,505	76,455,781	135,443,286	0.113446	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	24,724,636	5,803,423	30,528,059	0.170023	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	8,455,001	22,325,073	30,780,074	0.290087	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,229,928	8,133,140	15,363,068	0.171703	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,759,682	3,699,559	5,459,241	0.203961	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	13,640,087	26,853,100	40,493,187	0.115938	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,160,739	4,115,621	5,276,360	0.321313	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,349,017	79,425,562	90,774,579	0.238588	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	40,970,179	2,918,579	43,888,758	0.356559	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,931,872	35,406,356	80,338,228	0.425963	0.000000	73.00
73.01	07301	DIABETES CENTER	609	4,966	5,575	121.810045	0.000000	73.01
74.00	07400	RENAL DIALYSIS	2,260,713	1,020,357	3,281,070	0.505803	0.000000	74.00
76.00	03480	ONCOLOGY	82,879	25,694,953	25,777,832	0.249158	0.000000	76.00
76.01	03952	ANTI COAGULATION	0	1,054,111	1,054,111	0.459122	0.000000	76.01
76.02	03951	INFUSION SERVICES	0	4,090,891	4,090,891	0.219225	0.000000	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	792,510	792,510	1.602095	0.000000	90.00
91.00	09100	EMERGENCY	26,460,359	112,619,343	139,079,702	0.130837	0.000000	91.00
91.01	04950	WOUND CARE	0	809,845	809,845	3.905153	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	25,010,251	25,010,251	0.056275	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,771,445	7,097,578	8,869,023	0.372881	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	9,208,916	9,208,916			101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0			113.00
116.00	11600	HOSPICE	0	86,825,200	86,825,200			116.00
200.00		Subtotal (see instructions)	620,412,995	984,006,211	1,604,419,206			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	620,412,995	984,006,211	1,604,419,206			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/30/2023 7:13 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	03950 CARDIAC CATH LAB	0.000000		56.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
60.00	06000 LABORATORY	0.000000		60.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.01	07301 DIABETES CENTER	0.000000		73.01
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03480 ONCOLOGY	0.000000		76.00
76.01	03952 ANTI COAGULATION	0.000000		76.01
76.02	03951 INFUSION SERVICES	0.000000		76.02
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000		76.98
77.00	07700 ALLOGENEI C STEM CELL ACQUISITION	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
91.01	04950 WOUND CARE	0.000000		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
101.00	10100 HOME HEALTH AGENCY			101.00
102.00	10200 OPIOID TREATMENT PROGRAM			102.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/30/2023 7:13 pm
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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	8,377,111	0	8,377,111	32,745	255.83	30.00	
31.00	INTENSIVE CARE UNIT	992,084		992,084	4,593	216.00	31.00	
35.00	NEONATAL INTENSIVE CARE UNIT	545,212		545,212	3,378	161.40	35.00	
41.00	SUBPROVIDER - IRF	945,318	0	945,318	2,534	373.05	41.00	
43.00	NURSERY	29,434		29,434	2,917	10.09	43.00	
200.00	Total (lines 30 through 199)	10,889,159		10,889,159	46,167		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	11,359	2,905,973					30.00
31.00	INTENSIVE CARE UNIT	1,583	341,928					31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0					35.00
41.00	SUBPROVIDER - IRF	1,250	466,313					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	14,192	3,714,214					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part II Date/Time Prepared: 5/30/2023 7:13 pm
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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)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,435,505	319,737,176	0.007617	46,180,975	351,760	50.00
51.00	05100	RECOVERY ROOM	183,900	17,643,562	0.010423	1,555,211	16,210	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	87,073	20,194,445	0.004312	664,858	2,867	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,463,373	110,327,310	0.013264	13,311,968	176,570	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	247,128	14,603,888	0.016922	1,455,984	24,638	55.00
56.00	05600	RADIOISOTOPE	23,169	14,376,907	0.001612	0	0	56.00
56.01	03950	CARDIAC CATH LAB	846,613	80,629,172	0.010500	16,232,523	170,441	56.01
57.00	05700	CT SCAN	137,709	64,135,476	0.002147	6,607,706	14,187	57.00
58.00	05800	MRI	89,846	10,873,603	0.008263	1,040,779	8,600	58.00
60.00	06000	LABORATORY	580,534	135,443,286	0.004286	20,005,817	85,745	60.00
65.00	06500	RESPIRATORY THERAPY	268,748	30,528,059	0.008803	8,300,367	73,068	65.00
66.00	06600	PHYSICAL THERAPY	226,670	30,780,074	0.007364	2,531,464	18,642	66.00
67.00	06700	OCCUPATIONAL THERAPY	54,604	15,363,068	0.003554	2,148,418	7,635	67.00
68.00	06800	SPEECH PATHOLOGY	27,530	5,459,241	0.005043	388,187	1,958	68.00
69.00	06900	ELECTROCARDIOLOGY	682,342	40,493,187	0.016851	4,544,146	76,573	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	320,322	5,276,360	0.060709	419,991	25,497	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	274,201	90,774,579	0.003021	1,726,930	5,217	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	191,075	43,888,758	0.004354	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	943,400	80,338,228	0.011743	18,835,664	221,187	73.00
73.01	07301	DIABETES CENTER	13,775	5,575	2.470852	191	472	73.01
74.00	07400	RENAL DIALYSIS	120,286	3,281,070	0.036661	1,382,603	50,688	74.00
76.00	03480	ONCOLOGY	244,796	25,777,832	0.009496	46,879	445	76.00
76.01	03952	ANTI COAGULATION	8,630	1,054,111	0.008187	0	0	76.01
76.02	03951	INFUSION SERVICES	20,544	4,090,891	0.005022	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	22,904	792,510	0.028901	0	0	90.00
91.00	09100	EMERGENCY	2,638,012	139,079,702	0.018968	10,178,035	193,057	91.00
91.01	04950	WOUND CARE	968,833	809,845	1.196319	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	194,686	25,010,251	0.007784	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	497,347	8,869,023	0.056077	1,285,677	72,097	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	13,813,555	1,339,637,189		158,844,373	1,597,554	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/30/2023 7:13 pm
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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	5,408,692	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	5,408,692	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	5,408,692	32,745	165.18	11,359	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	4,593	0.00	1,583	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	3,378	0.00	0	35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	2,534	0.00	1,250	41.00	
43.00	04300	NURSERY		0	2,917	0.00	0	43.00	
200.00		Total (lines 30 through 199)		5,408,692	46,167		14,192	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	1,876,280						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0						35.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	1,876,280						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 7:13 pm
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Cost Center Description		Title XVIII					Hospital	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	PPS	
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	399,203	73.00
73.01	07301	DIABETES CENTER	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03480	ONCOLOGY	0	0	0	0	0	76.00
76.01	03952	ANTI COAGULATION	0	0	0	0	0	76.01
76.02	03951	INFUSION SERVICES	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	205,693	91.00
91.01	04950	WOUND CARE	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	125,698	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	125,698	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	125,698	0	604,896	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 7:13 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	319,737,176	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	17,643,562	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	20,194,445	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	110,327,310	0.000000	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	14,603,888	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	14,376,907	0.000000	56.00
56.01 03950 CARDIAC CATH LAB	0	0	0	80,629,172	0.000000	56.01
57.00 05700 CT SCAN	0	0	0	64,135,476	0.000000	57.00
58.00 05800 MRI	0	0	0	10,873,603	0.000000	58.00
60.00 06000 LABORATORY	0	0	0	135,443,286	0.000000	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	30,528,059	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	30,780,074	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	15,363,068	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	5,459,241	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	40,493,187	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	5,276,360	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	90,774,579	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	43,888,758	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	399,203	399,203	80,338,228	0.004969	73.00
73.01 07301 DIABETES CENTER	0	0	0	5,575	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	3,281,070	0.000000	74.00
76.00 03480 ONCOLOGY	0	0	0	25,777,832	0.000000	76.00
76.01 03952 ANTI COAGULATION	0	0	0	1,054,111	0.000000	76.01
76.02 03951 INFUSION SERVICES	0	0	0	4,090,891	0.000000	76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	792,510	0.000000	90.00
91.00 09100 EMERGENCY	0	205,693	205,693	139,079,702	0.001479	91.00
91.01 04950 WOUND CARE	0	0	0	809,845	0.000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	125,698	125,698	25,010,251	0.005026	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	8,869,023	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	730,594	730,594	1,339,637,189		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 7:13 pm
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Cost Center Description		Title XVIII					Hospital	
		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)	PPS	
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	46,180,975	0	62,392,352	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	1,555,211	0	3,401,602	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	664,858	0	114,826	0	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	13,311,968	0	18,771,302	0	54.00	
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	1,455,984	0	1,829,102	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00	
56.01	03950 CARDIAC CATH LAB	0.000000	16,232,523	0	12,388,782	0	56.01	
57.00	05700 CT SCAN	0.000000	6,607,706	0	12,244,202	0	57.00	
58.00	05800 MRI	0.000000	1,040,779	0	1,816,372	0	58.00	
60.00	06000 LABORATORY	0.000000	20,005,817	0	6,217,421	0	60.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	8,300,367	0	1,702,991	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	2,531,464	0	2,132,115	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	2,148,418	0	56,153	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	388,187	0	14,286	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	4,544,146	0	7,388,360	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	419,991	0	891,960	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,726,930	0	79,425,062	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	0.004969	18,835,664	93,594	35,403,035	175,918	73.00	
73.01	07301 DIABETES CENTER	0.000000	191	0	0	0	73.01	
74.00	07400 RENAL DIALYSIS	0.000000	1,382,603	0	3,519	0	74.00	
76.00	03480 ONCOLOGY	0.000000	46,879	0	7,087,471	0	76.00	
76.01	03952 ANTI COAGULATION	0.000000	0	0	241,022	0	76.01	
76.02	03951 INFUSION SERVICES	0.000000	0	0	0	0	76.02	
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00	
91.00	09100 EMERGENCY	0.001479	10,178,035	15,053	14,998,925	22,183	91.00	
91.01	04950 WOUND CARE	0.000000	0	0	0	0	91.01	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.005026	0	0	0	0	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	1,285,677	0	2,066,415	0	92.01	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		158,844,373	108,647	270,587,275	198,101	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/30/2023 7:13 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.058265	62,392,352	0	103	3,635,290	50.00
51.00	05100	RECOVERY ROOM	0.086279	3,401,602	0	0	293,487	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.284388	114,826	0	0	32,655	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.117055	18,771,302	0	0	2,197,275	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.102413	1,829,102	0	0	187,324	55.00
56.00	05600	RADIOISOTOPE	0.019920	0	0	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0.047733	12,388,782	0	14	591,354	56.01
57.00	05700	CT SCAN	0.030954	12,244,202	0	1,500	379,007	57.00
58.00	05800	MRI	0.066682	1,816,372	0	123	121,119	58.00
60.00	06000	LABORATORY	0.113446	6,217,421	0	12	705,342	60.00
65.00	06500	RESPIRATORY THERAPY	0.170023	1,702,991	0	0	289,548	65.00
66.00	06600	PHYSICAL THERAPY	0.290087	2,132,115	0	139	618,499	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.171703	56,153	0	0	9,642	67.00
68.00	06800	SPEECH PATHOLOGY	0.203961	14,286	0	0	2,914	68.00
69.00	06900	ELECTROCARDIOLOGY	0.115938	7,388,360	0	0	856,592	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.321313	891,960	0	0	286,598	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.238588	79,425,062	0	0	18,949,867	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.356559	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.425963	35,403,035	0	421	15,080,383	73.00
73.01	07301	DIABETES CENTER	121.810045	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.505803	3,519	0	0	1,780	74.00
76.00	03480	ONCOLOGY	0.249158	7,087,471	0	13,686	1,765,900	76.00
76.01	03952	ANTI COAGULATION	0.459122	241,022	0	0	110,659	76.01
76.02	03951	INFUSION SERVICES	0.219225	0	0	0	0	76.02
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1.602095	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.130837	14,998,925	0	1	1,962,414	91.00
91.01	04950	WOUND CARE	3.905153	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.056275	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.372881	2,066,415	0	2	770,527	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)		270,587,275	0	16,001	48,848,176	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		270,587,275	0	16,001	48,848,176	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/30/2023 7:13 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	6		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 03950 CARDIAC CATH LAB	0	1		56.01
57.00 05700 CT SCAN	0	46		57.00
58.00 05800 MRI	0	8		58.00
60.00 06000 LABORATORY	0	1		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	40		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	179		73.00
73.01 07301 DIABETES CENTER	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03480 ONCOLOGY	0	3,410		76.00
76.01 03952 ANTI COAGULATION	0	0		76.01
76.02 03951 INFUSION SERVICES	0	0		76.02
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0		76.98
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
91.01 04950 WOUND CARE	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	1		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	0	3,692		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 - line 201)	0	3,692		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part II Date/Time Prepared: 5/30/2023 7:13 pm
Title XVIII			Subprovider - IRF	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	2,435,505	319,737,176	0.007617	102,944	784	50.00
51.00	05100 RECOVERY ROOM	183,900	17,643,562	0.010423	3,363	35	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	87,073	20,194,445	0.004312	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,463,373	110,327,310	0.013264	72,298	959	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	247,128	14,603,888	0.016922	0	0	55.00
56.00	05600 RADIOISOTOPE	23,169	14,376,907	0.001612	0	0	56.00
56.01	03950 CARDIAC CATH LAB	846,613	80,629,172	0.010500	0	0	56.01
57.00	05700 CT SCAN	137,709	64,135,476	0.002147	50,213	108	57.00
58.00	05800 MRI	89,846	10,873,603	0.008263	14,052	116	58.00
60.00	06000 LABORATORY	580,534	135,443,286	0.004286	230,207	987	60.00
65.00	06500 RESPIRATORY THERAPY	268,748	30,528,059	0.008803	128,094	1,128	65.00
66.00	06600 PHYSICAL THERAPY	226,670	30,780,074	0.007364	1,050,394	7,735	66.00
67.00	06700 OCCUPATIONAL THERAPY	54,604	15,363,068	0.003554	992,130	3,526	67.00
68.00	06800 SPEECH PATHOLOGY	27,530	5,459,241	0.005043	292,289	1,474	68.00
69.00	06900 ELECTROCARDIOLOGY	682,342	40,493,187	0.016851	13,039	220	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	320,322	5,276,360	0.060709	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	274,201	90,774,579	0.003021	192,712	582	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	191,075	43,888,758	0.004354	77,054	335	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	943,400	80,338,228	0.011743	288,472	3,388	73.00
73.01	07301 DIABETES CENTER	13,775	5,575	2.470852	0	0	73.01
74.00	07400 RENAL DIALYSIS	120,286	3,281,070	0.036661	34,398	1,261	74.00
76.00	03480 ONCOLOGY	244,796	25,777,832	0.009496	0	0	76.00
76.01	03952 ANTI COAGULATION	8,630	1,054,111	0.008187	0	0	76.01
76.02	03951 INFUSION SERVICES	20,544	4,090,891	0.005022	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	22,904	792,510	0.028901	0	0	90.00
91.00	09100 EMERGENCY	2,638,012	139,079,702	0.018968	0	0	91.00
91.01	04950 WOUND CARE	968,833	809,845	1.196319	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	25,010,251	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	497,347	8,869,023	0.056077	9,453	530	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	13,618,869	1,339,637,189		3,551,112	23,168	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 7:13 pm
Title XVIII		Subprovider - IRF	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
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03950 CARDIAC CATH LAB	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	399,203	73.00
73.01	07301 DIABETES CENTER	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03480 ONCOLOGY	0	0	0	0	0	76.00
76.01	03952 ANTI COAGULATION	0	0	0	0	0	76.01
76.02	03951 INFUSION SERVICES	0	0	0	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	205,693	91.00
91.01	04950 WOUND CARE	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	604,896	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 7:13 pm
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Title XVIII		Subprovider - IRF	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	319,737,176	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	17,643,562	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	20,194,445	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	110,327,310	0.000000	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	14,603,888	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	14,376,907	0.000000	56.00
56.01 03950 CARDIAC CATH LAB	0	0	0	80,629,172	0.000000	56.01
57.00 05700 CT SCAN	0	0	0	64,135,476	0.000000	57.00
58.00 05800 MRI	0	0	0	10,873,603	0.000000	58.00
60.00 06000 LABORATORY	0	0	0	135,443,286	0.000000	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	30,528,059	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	30,780,074	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	15,363,068	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	5,459,241	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	40,493,187	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	5,276,360	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	90,774,579	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	43,888,758	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	399,203	399,203	80,338,228	0.004969	73.00
73.01 07301 DIABETES CENTER	0	0	0	5,575	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	3,281,070	0.000000	74.00
76.00 03480 ONCOLOGY	0	0	0	25,777,832	0.000000	76.00
76.01 03952 ANTI COAGULATION	0	0	0	1,054,111	0.000000	76.01
76.02 03951 INFUSION SERVICES	0	0	0	4,090,891	0.000000	76.02
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0.000000	76.98
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	792,510	0.000000	90.00
91.00 09100 EMERGENCY	0	205,693	205,693	139,079,702	0.001479	91.00
91.01 04950 WOUND CARE	0	0	0	809,845	0.000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	25,010,251	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	8,869,023	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00 Total (lines 50 through 199)	0	604,896	604,896	1,339,637,189		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 7:13 pm
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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	102,944	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	3,363	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	72,298	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03950 CARDIAC CATH LAB	0.000000	0	0	0	0	56.01
57.00	05700 CT SCAN	0.000000	50,213	0	0	0	57.00
58.00	05800 MRI	0.000000	14,052	0	0	0	58.00
60.00	06000 LABORATORY	0.000000	230,207	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	128,094	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,050,394	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	992,130	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	292,289	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	13,039	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	192,712	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	77,054	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.004969	288,472	1,433	0	0	73.00
73.01	07301 DIABETES CENTER	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	34,398	0	0	0	74.00
76.00	03480 ONCOLOGY	0.000000	0	0	0	0	76.00
76.01	03952 ANTI COAGULATION	0.000000	0	0	0	0	76.01
76.02	03951 INFUSION SERVICES	0.000000	0	0	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	318	0	90.00
91.00	09100 EMERGENCY	0.001479	0	0	0	0	91.00
91.01	04950 WOUND CARE	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	9,453	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		3,551,112	1,433	318	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/30/2023 7:13 pm
Title XVIII			Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.058265	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.086279	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.284388	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.117055	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.102413	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.019920	0	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0.047733	0	0	0	56.01
57.00	05700	CT SCAN	0.030954	0	0	0	57.00
58.00	05800	MRI	0.066682	0	0	0	58.00
60.00	06000	LABORATORY	0.113446	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.170023	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.290087	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.171703	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.203961	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.115938	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.321313	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.238588	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.356559	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.425963	0	0	295	73.00
73.01	07301	DIABETES CENTER	121.810045	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.505803	0	0	0	74.00
76.00	03480	ONCOLOGY	0.249158	0	0	0	76.00
76.01	03952	ANTI COAGULATION	0.459122	0	0	0	76.01
76.02	03951	INFUSION SERVICES	0.219225	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1.602095	318	0	509	90.00
91.00	09100	EMERGENCY	0.130837	0	0	0	91.00
91.01	04950	WOUND CARE	3.905153	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.056275	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.372881	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0.000000		0		95.00
200.00		Subtotal (see instructions)		318	0	295	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		318	0	295	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/30/2023 7:13 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 03950 CARDIAC CATH LAB	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
60.00 06000 LABORATORY	0	0		60.00
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	126		73.00
73.01 07301 DIABETES CENTER	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03480 ONCOLOGY	0	0		76.00
76.01 03952 ANTI COAGULATION	0	0		76.01
76.02 03951 INFUSION SERVICES	0	0		76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
91.01 04950 WOUND CARE	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	0	126		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	126		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/30/2023 7:13 pm
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		Title XIX		Hospital		Cost	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.058265	0	35,692,672	0	0	50.00
51.00	05100 RECOVERY ROOM	0.086279	0	2,206,069	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.284388	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.117055	0	14,328,332	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.102413	0	4,938,139	0	0	55.00
56.00	05600 RADIOISOTOPE	0.019920	0	0	0	0	56.00
56.01	03950 CARDIAC CATH LAB	0.047733	0	4,183,023	0	0	56.01
57.00	05700 CT SCAN	0.030954	0	11,075,789	0	0	57.00
58.00	05800 MRI	0.066682	0	1,438,777	0	0	58.00
60.00	06000 LABORATORY	0.113446	0	20,280,041	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.170023	0	1,058,596	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.290087	0	2,850,503	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.171703	0	2,464,370	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.203961	0	1,804,815	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.115938	0	3,934,025	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.321313	0	962,003	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.238588	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.356559	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.425963	0	343	0	0	73.00
73.01	07301 DIABETES CENTER	121.810045	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.505803	0	775,866	0	0	74.00
76.00	03480 ONCOLOGY	0.249158	0	5,546,821	0	0	76.00
76.01	03952 ANTI COAGULATION	0.459122	0	0	0	0	76.01
76.02	03951 INFUSION SERVICES	0.219225	0	0	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1.602095	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.130837	0	51,510,781	0	0	91.00
91.01	04950 WOUND CARE	3.905153	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.056275	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.372881	0	1,002,701	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00	Subtotal (see instructions)		0	166,053,666	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		0	166,053,666	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/30/2023 7:13 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	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	2,079,634	0		50.00
51.00 05100 RECOVERY ROOM	190,337	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,677,203	0		54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	505,730	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 03950 CARDIAC CATH LAB	199,668	0		56.01
57.00 05700 CT SCAN	342,840	0		57.00
58.00 05800 MRI	95,941	0		58.00
60.00 06000 LABORATORY	2,300,690	0		60.00
65.00 06500 RESPIRATORY THERAPY	179,986	0		65.00
66.00 06600 PHYSICAL THERAPY	826,894	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	423,140	0		67.00
68.00 06800 SPEECH PATHOLOGY	368,112	0		68.00
69.00 06900 ELECTROCARDIOLOGY	456,103	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	309,104	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	146	0		73.00
73.01 07301 DIABETES CENTER	0	0		73.01
74.00 07400 RENAL DIALYSIS	392,435	0		74.00
76.00 03480 ONCOLOGY	1,382,035	0		76.00
76.01 03952 ANTI COAGULATION	0	0		76.01
76.02 03951 INFUSION SERVICES	0	0		76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	6,739,516	0		91.00
91.01 04950 WOUND CARE	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	373,888	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	18,843,402	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 - line 201)	18,843,402	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/30/2023 7:13 pm
		Title XIX	Subprovider - IRF	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.058265	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.086279	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.284388	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.117055	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.102413	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.019920	0	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0.047733	0	0	0	56.01
57.00	05700	CT SCAN	0.030954	0	0	0	57.00
58.00	05800	MRI	0.066682	0	0	0	58.00
60.00	06000	LABORATORY	0.113446	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.170023	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.290087	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.171703	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.203961	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.115938	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.321313	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.238588	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.356559	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.425963	0	0	0	73.00
73.01	07301	DIABETES CENTER	121.810045	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.505803	0	0	0	74.00
76.00	03480	ONCOLOGY	0.249158	0	0	0	76.00
76.01	03952	ANTI COAGULATION	0.459122	0	0	0	76.01
76.02	03951	INFUSION SERVICES	0.219225	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1.602095	0	0	0	90.00
91.00	09100	EMERGENCY	0.130837	0	0	0	91.00
91.01	04950	WOUND CARE	3.905153	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.056275	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.372881	0	7,360	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	95.00
200.00		Subtotal (see instructions)		0	7,360	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	7,360	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/30/2023 7:13 pm
	Title XIX	Subprovider - IRF	Cost

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
56.01 03950 CARDIAC CATH LAB	0	0	56.01
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
60.00 06000 LABORATORY	0	0	60.00
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
73.01 07301 DIABETES CENTER	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03480 ONCOLOGY	0	0	76.00
76.01 03952 ANTI COAGULATION	0	0	76.01
76.02 03951 INFUSION SERVICES	0	0	76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
91.01 04950 WOUND CARE	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	2,744	0	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00 Subtotal (see instructions)	2,744	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 - line 201)	2,744	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2023 7:13 pm
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)		32,745	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		32,745	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)		31,984	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)		11,359	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)		60,561,241	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)		60,561,241	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)		60,561,241	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,849.48	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		21,008,243	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)		21,008,243	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1	
		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	10,934,697	4,593	2,380.73	1,583	3,768,696	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	4,963,004	3,378	1,469.21	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					22,280,504	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)					47,057,443	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)					5,124,181	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,706,201	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					6,830,382	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					40,227,061	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)					761	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,849.48	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,407,454	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/30/2023 7:13 pm	
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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	8,377,111	60,561,241	0.138325	1,407,454	194,686	90.00
91.00	Nursing Program cost	5,408,692	60,561,241	0.089309	1,407,454	125,698	91.00
92.00	Allied health cost	0	60,561,241	0.000000	1,407,454	0	92.00
93.00	All other Medical Education	0	60,561,241	0.000000	1,407,454	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/30/2023 7:13 pm
		Title XVIII	Subprovider - IRF	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)		2,534	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,534	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,534	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)		1,250	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)		4,954,653	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)		4,954,653	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)		4,954,653	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,955.27	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,444,088	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)		2,444,088	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1	
				Component CCN: 15-T109		Date/Time Prepared: 5/30/2023 7:13 pm	
				Title XVIII	Subprovider - IRF	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 NEONATAL 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)					818,606	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)					3,262,694	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)					466,313	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					24,601	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					490,914	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,771,780	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: 15-0109 Component CCN: 15-T109	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/30/2023 7:13 pm
	Title XVIII	Subprovider - IRF	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	945,318	4,954,653	0.190794	0	0	90.00
91.00	Nursing Program cost	0	4,954,653	0.000000	0	0	91.00
92.00	Allied health cost	0	4,954,653	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,954,653	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/30/2023 7:13 pm	
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		43,050,705		30.00
31.00	03100 INTENSIVE CARE UNIT		8,225,507		31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
41.00	04100 SUBPROVIDER - I RF		162,138		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.058265	46,180,975	2,690,735	50.00
51.00	05100 RECOVERY ROOM	0.086279	1,555,211	134,182	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.284388	664,858	189,078	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.117128	13,311,968	1,559,204	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.102413	1,455,984	149,112	55.00
56.00	05600 RADIOISOTOPE	0.019920	0	0	56.00
56.01	03950 CARDIAC CATH LAB	0.047733	16,232,523	774,827	56.01
57.00	05700 CT SCAN	0.030954	6,607,706	204,535	57.00
58.00	05800 MRI	0.066682	1,040,779	69,401	58.00
60.00	06000 LABORATORY	0.113545	20,005,817	2,271,560	60.00
65.00	06500 RESPIRATORY THERAPY	0.170023	8,300,367	1,411,253	65.00
66.00	06600 PHYSICAL THERAPY	0.290087	2,531,464	734,345	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.171703	2,148,418	368,890	67.00
68.00	06800 SPEECH PATHOLOGY	0.203961	388,187	79,175	68.00
69.00	06900 ELECTROCARDIOLOGY	0.115942	4,544,146	526,857	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.321313	419,991	134,949	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.238588	1,726,930	412,025	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.356559	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.425963	18,835,664	8,023,296	73.00
73.01	07301 DIABETES CENTER	121.810045	191	23,266	73.01
74.00	07400 RENAL DIALYSIS	0.505803	1,382,603	699,325	74.00
76.00	03480 ONCOLOGY	0.249158	46,879	11,680	76.00
76.01	03952 ANTI COAGULATION	0.459122	0	0	76.01
76.02	03951 INFUSION SERVICES	0.219225	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.602095	0	0	90.00
91.00	09100 EMERGENCY	0.131008	10,178,035	1,333,404	91.00
91.01	04950 WOUND CARE	3.905153	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.056275	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.372881	1,285,677	479,405	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		158,844,373	22,280,504	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		158,844,373		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/30/2023 7:13 pm	
		Title XVIII	Subprovider - IRF	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	02060 NEONATAL INTENSIVE CARE UNIT				35.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY		2,872,360		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.058265	102,944	5,998	50.00
51.00	05100 RECOVERY ROOM	0.086279	3,363	290	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.284388	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.117128	72,298	8,468	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.102413	0	0	55.00
56.00	05600 RADIOISOTOPE	0.019920	0	0	56.00
56.01	03950 CARDIAC CATH LAB	0.047733	0	0	56.01
57.00	05700 CT SCAN	0.030954	50,213	1,554	57.00
58.00	05800 MRI	0.066682	14,052	937	58.00
60.00	06000 LABORATORY	0.113545	230,207	26,139	60.00
65.00	06500 RESPIRATORY THERAPY	0.170023	128,094	21,779	65.00
66.00	06600 PHYSICAL THERAPY	0.290087	1,050,394	304,706	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.171703	992,130	170,352	67.00
68.00	06800 SPEECH PATHOLOGY	0.203961	292,289	59,616	68.00
69.00	06900 ELECTROCARDIOLOGY	0.115942	13,039	1,512	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.321313	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.238588	192,712	45,979	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.356559	77,054	27,474	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.425963	288,472	122,878	73.00
73.01	07301 DIABETES CENTER	121.810045	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.505803	34,398	17,399	74.00
76.00	03480 ONCOLOGY	0.249158	0	0	76.00
76.01	03952 ANTI COAGULATION	0.459122	0	0	76.01
76.02	03951 INFUSION SERVICES	0.219225	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.602095	0	0	90.00
91.00	09100 EMERGENCY	0.131008	0	0	91.00
91.01	04950 WOUND CARE	3.905153	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.056275	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.372881	9,453	3,525	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		3,551,112	818,606	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		3,551,112		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/30/2023 7:13 pm	
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		32,903,009	30.00
31.00	03100	INTENSIVE CARE UNIT		4,930,802	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		11,659,005	35.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.058265	10,875,291	50.00
51.00	05100	RECOVERY ROOM	0.086279	530,532	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.284388	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.117055	4,143,017	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.102413	683,218	55.00
56.00	05600	RADIOISOTOPE	0.019920	0	56.00
56.01	03950	CARDIAC CATH LAB	0.047733	5,752,055	56.01
57.00	05700	CT SCAN	0.030954	2,817,110	57.00
58.00	05800	MRI	0.066682	606,264	58.00
60.00	06000	LABORATORY	0.113446	11,360,455	60.00
65.00	06500	RESPIRATORY THERAPY	0.170023	5,284,578	65.00
66.00	06600	PHYSICAL THERAPY	0.290087	1,089,616	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.171703	905,461	67.00
68.00	06800	SPEECH PATHOLOGY	0.203961	314,353	68.00
69.00	06900	ELECTROCARDIOLOGY	0.115938	2,036,387	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.321313	192,749	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.238588	57,868	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.356559	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.425963	8,424,903	73.00
73.01	07301	DIABETES CENTER	121.810045	0	73.01
74.00	07400	RENAL DIALYSIS	0.505803	271,681	74.00
76.00	03480	ONCOLOGY	0.249158	0	76.00
76.01	03952	ANTI COAGULATION	0.459122	0	76.01
76.02	03951	INFUSION SERVICES	0.219225	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.602095	0	90.00
91.00	09100	EMERGENCY	0.130837	5,278,622	91.00
91.01	04950	WOUND CARE	3.905153	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.056275	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.372881	471,948	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		61,096,108	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)		61,096,108	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/30/2023 7:13 pm
		Title XIX	Subprovider - IRF	Cost
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	02060 NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY		598,112	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.058265	0	50.00
51.00	05100 RECOVERY ROOM	0.086279	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.284388	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.117055	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.102413	0	55.00
56.00	05600 RADIOISOTOPE	0.019920	0	56.00
56.01	03950 CARDIAC CATH LAB	0.047733	0	56.01
57.00	05700 CT SCAN	0.030954	0	57.00
58.00	05800 MRI	0.066682	0	58.00
60.00	06000 LABORATORY	0.113446	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.170023	0	65.00
66.00	06600 PHYSICAL THERAPY	0.290087	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.171703	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.203961	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.115938	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.321313	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.238588	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.356559	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.425963	0	73.00
73.01	07301 DIABETES CENTER	121.810045	0	73.01
74.00	07400 RENAL DIALYSIS	0.505803	0	74.00
76.00	03480 ONCOLOGY	0.249158	0	76.00
76.01	03952 ANTI COAGULATION	0.459122	0	76.01
76.02	03951 INFUSION SERVICES	0.219225	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	1.602095	0	90.00
91.00	09100 EMERGENCY	0.130837	0	91.00
91.01	04950 WOUND CARE	3.905153	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.056275	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.372881	0	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		0	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)		0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/30/2023 7:13 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		24,026,232	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		7,885,077	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)		896,010	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		148,434	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		174.92	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.09	30.00
31.00	Percentage of Medicaid patient days (see instructions)		27.41	31.00
32.00	Sum of lines 30 and 31		30.50	32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.37	33.00
34.00	Disproportionate share adjustment (see instructions)		1,146,415	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/30/2023 7:13 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Payment Adjustment					
35.00	Total uncompensated care amount (see instructions)		7,192,008,710	6,874,403,459	35.00
35.01	Factor 3 (see instructions)		0.000550953	0.000573729	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)		3,962,460	3,944,044	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)		2,963,702	994,116	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)		3,957,818		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)		38,059,986		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)			38,059,986	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,800,463	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			583,105	53.00
54.00	Special add-on payments for new technologies			230,959	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).			1,876,280	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			108,647	58.00
59.00	Total (sum of amounts on lines 49 through 58)			43,659,440	59.00
60.00	Primary payer payments			21,040	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			43,638,400	61.00
62.00	Deductibles billed to program beneficiaries			2,981,528	62.00
63.00	Coinurance billed to program beneficiaries			66,130	63.00
64.00	Allowable bad debts (see instructions)			185,822	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			120,784	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			61,645	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			40,711,526	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 ADJ			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)			-2,421	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/30/2023 7:13 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
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	1.00	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)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			40,709,105	71.00
71.01	Sequestration adjustment (see instructions)			512,935	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM or CHART pass-throughs				71.03
72.00	Interim payments			38,915,550	72.00
72.01	Interim payments-PARHM or CHART				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM or CHART (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			1,280,620	74.00
74.01	Balance due provider/program-PARHM or CHART (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			470,722	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. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/30/2023 7:13 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	24,026,232	0	24,026,232		1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,885,077	0		7,885,077	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	896,010	0	896,010		2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	148,434	0		148,434	2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	5.00	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1437	0.1437	0.1437	0.1437	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,146,415	0	863,143	283,272	11.00	
11.01	Uncompensated care payments	36.00	3,957,818	0	2,963,702	994,116	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	38,059,986	0	28,749,087	9,310,899	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	38,059,986	0	28,749,087	9,310,899	15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,800,463	0	2,147,613	652,850	16.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/30/2023 7:13 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	230,959	0	194,266	36,693	230,959	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	31,090,966	10,000,442	41,091,408	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,406,415	0	1,818,192	588,223	2,406,415	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	240,759	0	213,602	27,157	240,759	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0637	0.0637	0.0637	0.0637		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	153,289	0	115,819	37,470	153,289	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,800,463	0	2,147,613	652,850	2,800,463	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: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2023 7:13 pm
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		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	24,026,232	24,026,232		24,026,232	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,885,077		7,885,077	7,885,077	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	896,010	896,010		896,010	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	148,434		148,434	148,434	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1437	0.1437	0.1437		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,146,415	863,143	283,272	1,146,415	11.00
11.01	Uncompensated care payments	36.00	3,957,818	2,963,702	994,116	3,957,818	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	38,059,986	28,749,087	9,310,899	38,059,986	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	38,059,986	28,749,087	9,310,899	38,059,986	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,800,463	2,147,613	652,850	2,800,463	16.00
17.00	Special add-on payments for new technologies	54.00	230,959	194,266	36,693	230,959	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			31,090,966	10,000,442	41,091,408	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2023 7:13 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,406,415	1,818,192	588,223	2,406,415	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	240,759	213,602	27,157	240,759	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0637	0.0637	0.0637		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	153,289	115,819	37,470	153,289	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,800,463	2,147,613	652,850	2,800,463	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	-2,421	-2,421	0	-2,421	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/30/2023 7:13 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,692	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		48,650,075	2.00
3.00	OPPS payments		24,939,424	3.00
4.00	Outlier payment (see instructions)		243,871	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		198,101	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,692	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		16,001	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)		16,001	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)		16,001	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		12,309	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)		3,692	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)		25,381,396	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		4,123,194	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	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)		21,261,894	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)		21,261,894	30.00
31.00	Primary payer payments		3,623	31.00
32.00	Subtotal (line 30 minus line 31)		21,258,271	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)		207,097	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		134,613	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		95,927	36.00
37.00	Subtotal (see instructions)		21,392,884	37.00
38.00	MSP-LCC reconciliation amount from PS&R		35	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)		21,392,849	40.00
40.01	Sequestration adjustment (see instructions)		269,550	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		21,394,447	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)		-271,148	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: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/30/2023 7:13 pm
		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: 15-0109 Component CCN: 15-T109	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/30/2023 7:13 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		126	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		509	2.00
3.00	OPPS payments		122	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		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		126	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		295	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)		295	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)		295	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		169	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)		126	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)		122	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)		0	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)		248	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)		248	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		248	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)		248	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		248	40.00
40.01	Sequestration adjustment (see instructions)		4	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM or CHART pass-throughs			40.03
41.00	Interim payments		218	41.00
41.01	Interim payments-PARHM or CHART			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM or CHART (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		26	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			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: 15-0109 Component CCN: 15-T109	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/30/2023 7:13 pm
	Title XVIII	Subprovider - IRF	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: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2023 7:13 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		38,886,350		21,394,447	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	29,200		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)		29,200		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)		38,915,550		21,394,447	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		1,280,620		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		271,148	6.02	
7.00	Total Medicare program liability (see instructions)		40,196,170		21,123,299	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: 15-0109 Component CCN: 15-T109		Period: From 01/01/2022 To 12/31/2022		Worksheet E-1 Part I Date/Time Prepared: 5/30/2023 7:13 pm	
		Title XVIII		Subprovider - IRF		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						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		2,543,847			218	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)		2,543,847			218	4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0			0	5.01
5.02			0			0	5.02
5.03			0			0	5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0			0	5.50
5.51			0			0	5.51
5.52			0			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0			26	6.01
6.02	SETTLEMENT TO PROGRAM		40,555			0	6.02
7.00	Total Medicare program liability (see instructions)		2,503,292			244	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: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet E-1 Part II Date/Time Prepared: 5/30/2023 7:13 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part III Date/Time Prepared: 5/30/2023 7:13 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,373,413 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0000 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			80,933 3.00
4.00	Outlier Payments			105,909 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	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 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	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 7.00
8.00	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 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			6.942466 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,560,255 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,560,255 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,560,255 19.00
20.00	Deductibles			17,116 20.00
21.00	Subtotal (line 19 minus line 20)			2,543,139 21.00
22.00	Coinsurance			9,336 22.00
23.00	Subtotal (line 21 minus line 22)			2,533,803 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,533,803 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			1,433 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,535,236 32.00
32.01	Sequestration adjustment (see instructions)			31,944 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,543,847 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-40,555 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			105,909 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: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2023 7:13 pm	
		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		0		1.00
2.00	Medical and other services			18,843,402	2.00
3.00	Organ acquisition (certified transplant programs only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	18,843,402	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	18,843,402	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		61,096,108	166,053,666	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)		61,096,108	166,053,666	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)		61,096,108	166,053,666	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		61,096,108	147,210,264	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	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)		0	18,843,402	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	0	24.00
25.00	Capital exception payments (see instructions)		0	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)		0	18,843,402	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	18,843,402	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	18,843,402	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	18,843,402	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	18,843,402	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	18,843,402	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: 15-0109 Component CCN: 15-T109	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2023 7:13 pm
		Title XIX	Subprovider - IRF	Cost
		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		2,744	2.00
3.00	Organ acquisition (certified transplant programs only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	2,744	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	2,744	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	7,360	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)	0	7,360	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)	0	7,360	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	4,616	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	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)	0	2,744	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	0	24.00
25.00	Capital exception payments (see instructions)	0	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)	0	2,744	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	2,744	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	2,744	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	2,744	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	2,744	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	2,744	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

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet E-5 Date/Time Prepared: 5/30/2023 7:13 pm
Title XVIII			PPS	
			1.00	
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2		0	2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)		0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)		0	4.00
5.00	The rate used to calculate the time value of money (see instructions)		0.00	5.00
6.00	Time value of money for operating expenses (see instructions)		0	6.00
7.00	Time value of money for capital related expenses (see instructions)		0	7.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet G

Date/Time Prepared:
5/30/2023 7:13 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	45,583,278	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	207,082,025	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-160,011,072	0	0	0	6.00
7.00	Inventory	6,655,163	0	0	0	7.00
8.00	Prepaid expenses	4,140,310	0	0	0	8.00
9.00	Other current assets	3,711,714	0	0	0	9.00
10.00	Due from other funds	118,559	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	107,279,977	0	0	0	11.00
FIXED ASSETS						
12.00	Land	16,741,293	0	0	0	12.00
13.00	Land improvements	4,868,998	0	0	0	13.00
14.00	Accumulated depreciation	297,189,028	0	0	0	14.00
15.00	Buildings	-159,611,743	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	1,247,401	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	95,739,593	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	15,400,697	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	271,575,267	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,662,578	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	89,384,026	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	91,046,604	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	469,901,848	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	18,085,508	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,768,477	0	0	0	38.00
39.00	Payroll taxes payable	4,141,801	0	0	0	39.00
40.00	Notes and loans payable (short term)	474,848	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	-1,101,467	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	32,369,167	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	2,054,519	0	0	0	46.00
47.00	Notes payable	9,644,487	0	0	0	47.00
48.00	Unsecured loans	949,639	0	0	0	48.00
49.00	Other long term liabilities	505,834	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	13,154,479	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	45,523,646	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	424,378,202				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)	424,378,202	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	469,901,848	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet G-1

Date/Time Prepared:
5/30/2023 7:13 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		444,468,185		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		25,860,106			2.00
3.00	Total (sum of line 1 and line 2)		470,328,291		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)		470,328,291		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)		470,328,291		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: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	624,562,059		624,562,059	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	624,562,059		624,562,059	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	NEONATAL 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)	624,562,059		624,562,059	17.00
18.00	Ancillary services	0	0	0	18.00
19.00	Outpatient services	0	1,005,745,207	1,005,745,207	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		0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	624,562,059	1,005,745,207	1,630,307,266	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		367,476,694		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)		367,476,694		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0109

Period:
From 01/01/2022
To 12/31/2022

Worksheet G-3

Date/Time Prepared:
5/30/2023 7:13 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,630,307,266	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,252,649,992	2.00
3.00	Net patient revenues (line 1 minus line 2)	377,657,274	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	367,476,694	4.00
5.00	Net income from service to patients (line 3 minus line 4)	10,180,580	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	1,231,262	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	23,769	21.00
22.00	Rental of hospital space	558,684	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	9,596,606	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	11,410,321	25.00
26.00	Total (line 5 plus line 25)	21,590,901	26.00
27.00	OTHER EXPENSES LESS: NON OPER REV	-4,269,205	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-4,269,205	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	25,860,106	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0109

Period: From 01/01/2022

Worksheet H

HHA CCN: 15-7124

To 12/31/2022

Date/Time Prepared: 5/30/2023 7:13 pm

Home Health Agency I

PPS

	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		10,947	10,947	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	0	0	0	0	0	0	5.00
HHA REIMBURSABLE SERVICES							
6.00	1,954,790	-5,775	-47,261	72,648	57,584	2,031,986	6.00
7.00	1,357,645	-4,011	-32,824	50,456	39,994	1,411,260	7.00
8.00	510,245	-1,507	-12,336	18,963	15,031	530,396	8.00
9.00	107,960	-319	-2,610	4,012	3,180	112,223	9.00
10.00	60,175	-178	-1,455	2,236	1,773	62,551	10.00
11.00	57,697	-170	-1,395	2,144	1,700	59,976	11.00
12.00	0	0	0	0	44,105	44,105	12.00
13.00	0	0	0	0	139,386	139,386	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	0	0	0	0	0	0	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	20,353	-60	-492	756	600	21,157	23.00
23.50	0	0	0	0	0	0	23.50
24.00	4,068,865	-12,020	-98,373	151,215	314,300	4,423,987	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	-10,947	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	0	0	0	0			5.00
HHA REIMBURSABLE SERVICES							
6.00	-2,450	2,029,536	0	2,029,536			6.00
7.00	4,011	1,415,271	0	1,415,271			7.00
8.00	1,507	531,903	0	531,903			8.00
9.00	319	112,542	0	112,542			9.00
10.00	178	62,729	0	62,729			10.00
11.00	170	60,146	0	60,146			11.00
12.00	-44,105	0	0	0			12.00
13.00	-139,386	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	0	0	0			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	60	21,217	0	21,217			23.00
23.50	0	0	0	0			23.50
24.00	-190,643	4,233,344	0	4,233,344			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: 15-0109	Period: From 01/01/2022	Worksheet H-1 Part I
		HHA CCN: 15-7124	To 12/31/2022	Date/Time Prepared: 5/30/2023 7:13 pm
			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					3.00
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	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	0	0	0	0	0	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	2,029,536	0	0	0	2,029,536	6.00	
7.00	Physical Therapy	1,415,271	0	0	0	1,415,271	7.00	
8.00	Occupational Therapy	531,903	0	0	0	531,903	8.00	
9.00	Speech Pathology	112,542	0	0	0	112,542	9.00	
10.00	Medical Social Services	62,729	0	0	0	62,729	10.00	
11.00	Home Health Aide	60,146	0	0	0	60,146	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	0	0	0	0	0	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)	21,217	0	0	0	21,217	23.00	
23.50	Telemedicine	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	4,233,344	0	0	0	4,233,344	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	0					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	2,029,536				6.00	
7.00	Physical Therapy	0	1,415,271				7.00	
8.00	Occupational Therapy	0	531,903				8.00	
9.00	Speech Pathology	0	112,542				9.00	
10.00	Medical Social Services	0	62,729				10.00	
11.00	Home Health Aide	0	60,146				11.00	
12.00	Supplies (see instructions)	0	0				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	21,217				23.00	
23.50	Telemedicine	0	0				23.50	
24.00	Total (sum of lines 1-23)		4,233,344				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS			Provider CCN: 15-0109 HHA CCN: 15-7124		Period: From 01/01/2022 To 12/31/2022		Worksheet H-1 Part II Date/Time Prepared: 5/30/2023 7:13 pm	
					Home Health Agency I		PPS	
	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						3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	19,729				0		1.00
2.00	Capital Related - Movable Equipment		19,729			0		2.00
3.00	Plant Operation & Maintenance	0	0	0		0		3.00
4.00	Transportation (see instructions)	0	0	0	0	0		4.00
5.00	Administrative and General	19,729	19,729	0	0	0	4,233,344	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	0	2,029,536	6.00
7.00	Physical Therapy	0	0	0	0	0	1,415,271	7.00
8.00	Occupational Therapy	0	0	0	0	0	531,903	8.00
9.00	Speech Pathology	0	0	0	0	0	112,542	9.00
10.00	Medical Social Services	0	0	0	0	0	62,729	10.00
11.00	Home Health Aide	0	0	0	0	0	60,146	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	21,217	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	19,729	19,729	0	0	0	4,233,344	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	0	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.000000	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet H-2 Part I Date/Time Prepared: 5/30/2023 7:13 pm
		HHA CCN: 15-7124	Home Health Agency I	PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	MGMT INFO SYSTEMS	
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
1.00 Administrative and General	0	274,283	524,882	917,940	0	158,177	1.00
2.00 Skilled Nursing Care	2,029,536	0	0	0	0	0	2.00
3.00 Physical Therapy	1,415,271	0	0	0	0	0	3.00
4.00 Occupational Therapy	531,903	0	0	0	0	0	4.00
5.00 Speech Pathology	112,542	0	0	0	0	0	5.00
6.00 Medical Social Services	62,729	0	0	0	0	0	6.00
7.00 Home Health Aide	60,146	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)	21,217	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)	4,233,344	274,283	524,882	917,940	0	158,177	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	PURCHASING	ADMITTING	PATIENT ACCOUNTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
	5.03	5.04	5.05	5A.05	5.06	7.00	
1.00 Administrative and General	0	0	8,868	1,884,150	430,099	788,614	1.00
2.00 Skilled Nursing Care	0	0	0	2,029,536	463,286	0	2.00
3.00 Physical Therapy	0	0	0	1,415,271	323,067	0	3.00
4.00 Occupational Therapy	0	0	0	531,903	121,419	0	4.00
5.00 Speech Pathology	0	0	0	112,542	25,690	0	5.00
6.00 Medical Social Services	0	0	0	62,729	14,319	0	6.00
7.00 Home Health Aide	0	0	0	60,146	13,730	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	21,217	4,843	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	8,868	6,117,494	1,396,453	788,614	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

(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: 15-0109

Period: From 01/01/2022

Worksheet H-2 Part I

HHA CCN: 15-7124

To 12/31/2022

Date/Time Prepared: 5/30/2023 7:13 pm

Home Health Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	245,469	0	52,518	454,301	3,139	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	245,469	0	52,518	454,301	3,139	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		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING PROGRAM	PHARMACY RESIDENCY	EMS EDUCATION	
		15.00	16.00	17.00	20.00	23.00	23.01	
1.00	Administrative and General	0	15,545	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	15,545	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: 15-0109

Period: From 01/01/2022

Worksheet H-2

HHA CCN: 15-7124

To 12/31/2022

Part I
Date/Time Prepared:
5/30/2023 7:13 pm

Home Health Agency I

PPS

Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	3,873,835	0	3,873,835				1.00
2.00 Skilled Nursing Care	2,492,822	0	2,492,822	1,857,179	4,350,001		2.00
3.00 Physical Therapy	1,738,338	0	1,738,338	1,295,083	3,033,421		3.00
4.00 Occupational Therapy	653,322	0	653,322	486,733	1,140,055		4.00
5.00 Speech Pathology	138,232	0	138,232	102,984	241,216		5.00
6.00 Medical Social Services	77,048	0	77,048	57,402	134,450		6.00
7.00 Home Health Aide	73,876	0	73,876	55,039	128,915		7.00
8.00 Supplies (see instructions)	0	0	0	0	0		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	26,060	0	26,060	19,415	45,475		19.00
19.50 Telemedicine	0	0	0	0	0		19.50
20.00 Total (sum of lines 1-19) (2)	9,073,533	0	9,073,533	3,873,835	9,073,533		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.				0.745012			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: 15-0109 HHA CCN: 15-7124		Period: From 01/01/2022 To 12/31/2022		Worksheet H-2 Part II Date/Time Prepared: 5/30/2023 7:13 pm	
				Home Health Agency I		PPS	
Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)	PURCHASING (COSTED REQUISITE)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					
1.00 Administrative and General	19,729	19,729	4,068,866	0	144,113	44,105	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)	19,729	19,729	4,068,866	0	144,113	44,105	20.00
21.00 Total cost to be allocated	274,283	524,882	917,940	0	158,177	0	21.00
22.00 Unit cost multiplier	13.902529	26.604592	0.225601	0.000000	1.097590	0.000000	22.00
Cost Center Description	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.04	5.05	5A.06	5.06	7.00	8.00	
1.00 Administrative and General	9,208,916	9,208,916	0	1,884,150	19,729	0	1.00
2.00 Skilled Nursing Care	0	0	0	2,029,536	0	0	2.00
3.00 Physical Therapy	0	0	0	1,415,271	0	0	3.00
4.00 Occupational Therapy	0	0	0	531,903	0	0	4.00
5.00 Speech Pathology	0	0	0	112,542	0	0	5.00
6.00 Medical Social Services	0	0	0	62,729	0	0	6.00
7.00 Home Health Aide	0	0	0	60,146	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	21,217	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	9,208,916	9,208,916		6,117,494	19,729	0	20.00
21.00 Total cost to be allocated	0	8,868		1,396,453	788,614	0	21.00
22.00 Unit cost multiplier	0.000000	0.000963		0.228272	39.972325	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0109
HHA CCN: 15-7124

Period:
From 01/01/2022
To 12/31/2022

Worksheet H-2
Part II
Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQ UI SI)	PHARMACY (COSTED REQUIS.)	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	19,729	0	144,113	144,113	44,105	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)	19,729	0	144,113	144,113	44,105	0	20.00
21.00	Total cost to be allocated	245,469	0	52,518	454,301	3,139	0	21.00
22.00	Unit cost multiplier	12.442040	0.000000	0.364422	3.152394	0.071171	0.000000	22.00
Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	NURSING PROGRAM (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	EMS EDUCATION (ASSIGNED TIME)		
		16.00	17.00	20.00	23.00	23.01		
1.00	Administrative and General	9,208,916	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)	9,208,916	0	0	0	0	0	20.00
21.00	Total cost to be allocated	15,545	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.001688	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet H-3 Part I Date/Time Prepared: 5/30/2023 7:13 pm		
				HHA CCN: 15-7124	Title XVIII		Home Health Agency I	
						PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	4,350,001		4,350,001	11,045	393.84	1.00
2.00	Physical Therapy	3.00	3,033,421	0	3,033,421	7,671	395.44	2.00
3.00	Occupational Therapy	4.00	1,140,055	0	1,140,055	2,883	395.44	3.00
4.00	Speech Pathology	5.00	241,216	0	241,216	610	395.44	4.00
5.00	Medical Social Services	6.00	134,450		134,450	340	395.44	5.00
6.00	Home Health Aide	7.00	128,915		128,915	326	395.44	6.00
7.00	Total (sum of lines 1-6)		9,028,058	0	9,028,058	22,875		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		23844	0	0			8.00
8.01	Skilled Nursing Care		26900	0	504			8.01
8.02	Skilled Nursing Care		29200	0	8			8.02
8.03	Skilled Nursing Care		33140	0	2,434			8.03
8.04	Skilled Nursing Care		45460	0	23			8.04
8.05	Skilled Nursing Care		99915	0	2,188			8.05
9.00	Physical Therapy		23844	0	0			9.00
9.01	Physical Therapy		26900	0	391			9.01
9.02	Physical Therapy		29200	0	10			9.02
9.03	Physical Therapy		33140	0	1,909			9.03
9.04	Physical Therapy		45460	0	16			9.04
9.05	Physical Therapy		99915	0	1,592			9.05
10.00	Occupational Therapy		23844	0	0			10.00
10.01	Occupational Therapy		26900	0	175			10.01
10.02	Occupational Therapy		29200	0	5			10.02
10.03	Occupational Therapy		33140	0	837			10.03
10.04	Occupational Therapy		45460	0	3			10.04
10.05	Occupational Therapy		99915	0	523			10.05
11.00	Speech Pathology		23844	0	0			11.00
11.01	Speech Pathology		26900	0	16			11.01
11.02	Speech Pathology		29200	0	1			11.02
11.03	Speech Pathology		33140	0	97			11.03
11.04	Speech Pathology		45460	0	0			11.04
11.05	Speech Pathology		99915	0	99			11.05
12.00	Medical Social Services		23844	0	0			12.00
12.01	Medical Social Services		26900	0	20			12.01
12.02	Medical Social Services		29200	0	1			12.02
12.03	Medical Social Services		33140	0	77			12.03
12.04	Medical Social Services		45460	0	0			12.04
12.05	Medical Social Services		99915	0	69			12.05
13.00	Home Health Aide		23844	0	0			13.00
13.01	Home Health Aide		26900	0	19			13.01
13.02	Home Health Aide		29200	0	0			13.02
13.03	Home Health Aide		33140	0	63			13.03
13.04	Home Health Aide		45460	0	0			13.04
13.05	Home Health Aide		99915	0	23			13.05
14.00	Total (sum of lines 8-13)			0	11,103			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0109 HHA CCN: 15-7124	Period: From 01/01/2022 To 12/31/2022	Worksheet H-3 Part I Date/Time Prepared: 5/30/2023 7:13 pm	
				Title XVIII	Home Health Agency I	PPS	
Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total 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	132,960	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	127,484	0.000000	16.00
Program Visits							
Cost Center Description	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00		8.00	9.00	10.00
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	5,157	0	2,031,033		1.00
2.00	Physical Therapy	0	3,918	0	1,549,334		2.00
3.00	Occupational Therapy	0	1,543	0	610,164		3.00
4.00	Speech Pathology	0	213	0	84,229		4.00
5.00	Medical Social Services	0	167	0	66,038		5.00
6.00	Home Health Aide	0	105	0	41,521		6.00
7.00	Total (sum of lines 1-6)	0	11,103	0	4,382,319		7.00
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
8.05	Skilled Nursing Care						8.05
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
9.05	Physical Therapy						9.05
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
10.05	Occupational Therapy						10.05
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
11.05	Speech Pathology						11.05
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
12.05	Medical Social Services						12.05
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
13.05	Home Health Aide						13.05
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0109 HHA CCN: 15-7124		Period: From 01/01/2022 To 12/31/2022		Worksheet H-3 Part I Date/Time Prepared: 5/30/2023 7:13 pm	
				Title XVIII		Home Health Agency I		PPS	
Cost Center Description	Program Covered Charges				Cost of Services				
	Part A	Part B		Part A	Part B		Subject to Deductibles & Coinsurance		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	6.00	7.00	8.00	9.00	10.00	11.00			
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	0	0	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	0	16.00
Cost Center Description									
		Total Program Cost (sum of col.s. 9-10)							
		12.00							
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	2,031,033							1.00
2.00	Physical Therapy	1,549,334							2.00
3.00	Occupational Therapy	610,164							3.00
4.00	Speech Pathology	84,229							4.00
5.00	Medical Social Services	66,038							5.00
6.00	Home Health Aide	41,521							6.00
7.00	Total (sum of lines 1-6)	4,382,319							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	
8.05	Skilled Nursing Care							8.05	
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	
9.05	Physical Therapy							9.05	
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	
10.05	Occupational Therapy							10.05	
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	
11.05	Speech Pathology							11.05	
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	
12.05	Medical Social Services							12.05	
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	
13.05	Home Health Aide							13.05	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2022

Worksheet H-3

HHA CCN: 15-7124

To 12/31/2022

Part II
Date/Time Prepared:
5/30/2023 7:13 pm

Home Health Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.290087	0	0	col. 2, line 2.00	1.00
2.00	Occupational Therapy	67.00	0.171703	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.203961	0	0	col. 2, line 4.00	3.00
4.00	Cost of Medical Supplies	71.00	0.238588	0	0	col. 2, line 15.00	4.00
5.00	Cost of Drugs	73.00	0.425963	0	0	col. 2, line 16.00	5.00
5.01	Cost of Drugs 1	73.01	121.810045	0	0	col. 2, line 16.01	5.01

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109 HHA CCN: 15-7124	Period: From 01/01/2022 To 12/31/2022	Worksheet H-4 Part I-11 Date/Time Prepared: 5/30/2023 7:13 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	932	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	-932
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	2,167,248
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	235,769
13.00	Total PPS Reimbursement - LUPA Episodes		0	43,312
14.00	Total PPS Reimbursement - PEP Episodes		0	4,973
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	41,741
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
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	2,492,111
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	2,492,111
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	2,492,111
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	2,492,111
30.00	NET MSP PAYMENTS		0	932
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	2,493,043
31.01	Sequestration adjustment (see instructions)		0	29,652
31.02	Demonstration payment adjustment after sequestration		0	0
31.75	Sequestration adjustment for non-claims based amounts (see instructions)		0	0
32.00	Interim payments (see instructions)		0	2,463,391
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: 15-0109
HHA CCN: 15-7124

Period:
From 01/01/2022
To 12/31/2022

Worksheet H-5
Date/Time Prepared:
5/30/2023 7:13 pm
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		2,463,391	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		2,463,391	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		2,463,391	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2022

Worksheet 0

Hospice CCN: 15-1563

To 12/31/2022

Date/Time Prepared: 5/30/2023 7:13 pm

		Hospice I					
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		30,716	30,716	-30,716	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	-5,342	-5,342	5,342	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	365,171	2,300,312	2,665,483	-356,775	2,308,708	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	355,414	0	355,414	0	355,414	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	10,326	10,326	0	10,326	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	44,878	0	44,878	0	44,878	13.00
14.00	PHARMACY*	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	251,775	251,775	0	251,775	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	1,735,594	0	1,735,594	0	1,735,594	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	188,376	0	188,376	0	188,376	33.00
34.00	SPIRITUAL COUNSELING**	224,930	0	224,930	0	224,930	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	176,214	0	176,214	0	176,214	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	38,252	38,252	0	38,252	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	81,025	81,025	-81,025	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	219,526	219,526	-219,526	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	3,090,577	2,926,590	6,017,167	-682,700	5,334,467	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2022

Worksheet 0

Hospice CCN: 15-1563

To 12/31/2022

Date/Time Prepared: 5/30/2023 7:13 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	2,308,708	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	355,414	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	10,326	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	44,878	13.00
14.00	PHARMACY*	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	251,775	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	1,735,594	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	188,376	33.00
34.00	SPIRITUAL COUNSELING**	0	224,930	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	176,214	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	38,252	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	0	5,334,467	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE CONTINUOUS HOME CARE

Provider CCN: 15-0109

Period: From 01/01/2022

Worksheet 0-1

Hospice CCN: 15-1563

To 12/31/2022

Date/Time Prepared: 5/30/2023 7:13 pm

		SALARIES	OTHER	SubTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SubTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DI RECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	0	0	0	0	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DI RECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	0	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	0	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 15-0109 Hospice CCN: 15-1563	Period: From 01/01/2022 To 12/31/2022	Worksheet 0-2 Date/Time Prepared: 5/30/2023 7:13 pm
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	HOSPICE I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,732,997	0	1,732,997	0	1,732,997	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	188,094	0	188,094	0	188,094	33.00
34.00	SPIRITUAL COUNSELING	224,593	0	224,593	0	224,593	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	175,951	0	175,951	0	175,951	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	38,195	38,195	0	38,195	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	80,903	80,903	-80,903	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	219,197	219,197	-219,197	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	2,321,635	338,295	2,659,930	-300,100	2,359,830	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	1,732,997	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	188,094	33.00
34.00	SPIRITUAL COUNSELING	0	224,593	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	175,951	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	38,195	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	2,359,830	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT RESPIRE CARE

Provider CCN: 15-0109

Period: From 01/01/2022

Worksheet 0-3

Hospice CCN: 15-1563

To 12/31/2022

Date/Time Prepared: 5/30/2023 7:13 pm

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	2,260	0	2,260	0	2,260	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	245	0	245	0	245	33.00
34.00	SPIRITUAL COUNSELING	293	0	293	0	293	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	229	0	229	0	229	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	50	50	0	50	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	106	106	-106	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	286	286	-286	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	3,027	442	3,469	-392	3,077	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	2,260	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	245	33.00
34.00	SPIRITUAL COUNSELING	0	293	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	229	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	50	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	3,077	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN: 15-0109 Hospice CCN: 15-1563	Period: From 01/01/2022 To 12/31/2022	Worksheet 0-4 Date/Time Prepared: 5/30/2023 7:13 pm
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	337	0	337	0	337	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	37	0	37	0	37	33.00
34.00	SPIRITUAL COUNSELING	44	0	44	0	44	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	34	0	34	0	34	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	7	7	0	7	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	16	16	-16	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	43	43	-43	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	452	66	518	-59	459	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	337	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	37	33.00
34.00	SPIRITUAL COUNSELING	0	44	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	34	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	7	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	459	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

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

Provider CCN: 15-0109

Period: From 01/01/2022

Worksheet 0-5

Hospice CCN: 15-1563

To 12/31/2022

Date/Time Prepared: 5/30/2023 7:13 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	697,237	697,237	3.00
4.00	ADMINISTRATIVE & GENERAL	2,308,708	1,650,013	3,958,721	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	355,414	313,745	669,159	9.00
10.00	ROUTINE MEDICAL SUPPLIES	10,326	5,767	16,093	10.00
11.00	MEDICAL RECORDS	0	146,561	146,561	11.00
12.00	STAFF TRANSPORTATION	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	44,878	0	44,878	13.00
14.00	PHARMACY	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	251,775	0	251,775	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	2,359,830	0	2,359,830	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	3,077	0	3,077	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	459	0	459	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	5,334,467	2,813,323	8,147,790	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2022

Part I
Date/Time Prepared:
5/30/2023 7:13 pm

Descriptions	Hospice I				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	697,237	0	0	697,237	3.00
4.00	ADMINISTRATIVE & GENERAL	3,958,721	0	0	0	3,958,721
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	669,159	0	0	0	669,159
10.00	ROUTINE MEDICAL SUPPLIES	16,093	0	0	0	16,093
11.00	MEDICAL RECORDS	146,561	0	0	0	146,561
12.00	STAFF TRANSPORTATION	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	44,878	0	0	0	44,878
14.00	PHARMACY	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	251,775	0	0	0	251,775
16.00	OTHER GENERAL SERVICE	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	50.00
51.00	HOSPICE ROUTINE HOME CARE	2,359,830			0	2,359,830
52.00	HOSPICE INPATIENT RESPIRE CARE	3,077	0	0	0	3,077
53.00	HOSPICE GENERAL INPATIENT CARE	459	0	0	697,237	697,696
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0			0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	8,147,790	0	0	697,237	8,147,790

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2022

Part I
Date/Time Prepared:
5/30/2023 7:13 pm

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00	3,958,721					4.00
5.00	0	0				5.00
6.00	0	0	0			6.00
7.00	0	0		0		7.00
8.00	0	0		0	0	8.00
9.00	632,363	0		0		9.00
10.00	15,208	0		0		10.00
11.00	138,502	0		0		11.00
12.00	0	0		0		12.00
13.00	42,410	0		0		13.00
14.00	0	0		0		14.00
15.00	237,930	0		0		15.00
16.00	0	0		0		16.00
17.00	0	0		0		17.00
LEVEL OF CARE						
50.00	0					50.00
51.00	2,230,069					51.00
52.00	2,908	0	0	0	0	52.00
53.00	659,331	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0	0		0		60.00
61.00	0	0		0		61.00
62.00	0	0		0		62.00
63.00	0	0		0		63.00
64.00	0	0		0		64.00
65.00	0	0		0		65.00
66.00	0	0	0	0	0	66.00
67.00	0	0		0		67.00
68.00	0	0		0		68.00
69.00	0	0		0		69.00
70.00						70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	3,958,721	0	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2022

Part I
Date/Time Prepared:
5/30/2023 7:13 pm

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	1,301,522					9.00
10.00	0	31,301				10.00
11.00	0		285,063			11.00
12.00	0			0		12.00
13.00	0			0	87,288	13.00
14.00	0			0	0	14.00
15.00	0			0	0	15.00
16.00	0			0	0	16.00
17.00	0			0	0	17.00
LEVEL OF CARE						
50.00	0	0	0	0	0	50.00
51.00	0	31,258	284,671	0	87,168	51.00
52.00	0	39	354	0	108	52.00
53.00	1,301,522	4	38	0	12	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0			0	0	60.00
61.00	0			0	0	61.00
62.00	0			0	0	62.00
63.00	0			0	0	63.00
64.00	0			0	0	64.00
65.00	0			0	0	65.00
66.00	0			0	0	66.00
67.00	0			0	0	67.00
68.00	0			0	0	68.00
69.00	0			0	0	69.00
70.00	0			0	0	70.00
71.00	0			0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	1,301,522	31,301	285,063	0	87,288	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2022

Part I
Date/Time Prepared:
5/30/2023 7:13 pm

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	0					14.00
15.00	0	489,705				15.00
16.00	0		0			16.00
17.00				0		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	0	489,032	0		5,482,028	51.00
52.00	0	608	0	0	7,094	52.00
53.00	0	65	0	0	2,658,668	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		0	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	0	489,705	0	0	8,147,790	100.00

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

Provider CCN: 15-0109

Hospice CCN: 15-1563

Period:
From 01/01/2022
To 12/31/2022

Worksheet 0-6
Part II
Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	HOSPICE I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIX	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT			3,065,366			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	0	-3,958,721	4,189,069	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	669,159	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	16,093	10.00
11.00	MEDICAL RECORDS	0	0	0	0	146,561	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	44,878	13.00
14.00	PHARMACY	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	251,775	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			0	0	2,359,830	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	3,077	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	3,065,366	0	697,696	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)			697,237		3,958,721	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.227456		0.945012	101.00

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

Provider CCN: 15-0109

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2022

Part II
Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	0					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		11,289	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	11,289	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0	0	1,301,522	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000	0.000000	115.291168	101.00

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

Provider CCN: 15-0109

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2022

Part II
Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS) 10.00	MEDICAL RECORDS (PATIENT DAYS) 11.00	STAFF TRANSPORTATION (MILEAGE) 12.00	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE) 13.00	PHARMACY (CHARGES) 14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	37,838					10.00
11.00	MEDICAL RECORDS		37,838				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	37,838		13.00
14.00	PHARMACY			0	0	37,838	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	37,786	37,786	0	37,786	37,786	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	47	47	0	47	47	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	5	5	0	5	5	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	31,301	285,063	0	87,288	0	100.00
101.00	UNIT COST MULTIPLIER	0.827237	7.533776	0.000000	2.306887	0.000000	101.00

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

Provider CCN: 15-0109

Hospice CCN: 15-1563

Period:
From 01/01/2022
To 12/31/2022

Worksheet 0-6
Part II
Date/Time Prepared:
5/30/2023 7:13 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	37,838				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	37,786	0			51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	47	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	5	0	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	489,705	0	0		100.00
101.00	UNIT COST MULTIPLIER	12.942148	0.000000	0.000000		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE

Provider CCN: 15-0109

Period: From 01/01/2022

Worksheet 0-7

Hospice CCN: 15-1563

To 12/31/2022

Date/Time Prepared: 5/30/2023 7:13 pm

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.290087	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.171703	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.203961	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.425963	0	0	0	4.00
4.01	DIABETES CENTER	73.01	121.810045	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.113446	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.238588	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY - THERAPEUTIC	55.00	0.102413	0	0	0	9.00
10.00	ONCOLOGY	76.00	0.249158	0	0	0	10.00
10.01	ANTI COAGULATION	76.01	0.459122	0	0	0	10.01
10.02	INFUSION SERVICES	76.02	0.219225	0	0	0	10.02
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	0	10.98
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
4.01	DIABETES CENTER	0	0	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	9.00
10.00	ONCOLOGY	0	0	0	0	0	10.00
10.01	ANTI COAGULATION	0	0	0	0	0	10.01
10.02	INFUSION SERVICES	0	0	0	0	0	10.02
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0109

Period: From 01/01/2022

Worksheet 0-8

Hospice CCN: 15-1563

To 12/31/2022

Date/Time Prepared: 5/30/2023 7:13 pm

		Hospice I		
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL
		1.00	2.00	3.00
HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0
3.00	Total average cost per diem (line 1 divided by line 2)			0.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0	0
5.00	Program cost (line 3 times line 4)	0	0	0
HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			5,482,028
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			37,786
8.00	Total average cost per diem (line 6 divided by line 7)			145.08
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	37,786	0	37,786
10.00	Program cost (line 8 times line 9)	5,481,993	0	5,481,993
HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			7,094
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			47
13.00	Total average cost per diem (line 11 divided by line 12)			150.94
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	47	0	47
15.00	Program cost (line 13 times line 14)	7,094	0	7,094
HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			2,658,668
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			5
18.00	Total average cost per diem (line 16 divided by line 17)			531,733.60
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	5	0	5
20.00	Program cost (line 18 times line 19)	2,658,668	0	2,658,668
TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			8,147,790
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			37,838
23.00	Average cost per diem (line 21 divided by line 22)			215.33

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet L Parts I-III Date/Time Prepared: 5/30/2023 7:13 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,406,415	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		240,759	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)		110.13	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.09	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		27.41	8.00
9.00	Sum of lines 7 and 8		30.50	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.37	10.00
11.00	Disproportionate share adjustment (see instructions)		153,289	11.00
12.00	Total prospective capital payments (see instructions)		2,800,463	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