This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). OMB NO. 0938-0050 EXPIRES 09-30-2025 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION | Provider CCN: 15-0026 Worksheet S Peri od: From 01/01/2022 Parts I-III AND SETTLEMENT SUMMARY 12/31/2022 Date/Time Prepared: 5/30/2023 4:39 pm PART I - COST REPORT STATUS Provi der 1. [X] Electronically prepared cost report Date: 5/30/2023 4:39 pm] Manually prepared cost report use only Ilf this is an amended report enter the number of times the provider resubmitted this cost report [Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no. [1] Cost Report Status
[1] As Submitted
[2] Settled without Audit
[3] Settled with Audit
[4] Date Received:
[5] To. NPR Date:
[6] 10. NPR Date:
[7] 11. Contractor's Vendor Code:
[7] 12. [8] Final Report for this Provider CCN
[9] [8] Final Report for this Provider CCN
[10] NPR Date:
[11] 12. NPR Date:
[12] 13. NPR Date:
[13] 14. NPR Date:
[14] 15. NPR Date:
[15] 15. NPR Date:
[16] 16. NPR Date:
[17] 17. NPR Date:
[18] 17. NPR Date:
[18] 18. NPR Date:
[18] 18. NPR Date:
[18] 19. NPR Da Contractor use only (3) Settled with Audit number of times reopened = 0-9. (4) Reopened

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)

(5) Amended

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 GOSHEN HOSPITAL (15-0026) 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 FINA	NCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONI C	
		1	2	SI GNATURE STATEMENT	
1	Li	sa Wine	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Li sa Wi ne			2
3	Signatory Title	CHIEF FINANCIAL OFFICER			3
4	Date	(Dated when report is electronica			4

			Title	XVIII			
		Title V	Part A	Part B	HIT	Title XIX	
		1.00	2. 00	3.00	4. 00	5. 00	
	PART III - SETTLEMENT SUMMARY						
1.00	HOSPI TAL	0	769, 142	43, 108	0	0	1.00
2.00	SUBPROVI DER - I PF	0	0	0		0	2. 00
3.00	SUBPROVI DER - I RF	0	0	0		0	3. 00
4.00	SUBPROVI DER (OTHER)						4. 00
5.00	SWING BED - SNF	0	0	0		0	5. 00
6.00	SWING BED - NF	0				0	6. 00
7. 00	SKILLED NURSING FACILITY	0	0	0		0	7. 00
8. 00	NURSING FACILITY	0				0	8. 00
9. 00	HOME HEALTH AGENCY I	0	0	0		0	9. 00
10. 00	RURAL HEALTH CLINIC I	0		0		0	10.00
11. 00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11. 00
12.00	CMHC I	0		0		0	12.00
200.00	TOTAL	0	769, 142	43, 108	0	0	200. 00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The number for this information collection is OMB 0938-0050 and the number for the Supplement to Form CMS 2552-10, Worksheet N95, is OMB 0938-1425. The time required to complete and review the information collection is estimated 675 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA

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 From 01/01/2022 Part I Date/Time Prepared: 12/31/2022 5/30/2023 4:39 pm 3.00 4.00 Hospital and Hospital Health Care Complex Address: Street: 200 HIGH PARK AVENUE 1.00 PO Box: 1.00 State: IN 2.00 City: GOSHEN Zip Code: 46526 County: ELKHART 2.00 Component Name CCN CBSA Provi der Date Payment System (P, T, 0, or N) Certi fi ed Number Number Type XIX IIIVX 1.00 2.00 3.00 4.00 5.00 6.00 | 7.00 | 8.00 Hospital and Hospital-Based Component Identification: 3.00 GOSHEN HOSPITAL 150026 21140 07/11/1966 Ν 3.00 Hospi tal Subprovider - IPF 4.00 4.00 Subprovider - IRF 5.00 5 00 Subprovi der - (Other) 6.00 6.00 Swing Beds - SNF 7.00 7.00 Swing Beds - NF 8.00 8.00 9.00 Hospi tal -Based SNF 9.00 10.00 Hospi tal -Based NF 10.00 Hospi tal -Based OLTC 11 00 11 00 12.00 Hospi tal -Based HHA CARE AT HOME SERVICES 157174 21140 04/17/1986 N Ρ Ν 12.00 13.00 Separately Certified ASC 13.00 14.00 Hospi tal -Based Hospi ce CARE AT HOME HOSPICE 151527 21140 04/17/1986 14.00 SERVI CES 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: 2.00 1.00 20.00 Cost Reporting Period (mm/dd/yyyy) 01/01/2022 12/31/2022 20.00 21.00 Type of Control (see instructions) 21.00 2 1. 00 2. 00 3.00 Inpatient PPS Information 22.00 Does this facility qualify and is it currently receiving payments for Υ N 22.00 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. 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 22.01 Ν Υ 22.01 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) 22.02 Is this a newly merged hospital that requires a final UCP to be Ν Ν 22.02 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. 22.03 Did this hospital receive a geographic reclassification from urban to N 22.03 N Ν rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no. 22.04 Did this hospital receive a geographic reclassification from urban to 22.04 rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, yes or "N" for no. 23 00 Which method is used to determine Medicaid days on lines 24 and/or 25 23 00 Ν 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.

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. 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.

58.00

<i>y</i>	SHEN HOS				u of Form CMS-2	<u> 2552-</u>
SPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA	TA 	Provider C	CN: 15-0026	Peri od: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prep 5/30/2023 4:39	
				V 1. 00	XVIII XIX 2.00 3.00	
.00 Are costs claimed on line 100 of Worksheet A? If yes	, comple	ete Wkst. D-2		N N N N N N N N N N N N N N N N N N N	Door Through	59. (
			NAHE 413.8 Y/N	Li ne #	Pass-Through Qualification Criterion Code	
			1.00	2.00	3. 00	
.00 Are you claiming nursing and allied health education any programs that meet the criteria under 42 CFR 413. instructions) Enter "Y" for yes or "N" for no in col is "Y", are you impacted by CR 11642 (or subsequent C adjustment? Enter "Y" for yes or "N" for no in colum If line 60 is yes, complete columns 2 and 3 for each instructions)	85? (se umn 1. R) NAHE n 2.	e If column 1 MA payment	Y	Y 23. 00	1	60.
I listi deti olis)	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2. 00	3. 00	4.00	5. 00	
OD Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions) OI Enter the average number of unweighted primary care	N	2. 00	3.00	0.00		61.
FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						
.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.
.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.
.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						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.
.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.
	Proç	gram Name	Program Coo	FTE Count	Direct GME FTE Count	
.10 Of the FTEs in line 61.05, specify each new program		1. 00	2. 00	3.00	4. 00 0. 00	61.
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.						
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.
				1	1. 00	
ACA Provisions Affecting the Health Resources and Ser 00 Enter the number of FTE residents that your hospital				eriod for which	0.00	62
your hospital received HRSA PCRE funding (see instructions). OI Enter the number of FTE residents that rotated from a during in this cost reporting period of HRSA THC programmer.	ti ons) Teachi r	ıg Health Cen	ter (THC) int		0.00	
			- /			

Health Financial Systems	CC	SHEN HOSPITAL		In lie	eu of Form CMS-2	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMP				eri od:	Worksheet S-2	
				rom 01/01/2022 o 12/31/2022	Part I Date/Time Pre	pared:
			Unwei ghted	Unwei ghted	5/30/2023 4:3 Ratio (col. 1/	
			FTEs	FTEs in	(col . 1 + col .	
			Nonprovi der Si te	Hospi tal	2))	
			1. 00	2.00	3.00	
Section 5504 of the ACA Base Yea				•		
period that begins on or after a 64.00 Enter in column 1, if line 63 is			0.00	0.00	0. 000000	64. 00
in the base year period, the num	nber of unweighted nor	n-primary care		0.00	0.00000	0 11 00
resident FTEs attributable to re settings. Enter in column 2 the						
resident FTEs that trained in yo	our hospital. Enter in	n column 3 the ratio				
of (column 1 divided by (column	1 + column 2)). (see Program Name	instructions) Program Code	Unwei ghted	Unwei ghted	Ratio (col. 3/	
	1 1 ogi alli Nallic	1 r ogr am code	FTEs	FTEs in	(col. 3 + col.	
			Nonprovi der	Hospi tal	4))	
	1. 00	2.00	Si te 3. 00	4. 00	5. 00	_
65.00 Enter in column 1, if line 63			0.00			65. 00
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)			Unwei ghted	Unwei ghted	Ratio (col. 1/	
			FTEs	FTEs in	(col . 1 + col .	
			Nonprovi der	Hospi tal	2))	
			Si te 1.00	2.00	3.00	
Section 5504 of the ACA Current		n Nonprovider Setting				
beginning on or after July 1, 20 66.00 Enter in column 1 the number of		ry care resident	0.00	0.00	0. 000000	66 00
FTEs attributable to rotations of	occurring in all nonpo	ovider settings.		0.00	0.00000	00.00
Enter in column 2 the number of FTEs that trained in your hospit						
(column 1 divided by (column 1 +	column 2)). (see ins	tructions)				
	Program Name	Program Code	Unwei ghted FTEs	Unweighted FTEs in	Ratio (col. 3/ (col. 3 + col.	
			Nonprovi der	Hospi tal	4))	
	1.00	2.00	Si te	4.00	F 00	
67.00 Enter in column 1, the program	1.00	2.00	3.00	4.00	5. 00 0. 000000	67. 00
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						
<pre>divided by (column 3 + column 4)). (see instructions)</pre>						
1.77. (333 1.1311 4011 6113)	I	I	1	1	1	1

118.00

118.00|s the mal practice insurance a claims-made or occurrence policy? Enter 1

if the policy is claim-made. Enter 2 if the policy is occurrence.

Health Financial Systems	GOSH	HEN HOSI	PITAL			In Lie	u of Form CMS	-2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLE	X IDENTIFICATION DATA	\	Provi der CC	:N: 15-0026		riod: rom 01/01/2022 0 12/31/2022	Worksheet S- Part I Date/Time Pr 5/30/2023 4:	epared:
							1.00	_
147.00 Was there a change in the statisti	cal basis? Enter "Y"	for ve	s or "N" for	no			1.00 N	147. 00
148.00 Was there a change in the order of							N	148. 00
149.00 Was there a change to the simplifi					for no	Ο.	N	149. 00
			Part A	Part		Title V	Title XIX	
			1. 00	2.00		3.00	4. 00	
Does this facility contain a provi or charges? Enter "Y" for yes or							3. 13)	
155. 00 Hospi tal			N	N		N	N	155. 00
156.00 Subprovi der - IPF			N	N N		N	N	156. 00
157. 00 Subprovi der – IRF			N	N		N	N	157. 00
158. 00 SUBPROVI DER 159. 00 SNF			N	l N		N	N	158. 00 159. 00
160.00HOME HEALTH AGENCY			N N	N N		N	N N	160. 00
161, 00 CMHC			IV	N N		N	N	161. 00
101.00 OMINO				14		TV	1.00	- 101.00
Multicampus							1.00	
165.00 s this hospital part of a Multica Enter "Y" for yes or "N" for no.	ampus hospital that ha	as one	or more campu	ıses in di	ffere	nt CBSAs?	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)							0.0	00 166. 00
							1.00	-
Health Information Technology (HI	Γ) incentive in the Ar	meri can	Recovery and	d Reinvest	ment	Act	1.00	
167.00 Is this provider a meaningful user							Υ	167. 00
168.00 If this provider is a CAH (line 10 reasonable cost incurred for the H				e 167 is "'	Υ"), θ	enter the		168. 00
168.01 If this provider is a CAH and is reception under §413.70(a)(6)(ii)	not a meaningful user,	does	this provider			hardshi p		168. 01
169.00 If this provider is a meaningful transition factor. (see instruction	user (line 167 is "Y")					"), enter the	9.0	99169.00
						Begi nni ng	Endi ng	
						1. 00	2.00	
170.00 Enter in columns 1 and 2 the EHR Legeriod respectively (mm/dd/yyyy)	eginning date and end	ding da	te for the re	eporting				170. 00
						1. 00	2. 00	
171.00 If line 167 is "Y", does this prov	vi der have any days fo	or indi	vi dual s enrol	led in		N		0 171. 00
section 1876 Medicare cost plans i "Y" for yes and "N" for no in colu 1876 Medicare days in column 2. (s	reported on Wkst. S-3, umn 1. If column 1 is	, Pt. I	, line 2, col	. 6? Ente				

	Financial Systems GOSHEN HC AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		CN: 15-0026	Period: From 01/01/2022 To 12/31/2022	Worksheet S Part II Date/Time P 5/30/2023 4	5-2 Prepared:
		Descr	i pti on	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 (EXCE	PT CHILDRENS I	HOSPI TALS)			
	Capital Related Cost					
22. 00	Have assets been relifed for Medicare purposes? If yes, see					22. 00
3. 00	Have changes occurred in the Medicare depreciation expense	due to apprais	sals made dur	ing the cost		23. 00
24. 00	reporting period? If yes, see instructions. Were new leases and/or amendments to existing leases entere		24. 00			
-4. 00	If yes, see instructions	a Titto dal Tilg	11113 6031 16	por tring perrou:		24.00
25. 00	Have there been new capitalized leases entered into during	the cost repor	rting period?	If yes, see		25. 00
26. 00	instructions. Were assets subject to Sec. 2314 of DEFRA acquired during th	a cost roporti	ng period? I	f ves see		26. 00
.0. 00	instructions.	e cost reporti	ng perrou? I	ı yes, see		20.00
27. 00	Has the provider's capitalization policy changed during the copy.	cost reporti	ng period? If	yes, submit		27. 00
	Interest Expense					
8. 00	Were new loans, mortgage agreements or letters of credit en period? If yes, see instructions.	itered into dui	ing the cost	reporting		28. 0
9. 00	Did the provider have a funded depreciation account and/or	bond funds (De	eht Service R	eserve Fund)		29. 0
. 7. 00	treated as a funded depreciation account? If yes, see instr	uctions		,		27.0
80. 00	Has existing debt been replaced prior to its scheduled matu instructions.	rity with new	debt? If yes	, see		30.00
31. 00	Has debt been recalled before scheduled maturity without is instructions.	suance of new	debt? If yes	, see		31.00
	Purchased Servi ces					
32.00	Have changes or new agreements occurred in patient care ser arrangements with suppliers of services? If yes, see instru		ea through co	ntractuai		32. 00
33. 00	If line 32 is yes, were the requirements of Sec. 2135.2 app no, see instructions.		ng to competi	tive bidding? If		33. 0
	Provi der-Based Physi ci ans					
34. 00	Were services furnished at the provider facility under an a	rrangement wi	th provider-b	ased physicians?		34. 0
NE 00	If yes, see instructions.					05.0
35. 00	If line 34 is yes, were there new agreements or amended exi physicians during the cost reporting period? If yes, see in		nts with the	provi der-based		35. 0
	<u> </u>			Y/N	Date	
	Tu			1. 00	2. 00	
	Home Office Costs					- 2/ 2
36. 00 37. 00	Were home office costs claimed on the cost report? If line 36 is yes, has a home office cost statement been pr	onarod by the	homo offico?			36. 00 37. 00
57.00	If yes, see instructions.	epared by the	nome office?			37.00
88. 00	If line 36 is yes, was the fiscal year end of the home off	ice different	from that of			38.00
20.00	the provider? If yes, enter in column 2 the fiscal year end					00.5
39. 00	If line 36 is yes, did the provider render services to othe see instructions.	·	,	'		39.00
10. 00	If line 36 is yes, did the provider render services to the instructions.	home office?	If yes, see			40. 0
		1	00	2	00	
	Cost Report Preparer Contact Information			Σ.		
11. 00		DAVE		MCCLUNG		41.00
	respecti vel y.					
12. 00	Enter the employer/company name of the cost report preparer.	RSM				42.00
3. 00	The state of the s	641-494-2144		DAVI D. MCCLUNG@	RSMUS. COM	43.0
	report preparer in columns 1 and 2, respectively.					

Heal th	Financial Systems	GOSHEN H	OSPI TAL		In Lieu of Form CMS-2552-10			
HOSPI 1	TAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QU	JESTI ONNAI RE	Provi der	CCN: 15-0026	Peri od: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Pre 5/30/2023 4:3	pared:	
				2.00	_			
				3. 00				
	Cost Report Preparer Contact Information						1	
41.00	Enter the first name, last name and the titl	le/position	MANAGER				41.00	
	held by the cost report preparer in columns	1, 2, and 3,						
	respecti vel y.							
42. 00	Enter the employer/company name of the cost	report					42. 00	
	preparer.							
43.00	Enter the telephone number and email address	s of the cost					43.00	
	report preparer in columns 1 and 2, respecti	i vel y.						

| Peri od: | Worksheet S-3 | From 01/01/2022 | Part I | To 12/31/2022 | Date/Time Prepared:

						12/31/2022	5/30/2023 4: 3	
							I/P Days / O/P	
							Visits / Trips	
	Component	Worksheet A	No.	of Beds	Bed Days	CAH Hours	Title V	
	·	Line No.			Avai I abl e			
		1. 00		2.00	3. 00	4. 00	5. 00	
	PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	30. 00		91	33, 215	0.00	0	1. 00
	8 exclude Swing Bed, Observation Bed and							
	Hospice days) (see instructions for col. 2							
	for the portion of LDP room available beds)							
2.00	HMO and other (see instructions)							2. 00
3.00	HMO IPF Subprovider							3. 00
4.00	HMO I RF Subprovi der							4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						0	5. 00
6.00	Hospital Adults & Peds. Swing Bed NF			0.1	00.045	0.00	0	6. 00
7. 00	Total Adults and Peds. (exclude observation			91	33, 215	0. 00	0	7. 00
0.00	beds) (see instructions)	21.00		10	4 200	0.00		0.00
8.00	INTENSIVE CARE UNIT	31.00		12 0	4, 380 0	0.00	0	8. 00 9. 00
9.00	CORONARY CARE UNIT	32.00		-	_	0. 00 0. 00		
10.00	BURN INTENSIVE CARE UNIT	33.00		0	0			10.00
11. 00 12. 00	SURGICAL INTENSIVE CARE UNIT	34. 00	ŀ	0	U	0. 00	0	11. 00 12. 00
12.00	OTHER SPECIAL CARE (SPECIFY) NURSERY	43. 00					0	12.00
14. 00	Total (see instructions)	43.00	ŀ	103	37, 595	0.00		14.00
15. 00	CAH visits			103	37, 393	0.00	0	15. 00
16. 00	SUBPROVIDER - IPF	40. 00	ŀ	0	0		0	16. 00
17. 00	SUBPROVIDER - I RF	41. 00		0	0		0	17. 00
18. 00	SUBPROVI DER	42.00		0	0		0	18. 00
19. 00	SKILLED NURSING FACILITY	44.00		0	0		0	19. 00
20. 00	NURSING FACILITY	45. 00		0	0		Ö	20.00
21. 00	OTHER LONG TERM CARE	46. 00	1	0	0		Ĭ	21. 00
22. 00	HOME HEALTH AGENCY	101. 00		Ŭ	Ö		0	22. 00
23. 00	AMBULATORY SURGICAL CENTER (D. P.)	115. 00						23. 00
24. 00	HOSPI CE	116. 00		0	0			24. 00
24. 10	HOSPICE (non-distinct part)	30. 00		_	-			24. 10
25. 00	CMHC - CMHC	99. 00	İ				0	25. 00
26. 00	RURAL HEALTH CLINIC	88. 00					0	26. 00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	89. 00	İ				0	26. 25
27. 00	Total (sum of lines 14-26)			103				27. 00
28. 00	Observation Bed Days						0	28. 00
29.00	Ambul ance 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)		İ	0	0			32. 00
32. 01	Total ancillary labor & delivery room							32. 01
	outpatient days (see instructions)							
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

In Lieu of Form CMS-2552-10

Period:	Worksheet S-3
From 01/01/2022	Part
To 12/31/2022	Date/Time Prepared:
5/30/2023 4:39 pm	

						5/30/2023 4:3	9 pm
		I/P Days	o/P Visits	/ Trips	Full Time	Equi val ents	
	Component	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7. 00	8. 00	9. 00	10.00	
	PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	4, 632	116	16, 212			1.00
	8 exclude Swing Bed, Observation Bed and						
	Hospice days) (see instructions for col. 2						
	for the portion of LDP room available beds)						
2.00	HMO and other (see instructions)	5, 742	3, 899				2. 00
3.00	HMO IPF Subprovider	0	0				3. 00
4.00	HMO IRF Subprovider	0	0				4. 00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	C			5. 00
6.00	Hospital Adults & Peds. Swing Bed NF		0	C			6. 00
7.00	Total Adults and Peds. (exclude observation	4, 632	116	16, 212			7. 00
	beds) (see instructions)						
8.00	INTENSIVE CARE UNIT	880	20	2, 870			8. 00
9.00	CORONARY CARE UNIT	0	0	C			9. 00
10. 00	BURN INTENSIVE CARE UNIT	0	0	C			10. 00
11. 00	SURGICAL INTENSIVE CARE UNIT	0	0	C			11. 00
12. 00	OTHER SPECIAL CARE (SPECIFY)						12. 00
13. 00	NURSERY		13	1, 817			13. 00
14. 00	Total (see instructions)	5, 512	149	20, 899	0.00	1, 014. 56	1
15. 00	CAH visits	0	0	C			15. 00
16. 00	SUBPROVI DER - I PF	0	0	C	0.00		1
17. 00	SUBPROVI DER - I RF	0	0	C	0.00		1
18. 00	SUBPROVI DER		0	C	0.00	l .	
19. 00	SKILLED NURSING FACILITY	0	0	C	0.00		1
20. 00	NURSING FACILITY		0	C	0.00		1
21. 00	OTHER LONG TERM CARE			C	0. 00		1
22. 00	HOME HEALTH AGENCY	3, 531	0	11, 968			
23. 00	AMBULATORY SURGICAL CENTER (D. P.)				0.00	l .	1
24. 00	HOSPI CE	0	0	C	0. 00	15. 10	1
24. 10	HOSPICE (non-distinct part)	_	_	C			24. 10
25. 00	CMHC - CMHC	0	0	O	0.00		
26. 00	RURAL HEALTH CLINIC	0	0	O	0. 00		
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	C			1
27. 00	Total (sum of lines 14-26)				0. 00	1, 061. 18	1
28. 00	Observation Bed Days	_	635	5, 218			28. 00
29. 00	Ambul ance Tri ps	0		_			29. 00
30. 00	Employee discount days (see instruction)			C			30.00
31.00	Employee discount days - IRF			. 0			31.00
32. 00	Labor & delivery days (see instructions)	0	176	348			32. 00
32. 01	Total ancillary labor & delivery room			C			32. 01
00.00	outpatient days (see instructions)						22.00
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	이	C	1	I	34.00

| Peri od: | Worksheet S-3 | From 01/01/2022 | Part I | To 12/31/2022 | Date/Time Prepared:

				10	12/31/2022	5/30/2023 4: 3	
		Full Time		Di sch	arges		
		Equi val ents			•		
	Component	Nonpai d	Title V	Title XVIII	Title XIX	Total All	
		Workers				Pati ents	
		11.00	12. 00	13. 00	14. 00	15. 00	
	PART I - STATISTICAL DATA						
1. 00	Hospital Adults & Peds. (columns 5, 6, 7 and			0 1, 036	152	4, 519	1. 00
	8 exclude Swing Bed, Observation Bed and						
	Hospice days) (see instructions for col. 2						
	for the portion of LDP room available beds)						
2.00	HMO and other (see instructions)			947	1, 533		2.00
3.00	HMO IPF Subprovi der				0		3. 00
4.00	HMO IRF Subprovider				O		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						7. 00
0.00	beds) (see instructions)						0.00
8.00	INTENSIVE CARE UNIT						8. 00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11. 00 12. 00	SURGICAL INTENSIVE CARE UNIT						11. 00 12. 00
	OTHER SPECIAL CARE (SPECIFY)						1
13. 00 14. 00	NURSERY Total (see instructions)	0. 00		0 1, 036	152	4, 519	13. 00 14. 00
15. 00	CAH visits	0.00		1,030	132	4, 319	15. 00
16. 00	SUBPROVIDER - IPF	0. 00		o	o	0	
17. 00	1	0.00			0	0	
18. 00	SUBPROVI DER	0.00			0	0	18.00
19. 00		0.00			ď	O	19.00
20. 00	NURSING FACILITY	0.00					20.00
21. 00	OTHER LONG TERM CARE	0.00				0	
22. 00	HOME HEALTH AGENCY	0.00				O	22.00
23. 00	AMBULATORY SURGICAL CENTER (D. P.)	0.00					23. 00
24. 00	HOSPICE	0.00					24. 00
24. 10	HOSPICE (non-distinct part)	0.00					24. 10
25. 00	CMHC - CMHC	0.00					25. 00
26. 00	RURAL HEALTH CLINIC	0.00					26. 00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26. 25
27. 00	Total (sum of lines 14-26)	0.00					27. 00
28. 00	Observation Bed Days						28. 00
29. 00	Ambul ance 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	1					32. 01
	outpatient days (see instructions)						
33. 00				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

| In Lieu of Form CMS-2552-10 | Period: | Worksheet S-3 | From 01/01/2022 | Part II | To 12/31/2022 | Date/Time Prepared: | 5/30/2023 4:39 pm

							5/30/2023 4:3	9 pm
		Wkst. A Line		Reclassi fi cati	Adj usted		Average Hourly	
		Number	Reported	on of Salaries			Wage (col. 4 ÷	
				(from Wkst. A-6)	(col.2 ± col. 3)	Salaries in col. 4	col . 5)	
		1. 00	2. 00	3.00	4.00	5. 00	6. 00	
	PART II - WAGE DATA		2.00	0.00		0.00	0.00	
	SALARI ES							
1. 00	Total salaries (see	200. 00	90, 276, 085	0	90, 276, 085	2, 207, 247. 00	40. 90	1. 00
2. 00	instructions) Non-physician anesthetist Part		0	0	0	0.00	0. 00	2. 00
2.00	A		0			0.00	0.00	2.00
3.00	Non-physician anesthetist Part		0	0	0	0.00	0.00	3. 00
	В			_				
4. 00	Physician-Part A -		105, 971	0	105, 971	1, 009. 00	105. 03	4. 00
4. 01	Administrative Physicians - Part A - Teaching		0	0	0	0.00	0. 00	4. 01
5. 00	Physician and Non		5, 836, 419				l e	1
	Physician-Part B							
6. 00	Non-physician-Part B for		0	0	0	0. 00	0. 00	6. 00
	hospital-based RHC and FQHC services							
7.00	Interns & residents (in an	21. 00	0	0	0	0.00	0.00	7. 00
	approved program)							
7. 01	Contracted interns and		0	0	0	0. 00	0. 00	7. 01
	residents (in an approved programs)							
8. 00	Home office and/or related		0	0	0	0.00	0.00	8. 00
0.00	organi zati on personnel		· ·			0.00	0.00	0.00
9.00	SNF	44. 00	0	0	0	0.00		
10. 00	Excluded area salaries (see		5, 114, 536	219, 055	5, 333, 591	156, 213. 00	34. 14	10. 00
	instructions) OTHER WAGES & RELATED COSTS							
11. 00	Contract Labor: Direct Patient		13, 748, 825	0	13, 748, 825	102, 792. 00	133. 75	11. 00
	Care							
12. 00	Contract labor: Top level		0	0	0	0. 00	0. 00	12. 00
	management and other management and administrative							
	servi ces							
13.00	Contract Labor: Physician-Part		822, 647	0	822, 647	1, 988. 00	413. 81	13. 00
44.00	A - Administrative		•			0.00		44.00
14. 00	Home office and/or related organization salaries and		0	0	0	0. 00	0.00	14. 00
	wage-related costs							
14. 01	Home office salaries		0	0	0	0.00	0. 00	14. 01
	Related organization salaries		0	0	0	0.00	l .	14. 02
15. 00	Home office: Physician Part A - Administrative		0	0	0	0. 00	0.00	15. 00
16. 00	Home office and Contract		0	0	0	0.00	0. 00	16. 00
	Physicians Part A - Teaching							
16. 01	Home office Physicians Part A		0	0	0	0.00	0. 00	16. 01
16. 02	- Teaching Home office contract		0	0	0	0.00	0.00	16. 02
10. 02	Physicians Part A - Teaching		Ü	0		0.00	0.00	10.02
	WAGE-RELATED COSTS							
17. 00	Wage-related costs (core) (see		23, 845, 367	0	23, 845, 367			17. 00
18. 00	instructions) Wage-related costs (other)							18. 00
10.00	(see instructions)							13.00
19. 00	Excluded areas		1, 779, 605	0	1, 779, 605			19. 00
20. 00	Non-physician anesthetist Part		0	0	0			20. 00
21. 00	Non-physician anesthetist Part		0	0	0			21. 00
21.00	B		0					21.00
22. 00	Physician Part A -		14, 138	0	14, 138			22. 00
	Administrative							
	Physician Part A - Teaching Physician Part B		240, 351	0				22. 01 23. 00
24. 00	Wage-related costs (RHC/FQHC)		240, 331	0				24. 00
25. 00	Interns & residents (in an		0	1				25. 00
	approved program)							
25. 50	Home office wage-related		0	0	0			25. 50
25. 51	(core) Related organization		0	0	0			25. 51
23.01	wage-related (core)		O					
25. 52	Home office: Physician Part A		0	0	0			25. 52
	- Administrative -							
	wage-rel ated (core)			I			I	I

| Peri od: | Worksheet S-3 | From 01/01/2022 | Part | I | To 12/31/2022 | Date/Time Prepared: | Part | To 12/31/2022 | Part | I | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part

						J 12/31/2022	5/30/2023 4: 39	
		Wkst. A Line	Amount	Reclassi fi cati	Adj usted	Pai d Hours	Average Hourly	
		Number	Reported	on of Salaries	Sal ari es	Related to	Wage (col. 4 ÷	
				(from Wkst.	(col.2 ± col.	Salaries in	col . 5)	
				A-6)	3)	col. 4		
		1.00	2.00	3. 00	4. 00	5. 00	6. 00	
25. 53	Home office: Physicians Part A		0	0	0			25. 53
	- Teaching - wage-related							
	(core)							
	OVERHEAD COSTS - DIRECT SALARII							
26. 00	Employee Benefits Department	4. 00	664, 399	l .	664, 399	·		
27. 00	Administrative & General	5. 00	15, 103, 418			374, 081. 00		27. 00
28. 00	Administrative & General under		1, 106, 457	0	1, 106, 457	8, 307. 00	133. 20	28. 00
	contract (see inst.)		_	_	_			
29. 00	Maintenance & Repairs	6. 00	0	0	0	0.00		29. 00
30. 00	Operation of Plant	7. 00	567, 252		567, 252	22, 839. 00		
31. 00	Laundry & Linen Service	8. 00	43, 476	0	43, 476	1, 996. 00		
32. 00	Housekeepi ng	9. 00	1, 328, 101	0	1, 328, 101	66, 464. 00		32. 00
33. 00	Housekeeping under contract		0	0	0	0. 00	0.00	33. 00
	(see instructions)	40.00	4 040 040		0,, 0,,	40.070.00	40.00	
34. 00	Dietary	10. 00	1, 042, 062	-677, 701	364, 361	19, 279. 00		34. 00
35. 00	Di etary under contract (see		0	0	0	0. 00	0. 00	35. 00
27 00	instructions)	11 00	0	/77 701	/77 701	25 057 00	10.00	27.00
36.00	Cafeteria	11. 00	0	677, 701	677, 701	35, 857. 00		36. 00
37. 00	Maintenance of Personnel	12.00	0 (47 550	220 240	0 407 101	0.00		
38. 00	Nursing Administration	13. 00	2, 647, 559	1		49, 834. 00	1	
39. 00	Central Services and Supply	14. 00	348, 119	l	348, 119	14, 907. 00		
40.00	Pharmacy	15. 00	1, 710, 322	l e	1, 710, 322	·		
41. 00	Medical Records & Medical	16. 00	1, 413, 752	0	1, 413, 752	34, 257. 00	41. 27	41. 00
42.00	Records Library	17 00	1 200 024	_	1 200 024	22 045 00	25.20	42.00
42. 00	Social Service	17. 00	1, 200, 924	0	1, 200, 924	33, 945. 00		42.00
43.00	Other General Service	18. 00	Ü	0	ı o	0.00	[0.00	43.00

| Peri od: | Worksheet S-3 | From 01/01/2022 | Part III | To 12/31/2022 | Date/Time Prepared: | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part | Part

					'	0 12/31/2022	5/30/2023 4: 39	
		Worksheet A	Amount	Reclassi fi cati	Adj usted	Pai d Hours	Average Hourly	
		Line Number	Reported	on of Salaries	Sal ari es	Related to	Wage (col. 4 ÷	
				(from	$(col.2 \pm col.$	Salaries in	col . 5)	
				Worksheet A-6)	3)	col. 4		
		1. 00	2. 00	3. 00	4. 00	5. 00	6. 00	
	PART III - HOSPITAL WAGE INDEX	SUMMARY						
1.00	Net salaries (see		85, 546, 123	0	85, 546, 123	2, 198, 395. 00	38. 91	1.00
	instructions)							
2.00	Excluded area salaries (see		5, 114, 536	219, 055	5, 333, 591	156, 213. 00	34. 14	2.00
	instructions)							
3.00	Subtotal salaries (line 1		80, 431, 587	-219, 055	80, 212, 532	2, 042, 182. 00	39. 28	3.00
	minus line 2)							
4.00	Subtotal other wages & related		14, 571, 472	0	14, 571, 472	104, 780. 00	139. 07	4. 00
	costs (see inst.)							
5.00	Subtotal wage-related costs		23, 859, 505	0	23, 859, 505	0.00	29. 75	5. 00
	(see inst.)							
6.00	Total (sum of lines 3 thru 5)		118, 862, 564	-219, 055	118, 643, 509	2, 146, 962. 00	55. 26	6. 00
7.00	Total overhead cost (see		27, 175, 841	-219, 055	26, 956, 786	725, 498. 00	37. 16	7.00
	instructions)							

	To 12/31/2022	Date/Time Prep 5/30/2023 4:39	oared: 9 pm
		Amount) piii
		Reported	
		1. 00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETI REMENT COST		
1.00	401K Employer Contributions	3, 846, 805	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	-22, 280	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal /Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8. 01	Health Insurance (Self Funded without a Third Party Administrator)	0	8. 01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	15, 065, 436	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	364, 032	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	114, 136	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)	185, 307	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	101, 174	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106.	0	16.00
	Noncumulative portion)		
	TAXES		
17.00	FICA-Employers Portion Only	6, 128, 473	17.00
18. 00	Medicare Taxes - Employers Portion Only	0	18.00
19. 00	Unempl oyment Insurance	-35, 037	19.00
20.00		0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see	0	21.00
	instructions))		
22. 00	Day Care Cost and Allowances	26, 262	22.00
23. 00	Tuition Reimbursement	105, 154	23.00
24. 00	13. 13. 11. 11. 11. 11. 11. 11. 11.	25, 879, 462	24.00
	Part B - Other than Core Related Cost		
25. 00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

Health Financial Systems	GOSHEN HOSPI TAL	In Lie	u of Form CMS-2	2552-10
HOSPITAL CONTRACT LABOR AND BENEFIT COST		Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part V Date/Time Pre 5/30/2023 4:39	pared:
Cost Center Description		Contract Labor	Benefit Cost	

		•		5/30/2023 4: 39	
	Cost Center Description		Contract Labor	Benefit Cost	
			1. 00	2. 00	
	PART V - Contract Labor and Benefit Cost				
	Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		13, 748, 825	25, 879, 462	1.00
2.00	Hospi tal		13, 748, 825	25, 879, 462	2.00
3.00	SUBPROVI DER - I PF		0	0	3.00
4.00	SUBPROVI DER - I RF		0	0	4.00
5.00	Subprovi der - (0ther)		0	0	5.00
6.00	Swing Beds - SNF		0	0	6.00
7.00	Swing Beds - NF		0	0	7.00
8.00	SKILLED NURSING FACILITY		0	0	8.00
9.00	NURSING FACILITY		0	0	9.00
10.00	OTHER LONG TERM CARE I				10.00
11. 00	Hospi tal -Based HHA		0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D. P.) I		0	0	12.00
13.00	Hospi tal -Based Hospi ce		0	0	13.00
14.00	Hospital-Based Health Clinic RHC		0	0	14.00
15.00	Hospital-Based Health Clinic FQHC		0	0	15.00
16.00	Hospi tal -Based-CMHC		0	0	16.00
17.00	RENAL DIALYSIS I		0	0	17.00
18. 00	Other		0	0	18.00

	n Financial Systems	GOSHEN HOS				eu of Form CMS-2	
HOME	HEALTH AGENCY STATISTICAL DATA		Provi der CO		Period: From 01/01/2022	Worksheet S-4	
			Component	CCN: 15-7174	To 12/31/2022	5/30/2023 4: 3	
					Home Health Agency I	PPS	
					1.	00	
0.00	County	Title V	Title XVIII	Title XIX	Other	Total	0.00
		1.00	2.00	3.00	4. 00	5. 00	
1.00	HOME HEALTH AGENCY STATISTICAL DATA Home Health Aide Hours	l ol	91	1	6 115	222	1.00
2.00	Unduplicated Census Count (see instructions)	0. 00	233. 00		0 470.00 ol oyees (Full Ti		2. 00
				Number of Emp	oroyees (ruir ii	ille Equi vai ent)	
		Enter the number	of bours in	Staff	Contract	Total	
		your normal		Starr	Contract	Total	
		0		1.00	2. 00	3. 00	
3. 00	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES Administrator and Assistant Administrator(s)		40.00	0.0	0 0.00	0.00	3. 00
4.00	Director(s) and Assistant Director(s)		40.00	1.0	9 0.00	1. 09	4. 00
5. 00 6. 00	Other Administrative Personnel Direct Nursing Service			7. 7 8. 8			5. 00 6. 00
7. 00	Nursing Supervisor			6.6	4 0.00	6. 64	7. 00
8.00	Physical Therapy Service			5. 2			8.00
9. 00 10. 00	Physical Therapy Supervisor Occupational Therapy Service			0. 0 2. 3			9. 00 10. 00
11. 00	Occupational Therapy Supervisor			0.0	0.00		
12. 00 13. 00	1 93			0. 2			12. 00 13. 00
14. 00				1.5			1
15.00				0.0			
16. 00 17. 00	·			0.0			ı
18. 00	·			0.0			18. 00
						1. 00	
19. 00	HOME HEALTH AGENCY CBSA CODES Enter in column 1 the number of CBSAs where	you provided serv	/ices during	the cost repo	rting period.	4	19. 00
20. 00						21140	20. 00
20. 01	,					26900	20. 01
20. 02 20. 03	l control of the cont					43780 99915	20. 02 20. 03
20.03		Full Epi		.			20.03
		Without W Outliers	ith outilers	LUPA Epi sodes	PEP Only Epi sodes	Total (cols. 1-4)	
	PPS ACTIVITY DATA	1.00	2. 00	3. 00	4. 00	5. 00	
21. 00		1, 174	503		8 3		21. 00
22. 00		253, 770	107, 963				•
23. 00 24. 00	1 3	616 138, 117	341 75, 944		4 0		23. 00 24. 00
25. 00	Occupational Therapy Visits	285	286		4 0	575	1
26.00		65, 311	67, 084	95	7 0	133, 352	
		1					
27. 00 28. 00	Speech Pathology Visits	14 3, 545	32 8, 103		0 0	46	27. 00
27. 00 28. 00 29. 00	Speech Pathology Visits Speech Pathology Visit Charges Medical Social Service Visits	14 3, 545 45	32 8, 103 45		0 0 1	46 11, 648 91	27. 00 28. 00 29. 00
27. 00 28. 00	Speech Pathology Visits Speech Pathology Visit Charges Medical Social Service Visits Medical Social Service Visit Charges	14 3, 545	32 8, 103	30	0 0 1	46 11, 648 91 27, 522	27. 00 28. 00 29. 00 30. 00
27. 00 28. 00 29. 00 30. 00 31. 00 32. 00	Speech Pathology Visits Speech Pathology Visit Charges Medical Social Service Visits Medical Social Service Visit Charges Home Health Aide Visits Home Health Aide Visit Charges	14 3, 545 45 13, 610 83 9, 341	32 8, 103 45 13, 610 37 4, 164	30	0 0 0 1 0 2 0 0 0 0	46 11, 648 91 27, 522 120 13, 505	27. 00 28. 00 29. 00 30. 00 31. 00 32. 00
27. 00 28. 00 29. 00 30. 00 31. 00	Speech Pathology Visits Speech Pathology Visit Charges Medical Social Service Visits Medical Social Service Visit Charges Home Health Aide Visits Home Health Aide Visit Charges	14 3, 545 45 13, 610 83	32 8, 103 45 13, 610 37	30	0 0 0 1 0 2 0 0 0 0	46 11, 648 91 27, 522 120	27. 00 28. 00 29. 00 30. 00 31. 00
27. 00 28. 00 29. 00 30. 00 31. 00 32. 00 33. 00	Speech Pathology Visits Speech Pathology Visit Charges Medical Social Service Visits Medical Social Service Visit Charges Home Health Aide Visits Home Health Aide Visit Charges Total visits (sum of lines 21, 23, 25, 27, 29, and 31) Other Charges	14 3, 545 45 13, 610 83 9, 341 2, 217	32 8, 103 45 13, 610 37 4, 164 1, 244	30	0 0 0 1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	46 11, 648 91 27, 522 120 13, 505 3, 531	27. 00 28. 00 29. 00 30. 00 31. 00 32. 00 33. 00
27. 00 28. 00 29. 00 30. 00 31. 00 32. 00 33. 00 34. 00 35. 00	Speech Pathology Visits Speech Pathology Visit Charges Medical Social Service Visits Medical Social Service Visit Charges Home Health Aide Visits Home Health Aide Visit Charges Total visits (sum of lines 21, 23, 25, 27, 29, and 31) Other Charges Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	14 3, 545 45 13, 610 83 9, 341 2, 217 0 483, 694	32 8, 103 45 13, 610 37 4, 164 1, 244	30 6 14, 98	0 0 0 1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	46 11, 648 91 27, 522 120 13, 505 3, 531 0 776, 202	27. 00 28. 00 29. 00 30. 00 31. 00 32. 00 33. 00 34. 00 35. 00
27. 00 28. 00 29. 00 30. 00 31. 00 32. 00 33. 00	Speech Pathology Visits Speech Pathology Visit Charges Medical Social Service Visits Medical Social Service Visit Charges Home Health Aide Visits Home Health Aide Visit Charges Total visits (sum of lines 21, 23, 25, 27, 29, and 31) Other Charges Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34) Total Number of Episodes (standard/non outlier)	14 3, 545 45 13, 610 83 9, 341 2, 217	32 8, 103 45 13, 610 37 4, 164 1, 244	30 6 14, 98 4	0 0 0 1 2 0 0 0 0 0 0 0 0 0 0 7 3 0 0 6 654	46 11, 648 91 27, 522 120 13, 505 3, 531 0 776, 202	27. 00 28. 00 29. 00 30. 00 31. 00 32. 00 33. 00 34. 00 35. 00

Heal th	Financial Systems		GOSHEN H	OSPI TAL		In Lie	u of Form CMS-2	2552-10
H0SPI	TAL-BASED HOSPICE IDENTIFICATION	DATA		Provi der Co	CN: 15-0026	Peri od:	Worksheet S-9	
				Hoopi oo CCI	N: 15-1527	From 01/01/2022 To 12/31/2022	PARTS I THROUG Date/Time Pre	GH IV
				nospi ce cci	N. 13-1327	10 12/31/2022	5/30/2023 4: 3	
						Hospi ce I	0,00,2020 110	, p
		Unduplicated				· · · · · · · · · · · · · · · · · · ·		
		Days						
		Title XVIII	Title XIX	Title XVIII	Title XIX	All Other	Total (sum of	
				Skilled	Nursi ng		cols. 1, 2 &	
				Nursi ng	Facility		5)	
				Facility				
	DART I FURNIL MENT DAVIC FOR O	1.00	2.00	3.00	4.00	5. 00	6. 00	
1 00	PART I - ENROLLMENT DAYS FOR CO	JST REPORTING F	TERTODS BEGINNI	NG BEFORE OCTO	BER 1, 2015 T			1 00
1. 00 2. 00	Hospice Continuous Home Care Hospice Routine Home Care			•				1. 00 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
3.00	Part II - CENSUS DATA FOR COST	REPORTING PERI	ODS BEGLNNLNG	BEFORE OCTOBER	1 2015			3.00
6. 00	Number of patients receiving	KEI OKTTNO TEKI	DEGITIMING	DEFORE GOTOBER	1, 2010			6. 00
0.00	hospice care							0.00
7.00	Total number of unduplicated							7. 00
	Continuous Care hours billable							
	to Medicare							
8.00	Average Length of Stay (line 5							8. 00
	/ line 6)							
9. 00	Unduplicated census count							9. 00
NOTE:	Parts I and II, columns 1 and 2	also include	the days report	ted in columns	3 and 4.			
				Title XVIII	Title XIX	0ther	Total (sum of	
							col s. 1	
							through 3)	
				1.00	2.00	3. 00	4. 00	
	PART III - ENROLLMENT DAYS FOR	COST REPORTING	PERIODS BEGIN	INING ON OR AFT	ER OCTOBER 1	, 2015		
10. 00				0		0	0	
11. 00				18, 118	1	0 5, 884	24, 002	
12.00	Hospice Inpatient Respite Care			39		0 40	79	
13.00				70	1	0 34		13.00
14.00	Total Hospice Days	N DATA FOR CO.	ST DEDODTING DE	18, 227		0 5, 958		14.00
15 00	PART IV - CONTRACTED STATISTICA		ST KEPUKTING PE	1		•		15 00
15.00	Hospice Inpatient Respite Care Hospice General Inpatient Care			0		0 0		
10.00	Inospice General Tripatient Care			1	1	U _I U	0	10.00

Health Financial Systems GOSHEN F	HOSPI TAL		In Lie	u of Form CMS-2	<u> 2552-1</u> 0	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provi der CO	CN: 15-0026	Peri od:	Worksheet S-10		
			From 01/01/2022 To 12/31/2022	Date/Time Pre 5/30/2023 4:3		
				1. 00		
Uncompensated and indigent care cost computation						
1.00 Cost to charge ratio (Worksheet C, Part I line 202 column	3 divided by li	ne 202 column	1 8)	0. 286964	1.00	
Medicaid (see instructions for each line) 2.00 Net revenue from Medicaid				34, 013, 234	2.00	
3.00 Did you receive DSH or supplemental payments from Medicaid	l?			Υ	3.00	
4.00 If line 3 is yes, does line 2 include all DSH and/or suppl			ni d?	Υ	4. 00	
5.00 If line 4 is no, then enter DSH and/or supplemental paymen	nts from Medicai	d		0	5.00	
6.00 Medicaid charges 7.00 Medicaid cost (line 1 times line 6)				113, 114, 763 32, 459, 865	1	
8.00 Difference between net revenue and costs for Medicaid prog	ıram (line 7 min	us sum of lir	nes 2 and 5: if	32, 439, 803	8.00	
< zero then enter zero)						
Children's Health Insurance Program (CHIP) (see instruction	ns for each lin	e)				
9.00 Net revenue from stand-alone CHIP 10.00 Stand-alone CHIP charges				0	9. 00 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 C	CHIP (line 11 mi	nus line 9; i	f < zero then	0	12.00	
enter zero)						
Other state or local government indigent care program (see				0	 13. 00	
13.00 Net revenue from state or local indigent care program (Not 14.00 Charges for patients covered under state or local indigent				0		
10)	care program (Not Theradea	111 111103 0 01	G	11.00	
15.00 State or local indigent care program cost (line 1 times li				0	15. 00 16. 00	
13; if < zero then enter zero) Grants, donations and total unreimbursed cost for Medicaid	CHIP and state	e/Local indic	ent care program	is (see		
instructions for each line)	, om and otat	o, 1 00a. 111a. g	jont our o program	.5 (555		
17.00 Private grants, donations, or endowment income restricted				0		
18.00 Government grants, appropriations or transfers for support 19.00 Total unreimbursed cost for Medicaid, CHIP and state and			cum of lines	0	18. 00 19. 00	
8, 12 and 16)	rocar murgent	care programs	s (Suii oi Titles	U	19.00	
		Uni nsured	Insured	Total (col. 1		
		patients	pati ents	+ col . 2)		
Uncompensated Care (see instructions for each line)		1.00	2. 00	3. 00		
20.00 (Charity care charges and uninsured discounts for the entir (see instructions)	e facility	5, 742, 95	845, 867	6, 588, 823	20. 00	
21.00 Cost of patients approved for charity care and uninsured d	liscounts (see	1, 648, 02	845, 867	2, 493, 889	21. 00	
instructions) 22.00 Payments received from patients for amounts previously wri	tten off as		0 0	0	22. 00	
charity care 23.00 Cost of charity care (line 21 minus line 22)		1, 648, 02	22 845, 867	2, 493, 889	23. 00	
				4 00		
24.00 Does the amount on line 20 column 2, include charges for p	nationt days how	ond a Length	of stay limit	1. 00 N	24. 00	
imposed on patients covered by Medicaid or other indigent 25.00 If line 24 is yes, enter the charges for patient days beyo	care program?			0		
stay limit	· ·	. 3	Ü			
26.00 Total bad debt expense for the entire hospital complex (se	,			15, 372, 008		
27.00 Medicare reimbursable bad debts for the entire hospital co				168, 523		
27.01 Medicare allowable bad debts for the entire hospital compl 28.00 Non-Medicare bad debt expense (see instructions)	ex (See Instruc	LI UIIS)		259, 265 15, 112, 743		
29.00 Cost of non-Medicare and non-reimbursable Medicare bad deb	ot expense (see	instructions)		4, 427, 555	1	
30.00 Cost of uncompensated care (line 23 column 3 plus line 29)		ŕ		6, 921, 444		
31. 00 Total unreimbursed and uncompensated care cost (line 19 pl				6, 921, 444		

	Financial Systems SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	GOSHEN HOS F FXPENSES	Provider C	CN: 15-0026 F	eriod:	wof Form CMS-: Worksheet A	2552-10
REOLAG	STITISTITIST THE PRESENTE OF THE BREAMOR O	I EM ENGES	Trovider of	F	rom 01/01/2022		narad:
				'	o 12/31/2022	Date/Time Pre 5/30/2023 4:3	pareu: 9 pm
	Cost Center Description	Sal ari es	0ther		Reclassificati	Reclassi fied	
				+ col . 2)	ons (See A-6)	Trial Balance (col. 3 +-	
						col . 4)	
		1.00	2. 00	3.00	4. 00	5. 00	
1 00	GENERAL SERVICE COST CENTERS		15 1/0 51/	15 1/2 51/	/ 202 001	0.0/0./15	1 00
1. 00 2. 00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP		15, 163, 516 0	15, 163, 516		8, 860, 615 8, 272, 743	
3. 00	00300 OTHER CAP REL COSTS		0	d	0	0	1
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	664, 399	24, 051, 491		·	25, 183, 871	4. 00
5. 01 5. 02	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 00590 OTHER ADMI N & GENERAL	1, 114, 304 13, 989, 114	1, 764, 667 57, 806, 768			2, 878, 971 73, 687, 463	
6.00	00600 MAINTENANCE & REPAIRS	0	0 0 0 0 0	71,773,002	0	0	6. 00
7. 00	00700 OPERATION OF PLANT	567, 252	3, 571, 245				
8. 00 9. 00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING	43, 476 1, 328, 101	568, 458 574, 644	1		611, 934 1, 902, 745	
10.00	01000 DI ETARY	1, 042, 062	628, 381				
11. 00	01100 CAFETERI A	0	0		1, 086, 366		
12.00	01200 MAI NTENANCE OF PERSONNEL	0	0	0.744.446	0	0	12.00
13. 00 14. 00	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY	2, 647, 559 348, 119	1, 093, 609 753, 254				
15. 00	01500 PHARMACY	1, 710, 322	10, 341, 118				1
16. 00	01600 MEDICAL RECORDS & LIBRARY	1, 413, 752	2, 700, 927			., ,	
17. 00 19. 00	01700 SOCIAL SERVICE 01900 NONPHYSICIAN ANESTHETISTS	1, 200, 924	82, 353	1, 283, 277	-40	1, 283, 237 0	1
20. 00	02000 NURSI NG PROGRAM	0	0		0	0	20.00
21. 00	02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	C	0	0	21. 00
22. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRV	0	0		0	0	22. 00
23. 00	O2300 PARAMED ED PRGM I NPATI ENT ROUTI NE SERVI CE COST CENTERS	U	0	1	362, 623	362, 623	23. 00
30.00	03000 ADULTS & PEDI ATRI CS	11, 828, 767	9, 654, 745	21, 483, 512	1, 864, 646	23, 348, 158	30.00
31.00	03100 I NTENSI VE CARE UNI T	3, 316, 370	1, 082, 188	4, 398, 558	-231, 744	l	1
32. 00 33. 00	03200 CORONARY CARE UNIT 03300 BURN INTENSIVE CARE UNIT	0	0		0	0	32. 00 33. 00
34. 00	03400 SURGI CAL INTENSI VE CARE UNI T	0	0		o o	ő	34. 00
40. 00	04000 SUBPROVI DER - I PF	0	0	C	0	0	40.00
41. 00 42. 00	04100 SUBPROVI DER - I RF 04200 SUBPROVI DER	0	0		0	0	41. 00 42. 00
43. 00	04300 NURSERY	5, 156, 608	1, 016, 308	6, 172, 916	-5, 600, 730	1	
44.00	04400 SKILLED NURSING FACILITY	0	0	C	0	0	1 00
45. 00 46. 00	04500 NURSING FACILITY 04600 OTHER LONG TERM CARE	0	0		0	0	
40.00	ANCI LLARY SERVI CE COST CENTERS	0	0) 0	0	40.00
50.00	05000 OPERATING ROOM	4, 915, 963	14, 070, 559				1
51. 00 52. 00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	838, 950	62, 922	901, 872	-18, 182 3, 065, 882		1
	05300 ANESTHESI OLOGY	0	0		0 3,003,882	3,003,882	
	05301 PAIN MANAGEMENT	0	1, 671, 842				
	05400 RADI OLOGY - DI AGNOSTI C	4, 958, 440	4, 454, 925				
55. 00 56. 00	05500 RADI OLOGY-THERAPEUTI C 05600 RADI OI SOTOPE	10, 429, 363 427, 348	30, 019, 208 1, 202, 944			16, 403, 648 697, 781	1
56. 01	05601 CARDI AC CATH LAB	1, 253, 318	6, 182, 054	1			
57. 00	05700 CT SCAN	588, 265	1, 001, 918			1, 525, 302	
58. 00 59. 00	05800 MRI 05900 CARDI AC CATHETERI ZATI ON	513, 267	189, 805 0	703, 072	-10, 160	692, 912 0	1
60.00	06000 LABORATORY	2, 939, 719	7, 577, 898	10, 517, 617	-44, 727		1
60. 01	06001 BLOOD LABORATORY	0	0	C	0	0	
61. 00 62. 00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 06200 WHOLE BLOOD & PACKED RED BLOOD CELL		0		0	0	
63. 00	06300 BLOOD STORING PROCESSING & TRANS.	0	613, 311	613, 311	-607, 092	1	
64.00	06400 I NTRAVENOUS THERAPY	-858	1, 032	174	-609	-435	64. 00
65. 00	06500 RESPIRATORY THERAPY	2, 189, 803 3, 254, 331	1, 577, 410			3, 681, 242	
66. 00 67. 00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	126	836, 903 80	1	1		
68. 00	06800 SPEECH PATHOLOGY	0	646	1		l	
69.00	06900 ELECTROCARDI OLOGY	427, 475	94, 149	521, 624	-1, 720	1	1
70. 00 71. 00	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0		11, 084, 735	0 11, 084, 735	
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	O	Ō	Č	6, 179, 958		
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	0	C	32, 630, 986		1
74. 00 75. 00	07400 RENAL DI ALYSI S 07500 ASC (NON-DI STI NCT PART)		325, 116 0	325, 116	-2, 264	322, 852 0	1
76. 00	03950 NUTRI TI ON THERAPY	197, 045	4, 396	201, 441	1		1
77. 00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0				
88. 00	OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC	O	0		0	0	88. 00
	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	1			89.00
		. 1			•	•	·

Health Financial Systems	GOSHEN HOS	SPI TAL		In Lie	u of Form CMS-2	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provi der CO		'eri od:	Worksheet A	
				rom 01/01/2022	D : (T) D	
			1	o 12/31/2022	Date/Time Prep 5/30/2023 4:39	
Cost Center Description	Sal ari es	Other	Total (col 1	Recl assi fi cati	Reclassi fi ed	9 рііі
cost center bescription	Sai ai i es	other	+ col . 2)	ons (See A-6)	Tri al Balance	
			1 (01. 2)	0113 (SCC / 0)	(col . 3 +-	
					col. 4)	
	1.00	2.00	3. 00	4. 00	5. 00	
90. 00 09000 CLI NI C	284, 589	138, 875	423, 464	-19, 262	404, 202	90. 00
90. 02 09002 WOUND CLI NI C	28	1, 381, 517	1, 381, 545	-231, 110	1, 150, 435	90. 02
90. 03 09003 MOBI LE CLI NI C	o	0	0	o	0	90. 03
91. 00 09100 EMERGENCY	5, 573, 248	1, 594, 301	7, 167, 549	-225, 377	6, 942, 172	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
99. 00 09900 CMHC	0	0	0	0	0	99. 00
101.00 10100 HOME HEALTH AGENCY	2, 483, 485	368, 193	2, 851, 678	-385	2, 851, 293	101. 00
102.00 10200 OPIOID TREATMENT PROGRAM	o	0	0	o	0	102.00
SPECIAL PURPOSE COST CENTERS						
113. 00 11300 I NTEREST EXPENSE		2, 276, 756	2, 276, 756	-2, 276, 756	0	113. 00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114. 00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115. 00
116. 00 11600 HOSPI CE	1, 180, 482	1, 620, 878	2, 801, 360	-313, 350	2, 488, 010	116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	88, 825, 516	208, 121, 310	296, 946, 826	52, 911	296, 999, 737	118. 00
NONRE MBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN	532, 627	500, 075	1, 032, 702	-50, 079	982, 623	
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0		190. 01
190.02 19002 GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0		190. 02
190. 03 19003 LI FELI NE	0	0	0	0		190. 03
190. 04 19004 COMMUNITY RELATIONS	756, 754	3, 740, 796	4, 497, 550	-2, 832	4, 494, 718	
190. 05 19005 PRI VATE DUTY	0	0	0	0		190. 05
190.06 19006 PROFESSIONAL DEVELOPMENT	4, 731	2, 434, 007	2, 438, 738		2, 438, 738	
190. 07 19007 FOUNDTI ON	0	511	511	0		190. 07
190. 08 19008 GOSHEN GACC CLINIC	0	0	0	0	-	190. 08
191. 00 19100 RESEARCH	156, 457	81, 887			238, 344	
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	369	369	0		192. 00
193. 00 19300 NONPALD WORKERS	0	0	0	0		193. 00
200.00 TOTAL (SUM OF LINES 118 through 199)	90, 276, 085	214, 878, 955	305, 155, 040	0	305, 155, 040	200. 00

Peri od: From 01/01/2022 To 12/31/2022 Worksheet A Date/Time Prepared: 5/30/2023 4:39 pm

Control Cont				5/30/2023 4: 3	9 pm
	Cost Center Description				
CHINDMAN SERVICE COST CENTRES 1, 00 UNDIO (OPER DE LOSTS-CENTRES) 1, 00 UNDIO (OPER DE LOSTS-CENTRES) 1, 00 UNDIO (OPER DE LOSTS-CENTRES) 1, 00 UNDIO (OPER DE LOSTS) 1, 00 UN		_ `			
1.00		6.00	7.00		
2 00 00000 COMPRECORS S-WISEL EDUIP -1, 865, 779 0 4.06, 944 0 3.0 0 0000 COMPRECOR PRECORS SENSITIVES -1, 842, 874 0 3.0 0 3.0 0 0000 COMPRECOR PRECORS SENSITIVES -1, 842, 874 0 3.0 0 3.0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1		1	
0.000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.0000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.000000 0.00000000				•	
4 - 00 00000 LAUR FOUR PERSET TS PERSETTING PERSETTING CONTROL 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		1			
5.01 0.00580 CASHI ERINKACACOMITS RECEIVABLE 2.144 2.876.67 5.00 5.0			_	l .	
5.02 000-900 (INTER ADMIN & GENERAL -48,571.701 25,165,767 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0				•	
DOCODE D					
7.00 00700 CPREATT IN OF PLANT -2, 220 4, 136, 162 7, 00 9.00 00900 MUSICKET PIN G				1	
B. 00 000000 LAMIDISY ALT LINEN SERVICE 0 1.10 0 1.11 374 9.0 0.0 00000 LOUSECREEN IN 0 0 1.70 2.745 9.9 0.0 0		1	_		
9.00 0.0900 0.005					
10.00 01000 DETARY 0 583,687 10.00 17.10 17.10 01100 CAFEERIA 2.240,783 8415,583 11.00 17.10 01100 CAFEERIA 2.240,783 8415,583 11.00 17.00 1		_			
11.00 0 1100 (AFETERIA 2.240, 783 845, 883 11.00 12.00 12.00 12.00 12.00 12.00 12.00 13.00 MINESMAC SAMENISTRATION 0 0 3.376, 108 13.00 13.00 MINESMAC SAMENISTRATION 0 0 3.376, 108 13.00 13.00 MINESMAC SAMENISTRATION 0 0 79.00 13.00 MINESMAC SAMENISTRATION 1 0 0 79.00 170.00			1	1	
12.00 1200 MAINTENANCE OF PRESONNEL 0 0 12.00 13	· · · · · · · · · · · · · · · · · · ·	1		1	1
13 00 01300 MURSING ABUN NISTRATION 0 3, 376, 108 13, 00 15, 00 1500 PHARMACY LEGERAL SERVICES & SUPPLY 0 0944, 769 14, 60	1	1	1	1	
14.00 01400 [CFNTEM]. SERVICES & SUPPLY 0 994, 769 14.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 17.	1	_	1	l .	
15.00 10.00 PHANNACY 0 2.675, 931 15.00 10.00					
16. 00 16.00 MEDICAL RECORDS & LIBRARY -3.62, 989 3, 751, 600 1, 283, 237 1, 000 1000 1000 MODIFYSICI AND AMESTHETISTS 0 0 0 0 0 0 0 0 0	· · · · · · · · · · · · · · · · · · ·	1		•	
17. 0.0 0 1700 SOCIAL SERVICE 0 1, 283, 227 17. 0.0 20. 0.0 02000 MIRST NR PROGRAM AMESTHETI STS 0 0 0 0 20. 0.0 02000 MIRST NR PROGRAM 0 0 0 0 22. 0.0 02200 MIRST NR PROGRAM 0 0 0 22. 0.0 02200 MIRST NR PROGRAM 0 0 0 22. 0.0 02200 MIRST NR PROGRAM 0 0 0 22. 0.0 02200 MIRST NR PROGRAM 0 0 0 22. 0.0 02200 MIRST NR PROGRAM 0 0 0 22. 0.0 02200 MIRST NR PROGRAM 0 0 0 22. 0.0 02200 MIRST NR PROGRAM 0 0 0 22. 0.0 02200 MIRST NR PROGRAM 0 0 0 22. 0.0 02200 MIRST NR PROGRAM 0 0 0 22. 0.0 02200 MIRST NR PROGRAM 0 0 0 23. 0.0 03000 ADULT S. R. PEDIATRI CS. 0 0 23, 348, 158 30. 0.0 03000 ADULT S. R. PEDIATRI CS. 0 0 23, 348, 158 31. 0.0 03000 MIRST NR PROGRAM 0 0 0 0 32. 0.0 03000 ADULT S. R. PEDIATRI CS. 0 0 0 0 33. 0.0 03000 0 0 0 0 0 34. 0.0 03000 ADULT S. R. PEDIATRI CS. 0 0 0 0 35. 0.0 03000 O 0 0 0 0 36. 0.0 03000 ADULT S. R. PEDIATRI CS. 0 0 0 37. 0.0 03000 O 0 0 0 0 38. 0.0 03000 O 0 0 0 0 39. 0.0 03000 O			•		
19.00 01900 MORPHYSICI AN AMESTHETISTS 0 0 20.00		1		•	
20.00		1	1, 283, 237		
21.00	· · · · · · · · · · · · · · · · · · ·	0	0		
22.00	1 1	0	0		1
23.00	1 1	1	0		
INPATI ENT ROUTINE SERVICE COST CENTERS 30.00 31.00 30.00 30.00 30.00 30.00 31	· · · · · · · · · · · · · · · · · · ·	_	000 5//		
30.00		-132,057	230, 566		23.00
31.00			22 240 150	ı	20.00
32.00		1		•	
33.00 333.00 BURN INTENSIVE CARE UNIT	· · · · · · · · · · · · · · · · · · ·	1		l .	
34 00 03400 SURRIO INTENSIVE CARE UNIT 0 0 0 0.0	· · · · · · · · · · · · · · · · · · ·		0		
40. 00 0.0000 SUBPROVIDER = I PF		0	0		
11. 00 04100 SUBPROVI DER 1RF		0	0		
42.00 04200 SUBPROVI DER	· · · · · · · · · · · · · · · · · · ·	1	0		
43.00 04300 NURSERY -1.000 571, 186 44.00 446.00 4	· · · · · · · · · · · · · · · · · · ·	_	0		1
44. 00 04400 SKILLED NURSING FACILITY		1	_		
45. 00 04500 NURSI NG FACILITY 0 0 0 45. 00 ANGLILARY SERVICE COST CENTERS 50. 00 50. 00 ANGLILARY SERVICE COST CENTERS 50. 00 50. 00 51. 00		-1,000	1		
Accord Octoo Oct		0	-	l control of the cont	
ANCILLARY SERVICE COST CENTERS 50.00				l .	
SOLO 05000 05000 05000 05000 05100			0		46.00
51.00 05100 RECOVERY ROOM 0 3.3,665,882 52.00			0.014.627		E0 00
S2.00 05200 DELI VERY ROOM & LABOR ROOM 0 0 0 0 0 0 0 0 0		1			1
53. 00 05300 ABUSTHESI OLOGY 0 0 53. 00					
53.01 05301 Pai N MANAGEMENT				l .	
54.00 05400 RADI OLOGY-DI AGNOSTI C -2,512,937 5,255,381 54.00 05500 RADI OLOGY-THERAPEUTI C -3,763,013 12,640,635 55.00 05600 RADI OLOGY-THERAPEUTI C -3,763,013 12,640,635 55.00 05600 RADI OLOGY-THERAPEUTI C -3,763,013 12,640,635 55.00 05600 RADI OLOGY-THERAPEUTI C -3,763,013 12,640,635 55.00 05601 CARDI AC CATH LAB 0 4,214,605 56.01 05601 CARDI AC CATH LAB 0 4,214,605 55.00 05700 CTSCAN 0 1,525,302 57.00 05700 CTSCAN 0 692,912 58.00 05900 CARDI AC CATHETERI ZATI ON 0 0 0 0 0 0 0 0 0	1 1	1		l .	
55. 00 05500 RADI OLGOY-THERAPEUTI C -3, 763, 013 12, 640, 635 55. 00 05600 RADI OLSOTOPE 0 697, 781 55. 00 657. 00 650. 01 05601 CARDI AC CATH LAB 0 4, 214, 605 55. 01 650. 01 650. 00 6				•	
56. 00 05600 RADI OI SOTOPE 0 697, 781 56. 00				•	
56. 01 05601 CARDI AC CATH LAB 0 4, 214, 605 55. 00	· · · · · · · · · · · · · · · · · · ·	1			
57. 00 05700 CT SCAN 0 1,525,302 57. 00	1 1		1	l .	1
58. 00 05800 MRI	· · · · · · · · · · · · · · · · · · ·	1		l .	
59,00		0	1 1 1 1 1 1 1 1		
60. 00 06000 LABORATORY -1, 823 10, 471, 067 60. 00 60. 01 60. 01 60. 01 60. 01 60. 01 60. 01 60. 01 60. 01 60. 01 60. 01 60. 01 60. 01 60. 01 60. 00 60		0	1		
60. 01 06001 BLOOD LABORATORY 0 0 0 0 0 0 0 0 0	1 1			l .	1
61. 00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 0 0 0 0 0 0 0 0 0		-1,023	10, 471, 007		
62. 00		0	0		
63. 00		0	0		1
64. 00		0	6 210		1
65. 00 06500 RESPI RATORY THERAPY -621, 048 3, 060, 194 66. 00 06600 PHYSI CAL THERAPY -235, 613 2, 538, 201 66. 00 06700 OCCUPATI ONAL THERAPY 0 824, 006 67. 00 06800 SPEECH PATHOLOGY 0 488, 168 68. 00 06900 ELECTROCARDI OLLOGY 0 519, 904 669. 00 07000 ELECTROCARDI OLLOGY 0 519, 904 69. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENT 0 11, 084, 735 71. 00 07200 I MPL. DEV. CHARGED TO PATI ENTS 0 6, 179, 958 72. 00 07300 DRUGS CHARGED TO PATI ENTS 0 32, 630, 986 73. 00 07400 RENAL DI ALYSI S 0 322, 852 74. 00 07500 ASC (NON-DI STI NCT PART) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				•	
66. 00	· · · · · · · · · · · · · · · · · · ·	621 040	1	1	
67. 00 06700 0CCUPATI ONAL THERAPY 0 824, 006 68. 00 06800 SPEECH PATHOLOGY 0 488, 168 68. 00 69. 00 06900 ELECTROCARDI OLOGY 0 519, 904 69. 00 70. 0	1 · · · · · · · · · · · · · · · · · · ·				1
68. 00 06800 SPEECH PATHOLOGY 0 488, 168 69. 00 69. 00 6900 ELECTROCARDI OLOGY 0 519, 904 69. 00 70. 00					
69. 00 06900 ELECTROCARDI OLOGY 0 519, 904 69. 00 70.				•	
70. 00 07000 ELECTROENCEPHALOGRAPHY 0 0 0 70. 00 71. 00 77. 00				•	
71. 00	· · · · · · · · · · · · · · · · · · ·		1		
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 6, 179, 958 72. 00 73. 00 7300 DRUGS CHARGED TO PATIENTS 0 32, 630, 986 73. 00 74. 00 07400 RENAL DIALYSIS 0 322, 852 74. 00 75. 00 07500 ASC (NON-DISTINCT PART) 0 0 0 0 0 0 0 0 0			,		1
73. 00 07300 DRUGS CHARGED TO PATIENTS 0 32, 630, 986 73. 00 74. 00 7400 RENAL DI ALYSIS 0 322, 852 74. 00 75. 00				•	
74. 00		_		l .	
75. 00 07500 ASC (NON-DISTINCT PART) 0 0 0 0 0 0 0 0 0				•	
76. 00	· · · · · · · · · · · · · · · · · · ·		1	l .	
77. 00 07700 ALLOGENEI C STEM CELL ACQUI SI TI ON 0 0 0 0 0 0 0 0 0	1 1 7				1
SERVICE COST CENTERS SERVICE COST CENTERS		1	1		
88. 00 08800 RURAL HEALTH CLINIC 0 0 0 0 89. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0	1	1 / / . 00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 90. 00 09000 CLINIC 32, 998 99. 00					00 00
90. 00 09000 CLI NI C -371, 204 32, 998 90. 00					1
		271 204	22.000		
76. 62 [07662] [06610 OLTRI O					1
	70. 02 07002 WOOND GETNIG	1 0	1, 150, 455	1	70.02

 Health Financial
 Systems
 GOSHE

 RECLASSIFICATION
 AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES
 GOSHEN HOSPITAL In Lieu of Form CMS-2552-10 Provi der CCN: 15-0026

				30/2023 4:39 pm
Cost Center Description	Adjustments	Net Expenses	1	
· ·	(See A-8)	For Allocation		
	6.00	7. 00		
90. 03 09003 MOBILE CLINIC	0	0		90. 03
91. 00 09100 EMERGENCY	-70, 919	6, 871, 253		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART				92. 00
OTHER REIMBURSABLE COST CENTERS				
99. 00 09900 CMHC	0	1		99. 00
101.00 10100 HOME HEALTH AGENCY	-4, 664	2, 846, 629		101. 00
102.00 10200 OPI OI D TREATMENT PROGRAM	0	0		102. 00
SPECIAL PURPOSE COST CENTERS				
113. 00 11300 I NTEREST EXPENSE	0	0		113. 00
114. 00 11400 UTI LI ZATI ON REVI EW-SNF	0	0		114. 00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0		115. 00
116. 00 11600 HOSPI CE	0	2, 488, 010		116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	-67, 247, 120	229, 752, 617		118. 00
NONREI MBURSABLE COST CENTERS				400.00
190. 00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	982, 623		190.00
190. 01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0		190. 01
190. 02 19002 GIFT FLOWER COFFEE SHOP & CANTEE	0	0		190. 02
190. 03 19003 LI FELI NE 190. 04 19004 COMMUNI TY RELATI ONS	0	4 404 710		190. 03 190. 04
190. 04 19004 COMMONTTY RELATIONS	0	4, 494, 718		190. 04
190. 06 19006 PROFESSIONAL DEVELOPMENT	0	2, 438, 738		190. 05
190. 00 19000 PROFESSIONAL DEVELOPMENT	0	511		190. 07
190. 08 19008 GOSHEN GACC CLINIC	0	311		190. 07
190. 06 19006 GOSHEN GACC CETNIC		238, 344		191. 00
192. 00 19200 PHYSI CLANS PRI VATE OFFI CES		369		192. 00
193. 00 19300 NONPALD WORKERS		309		193. 00
200.00 TOTAL (SUM OF LINES 118 through 199)	-67, 247, 120	237, 907, 920		200. 00
200.00 TOTAL (JOIN OF LINES THE through 199)	07, 247, 120	237, 907, 920		1200.00

Health Financial Systems RECLASSIFICATIONS In Lieu of Form CMS-2552-10
Worksheet A-6 Peri od: From 01/01/2022 To 12/31/2022 Provider CCN: 15-0026

Date/Time Prepared: 5/30/2023 4:39 pm

		Increases			5/30/2023 4:	39 pm
	Cost Center	Li ne #	Sal ary	Other		
	2.00	3.00	4. 00	5. 00		
	A - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO	71. 00	0	11, 084, 735		1. 00
2.00	PATIENT	72. 00	o	/ 170 OE0		2.00
2. 00	IMPL. DEV. CHARGED TO PATIENTS	72.00	٩	6, 179, 958		2. 00
3.00	OTHER ADMIN & GENERAL	5. 02	0	214, 954		3. 00
4. 00	STILL TISMIN & SENERAL	0.00	o	0		4. 00
5.00		0.00	0	0		5. 00
6.00		0.00	O	0		6. 00
7.00		0.00	O	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
14. 00 15. 00	•	0. 00 0. 00	0	0		15. 00
16. 00		0.00	0	0		16. 00
17. 00		0.00	Ö	Ö		17. 00
18. 00		0.00	o	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 29. 00		0. 00 0. 00	0	0		28. 00 29. 00
30.00		0.00	0	0		30.00
31. 00		0.00	Ö	0		31.00
32. 00		0.00	o	0		32. 00
33.00		0.00	O	0		33. 00
	0		0	17, 479, 647		
	B - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73. 00	0	32, 630, 986		1. 00
2.00		0.00	0	0		2. 00
3. 00 4. 00		0. 00 0. 00	0	0		3.00
5. 00		0.00	0	0		4. 00 5. 00
6. 00		0.00	0	0		6. 00
7. 00		0.00	Ö	Ö		7. 00
8.00		0.00	o	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	O O	0		15. 00
16. 00 17. 00		0. 00 0. 00	0	0		16. 00 17. 00
18. 00		0.00	0	0		18. 00
19. 00		0.00	0	0		19. 00
20. 00		0.00	o	0		20. 00
21.00		0.00	О	0		21. 00
	0			32, 630, 986		
	C - DIETARY			1		
1.00	CAFETERI A	1100	677, 701	408, 665		1. 00
	0		677, 701	408, 665		_
4.00	D - CAPITAL INSURANCE		. [a= T		
1.00	OTHER ADMIN & GENERAL	5. 02	0	96, 054		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	513, 285 1,059, 706		2.00
3. 00 4. 00	OTHER ADMIN & GENERAL OTHER ADMIN & GENERAL	5. 02 5. 02	0	1, 058, 796 726, 725		3. 00 4. 00
4.00	0	— — -3.02	— — —	2, 394, 860		4.00
	E - CAPITAL INTEREST		J ₁	2, 374, 000		
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2, 276, 756		1. 00
	0			2, 276, 756		
	•	,		,		•

Health Financial Systems RECLASSIFICATIONS GOSHEN HOSPITAL In Lieu of Form CMS-2552-10 Provider CCN: 15-0026

| Peri od: | Worksheet A-6 | From 01/01/2022 | To 12/31/2022 | Date/Time Prepared:

						10 12/31	5	/30/2023	4: 39 pm
		Increases		·					
	Cost Center	Li ne #	Sal ary	0ther					
	2. 00	3. 00	4.00	5. 00					
	F - CAPITAL DEPRECIATION								
1.00	CAP REL COSTS-MVBLE EQUIP	2. 00	0	7, 832, 241					1. 00
2.00		0.00	0	0					2. 00
3.00		0.00	0	0					3. 00
4.00		0.00		0					4. 00
	0		0	7, 832, 241					
	G - CIRCLE OF CARE								
1.00	ADULTS & PEDIATRICS	30.00	2, 035, 313	336, 974					1. 00
2.00	DELIVERY ROOM & LABOR ROOM	<u>52.</u> 00	<u>2, 630, 386</u>	43 <u>5, 4</u> 96					2. 00
	0		4, 665, 699	772, 470					
	H - COMMUNITY HEALTH								
1.00	COMMUNITY RELATIONS	190. 04	0	1, 299					1.00
2.00	OTHER ADMIN & GENERAL			0					2. 00
	U		1, 313	1, 299					
1 00	I - EMT	22.00	220 240	142 255					1 00
1. 00	PARAMED ED PRGM	2300	220, 368 220, 368	14 <u>2, 2</u> 55 142, 255					1. 00
	U J - THERAPY		220, 308	142, 255					
1. 00	OCCUPATIONAL THERAPY	67.00	759, 618	64, 211					1.00
2. 00	SPEECH PATHOLOGY	68. 00	414, 354	73, 168					2.00
2.00	n = ==================================		1, 173, 972						2.00
	K - CAPITAL LEASES		1, 173, 772	137, 377					
1. 00	CAP REL COSTS-MVBLE EQUIP	2.00	٥	440, 502					1, 00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9, 872					2. 00
3.00	ON REE GOOTS BEBO & TTXT	0.00	0	7, 0, 2					3. 00
4. 00		0.00	0	0					4. 00
5.00		0.00	o	0					5. 00
6. 00		0.00	ol	0					6. 00
	TOTALS	— — °+	— — ŏ	450, 374					
500.00	Grand Total: Increases		6, 739, 053	64, 526, 932					500.00
		' '			."				1

In Lieu of Form CMS-2552-10
Worksheet A-6 Peri od: From 01/01/2022 To 12/31/2022

Date/Time Prepared: 5/30/2023 4:39 pm

	Decreases Decreases						J Pill
	Cost Center	Li ne #	Sal ary	Other	Wkst. A-7 Ref.		
	6. 00	7. 00	8. 00	9. 00	10. 00		
	A - SUPPLIES	4 00	ما	0			1 00
	EMPLOYEE BENEFITS DEPARTMENT OPERATION OF PLANT	4. 00 7. 00	0	8 15	1		1. 00 2. 00
	DI ETARY	10.00	0	390			3. 00
	NURSING ADMINISTRATION	13. 00	0	2, 437			4. 00
	CENTRAL SERVICES & SUPPLY	14. 00	o	116, 604	I .		5. 00
	PHARMACY	15.00	0	8, 274	I .		6. 00
7.00	SOCIAL SERVICE	17. 00	O	40	0		7. 00
8.00	ADULTS & PEDIATRICS	30.00	0	507, 637	0		8. 00
	INTENSIVE CARE UNIT	31.00	0	231, 719			9. 00
	NURSERY	43.00	0	162, 561	1		10. 00
	OPERATING ROOM	50.00	0	9, 468, 406			11.00
	RECOVERY ROOM	51.00	0	18, 182			12.00
	PAIN MANAGEMENT RADIOLOGY-DIAGNOSTIC	53. 01 54. 00	0	2, 144 1, 417, 218	1		13. 00 14. 00
	RADI OLOGY-THERAPEUTI C	55.00	0	373, 633			15. 00
	RADI OI SOTOPE	56.00	0	728, 938			16. 00
	CARDI AC CATH LAB	56. 01	0	3, 070, 638			17. 00
	CT SCAN	57. 00	O	64, 816			18. 00
19.00	MRI	58.00	0	9, 522	0		19. 00
20.00	LABORATORY	60.00	0	18, 026	0		20. 00
21. 00	BLOOD STORING PROCESSING &	63.00	0	607, 092	0		21. 00
	TRANS.		_		_		
	RESPIRATORY THERAPY	65. 00	0	85, 764	I I		22. 00
	PHYSICAL THERAPY OCCUPATIONAL THERAPY	66.00	0	5, 947	I I		23. 00 24. 00
	ELECTROCARDI OLOGY	67. 00 69. 00	0	29 1, 720			25. 00
	RENAL DIALYSIS	74.00	0	2, 264	I		26. 00
	CLINIC	90.00	0	1, 219	1		27. 00
	WOUND CLINIC	90. 02	o	210, 538			28. 00
	EMERGENCY	91.00	0	223, 411	1		29. 00
30.00	HOME HEALTH AGENCY	101.00	0	130			30. 00
	HOSPI CE	116. 00	0	137, 439			31. 00
32.00	GIFT FLOWER COFFEE SHOP &	190. 00	0	68	0		32. 00
00.00	CANTEEN	100.04		0.040			00.00
33. 00	COMMUNITY RELATIONS	190.04		<u>2, 818</u> 17, 479, 647			33. 00
	B - PHARMACY		<u> </u>	17, 477, 047			1
	GIFT FLOWER COFFEE SHOP &	190.00	0	40, 139	0		1.00
	CANTEEN						
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45, 296	0		2. 00
	PHARMACY	15. 00	0	9, 417, 235			3. 00
	ADULTS & PEDIATRICS	30.00	0	4	0		4. 00
	INTENSIVE CARE UNIT	31.00	0	25			5. 00
	RADI OLOGY-DI AGNOSTI C	50. 00 54. 00	0	214 4, 166			6. 00 7. 00
	RADI OLOGY-THERAPEUTI C	55.00	0	22, 675, 127			8. 00
	RADI OI SOTOPE	56.00	0	203, 573			9. 00
	CARDIAC CATH LAB	56. 01	Ö	129			10.00
	CT SCAN	57.00	0	65	1		11. 00
12.00	MRI	58.00	O	638	0		12. 00
13.00	LABORATORY	60.00	0	26, 690			13. 00
	INTRAVENOUS THERAPY	64. 00	0	609	1		14. 00
	RESPI RATORY THERAPY	65. 00	0	207	1		15. 00
	PHYSI CAL THERAPY	66.00	0	122	1		16.00
	CLINIC WOUND CLINIC	90. 00 90. 02	0	18, 043			17. 00 18. 00
	EMERGENCY	90.02	0	20, 572 1, 966	1		19. 00
	HOME HEALTH AGENCY	101.00	0	255			20. 00
	HOSPI CE	116.00	Ö	175, 911			21. 00
	0 — — — — —			32, 630, 986			
	C - DIETARY						
1.00	DI ETARY	1000	67 <u>7, 7</u> 01	40 <u>8, 6</u> 65			1. 00
	0		677, 701	408, 665	5		_
	D - CAPITAL INSURANCE		-1	0: 0:-			4
	RADI OLOGY THERADELITIC	54.00	0	24, 830	I		1.00
	RADI OLOGY-THERAPEUTI C CAP REL COSTS-BLDG & FIXT	55. 00 1. 00	0	96, 054 2, 273, 976			2. 00 3. 00
4. 00	I WEE GOSTO DEDO & TIXI	0.00	0	2, 273, 470			4. 00
50	<u> </u>	 	— — ŏ	2, 394, 860			55
	E - CAPITAL INTEREST		٩١	, : : :, 300			1
1.00	INTEREST EXPENSE	113.00	0	<u>2, 276, 7</u> 56			1. 00
	0 — — — — —	ı T	0	2, 276, 756			

Health Financial Systems RECLASSIFICATIONS GOSHEN HOSPITAL Provider CCN: 15-0026

						To 12/31/2022	Date/Ti me 5/30/2023	
		Decreases					37 307 2023	4. 37 piii
	Cost Center	Li ne #	Sal ary	0ther	Wkst. A-7 Ref.			
	6. 00	7.00	8. 00	9. 00	10.00			
	F - CAPITAL DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6, 315, 553	3			1. 00
2.00	OPERATING ROOM	50.00	0	473, 564	. (2. 00
3.00	RADI OLOGY-DI AGNOSTI C	54.00	0	143, 015	5			3. 00
4.00	RADI OLOGY-THERAPEUTI C	5500		900, 109				4. 00
	0		0	7, 832, 241				
	G - CIRCLE OF CARE							
1.00	NURSERY	43. 00	4, 665, 699	772, 470))		1. 00
2.00		000	0_	0) (2. 00
	0		4, 665, 699	772, 470)			
	H - COMMUNITY HEALTH					_		
1.00	OTHER ADMIN & GENERAL	5. 02	0	1, 299)			1. 00
2.00	COMMUNITY RELATIONS	1 <u>90.</u> 04	1, 313	0		<u> </u>		2. 00
	0		1, 313	1, 299)			
	I - EMT					T		
1.00	NURSING ADMINISTRATION	1300	220, 368	14 <u>2, 2</u> 55				1. 00
	0		220, 368	142, 255				
	J - THERAPY					.T		
1.00	PHYSI CAL THERAPY	66. 00	1, 173, 972	137, 379				1. 00
2.00			•	0	<u> </u>	<u> </u>		2. 00
	0		1, 173, 972	137, 379)			
	K - CAPITAL LEASES							
1.00	OTHER ADMIN & GENERAL	5. 02	0	204, 962				1. 00
2.00	OPERATING ROOM	50.00	0	29, 711)		2. 00
3.00	RADI OLOGY-DI AGNOSTI C	54.00	0	55, 818)		3. 00
4.00	CARDIAC CATH LAB	56. 01	0	150, 000)		4. 00
5. 00	LABORATORY	60.00	0	11)		5. 00
6.00	GIFT FLOWER COFFEE SHOP &	190. 00	이	9, 872	<u>'</u> ()		6. 00
	CANTEEN	+	+		 	-		
F00 00			(720 052	450, 374		4		F00 00
500.00	Grand Total: Decreases		6, 739, 053	64, 526, 932	4			500. 00

				To	12/31/2022	Date/Time Prep 5/30/2023 4:39	
				Acqui si ti ons		3/30/2023 4.3	9 pili
		Begi nni ng	Purchases	Donati on	Total	Disposals and	
		Bal ances				Retirements	
		1.00	2.00	3.00	4. 00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET	F BALANCES					
1.00	Land	4, 848, 513	765, 799	0	765, 799	79, 050	1. 00
2.00	Land Improvements	4, 848, 692	74, 287	0	74, 287	0	2. 00
3.00	Buildings and Fixtures	124, 148, 658	51, 151, 002	0	51, 151, 002	343, 598	3. 00
4.00	Building Improvements	36, 948	0	0	0	0	4. 00
5.00	Fi xed Equipment	21, 084, 153	1, 357, 001	0	1, 357, 001	436, 522	5. 00
6.00	Movable Equipment	115, 904, 250	7, 022, 835	0	7, 022, 835	0	6. 00
7.00	HIT designated Assets	0	0	0	0	0	7. 00
8.00	Subtotal (sum of lines 1-7)	270, 871, 214	60, 370, 924	0	60, 370, 924	859, 170	8. 00
9.00	Reconciling Items	0	0	0	0	0	9. 00
10.00	Total (line 8 minus line 9)	270, 871, 214	60, 370, 924	0	60, 370, 924	859, 170	10.00
		Endi ng Bal ance	Fully				
			Depreci ated				
			Assets				
		6.00	7. 00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET		_				
1.00	Land	5, 535, 262	0				1. 00
2.00	Land Improvements	4, 922, 979	0				2. 00
3.00	Buildings and Fixtures	174, 956, 062	0				3. 00
4.00	Building Improvements	36, 948	0				4. 00
5.00	Fi xed Equi pment	22, 004, 632	0				5. 00
6.00	Movable Equipment	122, 927, 085	0				6. 00
7.00	HIT designated Assets	0	0				7. 00
8.00	Subtotal (sum of lines 1-7)	330, 382, 968	0				8. 00
9.00	Reconciling Items	0	0				9.00
10. 00	Total (line 8 minus line 9)	330, 382, 968	O			l	10. 00

Heal th	Financial Systems	GOSHEN HOSPITAL			In Lieu of Form CMS-2552-10			
RECONCILIATION OF CAPITAL COSTS CENTERS			Provider Co	CN: 15-0026	Peri od: From 01/01/2022 To 12/31/2022		pared:	
			Sl	JMMARY OF CAF	PITAL			
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)			
		9. 00	10.00	11. 00	12. 00	13. 00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORK	KSHEET A, COLUM	N 2, LINES 1 a	nd 2				
1.00	CAP REL COSTS-BLDG & FIXT	12, 529, 395	0		0 2, 634, 121	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)	12, 529, 395	0		0 2, 634, 121	0	3. 00	
		SUMMARY O	F CAPITAL					
	Cost Center Description	Other	Total (1) (sum					
	·	Capi tal -Relate	of cols. 9					
		d Costs (see	through 14)					
		instructions)	,					
		14.00	15. 00					
	PART II - RECONCILIATION OF AMOUNTS FROM WORK	SHEET A, COLUM	N 2, LINES 1 a	nd 2				
1.00	CAP REL COSTS-BLDG & FLXT	0	15, 163, 516				1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2. 00	
3. 00	Total (sum of lines 1-2)	o	15, 163, 516				3. 00	

Health Financial Systems	GOSHEN H	OSPI TAL		In Lie	u of Form CMS-2	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provider Co		Period: From 01/01/2022 To 12/31/2022	Worksheet A-7 Part III Date/Time Prep 5/30/2023 4:39	
	COMI	PUTATION OF RAT	TI OS	ALLOCATION OF		
Cost Center Description	Gross Assets	Capi tal i zed Leases	Gross Assets for Ratio (col. 1 - col 2)	instructions)	Insurance	
	1.00	2.00	3.00	4. 00	5. 00	
PART III - RECONCILIATION OF CAPITAL COSTS CI	NTERS			•		
1.00 CAP REL COSTS-BLDG & FLXT	207, 455, 883	0	207, 455, 88	0. 627849	0	1.00
2.00 CAP REL COSTS-MVBLE EQUIP	122, 967, 127		122, 967, 12		0	2. 00
3.00 Total (sum of lines 1-2)	330, 423, 010		330, 423, 01			3. 00
	ALLOCA ⁻	TION OF OTHER (CAPI TAL	SUMMARY O	F CAPITAL	
Cost Center Description	Taxes	Other	Total (sum of	Depreciation	Lease	
		Capi tal -Relate				
		d Costs	through 7)			
	6. 00	7. 00	8. 00	9. 00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CI	ENTERS	1	1		0.070	4 00
1. 00 CAP REL COSTS-BLDG & FLXT	0	0		0 4, 532, 417		1.00
2.00 CAP REL COSTS-MVBLE EQUIP	0	0		7, 832, 241		2.00
3.00 Total (sum of lines 1-2)	0		IMMADY OF CADI	0 12, 364, 658	450, 374	3. 00
			JMMARY OF CAPI			
Cost Center Description	Interest	Insurance (see			Total (2) (sum	
		instructions)	instructions)	Capi tal -Rel ate		
				d Costs (see	through 14)	
	11 00	12.00	12.00	instructions)	1F 00	
PART III - RECONCILIATION OF CAPITAL COSTS C	11.00	12.00	13. 00	14. 00	15. 00	
1.00 CAP REL COSTS-BLDG & FLXT	-870, 966	355, 145		0 0	4, 026, 468	1. 00
2.00 CAP REL COSTS-MVBLE EQUIP	-1, 865, 779		•	0		2. 00
3.00 Total (sum of lines 1-2)	-2, 736, 745			0	10, 433, 432	3. 00
5. 55 15 tal (5am 51 11165 1 2)	2,730,743	1 555, 145	I	١	10, 400, 402	0.00

| Period: | Worksheet A-8 | From 01/01/2022 | To 12/31/2022 | Date/Time Prepared:

					o 12/31/2022		
				Expense Classification on	Worksheet A	5/30/2023 4: 39	9 pm
				To/From Which the Amount is	to be Adjusted		
	Cost Center Description		Amount	Cost Center		Wkst. A-7 Ref.	
1.00	Investment income - CAP REL	1. 00 B	2. 00 -3 147 722	3.00 CAP REL COSTS-BLDG & FLXT	4. 00	5. 00 11	1. 00
	COSTS-BLDG & FIXT (chapter 2)						
2. 00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	В	-1, 865, 779	CAP REL COSTS-MVBLE EQUIP	2. 00	11	2. 00
3.00	Investment income - other		0		0. 00	О	3. 00
4.00	(chapter 2) Trade, quantity, and time	В	-57, 377	OTHER ADMIN & GENERAL	5. 02	0	4. 00
5. 00	di scounts (chapter 8) Refunds and rebates of	В	-2.558.700	OTHER ADMIN & GENERAL	5. 02	0	5. 00
	expenses (chapter 8)						
6. 00	Rental of provider space by suppliers (chapter 8)	В	-1, 681, 425	CAP REL COSTS-BLDG & FIXT	1.00	9	6. 00
7. 00	Telephone services (pay stations excluded) (chapter		0		0.00	0	7. 00
	21)						
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	-13, 015, 112			0	10. 00
11. 00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11. 00
12. 00	Related organization	A-8-1	0			0	12.00
13. 00	transactions (chapter 10) Laundry and Linen service		0		0.00	0	13. 00
14.00	Cafeteria-employees and guests		-240, 783	CAFETERI A	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		0		0.00	0	16. 00
	pati ents		_			_	
17. 00	Sale of drugs to other than patients		0		0.00	0	17. 00
18. 00	Sale of medical records and abstracts	В	-28, 095	MEDICAL RECORDS & LIBRARY	16. 00	0	18. 00
19. 00	Nursing and allied health		0		0.00	0	19. 00
	education (tuition, fees, books, etc.)						
20. 00 21. 00	Vending machines Income from imposition of	В	-10 572	OTHER ADMIN & GENERAL	0. 00 5. 02	0	20. 00 21. 00
21.00	interest, finance or penalty	D	10, 372	OTTER ADMIN & GENERAL	3.02	Ŭ	21.00
22. 00	charges (chapter 21) Interest expense on Medicare		0		0.00	0	22. 00
	overpayments and borrowings to repay Medicare overpayments						
23. 00	Adjustment for respiratory	A-8-3	0	RESPIRATORY THERAPY	65. 00		23. 00
	therapy costs in excess of limitation (chapter 14)						
24. 00	Adjustment for physical	A-8-3	0	PHYSICAL THERAPY	66. 00		24. 00
	therapy costs in excess of limitation (chapter 14)						
25. 00	Utilization review - physicians' compensation		0	UTILIZATION REVIEW-SNF	114. 00		25. 00
04 00	(chapter 21)			OAD DEL COCTO DI DO A FLVT	4 00		04.00
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	NONPHYSICIAN ANESTHETISTS	19. 00	_	28. 00
29. 00 30. 00	Physicians' assistant Adjustment for occupational	A-8-3	0	OCCUPATIONAL THERAPY	0. 00 67. 00	0	29. 00 30. 00
	therapy costs in excess of limitation (chapter 14)						
30. 99	Hospice (non-distinct) (see		0	ADULTS & PEDIATRICS	30. 00		30. 99
31. 00	instructions) Adjustment for speech	A-8-3	Ω	SPEECH PATHOLOGY	68. 00		31. 00
	pathology costs in excess of		J				
32. 00	limitation (chapter 14) CAH HIT Adjustment for		0		0. 00	0	32. 00
33. 00	Depreciation and Interest BLDG & FIXT MISC INCOME	В	-5. 000	CAP REL COSTS-BLDG & FLXT	1.00	12	33. 00
	1 4	1 2 1		1 ALL 00010 BLD0 Q 11A1	1.00	12	

					12/31/2022	5/30/2023 4:39	
				Expense Classification on	Worksheet A	0,00,2020 110	, p
				To/From Which the Amount is			
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Li ne #	Wkst. A-7 Ref.	
		1.00	2.00	3. 00	4. 00	5. 00	
33. 01	EMT CLASS TUITION	В	-132, 057	PARAMED ED PRGM	23. 00	0	33. 01
33. 02	MISC ONCOLOGY REV	В	-36, 518	RADI OLOGY-THERAPEUTI C	55.00	0	33. 02
33. 03	PERSONAL AUTO USAGE	A	-11, 882	OTHER ADMIN & GENERAL	5. 02	0	33. 03
33.04	ALCOHOLIC BEVERAGE	A	-536	OTHER ADMIN & GENERAL	5. 02	0	33. 04
33. 05	LOBBYING EXPENSE	A	-17, 764	OTHER ADMIN & GENERAL	5. 02	0	33. 05
33.06	SHARED A&G EXPENSE	A	-2, 508, 126	OTHER ADMIN & GENERAL	5. 02	0	33. 06
33.07	PRIMECARE ASSESSMENT	A	-28, 509, 528	OTHER ADMIN & GENERAL	5. 02	0	33. 07
	(PHYSI CI ANS)						
33. 08	MISC RADIOLOGY REV	В	-12, 877	RADI OLOGY-DI AGNOSTI C	54.00	0	33. 08
33.09	MISC LAB REV	В	-1, 823	LABORATORY	60.00	0	33. 09
33. 10	NUTRITION THERAPY MISC INCOME	В	-150	NUTRITION THERAPY	76.00	0	33. 10
33. 11	HAF OFFSET	l A	-12, 856, 037	OTHER ADMIN & GENERAL	5. 02	0	33. 11
33. 12	MISC RESPIRATORY THERAPY	В	-6, 346	RESPI RATORY THERAPY	65. 00	0	33. 12
	REVENUE						
33. 13	OP REHAB REVENUE MISC	В	-1, 000	NURSERY	43.00	0	33. 13
	OUTPATIENT REV						
33. 14	ADVERTISING COSTS	A	-15, 139	EMPLOYEE BENEFITS DEPARTMENT	4. 00	0	33. 14
33. 15	ADVERTISING COSTS	A	-2, 627	RADI OLOGY-THERAPEUTI C	55.00	0	33. 15
33. 16	ADVERTISING COSTS	A	-2, 457	PHYSI CAL THERAPY	66. 00	0	33. 16
33. 17	ADVERTISING COSTS	A	-4, 664	HOME HEALTH AGENCY	101.00	0	33. 17
33. 18	PLANT OPS MISC INCOME	В	-2, 320	OPERATION OF PLANT	7. 00	0	33. 18
33. 19	PFS MISC INCOME	В	-2, 144	CASHI ERI NG/ACCOUNTS	5. 01	0	33. 19
				RECEI VABLE			
33. 20	OTHER MISC INCOME	В	-402, 451	OTHER ADMIN & GENERAL	5. 02	0	33. 20
33. 21	COMMUNITY EDUCATION	В	-105, 881	CLINIC	90.00	0	33. 21
33. 22	PAIN MGMT MISC INCOME	В	-642	PAIN MANAGEMENT	53. 01	0	33. 22
33. 23	ADVERTISING COSTS	A	-3, 586	OTHER ADMIN & GENERAL	5. 02	0	33. 23
50.00	TOTAL (sum of lines 1 thru 49)		-67, 247, 120				50. 00
	(Transfer to Worksheet A,						
	column 6, line 200.)						

⁽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.

Peri od: Worksheet A-8-2 From 01/01/2022 To 12/31/2022 Date/Time Prepared: 5/30/2023 4:39 pm

					'	0 12/31/2022	5/30/2023 4:3	
	Wkst. A Line #	Cost Center/Physician	Total	Professi onal	Provi der	RCE Amount	Physi ci an/Prov	,
		l denti fi er	Remuneration	Component	Component		ider Component	
	4 00	0.00	2.00	4.00	F 00		Hours	
1.00	1. 00	2.00 OTHER ADMIN & GENERAL	3. 00 1, 588, 175	4. 00 1, 585, 142	5. 00	6. 00 211, 500	7. 00	1. 00
2.00		MEDICAL RECORDS & LIBRARY	338, 561	334, 894	3, 667	211, 500		2. 00
3. 00		INTENSIVE CARE UNIT	502, 811	502, 811	0,007	211, 500		3. 00
4. 00		RADI OLOGY-DI AGNOSTI C	2, 161, 140		16, 971	271, 900	245	4. 00
5.00		RADI OLOGY-THERAPEUTI C	2, 153, 257			271, 900	862	5. 00
6.00	60. 00	LABORATORY	0	0	0	260, 300	0	6. 00
7.00		RESPI RATORY THERAPY	626, 702				150	7. 00
8. 00		PHYSI CAL THERAPY	233, 156			211, 500	0	8. 00
9.00		CLINIC	265, 323	1		211, 500		9. 00
10. 00 11. 00		INTENSIVE CARE UNIT OPERATING ROOM	0	0	0	211, 500 211, 500	0	10. 00 11. 00
12. 00		PAIN MANAGEMENT	1, 686, 695	1, 542, 695	144, 000	211, 500	361	12. 00
13. 00		RADI OLOGY-DI AGNOSTI C	407, 657	314, 323		271, 900	396	13. 00
14. 00		RADI OLOGY-THERAPEUTI C	1, 771, 143			271, 900		
15. 00	91. 00	EMERGENCY	100, 000	0	100, 000	211, 500	286	
16. 00		OTHER ADMIN & GENERAL	0	0	0	211, 500		16. 00
17. 00	4. 00	EMPLOYEE BENEFITS DEPARTMENT	1, 534, 250			211, 500		
200.00	MI+ A I : //	C+ C+ (Dh.)	13, 368, 870			Done de de la	4, 138	200. 00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	Unadjusted RCE	Cost of	Provider Component	Physician Cost of Malpractice	
		ruentiffei	Li iiii t	Li mi t	Continuing	Share of col.	Insurance	
				2111111	Educati on	12	Trib u r unce	
	1. 00	2.00	8. 00	9. 00	12. 00	13. 00	14. 00	
1.00		OTHER ADMIN & GENERAL	84, 702	4, 235	0	0	0	1. 00
2.00		MEDICAL RECORDS & LIBRARY	6, 101	305		0	0	2. 00
3.00		INTENSIVE CARE UNIT	22.027	0	0	0	0	3. 00
4. 00 5. 00		RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C	32, 027 112, 682	1, 601 5, 634		0	0	4. 00 5. 00
6.00		LABORATORY	112,002	0,034	_	0	0	6. 00
7. 00		RESPI RATORY THERAPY	15, 252			0	o o	7. 00
8. 00		PHYSI CAL THERAPY	0	0		0	0	8. 00
9.00	90. 00	CLINIC	0	0	0	0	0	9. 00
10.00		INTENSIVE CARE UNIT	0	0	_	0	0	10.00
11. 00		OPERATING ROOM	0	0	0	0	0	11. 00
12.00		PAIN MANAGEMENT	36, 708			0	0	12.00
13. 00 14. 00		RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C	51, 766 123, 532		0	0	0	13. 00 14. 00
15. 00		EMERGENCY	29, 081	1, 454	0	0	0	15. 00
16. 00		OTHER ADMIN & GENERAL	0	0		0	o o	16. 00
17. 00		EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	17. 00
200.00			491, 851	24, 592		0	0	200.00
	Wkst. A Line #	,	Provi der	Adjusted RCE	RCE	Adjustment		
		I denti fi er	Component	Limit	Di sal I owance			
			Share of col. 14					
	1. 00	2.00	15. 00	16. 00	17. 00	18. 00		
1. 00		OTHER ADMIN & GENERAL	0					1. 00
2.00		MEDICAL RECORDS & LIBRARY	0	6, 101	0	334, 894		2.00
3.00		INTENSIVE CARE UNIT	0		0	502, 811		3. 00
4.00		RADI OLOGY-DI AGNOSTI C	0		0			4. 00
5.00		RADI OLOGY-THERAPEUTI C	0		0	2, 076, 257		5. 00
6. 00 7. 00		LABORATORY RESPI RATORY THERAPY	0		0	0 614, 702		6. 00 7. 00
8. 00		PHYSI CAL THERAPY	0	15, 252	0	233, 156		8. 00
9. 00		CLI NI C	0	0	0	265, 323		9. 00
10. 00		INTENSIVE CARE UNIT	Ö	Ö	0	0		10. 00
11. 00		OPERATING ROOM	0	0	0	0		11. 00
12. 00		PAIN MANAGEMENT	0	36, 708				12. 00
13. 00		RADI OLOGY-DI AGNOSTI C	0	51, 766		355, 891		13. 00
14. 00		RADI OLOGY-THERAPEUTI C	0	123, 532		1, 647, 611		14. 00
15. 00 16. 00		EMERGENCY OTHER ADMIN & GENERAL	0	29, 081 0	70, 919 0	70, 919 0	1	15. 00 16. 00
17. 00		EMPLOYEE BENEFITS DEPARTMENT			0	1, 534, 250		17. 00
200.00	1. 50		Ö		_			200. 00
,	'			•				

| Peri od: | Worksheet B | From 01/01/2022 | Part | | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/ Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0026

				To	12/31/2022	Plate/Time Pre 5/30/2023 4:3	
			CAPI TAL REI	LATED COSTS		373072023 4.3) piii
	Cost Contor Description	Not Eyponese	BLDG & FLXT	MVBLE EQUIP	EMPLOYEE	CASHI ERI NG/ACC	
	Cost Center Description	Net Expenses for Cost	BLDG & FIXI	MVBLE EQUIP	BENEFI TS	OUNTS	
		Allocation			DEPARTMENT	RECEI VABLE	
		(from Wkst A					
		col . 7)	1.00	0.00			
	GENERAL SERVICE COST CENTERS	0	1. 00	2.00	4. 00	5. 01	
1.00	00100 CAP REL COSTS-BLDG & FIXT	4, 026, 468	4, 026, 468				1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	6, 406, 964	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6, 406, 964			2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	23, 634, 482	48, 317		23, 685, 618		4. 00
5. 01	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	2, 876, 827	69, 444		294, 523		1
5. 02 6. 00	00590 OTHER ADMIN & GENERAL 00600 MAINTENANCE & REPAIRS	25, 165, 762	324, 153	2, 087, 577	3, 697, 518	0 0	
7. 00	00700 OPERATION OF PLANT	4, 136, 162	283, 369	285, 369	149, 931	1	
8.00	00800 LAUNDRY & LINEN SERVICE	611, 934	19, 709		11, 491	1	
9. 00	00900 HOUSEKEEPI NG	1, 902, 745	5, 111	15, 858	351, 032	ı	
10.00	01000 DI ETARY	583, 687	24, 094		275, 428	1	
11. 00 12. 00	01100 CAFETERIA 01200 MAINTENANCE OF PERSONNEL	845, 583	44, 806 0		(0	
13. 00	01300 NURSI NG ADMI NI STRATI ON	3, 376, 108	12, 709	1	699, 779	1	
14.00	01400 CENTRAL SERVICES & SUPPLY	984, 769	27, 477	57, 573	92, 012	0	1
	01500 PHARMACY	2, 625, 931	22, 664		452, 057	1	
	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	3, 751, 690 1, 283, 237	47, 644 11, 396		373, 670 317, 417	1	
	01900 NONPHYSICIAN ANESTHETISTS	1, 203, 237	11, 390	455	317, 417		
20. 00	02000 NURSI NG PROGRAM	0	0	Ö	Č	o o	
21. 00	02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	C	0	
22. 00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	C	0	
23. 00	02300 PARAMED ED PRGM I NPATI ENT ROUTI NE SERVI CE COST CENTERS	230, 566	3, 468	0		0	23. 00
30. 00	03000 ADULTS & PEDIATRICS	23, 348, 158	329, 413	212, 800	3, 126, 473	128, 650	30.00
31. 00	03100 INTENSIVE CARE UNIT	3, 664, 003	106, 280		876, 553	1	•
32. 00	03200 CORONARY CARE UNIT	0	0	0	C	0	
33. 00	03300 BURN INTENSIVE CARE UNIT	0	0	0	C	0	1
34. 00 40. 00	03400 SURGICAL INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF	0	0	0	(0	
41. 00	04100 SUBPROVI DER - I RF	0	0	Ö	C		
42.00	04200 SUBPROVI DER	0	0	0	C	0	1
43.00	04300 NURSERY	571, 186	15, 825	81, 671	1, 362, 948		1
	04400 SKI LLED NURSI NG FACILITY	0	0	0	(0	1
45. 00 46. 00	04500 NURSING FACILITY 04600 OTHER LONG TERM CARE	0	0	0	(0	
10. 00	ANCILLARY SERVICE COST CENTERS		<u> </u>	<u> </u>		,ı <u>_</u>	10.00
	05000 OPERATING ROOM	9, 014, 627	637, 195		1, 299, 343	275, 165	50.00
	05100 RECOVERY ROOM	883, 690	33, 826		221, 744	l	1
52. 00 53. 00	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY	3, 065, 882	84, 789	30, 705	(34, 827	1
	05300 ANESTHEST GEOGRA	19, 069	0	0	(13, 197	
	05400 RADI OLOGY-DI AGNOSTI C	5, 255, 381	280, 702	623, 890	1, 310, 570		
	05500 RADI OLOGY-THERAPEUTI C	12, 640, 635	467, 449		2, 756, 595		
	05600 RADI OI SOTOPE	697, 781	12, 762		112, 953		
56. 01 57. 00	05601 CARDIAC CATH LAB 05700 CT SCAN	4, 214, 605 1, 525, 302	29, 323 7, 117		331, 26 <i>6</i> 155, 485		
58. 00	05800 MRI	692, 912	16, 113		135, 662		
59.00	05900 CARDI AC CATHETERI ZATI ON	0	0	0	C	0	59. 00
	06000 LABORATORY	10, 471, 067	61, 986	15, 275	777, 000		1
60. 01	06001 BLOOD LABORATORY	0	0	0	C	0	1
61. 00 62. 00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	^	0	•	0	61. 00 62. 00
63. 00	06300 BLOOD STORING PROCESSING & TRANS.	6, 219	4, 418		C	12, 183	
64. 00	06400 I NTRAVENOUS THERAPY	-435	0	771	C	8	1
65. 00	06500 RESPI RATORY THERAPY	3, 060, 194	27, 861		578, 789	1	1
66.00	06600 PHYSI CAL THERAPY	2, 538, 201	143, 339		860, 155	1	1
67. 00 68. 00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	824, 006 488, 168	33, 079 16, 187		33	16, 912 7, 992	
69. 00	06900 ELECTROCARDI OLOGY	519, 904	49, 981		112, 986		1
	07000 ELECTROENCEPHALOGRAPHY	0	0	0	· _ , · oc	0	1
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	11, 084, 735	0	0	C	127, 408	1
	07200 DRUCS CHARGED TO PATIENTS	6, 179, 958	0	0	C	73, 979	
	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS	32, 630, 986 322, 852	0		(888, 690 2, 668	1
	07500 ASC (NON-DISTINCT PART)	0	0		C	0	1
70.00		1 201 201	40 102	I	52, 081	1, 496	
76. 00	03950 NUTRITION THERAPY 07700 ALLOGENEIC STEM CELL ACQUISITION	201, 291	49, 192		32, 00 1		77. 00

Health Financial Systems	GOSHEN HOSPITAL	In Lieu	of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS	Provi der CCN: 15-0026	From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/30/2023 4:39 pm
	CAPLTAL RELATED COSTS		

				From 01/01/2022 To 12/31/2022	Part I Date/Time Pre 5/30/2023 4:3	pared: 9 pm
		CAPI TAL REL	ATED COSTS			
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	CASHI ERI NG/ACC OUNTS RECEI VABLE	
	0	1. 00	2. 00	4. 00	5. 01	
OUTPATIENT SERVICE COST CENTERS						
88. 00 08800 RURAL HEALTH CLINIC	0	0	'	0	0	88. 00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0	0	89. 00
90. 00 09000 CLI NI C	32, 998	23, 262		1		90. 00
90. 02 09002 WOUND CLINIC	1, 150, 435	208, 867			21, 166	90. 02
90. 03 09003 MOBILE CLINIC	0	0		0	0	90. 03
91. 00 09100 EMERGENCY	6, 871, 253	218, 086	77, 12.	1, 473, 071	194, 039	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92. 00
99. 00 09900 CMHC		0		0 0	0	99. 00
101.00 10100 HOME HEALTH AGENCY	2, 846, 629	54, 687			_	
102. 00 10200 OPI OI D TREATMENT PROGRAM	2, 040, 027	34, 007 0		030,412		101.00
SPECIAL PURPOSE COST CENTERS	<u> </u>	J	'	51 0		102.00
113. 00 11300 I NTEREST EXPENSE						113. 00
114.00 11400 UTI LI ZATI ON REVI EW-SNF						114. 00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	O	0		0	0	115. 00
116. 00 11600 HOSPI CE	2, 488, 010	0		312, 014	25, 957	116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	229, 752, 617	3, 856, 100	6, 329, 59	23, 302, 218	3, 239, 695	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN	982, 623	119, 693	54, 09	140, 779		190. 00
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0		0		190. 01
190.02 19002 GIFT FLOWER COFFEE SHOP & CANTEE	0	0	1	0		190. 02
190. 03 19003 LI FELI NE	0	0		0		190. 03
190. 04 19004 COMMUNITY RELATIONS	4, 494, 718	31, 468	23, 26	200, 018		190. 04
190. 05 19005 PRI VATE DUTY	0	0	'	0		190. 05
190. 06 19006 PROFESSI ONAL DEVELOPMENT	2, 438, 738	0	'	1, 250		190. 06
190. 07 19007 FOUNDTI ON	511	19, 207	'	0		190. 07
190. 08 19008 GOSHEN GACC CLINIC	0	0		0		190. 08
191. 00 19100 RESEARCH	238, 344	0		41, 353		191. 00
192.00 19200 PHYSICIANS PRIVATE OFFICES 193.00 19300 NONPAID WORKERS	369	0		0		192. 00 193. 00
200.00 Cross Foot Adjustments	١	U	'			200. 00
201.00 Negative Cost Centers		0				200.00
202.00 TOTAL (sum lines 118 through 201)	237, 907, 920	4, 026, 468	6, 406, 96	23, 685, 618		
202.00 TOTAL (Sum TITIES TTO THE OUGH 201)	237, 707, 720	4, 020, 400	1 0, 400, 70	25, 555, 616	5, 271, 550	1202.00

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 01/01/2022 | Part | To 12/31/2022 | Date/Time Prepared: | 5/30/2023 4:39 pm Provider CCN: 15-0026

						5/30/2023 4:3	9 pm
	Cost Center Description	Subtotal		MAINTENANCE &	OPERATION OF	LAUNDRY &	
		5A. 01	GENERAL 5. 02	6. 00	PLANT 7. 00	LINEN SERVICE 8.00	
	GENERAL SERVICE COST CENTERS	JA. 01	3.02	0.00	7.00	0.00	
1.00	00100 CAP REL COSTS-BLDG & FLXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 01	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5. 01
5.02	00590 OTHER ADMIN & GENERAL	31, 275, 010	31, 275, 010)			5. 02
6.00	00600 MAI NTENANCE & REPAI RS	0	0	0			6. 00
7.00	00700 OPERATION OF PLANT	4, 854, 831	734, 803		5, 589, 634	l	7. 00
8.00	00800 LAUNDRY & LINEN SERVICE	643, 134	97, 342		33, 371	773, 847	8.00
9. 00 10. 00	00900 HOUSEKEEPI NG 01000 DI ETARY	2, 274, 746 919, 969	344, 294 139, 242		8, 654 40, 797	0	9. 00 10. 00
11. 00	01100 CAFETERI A	890, 663	134, 806			1	11.00
12. 00	01200 MAINTENANCE OF PERSONNEL	0,003	134, 600			0	12.00
13. 00	01300 NURSI NG ADMI NI STRATI ON	4, 489, 678	679, 535	1	_		13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY	1, 161, 831	175, 849		46, 524	o o	14. 00
15. 00	01500 PHARMACY	3, 254, 000	492, 509		38, 376	Ō	15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY	4, 198, 045	635, 395		80, 672	0	16.00
17.00	01700 SOCIAL SERVICE	1, 612, 503	244, 060	0	19, 296	0	17. 00
19. 00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19. 00
20.00	02000 NURSI NG PROGRAM	0	0	0	0	0	20. 00
21. 00	02100 I &R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21. 00
22. 00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22. 00
23. 00	02300 PARAMED ED PRGM	234, 034	35, 422	2 0	5, 872	0	23. 00
20.00	INPATIENT ROUTINE SERVICE COST CENTERS	07.445.404	4 400 707	1	FF7.740	400.000	00.00
30.00	03000 ADULTS & PEDIATRICS	27, 145, 494	4, 108, 606	1			30.00
31. 00 32. 00	03100 I NTENSI VE CARE UNI T 03200 CORONARY CARE UNI T	4, 803, 473	727, 030	0	179, 955	95, 123 0	31. 00 32. 00
33. 00	03300 BURN INTENSIVE CARE UNIT	0	0		0	0	33.00
34. 00	03400 SURGICAL INTENSIVE CARE UNIT	0	0		0		34.00
40. 00	04000 SUBPROVI DER - I PF	0	0		0	0	40.00
41. 00	04100 SUBPROVI DER - I RF	0	0		0	0	41.00
42. 00	04200 SUBPROVI DER	0	0		0	Ö	42.00
43. 00	04300 NURSERY	2, 114, 581	320, 052		26, 794	Ö	43. 00
44. 00	04400 SKILLED NURSING FACILITY	0	023, 032	0	0	l ő	44. 00
45. 00	04500 NURSING FACILITY	0	0	Ö	0	Ō	45. 00
46.00	04600 OTHER LONG TERM CARE	0	0	0	0	0	46. 00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	11, 692, 962	1, 769, 788	0			50.00
51. 00	05100 RECOVERY ROOM	1, 203, 199	182, 110				51.00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	3, 216, 203	486, 788	0	143, 566		52.00
53. 00	05300 ANESTHESI OLOGY	0	0	0	0	0	53. 00
53. 01	05301 PAIN MANAGEMENT	32, 266	4, 884	1	0	0	53. 01
54. 00	05400 RADI OLOGY - DI AGNOSTI C	7, 722, 425	1, 168, 828		475, 290		54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C	16, 762, 239	2, 537, 049	•	791, 493		55. 00
56. 00	05600 RADI OI SOTOPE 05601 CARDI AC CATH LAB	919, 585	139, 184	1	21, 609		1
56. 01 57. 00	05700 CT SCAN	5, 482, 961 1, 841, 251	829, 874 278, 683	1	,	0 28, 856	56. 01 57. 00
58. 00	05800 MRI	882, 179	133, 522				1
59. 00	05900 CARDI AC CATHETERI ZATI ON	002, 179	133, 322	0	, -	7,094	59.00
60. 00	06000 LABORATORY	11, 503, 958	1, 741, 182			Ö	60.00
60. 01	06001 BLOOD LABORATORY	0	1, 711, 102		0	Ö	60. 01
61. 00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	l o	· ·			J	61.00
62. 00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63. 00	06300 BLOOD STORING PROCESSING & TRANS.	22, 820	3, 454	. 0	7, 480	l e	63.00
64.00	06400 I NTRAVENOUS THERAPY	344	52			0	64.00
65.00	06500 RESPIRATORY THERAPY	3, 841, 489	581, 429	0	47, 175	0	65. 00
66.00	06600 PHYSI CAL THERAPY	3, 605, 755	545, 749	0	242, 704	0	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	889, 526	134, 634	. 0	56, 010	0	67. 00
68. 00	06800 SPEECH PATHOLOGY	514, 708	77, 904	0	27, 409		68. 00
69. 00	06900 ELECTROCARDI OLOGY	731, 268	110, 681	0	84, 629	0	69. 00
70. 00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	11, 212, 143	1, 697, 014		0	0	71.00
72. 00	07200 IMPL. DEV. CHARGED TO PATIENTS	6, 253, 937	946, 565	1	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	33, 519, 676	5, 073, 457	1	0	0	73.00
74. 00 75. 00	07400 RENAL DI ALYSI S 07500 ASC (NON-DI STI NCT PART)	325, 520	49, 269		0	0	74. 00 75. 00
		204 060	44 021	0	02 202	l	
76. 00 77. 00	03950 NUTRITION THERAPY 07700 ALLOGENEIC STEM CELL ACQUISITION	304, 060	46, 021	0		0	76. 00 77. 00
77.00	OUTPATIENT SERVICE COST CENTERS	ı V	0	, U		<u> </u>	, , , , , , , , , , , , , , , , , , , ,
88. 00	08800 RURAL HEALTH CLINIC	n	0)	0	0	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0		0	0	89. 00
90. 00	09000 CLINIC	137, 692	20, 840			l e	90.00
90. 02	09002 WOUND CLINIC	1, 384, 170	209, 501	1		l .	90. 02
90. 03	09003 MOBILE CLINIC	0	0) o	0	0	90. 03

			Т	o 12/31/2022	Date/Time Pre 5/30/2023 4:3	
Cost Center Description	Subtotal	OTHER ADMIN &	MAINTENANCE &	OPERATION OF	LAUNDRY &) piii
		GENERAL	REPAI RS	PLANT	LINEN SERVICE	
	5A. 01	5. 02	6.00	7. 00	8. 00	
91. 00 09100 EMERGENCY	8, 833, 571	1, 337, 005	0	369, 268	230, 787	91. 00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0					92. 00
OTHER REIMBURSABLE COST CENTERS						
99. 00 09900 CMHC	0	0	0	0	0	99. 00
101. 00 10100 HOME HEALTH AGENCY	3, 585, 761	542, 723	0	92, 597		101. 00
102. 00 10200 OPI OI D TREATMENT PROGRAM	0	0	0	0	0	102. 00
SPECIAL PURPOSE COST CENTERS	1	I	I			440.00
113.00 11300 INTEREST EXPENSE 114.00 11400 UTILIZATION REVIEW-SNF						113. 00 114. 00
115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.)				0		115. 00
116. 00 11600 HOSPI CE	2, 825, 981	427, 726		0		116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	229, 119, 641			5, 301, 164		
NONREI MBURSABLE COST CENTERS	227, 117, 041	27, 744, 001		3, 301, 104	773,047	1110.00
190. 00 19000 GLFT FLOWER COFFEE SHOP & CANTEEN	1, 297, 525	196, 387		202, 666	0	190. 00
190. 01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	Ö	0		190. 01
190. 02 19002 GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190. 02
190. 03 19003 LI FELI NE	0	0	0	0	0	190. 03
190. 04 19004 COMMUNITY RELATIONS	4, 749, 473	718, 856	0	53, 282	0	190. 04
190. 05 19005 PRI VATE DUTY	0	0	0	0	0	190. 05
190. 06 19006 PROFESSI ONAL DEVELOPMENT	2, 439, 988		•	0		190. 06
190. 07 19007 FOUNDTI ON	19, 718	2, 984	0	32, 522		190. 07
190. 08 19008 GOSHEN GACC CLINIC	0	0	0	0		190. 08
191. 00 19100 RESEARCH	281, 206		•	0		191. 00
192. 00 19200 PHYSI CLANS PRI VATE OFFI CES	369	56	0	0		192. 00
193. 00 19300 NONPALD WORKERS	0	0	0	0	0	193. 00
200.00 Cross Foot Adjustments	0					200. 00
201.00 Negative Cost Centers	0 227 007 020	0 21 275 212		E E00 (24		201. 00
202.00 TOTAL (sum lines 118 through 201)	237, 907, 920	31, 275, 010	ı O	5, 589, 634	773, 847	202. UU

| Period: | Worksheet B | From 01/01/2022 | Part | | Date/Time Prepared: | 5/30/2023 4:39 pm

	Cost Center Description	HOUSEKEEPI NG	DI ETARY	CAFETERI A	MAINTENANCE OF		
		9.00	10.00	11. 00	PERSONNEL 12.00	ADMI NI STRATI ON 13. 00	
	GENERAL SERVICE COST CENTERS	7.00	10.00	11.00	12.00	13.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4. 00 5. 01	00400 EMPLOYEE BENEFITS DEPARTMENT 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						4. 00 5. 01
5. 01	00590 OTHER ADMIN & GENERAL						5. 01
6. 00	00600 MAI NTENANCE & REPAI RS						6. 00
7.00	00700 OPERATION OF PLANT						7. 00
8.00	00800 LAUNDRY & LINEN SERVICE						8. 00
9. 00	00900 HOUSEKEEPI NG	2, 627, 694					9. 00
10.00	01000 DI ETARY	19, 324	1, 119, 332	1 127 270			10.00
11. 00 12. 00	01100 CAFETERIA 01200 MAINTENANCE OF PERSONNEL	35, 935	0	1, 137, 270 0			11. 00 12. 00
13. 00	01300 NURSING ADMINISTRATION	10, 193	0	15, 072	_	5, 215, 997	13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY	22, 037	O	34, 813		0	14. 00
15. 00	01500 PHARMACY	18, 177	0	24, 268	0	0	15. 00
16. 00	01600 MEDI CAL RECORDS & LI BRARY	38, 212	0	23, 492		38, 332	16. 00
17. 00 19. 00	01700 SOCIAL SERVICE	9, 140	0	23, 278	0	186, 732 0	17.00
20. 00	01900 NONPHYSI CI AN ANESTHETI STS 02000 NURSI NG PROGRAM		0	0	0		19. 00 20. 00
21. 00	02100 &R SERVICES-SALARY & FRINGES APPRV		o	0	0	Ö	21.00
22. 00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	O	0	0	0	0	22. 00
23. 00	02300 PARAMED ED PRGM	2, 781	0	0	0	0	23. 00
	INPATIENT ROUTINE SERVICE COST CENTERS	0(4.404	252 222	101.010	1		
30.00	03000 ADULTS & PEDIATRICS	264, 194	950, 980	184, 842			30.00
31. 00 32. 00	03100 I NTENSI VE CARE UNI T 03200 CORONARY CARE UNI T	85, 238 0	168, 352	45, 800	0	554, 762 0	31. 00 32. 00
33. 00	03300 BURN INTENSIVE CARE UNIT		0	0	0	0	33. 00
34. 00	03400 SURGICAL INTENSIVE CARE UNIT	0	O	0	0	Ō	34. 00
40.00	04000 SUBPROVI DER - I PF	O	0	0	0	0	40. 00
41. 00	04100 SUBPROVI DER - I RF	0	0	0	0	0	41.00
42. 00	04200 SUBPROVI DER	0	0	7/ 205	0	0	42.00
43. 00 44. 00	04300 NURSERY 04400 SKILLED NURSING FACILITY	12, 692	0	76, 395	0	72, 199 0	43. 00 44. 00
45. 00	04500 NURSING FACILITY		0	0	0	0	45. 00
46. 00	04600 OTHER LONG TERM CARE	0	O	0	0		46. 00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	511, 042	0	80, 331			50.00
51.00	05100 RECOVERY ROOM	27, 129	0	11, 362		.0.,	1
52. 00 53. 00	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY	68, 002	0	1, 049 0		386, 851 0	52. 00 53. 00
53. 01	05301 PAI N MANAGEMENT		o	0	0	Ö	53. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	225, 127	0	89, 431	0	122, 705	54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C	374, 901	0	119, 787		346, 565	1
56.00	05600 RADI OI SOTOPE	10, 235	0	7, 988		0	56. 00
56. 01	05601 CARDI AC CATH LAB	23, 517	0	16, 658		78, 381	56. 01
57. 00 58. 00	05700 CT SCAN 05800 MRI	5, 708 12, 923	0	10, 703 9, 402		0 8, 827	57. 00 58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	12, 723	o	7, 402	0	0,027	59. 00
60.00	06000 LABORATORY	49, 713	O	48, 228	0	484	60.00
60. 01	06001 BLOOD LABORATORY	0	0	0	0	0	60. 01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		_	=	_	_	61.00
62. 00 63. 00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL 06300 BLOOD STORING PROCESSING & TRANS.	2 543	0	0	0	0	62. 00 63. 00
64. 00	06400 I NTRAVENOUS THERAPY	3, 543	0	0	0	0	64.00
65. 00	06500 RESPI RATORY THERAPY	22, 345	o	40, 888	0	21, 589	65. 00
66.00	06600 PHYSI CAL THERAPY	114, 960	0	40, 422		0	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	26, 530	0	14, 603	0	0	67. 00
68. 00	06800 SPEECH PATHOLOGY	12, 982	0	8, 453		0	68. 00
69. 00	06900 ELECTROCARDI OLOGY	40, 086	0	10, 041	0	8, 571	69.00
70. 00 71. 00	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	70. 00 71. 00
71.00	07200 I MPL. DEV. CHARGED TO PATIENTS		0	0	0	0	72.00
73. 00	07300 DRUGS CHARGED TO PATIENTS		o	0	o o	ő	73. 00
74.00	07400 RENAL DIALYSIS	0	O	0	0	0	74. 00
75. 00	07500 ASC (NON-DISTINCT PART)	0	o	0	0	0	75. 00
76. 00	03950 NUTRI TI ON THERAPY	39, 452	0	4, 168		0	76. 00
77. 00	07700 ALLOGENEIC STEM CELL ACQUISITION OUTPATIENT SERVICE COST CENTERS	0	0	0	0	0	77. 00
88. 00	08800 RURAL HEALTH CLINIC	n n	nl	0	n	0	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER		ol	0	0	0	89. 00
90. 00	09000 CLI NI C	18, 656	o	4, 522	0	0	90. 00
90. 02	09002 WOUND CLINIC	167, 514	o	0	0	0	90. 02
90. 03	09003 MOBILE CLINIC	0	0	0	0	0	90. 03

			'	0 12/31/2022	5/30/2023 4: 3	
Cost Center Description	HOUSEKEEPI NG	DI ETARY	CAFETERI A	MAINTENANCE OF	NURSI NG	
				PERSONNEL	ADMI NI STRATI ON	
	9. 00	10.00	11.00	12.00	13. 00	
91. 00 09100 EMERGENCY	174, 909	0	89, 635	0	655, 774	91.00
92.00 O9200 OBSERVATION BEDS (NON-DISTINCT PART						92. 00
OTHER REIMBURSABLE COST CENTERS						
99. 00 09900 CMHC	0	0	0	0	0	99. 00
101.00 10100 HOME HEALTH AGENCY	43, 860	0	44, 964	0	0	101. 00
102.00 10200 OPIOLD TREATMENT PROGRAM	0	0	0	0	0	102. 00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113. 00
114.00 11400 UTILIZATION REVIEW-SNF						114. 00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115. 00
116. 00 11600 HOSPI CE	0	0	21, 544	0	0	116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	2, 491, 057	1, 119, 332	1, 102, 139	0	5, 215, 997	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN	95, 995	0	14, 633	0		190. 00
190. 01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0		190. 01
190.02 19002 GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0		190. 02
190. 03 19003 LI FELI NE	0	0	0	0		190. 03
190. 04 19004 COMMUNITY RELATIONS	25, 238	0	15, 939	0		190. 04
190. 05 19005 PRI VATE DUTY	0	0	0	0		190. 05
190.06 19006 PROFESSI ONAL DEVELOPMENT	0	0	0	0		190. 06
190. 07 19007 FOUNDTI ON	15, 404	0	0	0		190. 07
190. 08 19008 GOSHEN GACC CLINIC	0	0	0	0		190. 08
191. 00 19100 RESEARCH	0	0	4, 559	0		191. 00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	l e	192. 00
193.00 19300 NONPALD WORKERS	0	0	0	0	l e	193. 00
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)	2, 627, 694	1, 119, 332	1, 137, 270	0	5, 215, 997	202. 00

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 01/01/2022 Part I
To 12/31/2022 Date/Time Prepared: 5/30/2023 4:39 pm

					0 12/31/2022	5/30/2023 4:3	
	Cost Center Description	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE		
		SERVICES &		RECORDS &		ANESTHETI STS	
		SUPPLY 14.00	15. 00	16. 00	17. 00	19. 00	
	GENERAL SERVICE COST CENTERS	11100	10.00	10.00		17.00	
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	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5. 01
5. 02	00590 OTHER ADMIN & GENERAL						5. 02
6. 00 7. 00	OO6OO MAI NTENANCE & REPAIRS OO7OO OPERATION OF PLANT						6. 00 7. 00
8. 00	00800 LAUNDRY & LINEN SERVICE						8.00
9. 00	00900 HOUSEKEEPING						9. 00
10. 00	01000 DI ETARY						10.00
11. 00	01100 CAFETERI A						11. 00
12. 00	01200 MAI NTENANCE OF PERSONNEL						12. 00
13. 00	01300 NURSING ADMINISTRATION						13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY	1, 441, 054	0 000 740				14. 00
15. 00	01500 PHARMACY	3, 413	3, 830, 743	E 014 200			15. 00
16. 00 17. 00	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	140	0	5, 014, 288			16. 00 17. 00
19. 00	01900 NONPHYSICIAN ANESTHETISTS	0	0		2, 073, 003	0	1
20. 00	02000 NURSI NG PROGRAM	o	0	Ċ	o o		20.00
21. 00	02100 I &R SERVICES-SALARY & FRINGES APPRV	0	0	c	0		21. 00
22. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRV	0	0	C	0		22. 00
23. 00	02300 PARAMED ED PRGM	0	0	C	0		23. 00
20.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	F7 400	al	400 40	770 500	_	20.00
30.00	03000 ADULTS & PEDIATRICS 03100 NTENSIVE CARE UNIT	57, 132	0	199, 104		0	
31. 00 32. 00	03200 CORONARY CARE UNIT	14, 426	0	82, 621		0	
33. 00	03300 BURN INTENSIVE CARE UNIT		0			0	
34. 00	03400 SURGICAL INTENSIVE CARE UNIT	o	Ö		o o	0	
40.00	04000 SUBPROVI DER - I PF	0	0	c	0	0	
41.00	04100 SUBPROVI DER - I RF	0	0	c	0	0	41. 00
42.00	04200 SUBPROVI DER	0	0	C	0	0	42. 00
43.00	04300 NURSERY	1, 630	0	128, 378	29, 934	0	1
44. 00	04400 SKILLED NURSING FACILITY	0	0	C	0	0	
45. 00	04500 NURSING FACILITY	0	0		0	0	1
46. 00	04600 OTHER LONG TERM CARE ANCILLARY SERVICE COST CENTERS	0	0	C)	0	46. 00
50. 00	05000 OPERATING ROOM	39, 718	0	425, 857	41, 907	0	50.00
51. 00	05100 RECOVERY ROOM	1, 285	0	44, 920		0	
52.00	05200 DELIVERY ROOM & LABOR ROOM	8, 734	0	53, 900	160, 285	0	52. 00
53.00	05300 ANESTHESI OLOGY	0	0	C	0	0	53. 00
53. 01	05301 PAI N MANAGEMENT	2	0	20, 424		0	1
54.00	05400 RADI OLOGY - DI AGNOSTI C	13, 224	0	389, 823	-	0	
55. 00	05500 RADI OLOGY-THERAPEUTI C	22, 925	0	362, 859		0	
56. 00 56. 01	05600 RADI OI SOTOPE 05601 CARDI AC CATH LAB	789 23, 618	0	136, 463 267, 081		0	
	05700 CT SCAN	11, 083	0	237, 327		0	
58. 00	05800 MRI	4, 181	Ö	58, 024		0	
59.00	05900 CARDI AC CATHETERI ZATI ON	0	0	C	0	0	1
60.00	06000 LABORATORY	159, 416	0	276, 456	0	0	60.00
60. 01	06001 BLOOD LABORATORY	0	0	C	0	0	
61. 00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	_	_	_	_	_	61. 00
62. 00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	10.055	0	0	1
63. 00 64. 00	06300 BLOOD STORING PROCESSING & TRANS.	0	0	18, 855		0	
65. 00	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	9, 249	0	13 53, 378		0	1
66. 00	06600 PHYSI CAL THERAPY	1, 009	0	61, 135		0	
67. 00	06700 OCCUPATI ONAL THERAPY	312	Ö	26, 174		0	
68. 00	06800 SPEECH PATHOLOGY	140	0	12, 369		0	
69. 00	06900 ELECTROCARDI OLOGY	256	0	65, 348	0	0	69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	C	0	0	
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	620, 958	0	197, 182		0	1
72. 00	07200 NPL. DEV. CHARGED TO PATIENTS	346, 201	0 000 710	114, 493		0	
73. 00 74. 00	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DI ALYSI S	0 70	3, 830, 743	1, 375, 772		0	
	07500 ASC (NON-DISTINCT PART)	70	O O	4, 130		0	
76. 00	03950 NUTRITION THERAPY	30	o O	2, 315	_	0	1
77. 00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	ol	2,313		0	
	OUTPATIENT SERVICE COST CENTERS		<u> </u>				1
88. 00	08800 RURAL HEALTH CLINIC	0	0	C	0	0	
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	C	0	0	
90.00	09000 CLINIC	717	0	8, 742		0	
90. 02	09002 WOUND CLINIC	2, 856	0	32, 757	0	0	90. 02

COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0026 Peri od: Worksheet B From 01/01/2022 Part I 12/31/2022 Date/Time Prepared: 5/30/2023 4:39 pm Cost Center Description CENTRAL PHARMACY MEDI CAL SOCIAL SERVICE NONPHYSI CI AN SERVICES & RECORDS & ANESTHETI STS LI BRARY **SUPPLY** 15.00 17.00 19.00 14.00 16,00 90. 03 09003 MOBILE CLINIC 90.03 0 91.00 09100 EMERGENCY 39, 149 C 300, 303 942, 764 0 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 99.00 99. 00 09900 CMHC 0 0 101.00 10100 HOME HEALTH AGENCY 2,738 17, 912 0 0 101.00 102.00 10200 OPI OI D TREATMENT PROGRAM ol 0 102.00 SPECIAL PURPOSE COST CENTERS 113.00 11300 I NTEREST EXPENSE 113.00 114.00 11400 UTILIZATION REVIEW-SNF 114. 00 115.00 11500 AMBULATORY SURGICAL CENTER (D. P.) 0 115.00 0 0 0 0 53, 806 40, 173 116. 00 11600 HOSPI CE 0 116. 00 SUBTOTALS (SUM OF LINES 1 through 117) 118.00 1, 439, 263 3, 830, 743 5, 014, 288 2, 095, 063 0 118. 00 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN 0 190. 00 1, 576 190. 01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED 0 0 0 190. 01 0 0 190. 02 19002 GIFT FLOWER COFFEE SHOP & CANTEE 0 0 0 190. 02 0 0 0 0 0 0 0 190. 03 19003 LI FELI NE 0 0 0 0 190. 03 0 0 190. 04 190. 04 19004 COMMUNITY RELATIONS 94 0 190. 05 19005 PRI VATE DUTY 0 0 0 190. 05 190. 06 19006 PROFESSI ONAL DEVELOPMENT 0 0 190.06 3 0 0 190. 07 19007 FOUNDTI ON 0 0 190. 07 0 Oi 0 0 190. 08 190. 08 19008 GOSHEN GACC CLINIC 0 191. 00 19100 RESEARCH 118 0 0 191.00

0

0

1, 441, 054

0

0

3, 830, 743

0

2, 095, 063

0 192.00

0 193. 00

0 200. 00

0 201.00

0 202. 00

0

0

5, 014, 288

192.00 19200 PHYSICIANS PRIVATE OFFICES

Cross Foot Adjustments

Negative Cost Centers

TOTAL (sum lines 118 through 201)

193. 00 19300 NONPALD WORKERS

200.00

201.00

202.00

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet B | From 01/01/2022 | Part | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 | Prepared: | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 1 Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0026

COST Centrer Description							10	12/31/2022	Date/lime Pre 5/30/2023 4:3	
CEMBERL_SERVICE_COST_CENTERS 70.000					I NTERI	NS &	RESI DENTS			
PROCEASE PROCESS PRO			Cost Center Description	NURSI NG	SERVI CES-S	ALAR	SERVI CES-OTHER	PARAMED ED	Subtotal	
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21.00 02100 RR SERVI CES-SALARY & FRI NCES APPRV 0 278, 109 22.00 220.00 RR SERVI CES-SOTIER PREGA COSTS APPRV 0 278, 109 22.00 23.00 03000 RR SERVI CES-SOTIER PREGA COSTS APPRV 0 0 0 0 36, 344, 577 30.00 310.00		1	l .							1
22 0.0 02200 RAY SERVICES-OTHER PROM COSTS APPRV 0 278, 109 23.00 230.00 230.00 230.00 230.00 030.00 AURTS A PEDIA TRICES 0 0 0 0 0 36, 344, 577 30.00 300.00 AURUS A PEDIA TRICES 0 0 0 0 0 0 6, 903, 425 31.00 31.00 030.00 CRONANY CARE UNIT 0 0 0 0 0 0 0 32.00 32.00 32.00 0320.00 CRONANY CARE UNIT 0 0 0 0 0 0 0 33.00 34.00		1	l .	C)	0				•
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30.00		1	l .					278, 109		•
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32. 00 03200 CORONARY CARE UNIT 0 0 0 0 0 0 3.3.00 33.00 03300 BURN THRESTS UE CARE UNIT 0 0 0 0 0 0 0 3.3.00 34. 00 03400 SURRICAL INTENSIVE CARE UNIT 0 0 0 0 0 0 0 0 3.4.00 41. 00 03400 SUBPROVIDER - 1 PF 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1	ł .	C)					1
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34.00 03400 SURRO (AL INTENSIVE CARE UNIT 0 0 0 0 0 34.00 40.00 04000 SUBPROVI DER - I PF 0 0 0 0 0 0 0 41.00 04100 SUBPROVI DER - I PF 0 0 0 0 0 0 0 42.00 04200 SUBPROVI DER 0 0 0 0 0 0 0 43.00 04300 SUBPROVI DER 0 0 0 0 0 0 0 0 43.00 04300 SUBPROVI DER 0 0 0 0 0 0 0 0 44.00 04400 SUBPROVI DER 0 0 0 0 0 0 0 0 0		1	i e			- 1	0	ol		1
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42.00 04200 SUBPROVIDER		1	•	C		0	0	0		ł
43. 00 04300 NURSERY 0 0 0 0 0 0 0 2, 782,655 43.00 44. 00 04400 SKILLED NURSI NG FACILITY 0 0 0 0 0 0 0 0 44.00 44. 00 04400 SKILLED NURSI NG FACILITY 0 0 0 0 0 0 0 0 45.00 46. 00 0400 OTHER LONG TERN CARE 0 0 0 0 0 0 0 0 0 45.00 ANCILLARY SERVICE COST CENTERS 50. 00 05000 OPERATI NG ROOM 0 0 0 0 16, 465, 035 50. 00 05000 OPERATI NG ROOM 0 0 0 0 1, 681, 491 52. 00 05200 DELIVERY ROOM 0 0 0 0 1, 681, 491 52. 00 05200 DELIVERY ROOM 0 0 0 0 0 4, 525, 378 52. 00 05300 AMESTHESI OLOGY 0 0 0 0 0 5, 75, 766 53. 00 10 05300 AMESTHESI OLOGY 0 0 0 0 0 0 5, 75, 766 53. 01 05301 PAIN MANAGEMENT 0 0 0 0 0 0 12, 525, 325 55. 00 05500 RADIO LOGY-THERAPEUTI C 0 0 0 0 0 12, 21, 317, 818 55. 00 05500 RADIO LOGY-THERAPEUTI C 0 0 0 0 0 12, 252, 942 56. 00 10 05600 RADIO LOGY-THERAPEUTI C 0 0 0 0 0 12, 252, 942 56. 00 10 05600 RADIO LOGY-THERAPEUTI C 0 0 0 0 0 12, 252, 942 56. 00 10 05600 RADIO LOGY-THERAPEUTI C 0 0 0 0 0 1, 252, 942 56. 00 10 05600 RADIO LOGY-THERAPEUTI C 0 0 0 0 0 1, 252, 942 56. 00 10 05601 CARDIA C CATH LAB 0 0 0 0 0 0 1, 252, 662 57. 00 05700 CT SCAM 0 0 0 0 0 2, 2425, 662 58. 00 05800 MRI 0 0 0 0 0 0 1, 384, 392 58. 00 05800 MRI 0 0 0 0 0 0 1, 384, 392 60. 01 06001 LABORATORY 0 0 0 0 0 13, 843, 392 60. 01 06001 LABORATORY 0 0 0 0 0 13, 844, 392 60. 01 06000 LABORATORY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1	i e	C)	0	0	0		1
44. 00 04400 SKILLED NURSING FACILITY 0 0 0 0 0 0 0 0 0		1	•		<u>'</u>	0	0	0		
46. 00 046.00 046.00 0 0 0 0 0 0 0 0 0		1	i e	C		0	o	ő		1
ANCILLARY SERVICE COST CENTERS S0.00 GDOOD OPERATI NG ROOM O O O O O O O O O	45.00	1	l e e e e e e e e e e e e e e e e e e e	C		0	0	0	0	45. 00
50.00 050000 050000 050000 050000 050000 050000 050000 0500000 0500000 0500000000	46. 00			C)	0	0	0	0	46. 00
51.00 05100 RECOVERY ROOM & LABOR ROOM 0 0 0 0 0 0 4, 525, 378 52.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 0 0 0 0 0 0 0 0 53.01 05301 PAIN MANAGEMENT 0 0 0 0 0 57, 576 53.01 53.01 05301 PAIN MANAGEMENT 0 0 0 0 0 0 57, 576 53.01 05301 PAIN MANAGEMENT 0 0 0 0 0 0 57, 576 53.01 05500 RADIOLOGY-THERAPEUTIC 0 0 0 0 0 0 10, 254, 325 54.00 55.00 05500 RADIOLOGY-THERAPEUTIC 0 0 0 0 0 0 11, 252, 942 56.00 05600 RADIOLOGY-THERAPEUTIC 0 0 0 0 0 0 17, 252, 942 56.01 05601 CARDIA C CATH LAB 0 0 0 0 0 0 0 17, 405 57.00 05700 CT SCAN 0 0 0 0 0 0 0 0 0 57.00 05700 CT SCAN 0 0 0 0 0 0 0 0 0 57.00 05700 CT SCAN 0 0 0 0 0 0 0 0 0	50 00				<u> </u>		0	ol	16 /65 035	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM 0 0 0 0 4,525,378 52.00						- 1		o		1
53. 01 05301 PAI N MANAGEMENT 0 0 0 0 0 57, 576 53. 01 54. 00 05400 RADI OLOGY-DI AGNOSTI C 0 0 0 0 0 10, 254, 325 54. 00 0 0 0 05500 RADI OLOGY-THERAPEUTI C 0 0 0 0 0 21, 317, 818 55. 00 05600 RADI OLOGY-THERAPEUTI C 0 0 0 0 0 21, 317, 818 55. 00 05600 RADI OLOGY-THERAPEUTI C 0 0 0 0 0 1, 252, 942 56. 00 0 0 0 0 0 1, 252, 942 56. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	52.00	05200	DELIVERY ROOM & LABOR ROOM	C	o i	0	0	0		
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56. 00 05600 RADIOLSOTOPE 0 0 0 0 1, 252, 942 56. 00 55. 01 05601 CARDIAC CATH LAB 0 0 0 0 0 6, 771, 740 55. 01 05700 CT SCAN 0 0 0 0 0 2, 425, 662 57. 00 05700 CT SCAN 0 0 0 0 0 0 58. 00 05800 MRI 0 0 0 0 0 0 59. 00 05900 CARDIAC CATHETERIZATION 0 0 0 0 0 59. 00 05900 CARDIAC CATHETERIZATION 0 0 0 0 0 60. 01 06001 BUODO LABORATORY 0 0 0 0 61. 00 06000 LABORATORY 0 0 0 0 62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 0 0 0 0 63. 00 06300 BLOOD STORING PROCESSING & TRANS. 0 0 0 0 64. 00 06400 INTRAVENOUS THERAPY 0 0 0 0 65. 00 05500 RESPIRATORY THERAPY 0 0 0 0 4, 617, 542 65. 00 06500 RESPIRATORY THERAPY 0 0 0 0 0 66. 00 06600 PHYSI CAL THERAPY 0 0 0 0 0 67. 00 06500 RESPIRATORY THERAPY 0 0 0 0 0 68. 00 06800 SPECEN PATHOLOGY 0 0 0 0 69. 00 06900 ELECTROCARDIOLOGY 0 0 0 0 69. 00 06900 ELECTROCARDIOLOGY 0 0 0 0 70. 00 07000 ELECTROENCEPHALOGRAPHY 0 0 0 0 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 74. 00 07400 RENAL ELECTROENCE PLATED CELL ACOUISITION 0 0 75. 00 000 000 000 000 000 000 000 76. 00 07500 ASC (NON-DISTINCT PART) 0 0 0 0 0 77. 00 07500 ASC (NON-DISTINCT PART) 0 0 0 0 77. 00 000 000 000 000 000 000 77. 00 000 000 000 000 000 000 77. 00 000 000 000 000 000 000 77. 00 000 000 000 000 000 000 77. 00 000 000 000 000 000 000 77. 00 000 000 000 000 000 000 77. 00 000 000 000 000 000 000 78. 00 000 000 000 000 000 79. 00 000 000 000 000 000 79. 00 000 000 000 000					<u>'</u>	0	0	0		1
56.01 05601 CARDI AC CATH LAB 0 0 0 0 6,771,740 56.01 57.00 05700 CT SCAN 0 0 0 0 0 2,425,662 57.00 58.00 05800 MRI 0 0 0 0 0 1,143,434 58.00 59.00 05900 CARDI AC CATHETERI ZATI ON 0 0 0 0 0 0 59.00 59.00 05900 CARDI AC CATHETERI ZATI ON 0 0 0 0 0 0 59.00 60.01 06001 BLOOD LABORATORY 0 0 0 0 0 0 0 61.00 06100 PBP CLI NI CAL LAB SERVI CES-PRGM ONLY 0 0 0 0 0 0 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 0 0 0 0 0 0 63.00 06300 BLOOD STORI NG PROCESSI NG & TRANS. 0 0 0 0 0 64.00 06400 INTRAVENOUS THERAPY 0 0 0 0 0 4,617,542 65.00 06500 RSPI RATORY THERAPY 0 0 0 0 0 4,611,734 66.00 06600 PHYSI CAL THERAPY 0 0 0 0 0 4,611,734 66.00 06600 PHYSI CAL THERAPY 0 0 0 0 0 0 67.00 06700 0CCUPATI ONAL THERAPY 0 0 0 0 0 1,147,789 67.00 06700 0CCUPATI ONAL THERAPY 0 0 0 0 0 68.00 06900 ELECTROCARDI OLOGY 0 0 0 0 69.00 06900 ELECTROCARDI OLOGY 0 0 0 0 70.00 07000 ELECTROENCEPHALOGRAPHY 0 0 0 0 0 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 0 72.00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0 0 0 0 0 73.00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 47,9338 76.00 07500 ASC (NON-DI STI NCT PART) 0 0 0 479,338 76.00 07700 ALLOGENEC STEM CELL ACQUI SI TI ON 0 0 0 0 00TPATI ENT SERVI CE COST CENTERS				Č		- 1	-	-		
58. 00 05800 MRI 0 0 0 0 0 0 1,143,434 58. 00 59. 00 60.000 CARDI AC CATHETERI ZATI ON 0 0 0 0 0 0 0 59. 00 60. 00 0 0 0 0 0 0 0 0				C		0	0	o		
59. 00 05900 CARDIAC CATHETERIZATION 0 0 0 0 0 0 0 59. 00 60. 00 06000 LABORATORY 0 0 0 0 0 13, 884, 392 60. 00 61. 00 06001 BLOOD LABORATORY 0 0 0 0 0 0 13, 884, 392 60. 00 61. 00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 0 61. 00 62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 0 0 0 0 0 0 62. 00 64. 00 06400 INTRAVENOUS THERAPY 0 0 0 0 0 0 4.617, 542 65. 00 65. 00 06500 RESPI RATORY THERAPY 0 0 0 0 0 0 4.611, 734 66. 00 66. 00 06600 PHYSI CAL THERAPY 0 0 0 0 0 4.611, 734 66. 00 67. 00 06700 OCCUPATI ONAL THERAPY 0 0 0 0 0 0 1, 147, 789 67. 00 68. 00 06800 SPEECH PATHOLOGY 0 0 0 0 0 653, 965 68. 00 69. 00 06900 ELECTROCARDI OLOGY 0 0 0 0 0 0 0 0 0, 13, 727, 297 71. 00 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 0 0, 661, 196 72. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 0 0 0 0 0 0, 679, 648 73. 00 74. 00 07400 RENAL DIALYSIS 0 0 0 0 0 0 0 0 0 0 0 0 0 0, 75. 00 75. 00 07500 ASC (NON-DISTINCT PART) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0, 75. 00 77. 00 07700 ALGENERAL DIALYSIS 0 0 0 0 0 0 0 0 0 0 0 0 0, 75. 00 77. 00 07700 ALGENERAL DIALYSIS 0 0 0 0 0 0 0 0 0 0 0 0 0, 75. 00 77. 00 07700 ALGENERAL DIALYSIS 0 0 0 0 0 0 0 0 0 0 0 0, 75. 00 77. 00 07700 ALGENERAL DIALYSIS 0 0 0 0 0 0 0 0 0 0 0 0, 75. 00 77. 00 07700 ALGENERAL SERVICE COST CENTERS		1	ł .	C)	0	0	0		
60. 00 06000 LABORATORY 0 0 0 0 0 13, 884, 392 60. 00 60. 01 06001 BLOOD LABORATORY 0 0 0 0 0 0 0 0 0 0 60. 01 60. 01 61. 00 6100 PBP CLINICAL LAB SERVICES-PRGM ONLY 0 0 0 0 0 0 0 0 61. 00 62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 0 0 0 0 0 0 0 0 62. 00 63. 00 06300 BLOOD STORING PROCESSING & TRANS. 0 0 0 0 0 0 56, 152 63. 00 64. 00 06400 INTRAVENOUS THERAPY 0 0 0 0 0 0 4. 6117, 542 65. 00 65. 00 06500 RESPI RATORY THERAPY 0 0 0 0 0 4, 617, 542 65. 00 66. 00 06600 PHYSI CAL THERAPY 0 0 0 0 0 4, 6117, 543 66. 00 06600 PHYSI CAL THERAPY 0 0 0 0 0 0 4, 6117, 543 66. 00 06800 SPEECH PATHOLOGY 0 0 0 0 0 653, 965 68. 00 68800 SPEECH PATHOLOGY 0 0 0 0 0 653, 965 68. 00 06800 SPEECH PATHOLOGY 0 0 0 0 0 0 1, 050, 880 69. 00 070. 00 07000 ELECTROCARDIOLOGY 0 0 0 0 0 0 1, 050, 880 69. 00 070. 00 07000 ELECTROENCEPHALOGRAPHY 0 0 0 0 0 13, 727, 297 71. 00 07200 IMPL. DEV. CHARGED TO PATIENT 0 0 0 0 0 13, 729, 297 71. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 0 378, 989 74. 00 75. 00 07400 RENAL DIALYSIS 0 0 0 0 0 0 378, 989 74. 00 07500 ASC (NON-DISTINCT PART) 0 0 0 0 0 0 378, 989 74. 00 07500 ASC (NON-DISTINCT PART) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1	i e)	0	0	0		•
60. 01 06001 BLOOD LABORATORY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						0	0	o		•
62. 00		1	i e	C		0	0	ō		1
63. 00		1	i e							1
64. 00 06400 INTRAVENOUS THERAPY 0 0 0 0 411 64. 00 65. 00 06500 RESPIRATORY THERAPY 0 0 0 0 0 4, 617, 542 65. 00 66. 00 06600 PHYSI CAL THERAPY 0 0 0 0 0 4, 611, 734 66. 00 06700 0CCUPATI ONAL THERAPY 0 0 0 0 0 1, 147, 789 67. 00 06800 SPEECH PATHOLOGY 0 0 0 0 0 653, 965 68. 00 06900 ELECTROCARDI OLOGY 0 0 0 0 0 1, 050, 880 69. 00 00 0 0 0 0 0 0 0		1	i e	C)	0	0	0		
65. 00		1	i e		<u>'</u>	0	0	0		
66. 00 06600 PHYSI CAL THERAPY 0 0 0 0 4, 611, 734 66. 00 67. 00 06700 0CCUPATI ONAL THERAPY 0 0 0 0 0 1, 147, 789 67. 00 68. 00 06800 SPEECH PATHOLOGY 0 0 0 0 0 653, 965 68. 00 0 0 0 0 0 0 0 0 0						0	0	o		1
68. 00		1	•	C		0	0	o		1
69. 00 06900 ELECTROCARDI OLOGY 0 0 0 0 1, 050, 880 69. 00 70. 00 07000 ELECTROENCEPHALOGRAPHY 0 0 0 0 0 0 70. 00 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENT 0 0 0 0 13, 727, 297 71. 00 72. 00 07200 I MPL. DEV. CHARGED TO PATI ENTS 0 0 0 0 7, 661, 196 72. 00 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 43, 799, 648 73. 00 74. 00 07400 RENAL DI ALYSI S 0 0 0 0 378, 989 74. 00 75. 00 07500 ASC (NON-DI STINCT PART) 0 0 0 0 0 75. 00 76. 00 03950 NUTRI TI ON THERAPY 0 0 0 0 0 479, 338 76. 00 77. 00 07700 ALLOGENEI C STEM CELL ACQUI SI TI ON 0 0 0 0 0 77. 00 0UTPATI ENT SERVI CE COST CENTERS		1	•	C)	0	0	0		1
70. 00						0	0	0		1
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72. 00 07200 MPL. DEV. CHARGED TO PATIENTS 0 0 0 0 7, 661, 196 72. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 43, 799, 648 73. 00 74. 00 07400 RENAL DI ALYSIS 0 0 0 0 378, 989 74. 00 75. 00 07500 ASC (NON-DI STINCT PART) 0 0 0 0 0 0 0 0 0		1	l e e e e e e e e e e e e e e e e e e e			0	o	ő		1
74. 00 07400 RENAL DI ALYSIS 0 0 0 0 378, 989 74. 00 75. 00 07500 ASC (NON-DI STINCT PART) 0 0 0 0 0 0 0 75. 00 75. 00 076. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	C)	0	0	O	7, 661, 196	72. 00
75. 00 07500 ASC (NON-DISTINCT PART) 0 0 0 0 0 0 75. 00 76. 00 03950 NUTRITION THERAPY 0 0 0 0 0 479, 338 76. 00 77. 00 07700 ALLOGENEIC STEM CELL ACQUISITION 0 0 0 0 0 0UTPATIENT SERVICE COST CENTERS		1	l e e e e e e e e e e e e e e e e e e e	C)	0	0	0		
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77. 00 O7700 ALLOGENEIC STEM CELL ACQUISITION O O O O 77. 00 OUTPATIENT SERVICE COST CENTERS		1	,			0	0	0		•
OUTPATIENT SERVICE COST CENTERS		1	l .	c)			_		1
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88. 00 08800 RURAL HEALTH CLINI C		1	•	_	ŀ					
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 0 0 89.00	07. 00	100900	TIEDERALLI QUALIFIED HEALIH CENTER	1	'	υĮ	l U	પ	0	09.00

			To	12/31/2022	Date/Time Pre 5/30/2023 4:3	
		INTERNS &	RESI DENTS			
Cost Center Description			SERVI CES-OTHER	PARAMED ED	Subtotal	
	PROGRAM	Y & FRINGES	PRGM COSTS APPRV	PRGM		
	20.00	APPRV 21.00	22. 00	23. 00	24. 00	
90. 00 09000 CLI NI C	20.00	21.00	22.00	23.00	230, 557	90.00
90. 02 09002 WOUND CLINIC	0	0	Ö	ol	2, 150, 456	1
90. 03 09003 MOBILE CLINIC	o o	Ö	Ö	ol	0	90. 03
91. 00 09100 EMERGENCY	0	Ö	o	278, 109	13, 251, 274	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART				,		92.00
OTHER REIMBURSABLE COST CENTERS						1
99. 00 09900 CMHC	0	0	0	0	0	99. 00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	4, 330, 555	101.00
102.00 10200 OPIOLD TREATMENT PROGRAM	0	0	0	0	0	102. 00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113. 00
114. 00 11400 UTI LI ZATI ON REVI EW-SNF	_	_	_	_	_	114. 00
115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0		115. 00
116. 00 11600 HOSPI CE	0			070.400	3, 369, 230	
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	278, 109	227, 327, 463	1118.00
NONREI MBURSABLE COST CENTERS 190. 00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN		0	0	ام	1 000 700	100.00
190. 00 19000 GTFT FLOWER COFFEE SHOP & CANTEEN 190. 01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	U O	1, 808, 782	190. 00
190. 02 19002 GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	U O		190. 01
190. 02 19002 GIF1 FLOWER COFFEE SHOP & CANTEE	0	0	0	0		190. 02
190. 04 19004 COMMUNITY RELATIONS	0		0	0	5, 562, 882	
190. 05 19005 PRI VATE DUTY	0	0	0	0		190. 04
190. 06 19006 PROFESSI ONAL DEVELOPMENT	0	0	0	o O	2, 809, 295	
190. 07 19007 FOUNDTI ON	0	0	0	o O		190. 07
190. 08 19008 GOSHEN GACC CLINIC	0	0	Ö	ol		190. 08
191. 00 19100 RESEARCH	0	0	0	ol	328, 445	
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	Ö	o	ol		192. 00
193. 00 19300 NONPALD WORKERS	0	0	0	o		193. 00
200.00 Cross Foot Adjustments	0	0	0	o	0	200.00
201.00 Negative Cost Centers	0	0	0	o	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	0	0	0	278, 109	237, 907, 920	202. 00

In Lieu of Form CMS-2552-10 Health Financial Systems GOSHEN HOSPITAL COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0026 Peri od: Worksheet B From 01/01/2022 To 12/31/2022 Part I Date/Time Prepared: 5/30/2023 4:39 pm Cost Center Description Intern & Total Residents Cost & Post Stepdown Adjustments 25.00 26.00 GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT 1.00 1.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 5.01 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 5. 01 5.02 00590 OTHER ADMIN & GENERAL 5.02 00600 MAINTENANCE & REPAIRS 6.00 6.00 7.00 00700 OPERATION OF PLANT 7.00 8.00 00800 LAUNDRY & LINEN SERVICE 8.00 9.00 00900 HOUSEKEEPI NG 9.00 01000 DI ETARY 10.00 10.00 11. 00 01100 CAFETERIA 11.00 12. 00 01200 MAINTENANCE OF PERSONNEL 12.00 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 19.00 01900 NONPHYSICIAN ANESTHETISTS 19.00 20. 00 | 02000 | NURSI NG PROGRAM 20.00 21. 00 02100 I &R SERVICES-SALARY & FRINGES APPRV 21.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV 22.00 22.00 02300 PARAMED ED PRGM 23.00 INPATIENT ROUTINE SERVICE COST CENTERS 36, 344, 577 30. 00 03000 ADULTS & PEDI ATRI CS 30.00 0 0 0 0 0 0 0 31.00 03100 INTENSIVE CARE UNIT 6, 903, 425 31.00 32. 00 03200 CORONARY CARE UNIT 32.00 33.00 03300 BURN INTENSIVE CARE UNIT 33.00 0 34.00 03400 SURGICAL INTENSIVE CARE UNIT 0 34.00 40. 00 | 04000 | SUBPROVI DER - I PF 0 40.00 41. 00 | 04100 | SUBPROVI DER - I RF 41.00 42. 00 | 04200 | SUBPROVI DER 42.00

12.00	1 1	0	. 700 (55		12.00
	04300 NURSERY	0	2, 782, 655		43. 00
	04400 SKILLED NURSING FACILITY	0	0		44. 00
	04500 NURSING FACILITY	0	0		45. 00
46. 00	04600 OTHER LONG TERM CARE	0	0		46. 00
	ANCILLARY SERVICE COST CENTERS				
	05000 OPERATING ROOM	0	16, 465, 035		50. 00
	05100 RECOVERY ROOM	0	1, 681, 491		51. 00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	4, 525, 378		52. 00
53.00	05300 ANESTHESI OLOGY	0	0		53. 00
53. 01	05301 PAIN MANAGEMENT	0	57, 576		53. 01
	05400 RADI OLOGY-DI AGNOSTI C	0	10, 254, 325		54. 00
	05500 RADI OLOGY-THERAPEUTI C	0	21, 317, 818		55. 00
	05600 RADI OI SOTOPE	0	1, 252, 942		56. 00
	05601 CARDI AC CATH LAB	0	6, 771, 740		56. 01
	05700 CT SCAN	0	2, 425, 662		57. 00
	05800 MRI	0	1, 143, 434		58. 00
	05900 CARDI AC CATHETERI ZATI ON	0	0		59. 00
	06000 LABORATORY	0	13, 884, 392		60. 00
60. 01	06001 BLOOD LABORATORY	0	0		60. 01
	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0		61. 00
	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62. 00
	06300 BLOOD STORING PROCESSING & TRANS.	0	56, 152		63. 00
64.00	06400 I NTRAVENOUS THERAPY	0	411		64. 00
	06500 RESPI RATORY THERAPY	0	4, 617, 542		65. 00
66.00	06600 PHYSI CAL THERAPY	0	4, 611, 734		66. 00
	06700 OCCUPATI ONAL THERAPY	0	1, 147, 789		67. 00
	06800 SPEECH PATHOLOGY	0	653, 965		68. 00
	06900 ELECTROCARDI OLOGY	0	1, 050, 880		69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0		70. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	13, 727, 297		71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	7, 661, 196	7	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	43, 799, 648	7	73. 00
	07400 RENAL DIALYSIS	0	378, 989	7	74. 00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	7	75. 00
76.00	03950 NUTRITION THERAPY	0	479, 338	7	76. 00
77. 00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	7	77. 00
	OUTPATIENT SERVICE COST CENTERS				
88. 00	08800 RURAL HEALTH CLINIC	0	0	8	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89. 00
		<u> </u> 0	0]	39.00
MCRI F3	2 - 19. 1. 175. 2				

Heal th Financial	Systems	GOSHEN HOSPITA	AL	In Lieu	ı of Form CMS-2552-10
COST ALLOCATION	- GENERAL SERVICE COSTS	Pi	Provider CCN: 15-0026	Peri od:	Worksheet B

ilical til Triancial Systems	IN HOSELTAL	111 El eu 01 101 III 0III 2332 10
COST ALLOCATION - GENERAL SERVICE COSTS	Provi der CCN: 15-0026	Peri od: Worksheet B From 01/01/2022 Part I To 12/31/2022 Date/Time Prepared: 5/30/2023 4:39 pm
Cost Center Description Intern	Total	
Residents	cost	
& Post		
Stepdow	ı	
Adj ustme	ts	
25.00	26. 00	
90. 00 09000 CLI NI C	0 230, 557	90.00
90. 02 09002 WOUND CLINIC	0 2, 150, 456	90. 02
90. 03 09003 MOBI LE CLI NI C	ol ol	90. 03
91. 00 09100 EMERGENCY	0 13, 251, 274	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	ol I	92.00
OTHER REIMBURSABLE COST CENTERS	1	
99. 00 09900 CMHC	0 0	99. 00
101. 00 10100 HOME HEALTH AGENCY	0 4, 330, 555	101.00
102. 00 10200 OPI OI D TREATMENT PROGRAM	ol ol	102. 00
SPECIAL PURPOSE COST CENTERS	-1 -1	
113. 00 11300 I NTEREST EXPENSE		113. 00
114. 00 11400 UTI LI ZATI ON REVI EW-SNF		114. 00
115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.)	ol ol	115. 00
116. 00 11600 HOSPI CE	0 3, 369, 230	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0 227, 327, 463	118.00
NONREI MBURSABLE COST CENTERS	0 227, 027, 100	110100
190. 00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0 1, 808, 782	190. 00
190. 01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0 0	190. 01
190. 02 19002 GIFT FLOWER COFFEE SHOP & CANTEE		190. 02
190. 03 19003 LI FELI NE		190. 03
190. 04 19004 COMMUNITY RELATIONS	0 5, 562, 882	190. 04
190. 05 19005 PRI VATE DUTY	0 3, 302, 002	190. 05
190. 06 19006 PROFESSI ONAL DEVELOPMENT	0 2, 809, 295	190.06
190. 07 19007 FOUNDTION	0 70, 628	190. 00
190. 08 19008 GOSHEN GACC CLINIC	0 70, 628	190.07
191. 00 19100 RESEARCH	0 328, 445	191.00
192. 00 19200 PHYSI CLANS PRI VATE OFFI CES	0 425	192.00
193. 00 19300 NONPALD WORKERS	0 425	192.00
		200.00
	UI UI	200.00
		201 00
201.00 Negative Cost Centers 202.00 TOTAL (sum lines 118 through 201)	0 0 237, 907, 920	201. 00 202. 00

| Peri od: | Worksheet B | From 01/01/2022 | Part | I | To | 12/31/2022 | Date/Time Prepared: Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0026

		CAPI TAL REI	ATED COSTS		5/30/2023 4: 3	, biii
Cost Center Description Dir	ectly	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE	
. Assi g	ned New				BENEFITS	
	pital ed Costs				DEPARTMENT	
Rei ate	0	1. 00	2.00	2A	4. 00	
GENERAL SERVICE COST CENTERS	,					
1.00 00100 CAP REL COSTS-BLDG & FIXT 2.00 00200 CAP REL COSTS-MVBLE EQUIP						1. 00 2. 00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0	48, 317	2, 819	51, 136	51, 136	4. 00
5. 01 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	o	69, 444	744		636	5. 01
5. 02 00590 OTHER ADMIN & GENERAL	0	324, 153	2, 087, 577	2, 411, 730	7, 955	5. 02
6. 00 00600 MAINTENANCE & REPAIRS 7. 00 00700 OPERATION OF PLANT	0	0 283, 369	0 285, 369	0 568, 738	0 324	6. 00 7. 00
8.00 00800 LAUNDRY & LINEN SERVICE	0	19, 709	203, 307	19, 709	25	8. 00
9. 00 00900 HOUSEKEEPI NG	0	5, 111	15, 858		758	9. 00
10. 00 01000 DI ETARY	0	24, 094	36, 760		595	10.00
11. 00 01100 CAFETERI A 12. 00 01200 MAI NTENANCE OF PERSONNEL	0	44, 806 0	274	45, 080	0	11. 00 12. 00
13. 00 O1300 NURSI NG ADMI NI STRATI ON	0	12, 709	401, 082	413, 791	1, 512	13. 00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	27, 477	57, 573		199	14.00
15. 00 01500 PHARMACY	0	22, 664	153, 348		977	15.00
16. 00 01600 MEDI CAL RECORDS & LI BRARY 17. 00 01700 SOCI AL SERVI CE	0	47, 644 11, 396	25, 041 453		807 686	16. 00 17. 00
19. 00 01900 NONPHYSI CI AN ANESTHETI STS	0	0	0	0	0	19. 00
20. 00 02000 NURSI NG PROGRAM	0	0	0	0	0	20.00
21. 00 02100 I &R SERVI CES-SALARY & FRINGES APPRV	0	0	0	0	0	21. 00
22. 00 02200 1 &R SERVICES-OTHER PRGM COSTS APPRV 23. 00 02300 PARAMED ED PRGM	0	0 3, 468	0	3, 468	0	22. 00 23. 00
I NPATI ENT ROUTI NE SERVI CE COST CENTERS	<u> </u>	0, 100		3, 100	0	20.00
30. 00 03000 ADULTS & PEDI ATRI CS	0	329, 413	212, 800		6, 754	30.00
31. 00 03100 I NTENSI VE CARE UNI T	0	106, 280	103, 252	209, 532	1, 894	31.00
32. 00 03200 CORONARY CARE UNIT 33. 00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	32. 00 33. 00
34. 00 O3400 SURGI CAL INTENSI VE CARE UNI T	Ö	0	Ö	Ö	0	34. 00
40. 00 04000 SUBPROVI DER - 1 PF	0	0	0	0	0	40.00
41. 00 04100 SUBPROVI DER - 1 RF	0	0	0	0	0	41.00
42. 00 04200 SUBPROVI DER 43. 00 04300 NURSERY	0	15, 825	81, 671	97, 496	0 2, 944	42. 00 43. 00
44. 00 04400 SKILLED NURSING FACILITY	o	0	0.7071	0	0	44. 00
45.00 O4500 NURSING FACILITY	0	0	0	0	0	45. 00
46. 00 04600 OTHER LONG TERM CARE ANCI LLARY SERVI CE COST CENTERS	0	0	0	[0]	0	46. 00
50. 00 O5000 OPERATING ROOM	0	637, 195	466, 632	1, 103, 827	2, 807	50. 00
51.00 05100 RECOVERY ROOM	0	33, 826	34, 914	68, 740	479	51.00
52. 00 05200 DELI VERY ROOM & LABOR ROOM	0	84, 789	30, 705	115, 494	0	52.00
53. 00 05300 ANESTHESI OLOGY 53. 01 05301 PAI N MANAGEMENT	0	0	0	0	0	53. 00 53. 01
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	280, 702	623, 890	904, 592	2, 831	54. 00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	467, 449	663, 101	1, 130, 550	5, 955	55.00
56. 00 05600 RADI 01 SOTOPE	0	12, 762	7, 914		244	56. 00
56. 01 05601 CARDI AC CATH LAB 57. 00 05700 CT SCAN	0	29, 323 7, 117	735, 194	764, 517 7, 117	716 336	56. 01 57. 00
58. 00 05800 MRI	0	16, 113	Ö	16, 113	293	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0	0	0	0	59. 00
60. 00 06000 LABORATORY 60. 01 06001 BLOOD LABORATORY	0	61, 986	15, 275	77, 261	1, 679	60.00
60. 01 06001 BLOOD LABORATORY 61. 00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	U	U	0	0	0	60. 01 61. 00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	Ö	0	62. 00
63.00 06300 BLOOD STORING PROCESSING & TRANS.	0	4, 418	0	4, 418	0	63. 00
64. 00 06400 I NTRAVENOUS THERAPY	0	0	771	771	1 250	64.00
65. 00 06500 RESPI RATORY THERAPY 66. 00 06600 PHYSI CAL THERAPY	0	27, 861 143, 339	140, 155 24, 558		1, 250 1, 858	65. 00 66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	Ö	33, 079	15, 496		0	67. 00
68.00 O6800 SPEECH PATHOLOGY	0	16, 187	2, 361		0	68. 00
69. 00 06900 ELECTROCARDI OLOGY	0	49, 981	6, 173	56, 154	244	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		0	70. 00 71. 00
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	ol	0	0	ol	0	71.00
73.00 07300 DRUGS CHARGED TO PATIENTS	O	0	o	o	0	73.00
74. 00 07400 RENAL DI ALYSI S	0	0	0	0	0	74.00
75. 00 07500 ASC (NON-DISTINCT PART) 76. 00 03950 NUTRITION THERAPY	0	0 49, 192	0	49, 192	0 113	75. 00 76. 00
77. 00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0		0	0	77. 00
OUTPATIENT SERVICE COST CENTERS						
88. 00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88. 00

			То	12/31/2022	Date/Time Prep 5/30/2023 4:3	
		CAPI TAL REI	ATED COSTS		0,00,20200	, <u> </u>
Cost Center Description	Directly	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE	
cost center bescription	Assigned New	DLUG & FIXI	MARTE EGOLA	Subtotal	BENEFI TS	
	Capi tal				DEPARTMENT	
	Related Costs					
	0	1. 00	2. 00	2A	4. 00	
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0	0	89. 00
90. 00 09000 CLI NI C	0	23, 262	563	23, 825	163	
90. 02 09002 WOUND CLINIC	0	208, 867	3, 695	212, 562	0	90. 02
90. 03 09003 MOBI LE CLINI C 91. 00 09100 EMERGENCY	0	210,007	77 122	205 200	0	90. 03 91. 00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	٩	218, 086	77, 122	295, 208	3, 182	91.00
OTHER REIMBURSABLE COST CENTERS				<u> </u>		92.00
99. 00 09900 CMHC	O	0	0	0	0	99. 00
101.00 10100 HOME HEALTH AGENCY	o	54, 687	16, 459	71, 146	1. 418	101. 00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0		0		102.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113. 00
114.00 11400 UTI LI ZATI ON REVI EW-SNF						114. 00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0		115. 00
116. 00 11600 HOSPI CE	0	0	0	0		116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	3, 856, 100	6, 329, 599	10, 185, 699	50, 308	118. 00
NONREI MBURSABLE COST CENTERS		110 (02	F4 00/	172 700	20.4	100.00
190.00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN 190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	119, 693	54, 096	173, 789		190. 00 190. 01
190. 02 19002 GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0		190. 01
190. 03 19003 LI FELI NE		0	0	0		190. 02
190. 04 19004 COMMUNITY RELATIONS		31, 468	23, 269	54, 737		190. 04
190. 05 19005 PRI VATE DUTY	0	0.,	0	0.,707		190. 05
190. 06 19006 PROFESSI ONAL DEVELOPMENT	o	0	Ö	Ö		190. 06
190. 07 19007 FOUNDTI ON	o	19, 207	0	19, 207	0	190. 07
190. 08 19008 GOSHEN GACC CLINIC	0	0	О	О	0	190. 08
191. 00 19100 RESEARCH	0	0	0	0	89	191. 00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0		192. 00
193. 00 19300 NONPALD WORKERS	0	0	0	0		193. 00
200.00 Cross Foot Adjustments				0		200. 00
201.00 Negative Cost Centers		0	0	0		201. 00
202.00 TOTAL (sum lines 118 through 201)	l O	4, 026, 468	6, 406, 964	10, 433, 432	51, 136	J202. 00

In Lieu of Form CMS-2552-10

Period:	Worksheet B
From 01/01/2022	Part II
To 12/31/2022	Date/Time Prepared:
5/30/2023 4:39 pm	Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0026

						5/30/2023 4: 3	
	Cost Center Description	CASHI ERI NG/ACC			OPERATION OF	LAUNDRY &	
		OUNTS RECEI VABLE	GENERAL	REPAI RS	PLANT	LINEN SERVICE	
		5. 01	5. 02	6. 00	7. 00	8. 00	
	GENERAL SERVICE COST CENTERS			1			
1.00	00100 CAP REL COSTS MURLE FOULD						1.00
2.00 4.00	OO200 CAP REL COSTS-MVBLE EQUIP OO400 EMPLOYEE BENEFITS DEPARTMENT						2. 00 4. 00
5. 01	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	70, 824					5. 01
5. 02	00590 OTHER ADMIN & GENERAL	0	2, 419, 685				5. 02
6.00	00600 MAINTENANCE & REPAIRS	0	O	0			6. 00
7. 00	00700 OPERATION OF PLANT	0	56, 850	1	625, 912		7. 00
8. 00 9. 00	O0800 LAUNDRY & LINEN SERVICE O0900 HOUSEKEEPING	0	7, 531	1	3, 737 969	31, 002 0	1
9. 00 10. 00	01000 DI ETARY	0	26, 637 10, 773	1	4, 568	0	1
11. 00	01100 CAFETERI A	0	10, 430	1	8, 495	Ö	11. 00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12. 00
13.00	01300 NURSING ADMINISTRATION	0	52, 574	0	2, 410	0	13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY	0	13, 605		5, 210	0	14. 00
15. 00	01500 PHARMACY	0	38, 104	1	4, 297	0	15.00
16. 00 17. 00	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	0	49, 159 18, 882	1	9, 033 2, 161	0	16. 00 17. 00
	01900 NONPHYSI CI AN ANESTHETI STS	0	10, 002	Ö	2, 101	Ö	19. 00
20. 00	02000 NURSI NG PROGRAM	0	O	Ō	0	0	20.00
21. 00	02100 I &R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21. 00
22. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRV	0		0	0	0	22. 00
23. 00	O2300 PARAMED ED PRGM	0	2, 741] 0	658	0	23. 00
30. 00	INPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	2, 817	317, 874	. 0	62, 457	5, 561	30.00
31. 00	03100 INTENSIVE CARE UNIT	1, 169	56, 249		20, 151	3, 811	31. 00
32. 00	03200 CORONARY CARE UNIT	0	0		0	0	32. 00
33.00	03300 BURN INTENSIVE CARE UNIT	0	O	0	0	0	33. 00
34. 00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000 SUBPROVI DER - I PF	0	0	0	0	0	40.00
41. 00 42. 00	04100 SUBPROVI DER	0		0	0	0	41. 00 42. 00
43. 00	04300 NURSERY	1, 816	24, 762	0	3, 000	0	43. 00
44. 00	04400 SKILLED NURSING FACILITY	0	21,702	1	0,000	ő	44. 00
45.00	04500 NURSING FACILITY	0	O	0	0	0	45. 00
46. 00	04600 OTHER LONG TERM CARE	0	0	0	0	0	46. 00
F0 00	ANCI LLARY SERVI CE COST CENTERS	(005	40/ 005	1	100.010	0.057	F0 00
50. 00 51. 00	05000 OPERATI NG ROOM 05100 RECOVERY ROOM	6, 025 636	136, 925 14, 089	1	120, 812 6, 413	8, 357 0	50. 00 51. 00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	763	37, 662	0	16, 076	0	52.00
53. 00	05300 ANESTHESI OLOGY	0	0,,002	ő	0	0	53. 00
53. 01	05301 PAIN MANAGEMENT	289	378	0	0	0	53. 01
54.00	05400 RADI OLOGY-DI AGNOSTI C	5, 515	90, 430		53, 222	1, 902	
55. 00	05500 RADI OLOGY-THERAPEUTI C	5, 134	196, 286	1	88, 629		
56. 00 56. 01	05600 RADI OI SOTOPE 05601 CARDI AC CATH LAB	1, 931 3, 779	10, 768 64, 205	1	2, 420 5, 560	685 0	1
	05700 CT SCAN	3, 779			1, 349		57. 00
58. 00	05800 MRI	821	10, 330	_	3, 055	284	
59.00	05900 CARDI AC CATHETERI ZATI ON	0	O	0	0	0	59. 00
60.00	06000 LABORATORY	3, 911	134, 711	0	11, 753	0	60. 00
60. 01	06001 BLOOD LABORATORY	0	0	0	0	0	60. 01
61. 00 62. 00	O6100 PBP CLINICAL LAB SERVICES-PRGM ONLY O6200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	_	0	0	0	61. 00 62. 00
63. 00	06300 BLOOD STORING PROCESSING & TRANS.	267	267	0	838	0	63.00
64. 00	06400 I NTRAVENOUS THERAPY	0	4] 0	0	Ö	64. 00
65. 00	06500 RESPI RATORY THERAPY	755	44, 984	0	5, 283	0	65. 00
66.00	06600 PHYSI CAL THERAPY	865	42, 223	0	27, 177	0	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	370	10, 416	1	6, 272	0	67. 00
68. 00	06800 SPEECH PATHOLOGY	175	6, 027	1	3, 069	0	68. 00
69. 00 70. 00	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	925	8, 563	0	9, 477	0	69. 00 70. 00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2, 790	131, 294	_	0	0	71.00
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	1, 620	73, 234		0	0	72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	19, 305	392, 531		0	0	73. 00
74. 00	07400 RENAL DIALYSIS	58	3, 812		0	0	74.00
	07500 ASC (NON-DISTINCT PART)	0	0	_	0 227	0	75.00
76. 00 77. 00	03950 NUTRITION THERAPY 07700 ALLOGENEIC STEM CELL ACQUISITION	33	3, 561 0	1	9, 327 0	0	76. 00 77. 00
11.00	OUTPATIENT SERVICE COST CENTERS	0		<u> </u>	0	0	, , , . 00
88. 00	08800 RURAL HEALTH CLINIC	0	O	0	0	0	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	
90.00	09000 CLINIC	124	1, 612		4, 411	0	90.00
90. 02	09002 WOUND CLINIC	463	16, 209	0	39, 602	0	90. 02

ALLOCATION OF CAPITAL RELATED COSTS	Provi der CCN	l: 15-0026	Peri od:	Worksheet B
			From 01/01/2022	Part II
			To 12/31/2022	Date/Time Prepared:
				5/30/2023 4:39 pm

			Ť	0 12/31/2022	Date/Time Pre 5/30/2023 4:3	
Cost Center Description	CASHI ERI NG/ACC	OTHER ADMIN &	MAINTENANCE &	OPERATION OF	LAUNDRY &	
	OUNTS	GENERAL	REPAI RS	PLANT	LINEN SERVICE	
	RECEI VABLE					
	5. 01	5. 02	6. 00	7. 00	8. 00	
90. 03 09003 MOBI LE CLI NI C	0	0	0	0	0	90. 03
91. 00 09100 EMERGENCY	4, 249	103, 441	0	41, 350	9, 246	1
92.00 O9200 OBSERVATION BEDS (NON-DISTINCT PART						92. 00
OTHER REIMBURSABLE COST CENTERS						
99. 00 09900 CMHC	0	0	0	0	0	
101.00 10100 HOME HEALTH AGENCY	253	41, 989	0	10, 369		101. 00
102.00 10200 OPIOLD TREATMENT PROGRAM	0	0	0	0	0	102. 00
SPECIAL PURPOSE COST CENTERS						
113. 00 11300 I NTEREST EXPENSE						113. 00
114.00 11400 UTILIZATION REVIEW-SNF						114. 00
115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0		115. 00
116. 00 11600 HOSPI CE	568	33, 092		0		116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	70, 784	2, 316, 775	0	593, 610	31, 002	118. 00
NONREI MBURSABLE COST CENTERS		45.404		00.404		
190. 00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN	/	15, 194	0	22, 694		190. 00
190. 01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0		190. 01
190. 02 19002 GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0		190. 02
190. 03 19003 LI FELI NE	0	0	0	0		190. 03
190. 04 19004 COMMUNITY RELATIONS	0	55, 616	0	5, 966		190. 04
190. 05 19005 PRI VATE DUTY	0	0	0	0		190. 05
190. 06 19006 PROFESSIONAL DEVELOPMENT	0	28, 572	0	0		190. 06
190. 07 19007 FOUNDTI ON	0	231	0	3, 642		190. 07
190. 08 19008 GOSHEN GACC CLINIC	0	0	0	0		190. 08
191. 00 19100 RESEARCH	33	3, 293	0	0		191. 00
192. 00 19200 PHYSI CLANS PRI VATE OFFI CES	0	4	0	0		192. 00
193. 00 19300 NONPAI D WORKERS	0	O	0	0	0	193. 00
200.00 Cross Foot Adjustments			_		_	200. 00
201.00 Negative Cost Centers	70.00	0 440 (35	0	(05.313		201. 00
202.00 TOTAL (sum lines 118 through 201)	70, 824	2, 419, 685	0	625, 912	31, 002	J202. 00

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 01/01/2022 | Part II | To 12/31/2022 | Date/Time Prepared: | 5/30/2023 4:39 pm

	Cost Center Description	HOUSEKEEPI NG	DI ETARY	CAFETERI A	MAINTENANCE OF		
		9.00	10.00	11. 00	PERSONNEL 12.00	ADMI NI STRATI ON 13. 00	
	GENERAL SERVICE COST CENTERS	7.00	10.00	11.00	12.00	13.00	
1.00	00100 CAP REL COSTS-BLDG & FLXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5. 01	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5. 01
5. 02 6. 00	00590 OTHER ADMIN & GENERAL 00600 MAINTENANCE & REPAIRS						5. 02 6. 00
7. 00	00700 OPERATION OF PLANT						7. 00
8. 00	00800 LAUNDRY & LINEN SERVICE						8. 00
9. 00	00900 HOUSEKEEPI NG	49, 333					9. 00
10.00	01000 DI ETARY	363	77, 153				10.00
11. 00	01100 CAFETERI A	675	0	64, 680)		11. 00
12. 00	01200 MAINTENANCE OF PERSONNEL	0	0	C	0		12. 00
13. 00	01300 NURSI NG ADMI NI STRATI ON	191	0	857		471, 335	1
14. 00	01400 CENTRAL SERVICES & SUPPLY	414	0	1, 980		0	14.00
15. 00 16. 00	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	341 717	0	1, 380 1, 336		0 3, 464	15. 00 16. 00
17. 00	01700 SOCIAL SERVICE	172	0	1, 324		16, 874	17. 00
19. 00	01900 NONPHYSICIAN ANESTHETISTS	1,72	0	1, 32-	0	0,074	19. 00
20. 00	02000 NURSI NG PROGRAM	0	ō	C	0	0	20. 00
21. 00	02100 I&R SERVICES-SALARY & FRINGES APPRV	O	О	C	0	0	21. 00
22. 00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	C	0	0	22. 00
23. 00	02300 PARAMED ED PRGM	52	0	C	0	0	23. 00
00.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	1 0/0	/ F F 4 O	40 540		477 400	
30.00	03000 ADULTS & PEDIATRICS	4, 960	65, 549	10, 513			30.00
31. 00 32. 00	03100 I NTENSI VE CARE UNI T 03200 CORONARY CARE UNI T	1, 600	11, 604	2, 605 C		50, 130 0	31. 00 32. 00
33. 00	03300 BURN INTENSIVE CARE UNIT		0			0	33. 00
34. 00	03400 SURGICAL INTENSIVE CARE UNIT		0	C	0	Ö	34. 00
40. 00	04000 SUBPROVI DER - I PF	o	o	C	o o	Ö	40. 00
41.00	04100 SUBPROVI DER - I RF	O	О	C	0	0	41. 00
42.00	04200 SUBPROVI DER	0	0	C	0	0	42. 00
43.00	04300 NURSERY	238	0	4, 345	0	6, 524	43. 00
44. 00	04400 SKILLED NURSING FACILITY	0	0	C	1	0	44. 00
45. 00	04500 NURSING FACILITY	0	0	C	<u> </u>	0	45. 00
46. 00	04600 OTHER LONG TERM CARE ANCI LLARY SERVI CE COST CENTERS	U U	0	C	0	0	46. 00
50. 00	05000 OPERATING ROOM	9, 594	ol	4, 569	0	55, 655	50.00
51. 00	05100 RECOVERY ROOM	509	ō	646		13, 935	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1, 277	О	60		34, 957	52. 00
53.00	05300 ANESTHESI OLOGY	0	0	C	0	0	53. 00
53. 01	05301 PAIN MANAGEMENT	0	0	C	_	0	53. 01
54.00	05400 RADI OLOGY - DI AGNOSTI C	4, 227	0	5, 086		11, 088	54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C	7, 038	0	6, 813		31, 317	55.00
56. 00 56. 01	05600 RADI OI SOTOPE 05601 CARDI AC CATH LAB	192 442	0	454 947		0 7, 083	56. 00 56. 01
57. 00	05700 CT SCAN	107	0	609		7,083	57. 00
58. 00	05800 MRI	243	o	535			1
59.00	05900 CARDI AC CATHETERI ZATI ON	0	O	C	0	0	59. 00
60.00	06000 LABORATORY	933	O	2, 743	0	44	60.00
60. 01	06001 BLOOD LABORATORY	0	0	C	0	0	60. 01
61. 00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		_	_	_	_	61. 00
62. 00 63. 00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	C	0	0	62.00
64. 00	06300 BLOOD STORING PROCESSING & TRANS. 06400 INTRAVENOUS THERAPY	67	0			0	63. 00 64. 00
65. 00	06500 RESPIRATORY THERAPY	420	0	2, 325		1, 951	65. 00
66. 00	06600 PHYSI CAL THERAPY	2, 158	o	2, 299		0	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	498	O	831		0	67. 00
68.00	06800 SPEECH PATHOLOGY	244	0	481	0	0	68. 00
69. 00	06900 ELECTROCARDI OLOGY	753	0	571	0	775	
70. 00	07000 ELECTROENCEPHALOGRAPHY	0	0	C	0	0	70. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	C	0	0	71.00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	C	0	0	72.00
73. 00 74. 00	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS		0			0	73. 00 74. 00
75. 00	07500 ASC (NON-DISTINCT PART)		0	(0	75. 00
76. 00	03950 NUTRITION THERAPY	741	0	237	0	0	76.00
77. 00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	o	207		Ö	77. 00
	OUTPATIENT SERVICE COST CENTERS						
88. 00	08800 RURAL HEALTH CLINIC	0	0	C	0	0	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	C	0	0	89. 00
90.00	09000 CLINIC	350	0	257	0	0	90.00
90. 02 90. 03	O9002 WOUND CLINIC O9003 MOBILE CLINIC	3, 145	0	(0	90. 02 90. 03
70.03	10.000 MODI EL OLI MIO	<u>ı</u>	·		,	<u> </u>	1 70.03

			Т	o 12/31/2022	Date/Time Prep 5/30/2023 4:39	
Cost Center Description	HOUSEKEEPI NG	DIETARY	CAFETERI A	MAINTENANCE OF		7 PIII
oust content besoft per on	HOOSEREEFTING	DI E I MICI	ON ETERIN		ADMI NI STRATI ON	
	9. 00	10.00	11. 00	12.00	13. 00	
91. 00 09100 EMERGENCY	3, 284	0	5, 098	0	59, 258	91. 00
92.00 O9200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
99. 00 09900 CMHC	0	0	C	0	0	99.00
101.00 10100 HOME HEALTH AGENCY	823	0	2, 557	0	-	101. 00
102.00 10200 OPIOLD TREATMENT PROGRAM	0	0	C	0	0	102. 00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113. 00
114.00 11400 UTI LI ZATI ON REVI EW-SNF						114. 00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0		115. 00
116. 00 11600 H0SPI CE	0	0	1, 225		- 1	116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	46, 768	77, 153	62, 683	0	471, 335	118. 00
NONREI MBURSABLE COST CENTERS	4 000		000		0	100.00
190. 00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN	1, 802	0	832	0		190.00
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED 190.02 19002 GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0		190. 01 190. 02
190. 02 19002 GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0		190. 02
190. 04 19004 COMMUNITY RELATIONS	474	0	906	0		190. 03
190. 05 19005 PRI VATE DUTY	4/4	0	700	0		190. 04
190. 06 19006 PROFESSI ONAL DEVELOPMENT		0		0	-	190. 05
190. 07 19007 FOUNDTI ON	289	0	0	0		190. 07
190. 08 19008 GOSHEN GACC CLINIC	0	0	Ö	0	-	190. 08
191. 00 19100 RESEARCH	o	o	259	0		191. 00
192. 00 19200 PHYSI CLANS PRI VATE OFFI CES	o	o	0	0		192. 00
193. 00 19300 NONPALD WORKERS	o	o	C	0	0	193. 00
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	o	o	C	0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	49, 333	77, 153	64, 680	0	471, 335	202. 00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0026

					T	0 12/31/2022	Date/Time Pre 5/30/2023 4:3	
		Cost Center Description	CENTRAL	PHARMACY		SOCIAL SERVICE	NONPHYSI CI AN	
			SERVI CES & SUPPLY		RECORDS & LI BRARY		ANESTHETI STS	
	CENED	AL SERVICE COST CENTERS	14. 00	15. 00	16. 00	17. 00	19. 00	
1.00		AL SERVICE COST CENTERS CAP REL COSTS-BLDG & FIXT						1. 00
2.00	1	CAP REL COSTS-MVBLE EQUIP						2. 00
4.00	1	EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 01 5. 02	1	CASHIERING/ACCOUNTS RECEIVABLE OTHER ADMIN & GENERAL						5. 01 5. 02
6. 00	1	MAINTENANCE & REPAIRS						6.00
7.00	1	OPERATION OF PLANT						7. 00
8.00	1	LAUNDRY & LINEN SERVICE						8. 00
9. 00 10. 00	1	HOUSEKEEPI NG DI ETARY						9. 00 10. 00
11. 00	1	CAFETERI A						11.00
12. 00	1	MAINTENANCE OF PERSONNEL						12. 00
13. 00		NURSING ADMINISTRATION						13. 00
14. 00 15. 00	1	CENTRAL SERVICES & SUPPLY PHARMACY	106, 458 252	221, 363				14. 00 15. 00
16. 00	1	MEDICAL RECORDS & LIBRARY	10	221, 303	137, 211			16. 00
17. 00	1	SOCIAL SERVICE	4	0	0	51, 952		17. 00
19. 00	1	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19. 00
20. 00 21. 00	1	NURSI NG PROGRAM	0	0	0	0		20. 00 21. 00
21.00		I&R SERVICES-SALARY & FRINGES APPRV I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22. 00
23. 00		PARAMED ED PRGM	ō	0		0		23. 00
		IENT ROUTINE SERVICE COST CENTERS		ما				
30. 00 31. 00		ADULTS & PEDIATRICS INTENSIVE CARE UNIT	4, 220 1, 066	0	,	19, 181 3, 636		30. 00 31. 00
32. 00		CORONARY CARE UNIT	0	0	, ,	0,030		32.00
33. 00	1	BURN INTENSIVE CARE UNIT	0	0	0	0		33. 00
34.00	1	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40. 00 41. 00	1	SUBPROVIDER - IPF SUBPROVIDER - IRF	0	0		0		40. 00 41. 00
42. 00		SUBPROVI DER	Ö	0	ő	o		42. 00
43.00	04300	NURSERY	120	0	3, 513	742		43. 00
44. 00	1	SKILLED NURSING FACILITY	0	0	0	0		44. 00
45. 00 46. 00	1	NURSING FACILITY OTHER LONG TERM CARE	0	0		0		45. 00 46. 00
.0.00		LARY SERVICE COST CENTERS	91	<u> </u>		<u> </u>		10.00
50.00	1	OPERATING ROOM	2, 934	0		1, 039		50.00
51. 00 52. 00		RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	95 645	0	1, 229 1, 475	3, 975		51. 00 52. 00
53. 00	1	ANESTHESI OLOGY	0	0	0	0, 7, 0		53. 00
53. 01	1	PAIN MANAGEMENT	0	0	559	0		53. 01
54. 00 55. 00	1	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C	977 1, 693	0	10, 667 9, 929	0		54. 00 55. 00
56. 00	1	RADI OLOGI - I HERAPEUTI C	1, 693	0	3, 734	0		56. 00
56. 01	05601	CARDI AC CATH LAB	1, 745	0		0		56. 01
		CT SCAN	819	0	6, 494	0		57. 00
58. 00 59. 00	05800	MRI CARDI AC CATHETERI ZATI ON	309	0	1, 588 0	0		58. 00 59. 00
60.00		LABORATORY	11, 776	0	7, 565	0		60.00
60. 01	1	BLOOD LABORATORY	0	0	0	0		60. 01
61.00	1	PBP CLINICAL LAB SERVICES-PRGM ONLY WHOLE BLOOD & PACKED RED BLOOD CELL		0				61. 00 62. 00
62. 00 63. 00	1	BLOOD STORING PROCESSING & TRANS.	0	0	0 516	0		63.00
64. 00	1	I NTRAVENOUS THERAPY	Ö	0	0	o		64. 00
65. 00		RESPI RATORY THERAPY	683	0	1, 461	0		65. 00
66. 00 67. 00	1	PHYSI CAL THERAPY	75 23	0	1, 673	0		66. 00 67. 00
68.00	1	OCCUPATIONAL THERAPY SPEECH PATHOLOGY	10	0	716 338	0		68. 00
69. 00	1	ELECTROCARDI OLOGY	19	0	1, 788	0		69. 00
70. 00	1	ELECTROENCEPHALOGRAPHY	0	0	0	0		70. 00
71. 00 72. 00		MEDICAL SUPPLIES CHARGED TO PATIENT IMPL. DEV. CHARGED TO PATIENTS	45, 881 25, 573	0	5, 396	0		71. 00 72. 00
73. 00		DRUGS CHARGED TO PATTENTS	20, 5/3	221, 363	-,	ol		73.00
74.00		RENAL DIALYSIS	5	0	113	0		74. 00
75.00		ASC (NON-DISTINCT PART)	O	0	0	0		75.00
76. 00 77. 00	1	NUTRITION THERAPY ALLOGENEIC STEM CELL ACQUISITION	2	0	63 0	0		76. 00 77. 00
, , . 00		TIENT SERVICE COST CENTERS	<u> </u>	<u> </u>		<u> </u>		,,,,,
88. 00	08800	RURAL HEALTH CLINIC	0	0		0		88. 00
89. 00 90. 00		FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0 53	0		0		89. 00 90. 00
		WOUND CLINIC	211	0				90.00
			ı	- 1		1		•

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0026

			'	0 12/31/2022	5/30/2023 4:3	
Cost Center Description	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE	NONPHYSI CI AN	
	SERVICES &		RECORDS &		ANESTHETI STS	
	SUPPLY		LI BRARY			
	14. 00	15. 00	16. 00	17. 00	19. 00	
90. 03 09003 MOBILE CLINIC	0	0	0	0		90. 03
91. 00 09100 EMERGENCY	2, 892	0	8, 217	23, 379		91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92. 00
OTHER REIMBURSABLE COST CENTERS						
99. 00 09900 CMHC	0	0	0	, , , , , , , , , , , , , , , , , , ,		99. 00
101. 00 10100 HOME HEALTH AGENCY	202	0	490			101. 00
102. 00 10200 OPI OI D TREATMENT PROGRAM	0	U	0	0		102. 00
SPECIAL PURPOSE COST CENTERS 113. 00 11300 NTEREST EXPENSE						113. 00
114. 00 11400 UTI LI ZATI ON REVI EW-SNF						114. 00
115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.)		0	0	0		115. 00
116. 00 11600 HOSPI CE	3, 974	0	1, 099	0		116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	106, 326	221, 363				118. 00
NONREI MBURSABLE COST CENTERS	100, 320	221, 303	137, 211	31, 732		1110.00
190.00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN	116	0	0	0		190. 00
190. 01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	o	0	0	0		190. 01
190.02 19002 GIFT FLOWER COFFEE SHOP & CANTEE	o	0	0	0		190. 02
190. 03 19003 LI FELI NE	o	0	0	0		190. 03
190.04 19004 COMMUNITY RELATIONS	7	0	0	0		190. 04
190. 05 19005 PRI VATE DUTY	0	0	0	0		190. 05
190. 06 19006 PROFESSIONAL DEVELOPMENT	0	0	0	0		190. 06
190. 07 19007 FOUNDTI ON	0	0	0	0		190. 07
190. 08 19008 GOSHEN GACC CLINIC	0	0	0	0		190. 08
191. 00 19100 RESEARCH	9	0	0	0		191. 00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0		192. 00
193. 00 19300 NONPALD WORKERS	0	0	0	0		193. 00
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)	106, 458	221, 363	137, 211	51, 952	0	202. 00

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 01/01/2022 Part II
To 12/31/2022 Date/Time Prepared: 5/30/2023 4:39 pm Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0026

				' ') 12/31/2022	5/30/2023 4:3	
			INTERNS &	RESI DENTS			
	Cost Center Description	NURSI NG	SEDVICES_SALAD	SERVI CES-OTHER	PARAMED ED	Subtotal	
	cost center bescription	PROGRAM	Y & FRINGES	PRGM COSTS	PRGM	Subtotal	
			APPRV	APPRV			
	CENEDAL SERVICE COST CENTERS	20. 00	21.00	22. 00	23. 00	24. 00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT		T				1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 01	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5. 01
5. 02 6. 00	00590 OTHER ADMIN & GENERAL 00600 MAINTENANCE & REPAIRS						5. 02 6. 00
7. 00	00700 OPERATION OF PLANT						7.00
8. 00	00800 LAUNDRY & LINEN SERVICE						8. 00
9.00	00900 HOUSEKEEPI NG						9. 00
10.00	01000 DI ETARY						10.00
11. 00 12. 00	01100 CAFETERIA 01200 MAINTENANCE OF PERSONNEL						11. 00 12. 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 19. 00	01700 SOCIAL SERVICE 01900 NONPHYSICIAN ANESTHETISTS						17. 00 19. 00
20. 00	02000 NURSI NG PROGRAM	(o				20.00
21. 00	02100 I &R SERVICES-SALARY & FRINGES APPRV		0				21. 00
22. 00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV			0			22. 00
23. 00	02300 PARAMED ED PRGM				6, 919		23. 00
30. 00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS					1, 225, 029	30.00
31. 00	03100 I NTENSI VE CARE UNI T					365, 708	31.00
32. 00	03200 CORONARY CARE UNIT					0	32. 00
33. 00	03300 BURN INTENSIVE CARE UNIT					0	33. 00
34. 00 40. 00	03400 SURGICAL INTENSIVE CARE UNIT					0	34.00
41. 00	04000 SUBPROVI DER - I PF 04100 SUBPROVI DER - I RF			•		0	40. 00 41. 00
42. 00	04200 SUBPROVI DER					0	42.00
43.00	04300 NURSERY					145, 500	43. 00
44. 00	04400 SKILLED NURSING FACILITY					0	44.00
45. 00 46. 00	04500 NURSING FACILITY 04600 OTHER LONG TERM CARE					0	45. 00 46. 00
40.00	ANCILLARY SERVICE COST CENTERS					U	1 40.00
50.00	05000 OPERATING ROOM					1, 464, 197	50. 00
51.00	05100 RECOVERY ROOM					106, 771	51.00
52. 00 53. 00	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY					212, 384 0	52. 00 53. 00
53. 00	05301 PALN MANAGEMENT					1, 226	53. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C					1, 090, 537	54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C					1, 483, 344	
56.00	05600 RADI OI SOTOPE					41, 162	
56. 01 57. 00	05601 CARDI AC CATH LAB 05700 CT SCAN					856, 302 42, 906	
58. 00	05800 MRI					34, 369	•
59. 00	05900 CARDI AC CATHETERI ZATI ON					0	59. 00
60.00	06000 LABORATORY					252, 376	60.00
60. 01 61. 00	06001 BLOOD LABORATORY 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY			•		0	60. 01 61. 00
62. 00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL			•		0	62.00
63. 00	06300 BLOOD STORING PROCESSING & TRANS.					6, 373	1
64. 00	06400 INTRAVENOUS THERAPY					775	1
65. 00	06500 RESPI RATORY THERAPY					227, 128	65. 00
66. 00 67. 00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY					246, 225 67, 701	1
68. 00	06800 SPEECH PATHOLOGY					28, 892	68.00
69. 00	06900 ELECTROCARDI OLOGY					79, 269	
70. 00	07000 ELECTROENCEPHALOGRAPHY					0	70. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT					185, 361	1
72. 00 73. 00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS					103, 560 670, 849	72. 00 73. 00
74.00	07400 RENAL DIALYSIS					3, 988	
75. 00	07500 ASC (NON-DISTINCT PART)					0	75. 00
76. 00	03950 NUTRITION THERAPY					63, 269	76. 00
77. 00	07700 ALLOGENEIC STEM CELL ACQUISITION					0	77. 00
88. 00	OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC					0	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER					0	
	· '				'		

| Peri od: | Worksheet B | From 01/01/2022 | Part | I | To | 12/31/2022 | Date/Time | Prepared:

			Т	o 12/31/2022	Date/Time Pre 5/30/2023 4:3	
		I NTERNS &	RESI DENTS		07 007 2020 1. 0) piii
Cost Center Description	NURSI NG	SERVI CES-SALAR	SERVI CES-OTHER	PARAMED ED	Subtotal	
	PROGRAM	Y & FRINGES	PRGM COSTS	PRGM		
		APPRV	APPRV			
	20. 00	21. 00	22. 00	23. 00	24. 00	
90. 00 09000 CLI NI C					31, 034	
90. 02 09002 WOUND CLINIC					273, 088	
90. 03 09003 MOBILE CLINIC					0	
91. 00 09100 EMERGENCY					558, 804	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92. 00
99. 00 09900 CMHC		T	T		0	99. 00
101.00 10100 HOME HEALTH AGENCY		-			129, 247	
102.00 10200 OPI OI D TREATMENT PROGRAM		}				101.00
SPECIAL PURPOSE COST CENTERS					0	102.00
113. 00 11300 INTEREST EXPENSE						113. 00
114. 00 11400 UTI LI ZATI ON REVI EW-SNF						114. 00
115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.)					0	115. 00
116. 00 11600 HOSPI CE					40, 632	
118.00 SUBTOTALS (SUM OF LINES 1 through 117)			0	o	10, 038, 006	
NONREI MBURSABLE COST CENTERS				-	.,,	
190.00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN					214, 738	190. 00
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED					0	190. 01
190.02 19002 GIFT FLOWER COFFEE SHOP & CANTEE					0	190. 02
190. 03 19003 LI FELI NE					0	190. 03
190. 04 19004 COMMUNITY RELATIONS					118, 138	190. 04
190. 05 19005 PRI VATE DUTY					0	190. 05
190. 06 19006 PROFESSI ONAL DEVELOPMENT					28, 575	190. 06
190. 07 19007 FOUNDTI ON					23, 369	190. 07
190. 08 19008 GOSHEN GACC CLINIC						190. 08
191. 00 19100 RESEARCH						191. 00
192.00 19200 PHYSICIANS PRIVATE OFFICES						192. 00
193.00 19300 NONPALD WORKERS						193. 00
200.00 Cross Foot Adjustments	C	0	0	6, 919		200. 00
201.00 Negative Cost Centers	[C	0	0	0		201. 00
202.00 TOTAL (sum lines 118 through 201)	l c	0	0	6, 919	10, 433, 432	J202. 00

In Lieu of Form CMS-2552-10
Worksheet B
01/2022 Part II
031/2022 Date/Time Prepared:
5/30/2023 4:39 pm Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS GOSHEN HOSPITAL Provider CCN: 15-0026 Peri od: From 01/01/2022 To 12/31/2022 Intern & Residents Cost & Post Cost Center Description Total

	& Post Stepdown			
	Adjustments			
	25. 00	26. 00		
GENERAL SERVICE COST CENTERS	T			
1. 00 00100 CAP REL COSTS-BLDG & FLXT 2. 00 00200 CAP REL COSTS-MVBLE EQUIP				1. 00 2. 00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5. 01 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE				5. 01
5. 02 00590 OTHER ADMIN & GENERAL				5. 02
6.00 00600 MAINTENANCE & REPAIRS				6. 00
7.00 O0700 OPERATION OF PLANT				7. 00
8. 00 00800 LAUNDRY & LINEN SERVICE				8. 00
9. 00 00900 HOUSEKEEPI NG 10. 00 01000 DI ETARY				9.00
10. 00 01000 DI ETARY 11. 00 01100 CAFETERI A				10.00
12. 00 01200 MAI NTENANCE OF PERSONNEL				12.00
13. 00 01300 NURSI NG ADMI NI STRATI ON				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
19. 00 01900 NONPHYSI CLAN ANESTHETI STS				19.00
20. 00 02000 NURSING PROGRAM 21. 00 02100 L&R SERVICES-SALARY & FRINGES APPRV				20.00
22. 00 02200 1&R SERVICES-SALARY & FRINGES APPRV				22.00
23. 00 02300 PARAMED ED PRGM				23. 00
INPATIENT ROUTINE SERVICE COST CENTERS				
30. 00 03000 ADULTS & PEDI ATRI CS	0	1, 225, 029		30. 00
31.00 03100 INTENSIVE CARE UNIT	0	365, 708		31. 00
32. 00 03200 CORONARY CARE UNIT	0	0		32. 00
33. 00 03300 BURN INTENSIVE CARE UNIT	0	0		33.00
34. 00 03400 SURGI CAL INTENSI VE CARE UNIT 40. 00 04000 SUBPROVI DER - IPF	0	0		34. 00 40. 00
41. 00 04100 SUBPROVI DER		0		41.00
42. 00 04200 SUBPROVI DER	0	0		42. 00
43. 00 04300 NURSERY	O	145, 500		43. 00
44.00 04400 SKILLED NURSING FACILITY	0	0		44. 00
45.00 04500 NURSING FACILITY	0	0		45. 00
46. 00 O4600 OTHER LONG TERM CARE	0	0		46. 00
ANCI LLARY SERVI CE COST CENTERS		1 464 107		E0 00
50. 00 05000 0PERATI NG ROOM 51. 00 05100 RECOVERY ROOM	0 0	1, 464, 197 106, 771		50. 00 51. 00
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0	212, 384		52.00
53. 00 05300 ANESTHESI OLOGY	0	0		53. 00
53. 01 05301 PAI N MANAGEMENT	0	1, 226		53. 01
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	1, 090, 537		54. 00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	1, 483, 344		55. 00
56. 00 05600 RADI 0I SOTOPE	0	41, 162		56.00
56. 01 05601 CARDI AC CATH LAB	0	856, 302		56. 01
57. 00 05700 CT SCAN 58. 00 05800 MRI	0	42, 906 24, 260		57. 00 58. 00
59. 00 05800 MRT 59. 00 05900 CARDI AC CATHETERI ZATI ON	0	34, 369		59.00
60. 00 06000 LABORATORY	0	252, 376		60.00
60. 01 06001 BLOOD LABORATORY	o	0		60. 01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62. 00
63.00 06300 BLOOD STORING PROCESSING & TRANS.	0	6, 373		63. 00
64. 00 06400 I NTRAVENOUS THERAPY	0	775		64.00
65. 00 06500 RESPIRATORY THERAPY	0	227, 128		65. 00
66. 00 06600 PHYSI CAL THERAPY 67. 00 06700 OCCUPATI ONAL THERAPY	0	246, 225 67, 701		66. 00 67. 00
68. 00 06800 SPEECH PATHOLOGY		28, 892		68.00
69. 00 06900 ELECTROCARDI OLOGY		79, 269		69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY		0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	185, 361		71. 00
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	103, 560		72. 00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	670, 849		73. 00
74. 00 07400 RENAL DI ALYSI S	0	3, 988		74. 00
75. 00 07500 ASC (NON-DISTINCT PART)	0	62 240		75.00
76.00 03950 NUTRITION THERAPY 77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0 0	63, 269 0		76. 00 77. 00
OUTPATIENT SERVICE COST CENTERS	<u> </u>	U	<u> </u>	, , ,
88. 00 08800 RURAL HEALTH CLINIC	0	0		88. 00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	o	0		89. 00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 15-0026	Peri od:	Worksheet B
		From 01/01/2022	Part II
		To 12/31/2022	Date/Time Prepared:
			5/30/2023 4:39 pm

				To 12/31/2022	Date/Time Prepared: 5/30/2023 4:39 pm
Cost Center Description	In	tern &	Total		5/30/2023 4: 39 pill
cost center bescriptron		ents Cost	iotai		
		Post			
		epdown			
		ustments			
		25. 00	26. 00		
90. 00 09000 CLI NI C	2	0	31, 034		90.00
90. 02 09002 WOUND CLI NI C		o	273, 088		90. 02
90. 03 09003 MOBI LE CLINI C		o	270,000		90. 03
91. 00 09100 EMERGENCY		o	558, 804		91.00
92. 00 09200 OBSERVATION BEDS (NON-DIST	INCT PART	o o	000, 001		92.00
OTHER REIMBURSABLE COST CENTERS	11101 171101	<u> </u>			72. 00
99. 00 09900 CMHC		0	0		99. 00
101.00 10100 HOME HEALTH AGENCY		o	129, 247		101.00
102.00 10200 OPI OI D TREATMENT PROGRAM		o	o		102. 00
SPECIAL PURPOSE COST CENTERS	<u> </u>	•			
113.00 11300 INTEREST EXPENSE					113. 00
114.00 11400 UTILIZATION REVIEW-SNF					114. 00
115.00 11500 AMBULATORY SURGICAL CENTER	(D. P.)	0	0		115. 00
116. 00 11600 HOSPI CE		0	40, 632		116. 00
118.00 SUBTOTALS (SUM OF LINES 1	through 117)	0	10, 038, 006		118. 00
NONREI MBURSABLE COST CENTERS					
190.00 19000 GIFT FLOWER COFFEE SHOP	& CANTEEN	0	214, 738		190. 00
190. 01 19001 OTHER NR/CHP-GRANT I/COMMU	NITY ED	0	0		190. 01
190. 02 19002 GIFT FLOWER COFFEE SHOP	& CANTEE	0	0		190. 02
190. 03 19003 LI FELI NE		0	0		190. 03
190.04 19004 COMMUNITY RELATIONS		0	118, 138		190. 04
190. 05 19005 PRI VATE DUTY		0	0		190. 05
190. 06 19006 PROFESSI ONAL DEVELOPMENT		0	28, 575		190. 06
190. 07 19007 FOUNDTI ON		0	23, 369		190. 07
190.08 19008 GOSHEN GACC CLINIC		0	0		190. 08
191. 00 19100 RESEARCH		O	3, 683		191. 00
192.00 19200 PHYSICIANS PRIVATE OFFICES		O	4		192. 00
193.00 19300 NONPALD WORKERS		O	0		193. 00
200.00 Cross Foot Adjustments		o	6, 919		200. 00
201.00 Negative Cost Centers		O	0		201. 00
202.00 TOTAL (sum lines 118 throu	gh 201)	О	10, 433, 432		202. 00

| Period: | Worksheet B-1 | From 01/01/2022 | To 12/31/2022 | Date/Time Prepared: Provi der CCN: 15-0026

					To 12/31/2022		
		CAPITAL REI	LATED COSTS			5/30/2023 4: 3	9 pm
	Cost Contor Dosorintian	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	CASHLEDI NC (ACC	Reconciliation	
	Cost Center Description	(SQUARE FEET)		BENEFITS	OUNTS	Reconciliation	
				DEPARTMENT	RECEI VABLE		
				(GROSS SALARI ES)	(GROSS CHARGES)		
		1.00	2.00	4. 00	5. 01	5A. 02	
	GENERAL SERVI CE COST CENTERS						
1. 00 2. 00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP	377, 341	7, 363, 506				1. 00 2. 00
4. 00	00400 EMPLOYEE BENEFITS DEPARTMENT	4, 528		1	4		4. 00
5. 01	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	6, 508	l .	1, 114, 30		l	5. 01
5. 02	00590 OTHER ADMIN & GENERAL	30, 378	2, 399, 246			-31, 275, 010	5. 02
6. 00 7. 00	00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT	26, 556	327, 974		0	0	6. 00 7. 00
8.00	00800 LAUNDRY & LINEN SERVICE	1, 847	0	43, 47		0	8. 00
9.00	00900 HOUSEKEEPI NG	479				0	9. 00
10. 00 11. 00	01000 DI ETARY 01100 CAFETERI A	2, 258 4, 199	l ·			0 0	10. 00 11. 00
12. 00	01200 MAINTENANCE OF PERSONNEL	0			o o	ő	12. 00
13. 00	01300 NURSING ADMINISTRATION	1, 191	460, 962			0	13. 00
14. 00 15. 00	O1400 CENTRAL SERVI CES & SUPPLY O1500 PHARMACY	2, 575 2, 124				0 0	14. 00 15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY	4, 465	1			0	16. 00
17. 00	01700 SOCI AL SERVI CE	1, 068	1	1, 200, 92		0	17. 00
19.00	01900 NONPHYSICIAN ANESTHETISTS 02000 NURSING PROGRAM	0	0		0	0	19.00
20. 00 21. 00	02100 I &R SERVI CES-SALARY & FRINGES APPRV		0			0	20. 00 21. 00
22. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRV	0	0		0	0	22. 00
23. 00	02300 PARAMED ED PRGM	325	0		0	0	23. 00
30. 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	30, 871	244, 570	11, 828, 76	30, 955, 235	0	30. 00
31. 00	03100 NTENSIVE CARE UNIT	9, 960				0	31. 00
32.00	03200 CORONARY CARE UNIT	0	0	9	0	0	32.00
33. 00 34. 00	03300 BURN INTENSIVE CARE UNIT 03400 SURGICAL INTENSIVE CARE UNIT	0	0			0	33. 00 34. 00
40. 00	04000 SUBPROVI DER - I PF	Ö	Ö		o o	ő	40. 00
41.00	04100 SUBPROVI DER - I RF	0	0	(0	0	41.00
42. 00 43. 00	04200 SUBPROVI DER 04300 NURSERY	1, 483	93, 864	5, 156, 60	0 3 19, 959, 276	0	42. 00 43. 00
44. 00	04400 SKILLED NURSING FACILITY	0	0	(0	0	44. 00
45. 00 46. 00	04500 NURSING FACILITY 04600 OTHER LONG TERM CARE	0			0	0 1 0	45. 00 46. 00
40.00	ANCI LLARY SERVI CE COST CENTERS		<u> </u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5 0	0	40.00
50.00	05000 OPERATING ROOM	59, 715					50. 00
51. 00 52. 00	O5100 RECOVERY ROOM O5200 DELI VERY ROOM & LABOR ROOM	3, 170 7, 946	l ·		6, 983, 860 8, 379, 988	0 0	51. 00 52. 00
53. 00	05300 ANESTHESI OLOGY	7, 940	35, 269		0, 374, 488	0	53. 00
53. 01	05301 PAIN MANAGEMENT	0	1		3, 175, 445	i e	53. 01
54.00	05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C	26, 306		4, 958, 440		0	54.00
55. 00 56. 00	05600 RADI OLOGY - THERAPEUTI C	43, 807 1, 196				0	55. 00 56. 00
56. 01	05601 CARDI AC CATH LAB	2, 748		1, 253, 31	41, 523, 806	0	56. 01
57. 00	05700 CT SCAN	667	l .	588, 26		l	57. 00
58. 00 59. 00	05800 MRI 05900 CARDI AC CATHETERI ZATI ON	1, 510	0	513, 26	7 9, 021, 069 0 0	0	58. 00 59. 00
60.00	06000 LABORATORY	5, 809	17, 556	2, 939, 71	42, 981, 344	0	60.00
60. 01	06001 BLOOD LABORATORY	0	0	(0	0	60. 01
61. 00 62. 00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	1	0	0	61. 00 62. 00
63. 00	06300 BLOOD STORING PROCESSING & TRANS.	414	Ö		2, 931, 471	ő	63. 00
64. 00	06400 I NTRAVENOUS THERAPY	0			2, 005	0	64. 00
65. 00	06500 RESPI RATORY THERAPY	2, 611	161, 080 28, 225			l e	65. 00
66. 00 67. 00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	13, 433 3, 100		3, 254, 33 ⁻ 12			66. 00 67. 00
68. 00	06800 SPEECH PATHOLOGY	1, 517	2, 713		1, 923, 041	0	68. 00
69. 00	06900 ELECTROCARDI OLOGY	4, 684		427, 47	10, 159, 779	l e	69. 00
70. 00 71. 00	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	_		0 30, 656, 334	0 1 0	70. 00 71. 00
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	Ö	_		17, 800, 597	ő	72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	_	1	213, 915, 750	i e	73. 00
74. 00 75. 00	07400 RENAL DI ALYSI S 07500 ASC (NON-DI STI NCT PART)	0	0		642, 075	0 0	74. 00 75. 00
	03950 NUTRI TI ON THERAPY	4, 610	Ö	197, 04	359, 917	0	76. 00
77. 00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0		0	0	77. 00

				1	0 12/31/2022	5/30/2023 4:39	
		CAPITAL REL	ATED COSTS			373072023 4.3	7 DIII
	Cost Center Description	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	CASHI ERI NG/ACC	Reconciliation	
		(SQUARE FEET)	(DOLLAR VALUE)	BENEFITS	OUNTS		
				DEPARTMENT	RECEI VABLE		
				(GROSS	(GROSS		
				SALARI ES)	CHARGES)		
		1.00	2. 00	4. 00	5. 01	5A. 02	
	TIENT SERVICE COST CENTERS	_	_		_	_	
	RURAL HEALTH CLINIC	0	0	0	_	1	88. 00
	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		0	89. 00
	CLINIC	2, 180	647	284, 589		0	90. 00
	WOUND CLINIC	19, 574	4, 247	28			90. 02
	MOBILE CLINIC	0	0	0	_	0	90. 03
1 1	EMERGENCY	20, 438	88, 636	5, 573, 248	46, 688, 909	0	91. 00
	OBSERVATION BEDS (NON-DISTINCT PART						92. 00
	REIMBURSABLE COST CENTERS						
99. 00 09900		0	0	0			99. 00
	HOME HEALTH AGENCY	5, 125	18, 916	2, 483, 485			101.00
	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102. 00
	AL PURPOSE COST CENTERS				I		112 00
	I NTEREST EXPENSE						113.00
	UTILIZATION REVIEW-SNF			0			114. 00 115. 00
	AMBULATORY SURGICAL CENTER (D. P.)	0	0	1 100 400	(245 722		116. 00
116. 00 11600 118. 00		2/1 275	7 274 501	1, 180, 482			
	SUBTOTALS (SUM OF LINES 1 through 117) MBURSABLE COST CENTERS	361, 375	7, 274, 591	88, 161, 975	779, 605, 423	-31, 275, 010	118.00
	GIFT FLOWER COFFEE SHOP & CANTEEN	11, 217	62, 172	532, 627	80, 380		190. 00
	OTHER NR/CHP-GRANT I/COMMUNITY ED	11, 217	02, 172	032, 027			190. 00
	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	_		190. 01
190. 03 19003		0	0	0	0		190. 02
	COMMUNITY RELATIONS	2, 949	26, 743	756, 754	0		190. 03
	PRI VATE DUTY	2, , 1,	20, 7 10	700, 701	0		190. 05
	PROFESSIONAL DEVELOPMENT	0	0	4, 731	0		190. 06
190. 07 19007		1, 800	0	1, 731	0		190. 07
	GOSHEN GACC CLINIC	0.7000	0	0	0		190. 08
191. 00 19100		0	0	156, 457	_		191. 00
	PHYSICIANS PRIVATE OFFICES	0	0	0			192. 00
	NONPAI D WORKERS	0	0	0	0		193. 00
	Cross Foot Adjustments	J		· ·	J		200. 00
1 1	Negative Cost Centers					1	201. 00
	Cost to be allocated (per Wkst. B,	4, 026, 468	6, 406, 964	23, 685, 618	3, 241, 538		202. 00
	Part I)	.,,	5, 125, 121		2, 2 , 222		
203. 00	Unit cost multiplier (Wkst. B, Part I)	10. 670635	0. 870097	0. 264311	0. 004156		203. 00
	Cost to be allocated (per Wkst. B,			51, 136			204. 00
	Part II)			·			
205.00	Unit cost multiplier (Wkst. B, Part			0. 000571	0. 000091		205. 00
206.00	NAHE adjustment amount to be allocated						206. 00
	(per Wkst. B-2)						
	NAHE unit cost multiplier (Wkst. D,						207. 00
	Parts III and IV)						

Heal th Financial Systems

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

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

Date/Time Prepared:
5/30/2023 4: 39 pm

Cost Center Description

COST CENTERS

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	Cost Center Description	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF	HOUSEKEEPI NG (SQUARE FEET)	
		5. 02	6.00	7. 00	LAUNDRY) 8. 00	9. 00	
	GENERAL SERVICE COST CENTERS	0.02	0.00	7.00	0. 00	7. 00	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2. 00 4. 00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4. 00 5. 01	00400 EMPLOYEE BENEFITS DEPARTMENT 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						4. 00 5. 01
5. 02	00590 OTHER ADMIN & GENERAL	206, 632, 910					5. 02
6. 00	00600 MAINTENANCE & REPAIRS	0	o				6. 00
7.00	00700 OPERATION OF PLANT	4, 854, 831	0	309, 371			7. 00
8.00	00800 LAUNDRY & LINEN SERVICE	643, 134	I .	1, 847	638, 321		8. 00
9.00	00900 HOUSEKEEPI NG	2, 274, 746	l e	479	0	307, 045	9. 00
10. 00 11. 00	01000 DI ETARY 01100 CAFETERI A	919, 969	l .	_,,		2, 258 4, 199	10. 00 11. 00
12. 00	01200 MAINTENANCE OF PERSONNEL	890, 663	1		0	4, 199	12.00
13. 00	01300 NURSING ADMINISTRATION	4, 489, 678	Ί	1, 191	0	1, 191	13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY	1, 161, 831	l .	2, 575	0	2, 575	14. 00
15.00	01500 PHARMACY	3, 254, 000	0	2, 124	0	2, 124	15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY	4, 198, 045	1	4, 465	0	4, 465	
17. 00	01700 SOCIAL SERVICE	1, 612, 503	0	1, 068	0	1, 068	17. 00
19. 00 20. 00	01900 NONPHYSICIAN ANESTHETISTS 02000 NURSING PROGRAM	0		0	0	0	19. 00 20. 00
21. 00	02100 &R SERVICES-SALARY & FRINGES APPRV				0		21. 00
22. 00	02200 I &R SERVI CES-OTHER PRGM COSTS APPRV			ő	0	Ö	22. 00
23. 00	02300 PARAMED ED PRGM	234, 034	0	325	0	325	23. 00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	27, 145, 494	l e		114, 508		30. 00
31.00	03100 NTENSIVE CARE UNIT	4, 803, 473	0	9, 960	78, 464	1	31.00
32. 00 33. 00	03200 CORONARY CARE UNIT 03300 BURN INTENSIVE CARE UNIT	0		0	0	0 0	32. 00 33. 00
34. 00	03400 SURGICAL INTENSIVE CARE UNIT				0		34. 00
40. 00	04000 SUBPROVI DER - I PF			ő	0	ĺ	40. 00
41. 00	04100 SUBPROVI DER - I RF	0	o	Ō	0	0	41. 00
42.00	04200 SUBPROVI DER	0	0	0	0	0	42. 00
43.00	04300 NURSERY	2, 114, 581	0	1, 483	0	1, 483	
44. 00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45. 00 46. 00	04500 NURSING FACILITY 04600 OTHER LONG TERM CARE	0		0	0	0 0	45. 00 46. 00
40.00	ANCI LLARY SERVI CE COST CENTERS		,,	1 0	0		40.00
50.00	05000 OPERATING ROOM	11, 692, 962	2 0	59, 715	172, 072	59, 715	50. 00
51.00	05100 RECOVERY ROOM	1, 203, 199	0	3, 170	0	3, 170	51. 00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3, 216, 203	0	7, 946	0	7, 946	52.00
53.00	05300 ANESTHESI OLOGY	0	0	0	0	0	53. 00
53. 01 54. 00	05301 PAIN MANAGEMENT	32, 266	l .	0	20 150	0	53. 01
55. 00	05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C	7, 722, 425 16, 762, 239		26, 306 43, 807	39, 158 0	26, 306 43, 807	54. 00 55. 00
56. 00	05600 RADI OI SOTOPE	919, 585	1	1, 196	14, 096	l	56. 00
56. 01	05601 CARDI AC CATH LAB	5, 482, 961	1	2, 748		2, 748	56. 01
57.00	05700 CT SCAN	1, 841, 251	0	667	23, 802	667	57. 00
	05800 MRI	882, 179	0	1, 510	5, 852	1, 510	
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	0	. 0	0	0	59. 00
60. 00 60. 01	06000 LABORATORY 06001 BLOOD LABORATORY	11, 503, 958	3	5, 809	0	5, 809	60.00
61. 00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY)	0	U	0	60. 01 61. 00
62. 00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00
63. 00	06300 BLOOD STORING PROCESSING & TRANS.	22, 820	o	414	0	414	63. 00
64.00	06400 I NTRAVENOUS THERAPY	344	· O	0	0	0	64. 00
65. 00	06500 RESPI RATORY THERAPY	3, 841, 489	I .	2, 611	0	2, 611	
66. 00	06600 PHYSI CAL THERAPY	3, 605, 755	I .	13, 433	0	13, 433	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	889, 526	l l	3, 100	0	3, 100	67.00
68. 00 69. 00	06900 ELECTROCARDI OLOGY	514, 708 731, 268	l l	1, 517 4, 684	0	1, 517 4, 684	68. 00 69. 00
70. 00	07000 ELECTROENCEPHALOGRAPHY	731, 200	l .	1, 004	0	0	70. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	11, 212, 143	0	ō	0	0	71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	6, 253, 937	l .	0	0	0	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	33, 519, 676	1	0	0	0	73. 00
74.00	07400 RENAL DIALYSIS	325, 520	1	0	0	0	74.00
75. 00	07500 ASC (NON-DISTINCT PART)	304.060	1	0	0	0	75.00
76. 00 77. 00	03950 NUTRITION THERAPY 07700 ALLOGENEIC STEM CELL ACQUISITION	304, 060	1	4, 610 0	0	4, 610 0	76. 00 77. 00
77.00	OUTPATIENT SERVICE COST CENTERS		,, 0	· · · · · · · · · · · · · · · · · · ·	0		77.00
88. 00	08800 RURAL HEALTH CLINIC	0) 0	0	0	0	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	1		0		89. 00
90. 00	09000 CLI NI C	137, 692	2 0	2, 180	0	2, 180	90. 00

Hearth Financial Systems	GOSHEN H	USPLIAL		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provi der CO	CN: 15-0026 P	eri od:	Worksheet B-1	
				rom 01/01/2022	D-+- /T: D	
			Į l	o 12/31/2022	Date/Time Pre 5/30/2023 4:3	
Cost Center Description	OTHED ADMIN &	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	7 DIII
cost center bescription	GENERAL	REPAI RS	PLANT	LINEN SERVICE	(SQUARE FEET)	
	(ACCUM. COST)			(POUNDS OF	(SQUARE TELT)	
	(ACCOM. COST)	(SQUARE FEET)	(SQUARE LELT)	LAUNDRY)		
	5. 02	6.00	7. 00	8. 00	9. 00	
90. 02 09002 WOUND CLI NI C	1, 384, 170		19, 574		19, 574	90. 02
90. 03 09003 MOBILE CLINIC	1, 304, 170		19, 3/4		19, 374	90.02
91. 00 09100 EMERGENCY	8, 833, 571		20, 438	9	20, 438	
	8, 833, 571	0	20, 438	190, 369	20, 438	ł
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92. 00
		1 0			0	00.00
99. 00 09900 CMHC	0 505 7/4	_	5 405	_	0	99.00
101.00 10100 HOME HEALTH AGENCY	3, 585, 761	l .	5, 125		-	101. 00
102.00 10200 OPIOLD TREATMENT PROGRAM	0	0	C	0	0	102. 00
SPECIAL PURPOSE COST CENTERS	T	T	T	T		
113. 00 11300 I NTEREST EXPENSE						113. 00
114.00 11400 UTI LI ZATI ON REVI EW-SNF						114. 00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115. 00
116. 00 11600 HOSPI CE	2, 825, 981	0	C	0		116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	197, 844, 631	0	293, 405	638, 321	291, 079	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN	1, 297, 525	0	11, 217	0	11, 217	190. 00
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	C	0	0	190. 01
190.02 19002 GIFT FLOWER COFFEE SHOP & CANTEE	0	0	C	0	0	190. 02
190. 03 19003 LI FELI NE	0	0	l c	0	0	190. 03
190. 04 19004 COMMUNITY RELATIONS	4, 749, 473	0	2, 949	0	2, 949	190. 04
190. 05 19005 PRI VATE DUTY	0	0	· 0	0	0	190. 05
190. 06 19006 PROFESSI ONAL DEVELOPMENT	2, 439, 988	0	l d	0	0	190. 06
190. 07 19007 FOUNDTI ON	19, 718		1, 800	0		190. 07
190. 08 19008 GOSHEN GACC CLINIC	17,710		1,000	o o		190. 08
191. 00 19100 RESEARCH	281, 206		Ĭ	o o		191. 00
192. 00 19200 PHYSI CLANS PRI VATE OFFI CES	369		٦			192. 00
193. 00 19300 NONPALD WORKERS	0					193. 00
200.00 Cross Foot Adjustments				· O	U	200. 00
201.00 Negative Cost Centers						200.00
	21 275 010		E E00 434	772 047	2 (27 (04	ł
202.00 Cost to be allocated (per Wkst. B, Part I)	31, 275, 010	0	5, 589, 634	773, 847	2, 627, 694	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0 151355	0. 000000	10 0/7727	1 212214	8. 558009	202 00
	0. 151355					
204.00 Cost to be allocated (per Wkst. B,	2, 419, 685	0	625, 912	31, 002	49, 333	204.00
Part II)	0 044740	0 000000	0.00047/	0.0405/0	0.4/0/70	005 00
205.00 Unit cost multiplier (Wkst. B, Part	0. 011710	0. 000000	2. 023176	0. 048568	0. 160670	205.00
11)						00/ 00
NAHE adjustment amount to be allocated						206. 00
(per Wkst. B-2)						207.00
207.00 NAHE unit cost multiplier (Wkst. D,						207. 00
Parts III and IV)	I	I	I	1		I

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS GOSHEN HOSPITAL In Lieu of Form CMS-2552-10 Provider CCN: 15-0026 Peri od: Worksheet B-1 From 01/01/2022 To 12/31/2022 DIETARY CAFETERIA MAINTENANCE OF NURSING CENTRAL (MEALS SERVED) (MANHOURS) DEDSONNEL ADMINISTRATION OF SERVED. Cost Center Description

	Cost Center Description	(MEALS SERVED)	(MANHOURS)	(NUMBER	ADMI NI STRATI ON	CENTRAL SERVICES & SUPPLY	
				HOUSED)	(DIRECT NRSING HRS)	(COSTED REQUIS.)	
	ASSUSTANCE ASSET ASSUTED	10.00	11. 00	12.00	13. 00	14. 00	
1. 00	GENERAL SERVICE COST CENTERS 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 5. 02	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 00590 OTHER ADMI N & GENERAL						5. 01 5. 02
6.00	00600 MAI NTENANCE & REPAI RS			•			6. 00
7.00	00700 OPERATION OF PLANT						7. 00
8. 00 9. 00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING						8. 00 9. 00
10. 00	01000 DI ETARY	58, 303					10.00
11. 00	01100 CAFETERI A	0	1, 658, 390				11. 00
12.00	01200 MAI NTENANCE OF PERSONNEL	0	0	0	FFO 142		12.00
13. 00 14. 00	01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY	0	21, 979 50, 765	l .		25, 724, 108	13. 00 14. 00
15. 00	01500 PHARMACY	0	35, 388	1	_	60, 931	15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY	0	34, 257	1	.,	2, 503	1
17. 00 19. 00	01700 SOCIAL SERVICE 01900 NONPHYSICIAN ANESTHETISTS	0	33, 945 0		19, 695 0	957 0	17. 00 19. 00
20. 00	02000 NURSI NG PROGRAM	0	0	Ö		0	20.00
21. 00	02100 &R SERVICES-SALARY & FRINGES APPRV	0	0	0	o	0	21. 00
22. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	· ·	0	22. 00
23. 00	02300 PARAMED ED PRGM INPATIENT ROUTINE SERVICE COST CENTERS	<u> </u>	0	0	0	0	23. 00
30. 00	03000 ADULTS & PEDIATRICS	49, 534	269, 538	0	207, 159	1, 019, 858	30. 00
31.00	03100 NTENSI VE CARE UNI T	8, 769	66, 787	i		257, 515	31.00
32. 00 33. 00	03200 CORONARY CARE UNIT 03300 BURN INTENSIVE CARE UNIT	0	0	0	· ·	0	32. 00 33. 00
34. 00	03400 SURGICAL INTENSIVE CARE UNIT	O	0	Ö	· ·	0	34. 00
40. 00	04000 SUBPROVI DER - I PF	0	0	0	o	0	40. 00
41. 00 42. 00	04100 SUBPROVI DER - I RF 04200 SUBPROVI DER	0	0	0	0	0	41. 00 42. 00
43. 00	04300 NURSERY	0	111, 400		7, 615	29, 096	42.00
44. 00	04400 SKILLED NURSING FACILITY	0	0	0	l	0	44. 00
45. 00	04500 NURSING FACILITY	0	0	0	l .	0	45. 00
46. 00	04600 OTHER LONG TERM CARE ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	46. 00
50.00	05000 OPERATI NG ROOM	0	117, 140	0	64, 961	708, 998	
51.00	05100 RECOVERY ROOM	0	16, 569	1		22, 947	51.00
52. 00 53. 00	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY	0	1, 529 0	1		155, 902 0	52. 00 53. 00
53. 01	05301 PAIN MANAGEMENT	o	0	ő		38	53. 01
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	130, 410	1		236, 062	1
55. 00 56. 00	05500 RADI OLSOTORE	0	174, 676	1		409, 235	1
56. 00	05600 RADI OI SOTOPE 05601 CARDI AC CATH LAB	0	11, 648 24, 291	1	l .	14, 081 421, 602	
	05700 CT SCAN	0	15, 608		0	197, 842	
58. 00		0	13, 710			74, 635	1
59. 00 60. 00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	0	0 70, 327	1	- I	0 2, 845, 702	59. 00 60. 00
60. 01	06001 BLOOD LABORATORY	o	70, 327	1		2, 043, 702	60. 01
61. 00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61. 00
62. 00 63. 00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL 06300 BLOOD STORING PROCESSING & TRANS.	0	0	0	- I	0	62. 00 63. 00
64. 00	06400 I NTRAVENOUS THERAPY	0	0	0		31	64. 00
65. 00	06500 RESPIRATORY THERAPY	0	59, 624	0	2, 277	165, 103	ł
66.00	06600 PHYSI CAL THERAPY	0	58, 944	1	[·	18, 013	1
67. 00 68. 00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	0	21, 294 12, 327	I		5, 571 2, 498	1
69. 00	06900 ELECTROCARDI OLOGY		14, 642		-	4, 572	1
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		0	70. 00
71. 00 72. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	11, 084, 735 6, 179, 958	1
72.00	07300 DRUGS CHARGED TO PATIENTS		0	0		6, 179, 9 58 0	72.00
74. 00	07400 RENAL DI ALYSI S	0	0	Ö	o	1, 244	1
75. 00	07500 ASC (NON-DISTINCT PART)	0	0	0		0	
76. 00 77. 00	03950 NUTRITION THERAPY 07700 ALLOGENEIC STEM CELL ACQUISITION	0	6, 078 0	1	· ·	536 0	76. 00 77. 00
, , . 00	OUTPATIENT SERVICE COST CENTERS	<u> </u>			<u> </u>		,,
88. 00		0	0	1		0	ł
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89. 00

Health Financial Systems GOSHEN HOSPITAL In Lieu of Form CMS-2552-10 COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0026 Peri od: Worksheet B-1 From 01/01/2022 12/31/2022 Date/Time Prepared: 5/30/2023 4:39 pm Cost Center Description DI ETARY CAFETERI A MAINTENANCE OF NURSI NG CENTRAL (MEALS SERVED) (MANHOURS) PERSONNEL ADMI NI STRATI ON SERVICES & (NUMBER **SUPPLY** HOUSED) (DIRECT NRSING (COSTED REQUIS.) HRS) 10.00 12.00 11.00 13.00 14.00 12, 803 90. 00 09000 CLINIC 90.00 0 6,594 09002 WOUND CLINIC 0 0 90. 02 0 50, 981 90.02 0 0 90.03 09003 MOBILE CLINIC 0 90.03 0 0 91.00 09100 EMERGENCY 130, 708 69, 166 698, 842 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 99 00 09900 CMHC 99.00 0 Ω 101.00 10100 HOME HEALTH AGENCY 0 65, 568 0 0 48, 878 101. 00 102.00 10200 OPI OI D TREATMENT PROGRAM 0 0 0 102. 00 SPECIAL PURPOSE COST CENTERS 113. 00 11300 I NTEREST EXPENSE 113. 00 114.00 11400 UTILIZATION REVIEW-SNF 114. 00 115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.) 0 0 115.00 0 0 116. 00 11600 HOSPI CE 960, 470 116. 00 31 416 0 0 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 58, 303 1,607,162 0 550, 143 25, 692, 139 118. 00 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN 0 21, 338 0 28, 132 190. 00 0 0 190. 01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED 0 190. 01 190. 02 19002 GIFT FLOWER COFFEE SHOP & CANTEE 0 0 0 0 190. 02 C 190. 03 19003 LI FELI NE 0000000 0 0 0 190. 03 190. 04 19004 COMMUNITY RELATIONS 0 1, 681 190. 04 23, 242 190. 05 19005 PRI VATE DUTY 0 C 0 190.05 190. 06 19006 PROFESSI ONAL DEVELOPMENT 0 57 190. 06 190. 07 19007 FOUNDTI ON 0 0 0 0 190. 07 0 0 190.08 190. 08 19008 GOSHEN GACC CLINIC C 0 191. 00 19100 RESEARCH 6,648 2, 099 191. 00 192.00 19200 PHYSICIANS PRIVATE OFFICES 0 0 0 0 192. 00

0

1, 137, 270

0.685768

0.039002

64, 680

1, 119, 332

19. 198532

1. 323311

77, 153

0

0.000000

0.000000

5, 215, 997

9. 481166

0.856750

471, 335

0 193. 00

1, 441, 054 202. 00

0.056020 203.00

0.004138 205.00

106, 458 204. 00

200. 00

201.00

206.00

207.00

193. 00 19300 NONPALD WORKERS

Part I)

Part II)

(per Wkst. B-2)

Parts III and IV)

II)

200.00

201.00

202.00

203.00

204.00

205.00

206.00

207.00

Cross Foot Adjustments

Cost to be allocated (per Wkst. B,

Cost to be allocated (per Wkst. B,

Unit cost multiplier (Wkst. B, Part

NAHE unit cost multiplier (Wkst. D,

Unit cost multiplier (Wkst. B, Part I)

NAHE adjustment amount to be allocated

Negative Cost Centers

		TION - STATISTICAL BASIS	GOSTIEN TIOS			Peri od:	Worksheet B-1	
						rom 01/01/2022 o 12/31/2022	Date/Time Pre	pared:
			DUARMAN, I	MEDIAN			5/30/2023 4: 3	
		Cost Center Description	PHARMACY (COSTED	MEDICAL RECORDS &	SOCIAL SERVICE	ANESTHETI STS	NURSI NG PROGRAM	
			REQUIS.)	LI BRARY	(TIME SPENT)	(ASSI GNED	(ASSI GNED	
				(GROSS		TIME)	TIME)	
			15. 00	CHARGES) 16. 00	17. 00	19. 00	20. 00	
	GENER	AL SERVICE COST CENTERS	10.00	10.00	17.00	17.00	20.00	
1.00		CAP REL COSTS-BLDG & FIXT						1.00
2. 00 4. 00	1	CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS DEPARTMENT						2. 00 4. 00
5. 01		CASHI ERI NG/ACCOUNTS RECEI VABLE						5. 01
5.02		OTHER ADMIN & GENERAL						5. 02
6.00		MAINTENANCE & REPAIRS						6.00
7. 00 8. 00		OPERATION OF PLANT LAUNDRY & LINEN SERVICE						7. 00 8. 00
9. 00		HOUSEKEEPI NG						9.00
10.00		DI ETARY						10.00
11. 00 12. 00		CAFETERIA						11.00
12.00		MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION						12. 00 13. 00
		CENTRAL SERVICES & SUPPLY						14. 00
15. 00	1	PHARMACY	32, 630, 986					15. 00
		MEDICAL RECORDS & LIBRARY SOCIAL SERVICE	0	779, 605, 423	33, 945			16. 00 17. 00
	1	NONPHYSICIAN ANESTHETISTS		0) 33, 743	O		19.00
	02000	NURSING PROGRAM	0	0) c)	0	20.00
21. 00		I &R SERVICES-SALARY & FRINGES APPRV	0	0	C			21.00
22. 00 23. 00		I&R SERVICES-OTHER PRGM COSTS APPRV PARAMED ED PRGM		0				22. 00
20.00		TENT ROUTINE SERVICE COST CENTERS	91					20.00
30.00		ADULTS & PEDIATRICS	0	30, 955, 235			0	
		INTENSIVE CARE UNIT CORONARY CARE UNIT	0	12, 845, 366	2, 376		0	
		BURN INTENSIVE CARE UNIT		0			0	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0) c		0	
40. 00 41. 00		SUBPROVI DER - I PF SUBPROVI DER - I RF	0	0			0	
41.00	1	SUBPROVIDER - TRE		0			0	1
	1	NURSERY	O	19, 959, 276	485	0	0	1
44. 00		SKILLED NURSING FACILITY	0	0	C		0	
45. 00 46. 00		NURSING FACILITY OTHER LONG TERM CARE		0			0	
		LARY SERVICE COST CENTERS		-			-]
	1	OPERATING ROOM	0	66, 209, 109	•		0	
		RECOVERY ROOM DELIVERY ROOM & LABOR ROOM		6, 983, 860 8, 379, 988		0	0	
53.00	1	ANESTHESI OLOGY	o	0)	0	0	1
		PAIN MANAGEMENT	0	3, 175, 445		0	0	53. 01
		RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C	0	60, 606, 822 56, 414, 701		0	0	
		RADI OLOGI - THERAPLOTT C		21, 216, 222			0	
56. 01	1	CARDI AC CATH LAB	o	41, 523, 806			0	1
	1	CT SCAN	0	36, 897, 790	1		0	
58. 00 59. 00	05800	OMENI CARDIAC CATHETERIZATION		9, 021, 069 0			0	
60.00	1	LABORATORY	o	42, 981, 344			0	1
60. 01	1	BLOOD LABORATORY	0	0	C	0	0	
61. 00 62. 00		PBP CLINICAL LAB SERVICES-PRGM ONLY WHOLE BLOOD & PACKED RED BLOOD CELL		0		0	0	61. 00 62. 00
	1	BLOOD STORING PROCESSING & TRANS.		2, 931, 471			0	1
64.00		I NTRAVENOUS THERAPY	0	2, 005			0	
	1	RESPIRATORY THERAPY	0	8, 298, 798	1		0	
66. 00 67. 00	1	PHYSI CAL THERAPY OCCUPATI ONAL THERAPY		9, 504, 806 4, 069, 339			0	66. 00 67. 00
68. 00	1	SPEECH PATHOLOGY	o o	1, 923, 041			0	1
		ELECTROCARDI OLOGY	0	10, 159, 779			0	
	1	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENT	0	0 30, 656, 334)		0	
		IMPL. DEV. CHARGED TO PATIENTS		17, 800, 597	1	_	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32, 630, 986	213, 915, 750		0	0	1
	1	RENAL DIALYSIS	0	642, 075			0	1 , 1. 00
		ASC (NON-DISTINCT PART) NUTRITION THERAPY	0	0 359, 917) C		0	
	1	ALLOGENEIC STEM CELL ACQUISITION	0	339, 917	1		0	1
	OUTPA	TIENT SERVICE COST CENTERS						
		RURAL HEALTH CLINIC FEDERALLY QUALIFIED HEALTH CENTER	0	0	1		0	88. 00 89. 00
	100,00	The second section of the second section of the second section section of the second section of the second section sec	<u> </u>		1	· · · · · · · · · · · · · · · · · · ·		1 07.00

Health Financial Systems	GOSHEN HO	SPI TAL		In Lie	u of Form CMS-:	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provi der Co		Peri od:	Worksheet B-1	
				From 01/01/2022		
				To 12/31/2022		
					5/30/2023 4: 3	9 pm
Cost Center Description	PHARMACY		SOCIAL SERVIC	E NONPHYSICIAN	NURSI NG	
	(COSTED	RECORDS &		ANESTHETI STS	PROGRAM	
	REQUIS.)	LI BRARY	(TIME SPENT)	(ASSI GNED	(ASSI GNED	
		(GROSS		TIME)	TIME)	
		CHARGES)				
	15. 00	16.00	17. 00	19. 00	20.00	
90. 00 09000 CLI NI C	0	1, 359, 211		0	0	90.00
90. 02 09002 WOUND CLINIC	ol	5, 092, 835		ol ol	0	90. 02
90. 03 09003 MOBI LE CLINI C	0	0	,	o o	0	1
91. 00 09100 EMERGENCY	0	46, 688, 909	15, 27		o.	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	٩	10,000,707	10, 2,		Ŭ	92.00
OTHER REIMBURSABLE COST CENTERS						72.00
99. 00 09900 CMHC	0		ı	ol ol	0	99. 00
	-1	0 704 700	1		_	
101.00 10100 HOME HEALTH AGENCY	0	2, 784, 790	1	0 0		101.00
102.00 10200 OPI OI D TREATMENT PROGRAM	0	0		0 0	0	102. 00
SPECIAL PURPOSE COST CENTERS						
113. 00 11300 I NTEREST EXPENSE						113. 00
114.00 11400 UTI LI ZATI ON REVI EW-SNF						114. 00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0)	0 0	0	115. 00
116. 00 11600 HOSPI CE	ol	6, 245, 733		o	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	32, 630, 986	779, 605, 423		5 0	0	118.00
NONREI MBURSABLE COST CENTERS	,,,	,,		-		1
190. 00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	0		ol o	0	190. 00
190. 01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0		o o		190. 01
190. 02 19002 GIFT FLOWER COFFEE SHOP & CANTEE	0	0				190. 01
190. 03 19003 LI FELI NE	0	0				190. 02
1 1	0	0	1			
190. 04 19004 COMMUNITY RELATIONS	U	0	1	0 0		190. 04
190. 05 19005 PRI VATE DUTY	O	0	1	0 0		190. 05
190. 06 19006 PROFESSI ONAL DEVELOPMENT	0	0	1	0 0		190. 06
190. 07 19007 FOUNDTI ON	0	0		0 0		190. 07
190. 08 19008 GOSHEN GACC CLINIC	0	0		0	0	190. 08
191. 00 19100 RESEARCH	0	0)	0 0	0	191. 00
192.00 19200 PHYSICIANS PRIVATE OFFICES	o	0	1	o o	0	192. 00
193. 00 19300 NONPALD WORKERS	ol	0)	ol ol	0	193. 00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201. 00
202.00 Cost to be allocated (per Wkst. B,	3, 830, 743	5, 014, 288	2, 095, 06	3	n	202. 00
Part I)	3, 030, 743	3,014,200	2,073,00	3	O	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0. 117396	0. 006432	61. 71934	0. 000000	0. 000000	202 00
	l l		1			
204.00 Cost to be allocated (per Wkst. B,	221, 363	137, 211	51, 95	4 9	0	204. 00
Part II)	0.00/70/	0 00047/	4			
205.00 Unit cost multiplier (Wkst. B, Part	0. 006784	0. 000176	1. 53047	6 0. 000000	0. 000000	205.00
206.00 NAHE adjustment amount to be allocated					0	206. 00
(per Wkst. B-2)						
207.00 NAHE unit cost multiplier (Wkst. D,					0. 000000	207. 00
Parts III and IV)						

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS GOSHEN HOSPITAL In Lieu of Form CMS-2552-10 Provider CCN: 15-0026

					To 12/31/2022 Date/Time Pr 5/30/2023 4:	
		INTERNS &	RESI DENTS			
		050,41050,04140	050,4,050,07450	5454455 55		
	Cost Center Description		SERVI CES-OTHER			
		Y & FRI NGES APPRV	PRGM COSTS APPRV	PRGM (ASSI GNED		
		(ASSI GNED	(ASSI GNED	TIME)		
		TIME)	TIME)	/		
		21.00	22.00	23. 00		
	GENERAL SERVICE COST CENTERS		1			
1.00	00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 4.00	00200 CAP REL COSTS-MVBLE EQUIP		•			2. 00 4. 00
5. 01	OO4OO					5. 01
5. 02	00590 OTHER ADMIN & GENERAL					5. 02
6.00	00600 MAI NTENANCE & REPAIRS					6.00
7.00	00700 OPERATION OF PLANT					7. 00
8.00	00800 LAUNDRY & LINEN SERVICE					8. 00
9.00	00900 HOUSEKEEPI NG					9.00
10.00	01000 DI ETARY					10.00
11. 00 12. 00	O1100 CAFETERI A O1200 MAI NTENANCE OF PERSONNEL					11. 00 12. 00
13. 00	01300 NURSI NG ADMI NI STRATI ON					13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY					14. 00
15. 00	01500 PHARMACY					15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY			1		16. 00
17. 00	01700 SOCIAL SERVICE					17. 00
19. 00	01900 NONPHYSI CI AN ANESTHETI STS					19. 00
20. 00	02000 NURSI NG PROGRAM					20.00
21. 00 22. 00	O2100 I&R SERVICES-SALARY & FRINGES APPRV O2200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			21. 00 22. 00
23. 00	02300 PARAMED ED PRGM			100		23. 00
20.00	INPATIENT ROUTINE SERVICE COST CENTERS			100	~	20.00
30.00	03000 ADULTS & PEDIATRICS	0	0) (30.00
31. 00	03100 I NTENSI VE CARE UNI T	0	0) (31. 00
32. 00	03200 CORONARY CARE UNIT	0	0)		32. 00
33. 00	03300 BURN INTENSIVE CARE UNIT	0	0			33. 00
34. 00 40. 00	03400 SURGICAL INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF		0))	34. 00 40. 00
41. 00	04100 SUBPROVI DER - I RF					41. 00
42. 00	04200 SUBPROVI DER		Ö			42. 00
43.00	04300 NURSERY	0	0			43. 00
44.00	04400 SKILLED NURSING FACILITY	0	0) (44. 00
45. 00	04500 NURSING FACILITY	0	l .			45. 00
46. 00	04600 OTHER LONG TERM CARE	0	0) (0	46. 00
50. 00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM	0	0		٦	50.00
51. 00	05100 RECOVERY ROOM			1		51. 00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52. 00
53.00	05300 ANESTHESI OLOGY	0	0) (53. 00
53. 01	05301 PAIN MANAGEMENT	0		1		53. 01
54. 00		0	0			54.00
55. 00 56. 00	05500 RADI OLOGY-THERAPEUTI C 05600 RADI OI SOTOPE		0))	55. 00 56. 00
56. 01	05601 CARDI AC CATH LAB					56. 01
57. 00	05700 CT SCAN		Ö			57. 00
58.00	05800 MRI	0	0			58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	0) (o	59. 00
60. 00	06000 LABORATORY	0	0)		60.00
60. 01	06001 BLOOD LABORATORY	0	0			60. 01
61. 00 62. 00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY			,		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL 06300 BLOOD STORING PROCESSING & TRANS.		0))	62.00
64. 00	06400 I NTRAVENOUS THERAPY				ol	64. 00
65. 00	06500 RESPIRATORY THERAPY		0		<u> </u>	65. 00
66. 00	06600 PHYSI CAL THERAPY		Ö			66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	0	0) (p	67. 00
68. 00	06800 SPEECH PATHOLOGY	0	0) (0	68. 00
69. 00	06900 ELECTROCARDI OLOGY	0	0			69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71. 00 72. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS))	71. 00 72. 00
	07300 DRUGS CHARGED TO PATIENTS				ől	73. 00
	07400 RENAL DIALYSIS	0	0			74.00
	07500 ASC (NON-DISTINCT PART)		Ö) (75. 00
76.00	03950 NUTRITION THERAPY	0		1		76. 00
77. 00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0) ()	77. 00

				10	o 12/31/2022 Date/lime Pr 5/30/2023 4:	
		INTERNS &	RESI DENTS		3/30/2023 4.	S7 piii
			NEO I DEN I O			
	Cost Center Description	SERVI CES-SALAR	SERVI CES-OTHER	PARAMED ED		
	•	Y & FRINGES	PRGM COSTS	PRGM		
		APPRV	APPRV	(ASSI GNED		
		(ASSI GNED	(ASSI GNED	`TIME)		
		TIME)	`TIME)	ĺ		
		21.00	22.00	23. 00		
OUTPA	TIENT SERVICE COST CENTERS					
88. 00 08800	RURAL HEALTH CLINIC	0	0	0		88. 00
89. 00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89. 00
	CLINIC	0	0	0		90.00
	WOUND CLINIC	0	0	0		90. 02
	MOBILE CLINIC	0	0	0		90. 03
4	EMERGENCY	0	0	100		91.00
	OBSERVATION BEDS (NON-DISTINCT PART					92. 00
	REIMBURSABLE COST CENTERS					72:00
99. 00 09900		0	0	0		99. 00
	HOME HEALTH AGENCY	0	0	0		101.00
	OPI OI D TREATMENT PROGRAM	0	o	0		102. 00
	AL PURPOSE COST CENTERS		<u> </u>			102.00
	INTEREST EXPENSE					113. 00
	UTILIZATION REVIEW-SNF					114. 00
	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0		115. 00
116. 00 11600			Ŭ	0		116. 00
118. 00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	100		118. 00
	IMBURSABLE COST CENTERS		<u> </u>	100		110.00
	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0		190. 00
	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	Ö	0		190. 01
	GIFT FLOWER COFFEE SHOP & CANTEE	0	Ö	0		190. 02
190. 03 19003	•	0	0	0		190. 03
	COMMUNITY RELATIONS	0	0	0		190. 04
	PRI VATE DUTY	0	0	0		190. 05
	PROFESSIONAL DEVELOPMENT	0	0	0		190. 06
190. 07 19007		0	0	0		190. 07
	GOSHEN GACC CLINIC	0	0	0		190. 08
191. 00 19100		0	0	0		191. 00
	PHYSICIANS PRIVATE OFFICES	0	0	0		192. 00
	NONPALD WORKERS	0	0	0		193. 00
200. 00	Cross Foot Adjustments		U	U		200. 00
201.00	Negative Cost Centers					200.00
	, 9		0	279 100		
202. 00	Cost to be allocated (per Wkst. B, Part I)	U	0	278, 109		202. 00
203. 00	Unit cost multiplier (Wkst. B, Part I)	0. 000000	0. 000000	2, 781. 090000		203. 00
204.00		0.000000		•		203. 00
204.00	Cost to be allocated (per Wkst. B, Part II)		0	6, 919		204.00
205 00		0 000000	0.000000	40 100000		205 00
205. 00	Unit cost multiplier (Wkst. B, Part	0. 000000	0. 000000	69. 190000		205. 00
206. 00				0		206. 00
200.00	(per Wkst. B-2)			U		200.00
207. 00	NAHE unit cost multiplier (Wkst. D,			0. 000000		207. 00
207.00	Parts III and IV)			0.000000		207.00
1	i ai to i i aila i v)	1 1				1

In Lieu of Form CMS-2552-10

Period:	Worksheet C
From 01/01/2022	Part
To 12/31/2022	Date/Time Prepared:
5/30/2023 4:39 pm	Provider CCN: 15-0026

Cost Center Description						'	0 12/31/2022	5/30/2023 4:3	
TOTAL COST Center Description Initial Cost Part Cool Part Part Cool Part					Title	XVIII	Hospi tal		
CFTON MINST. Adj. Dispat Desart					<u> </u>		Costs		
Part I COI			Cost Center Description		Therapy Limit	Total Costs		Total Costs	
MANT_BUT_BOUTINE_SERVICE_OIST_CENTERS					Adj .		Di sal I owance		
NEATTENT SOUTHON SERVICE COST CENTERS 1,00 2,00 1,00 4,00 5,00									
INVESTIGATION SERVICE COST CENTRES 36, 344, 577 30, 30, 344, 577 30, 30 31, 30 300 3000 INTERISVE CARE MIT					2.00	2 00	4.00	E 00	
0.000 0.0000 0.0001 0.		ΙΝΡΔΤ	LENT POLITIME SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
31.00	30.00			36, 344, 577		36, 344, 577	O	36, 344, 577	30.00
32.00 0.3200 CORDMARY CARE UNIT 0 0 0 0 33.00 33.00 33.00 33.00 83.00					•				
34.00 0 03400 SURGICAL INTENSIVE CARE UNIT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				0					
0.000 0.0000 SUBPROVID BER - I FIF	33.00	03300	BURN INTENSIVE CARE UNIT	0		C	o	0	33. 00
0	34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		C	0	0	34. 00
42.00 0.4200 SURPERVI DER				0		C	0	0	
43.00 0400 MURSERY 2.782.665 2.782.665 0 2.782.665 0 45.00 04.00 04.00 04.00 05.00 05.00 05.00 MURSINO FACILITY 0 0 0 0 0 0 0 0 0				0		C	0	-	
44.00 0400 MISS NO FACILITY 0 0 0 0 0 0 0 0 0		1		0 700 (55		0 700 (55	0		1
45.00 04500 OHBRO OHBR LOWS FEMILE REM CARE O O O O O O O O O		1		2, 782, 655		2, 782, 655	0		
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54. 00 05400 RADIOLOGY-JI AGNOSTIC 10, 254, 325 10, 254, 325 31, 818 21, 379, 899 54. 00 55. 00 05500 RADIOLOGY-THERAPEUTIC 21, 317, 818 21, 317, 818 361, 781 21, 679, 599 55. 00 55.00 05500 RADIOLOGY-THERAPEUTIC 21, 317, 818 21, 317, 818 361, 781 21, 679, 599 55. 00 05500 CARDIOL CATH LAB 6, 771, 740 740, 740 740,		1		0		C	١		1
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89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 230, 557 0 230, 557 90. 00 90. 00 09000 CLINIC 230, 557 0 230, 557 90. 00 90. 02 09002 WOUND CLINIC 2, 150, 456 2, 150, 456 0 2, 150, 456 90. 02 90. 03 09003 MOBILE CLINIC 0 0 0 0 0 91. 00 09100 EMERGENCY 13, 251, 274 13, 251, 274 70, 919 13, 322, 193 91. 00 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART 8, 849, 571 8, 849, 571 8, 849, 571 92. 00 99. 00 09900 CMHC 0 0 0 0 101. 00 10100 HOME HEALTH AGENCY 4, 330, 555 4, 330, 555 101. 00 102. 00 010200 OPIOID TREATMENT PROGRAM 0 0 0 102. 00 010200 OPIOID TREATMENT PROGRAM 0 0 0 114. 00 11400 UTILIZATION REVIEW-SNF 114. 00 115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.) 0 0 0 116. 00 10600 HOSPICE 3, 369, 230 3, 369, 230 3, 369, 230 200. 00 Subtotal (see instructions) 236, 177, 034 0 236, 177, 034 581, 560 236, 758, 594 200. 00 201. 00 Less Observation Beds 8, 849, 571 8, 849, 571 201. 00	00.00	OUTPA	TIENT SERVICE COST CENTERS						00.00
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| In Lieu of Form CMS-2552-10 | Period: | Worksheet C | From 01/01/2022 | Part | To 12/31/2022 | Date/Time Prepared: | 5/30/2023 4:39 pm Health Financial Systems

COMPUTATION OF RATIO OF COSTS TO CHARGES Provider CCN: 15-0026

No. Control Description				T: ±1 -	WILL	11: 4-1	5/30/2023 4: 3	9 pm
Impart ent					XVIII	Hospi tal	PPS	
NATE FIRST BRUTTEN SPRINGE COST CENTERS 30,956,725 30,956,725 30,056,725 31,00 30,00 30300 MIRES NE CARE UNIT 12,846,346 12,846,346 31,00 32,00		Cost Contor Description	Innationt		Total (col 6	Cost or Other	TEEDA	
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33.00 3300 BURN INTENSIVE CARE UNIT 0 0 0 34.00 40.00 04000 SUBRROWIDER - IPF 0 0 0 0 40.00 41.00 04000 SUBRROWIDER - IPF 0 0 0 0 44.00 44.00 04400 SUBRROWIDER - IPF 0 0 0 0 44.00 44.00 04400 SUBRROWIDER - IPF 0 0 0 0 0 44.00 04400 SUBRROWIDER - IPF 0 0 0 0 0 45.00 04500 NURSING FACILITY 0 0 0 0 0 46.00 04500 NURSING FACILITY 0 0 0 0 46.00 04500 NURSING FACILITY 0 0 0 0 46.00 04500 OHREL DON TERRICARE 0 0 0 0 46.00 04500 OHREL DON TERRICARE 0 0 0 0 46.00 04500 OHREL DON TERRICARE 0 0 0 0 46.00 04500 OHREL DON TERRICARE 0 0 0 0 0 46.00 04500 OHREL DON TERRICARE 0 0 0 0 0 46.00 04500 OHREL DON TERRICARE 0 0 0 0 0 0 46.00 04500 OHREL DON TERRICARE 0 0 0 0 0 0 0 46.00 04500 OHREL DON TERRICARE 0 0 0 0 0 0 0 0 0 46.00 04500 OHREL DON TERRICARE 0 0 0 0 0 0 0 0 0	31. 00 03	3100 INTENSIVE CARE UNIT	12, 845, 366		12, 845, 366	,		31. 00
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51.00 0500 DELOVERY ROOM LABOR ROOM 2, 262, 745 4, 721, 115 6, 983, 860 0, 240768 0, 000000 52, 00 53. 00 0500 DELIVERY ROOM LABOR ROOM 7, 811, 722 568, 266 8, 379, 986 0, 540002 0, 000000 52, 00 53. 00 0500 0, 000000 0, 000000 52, 00 53. 00 0, 000000 0, 000000 52, 00 53. 00 0, 000000 0, 000000 53. 00 53. 00 5500 0, 05000 0, 000000 0, 000000 53. 00 55. 00 0, 05000 0, 0000000 0, 0000000 0, 0000000 0, 00000000								1
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55.00 05500 RADIO LOCY-THERAPEUTIC 521, 8813 55, 892, 8118 56, 414, 701 0. 377877 0. 0000000 56.00 56.00 05600 RADIO LOCOTOPE 1. 316, 321 19, 999, 901 21, 216, 222 0. 0659056 0. 0000000 56.00 56.00 0. 05600 RADIO LOCATH LAB 15, 390, 656 26, 133, 150 41, 523, 800 0. 163081 0. 0000000 57.00 0. 000000 0.								
56.00 05600 RADIO ISOTOPE 1, 316, 321 19, 999, 901 21, 216, 222 0. 059056 0. 000000 56. 01								
56.01 OSGO1 CARDIAC CATH LAB 15.390, 656 26.133, 150 41.523, 800 0.163081 0.000000 57.00 57.00 57.00 CT SCAN 8.334, 334 28.563, 456 36.897, 790 0.065740 0.000000 57.00 57.00 57.00 0.5900 CARDIAC CATHETERIZATION 0 0 0 0.000000 0.000000 59.00 0.0000000 0.000000 0.0000000 0.000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.								
57.00 05700 CT SCAN S.344, 334 28.563, 45. 36, 897, 790 0.065740 0.00000 58.00 59.00 05900 CARDIA C CATHETERIZATION 883, 930 8.137, 139 9.021, 069 0.2000000 0.000000 58.00 0.0000000 0.0000000 0.000000 59.00 0.0000000 0.0000000 0.0000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.00000000		•						
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65. 00 06500 RESPI RATORY THERAPY 4,945,396 3,353,402 8,298,798 0.556411 0.000000 65.00 66.00 0.6000 PHYSI CAL THERAPY 1.652,091 7,852,716 9,504,807 0.485200 0.000000 66.00 67.00 67.00 0.000000 67.00 68.00 0.000000 0.000000 67.00 68.00 0.000000 0.000000 67.00 68.00 0.000000 0.000000 67.00 68.00 0.000000 0.000000 67.00 68.00 0.0000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.0000000 0.0000000			1, 989, 884					
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115.00 11500 AMBULATORY SURGICAL CENTER (D. P.) 0 0 0 0 115.00 116.00 11600 HOSPICE 0 0 6, 245, 733 6, 245, 733 116.00 200.00 Subtotal (see instructions) 220, 926, 346 571, 255, 609 792, 181, 955 200.00 201.00 Less Observation Beds		•						
116. 00 11600 HOSPICE 0 0 6, 245, 733 6, 245, 733 116. 00 200. 00 Subtotal (see instructions) 220, 926, 346 571, 255, 609 792, 181, 955 200. 00 201. 00 Less Observation Beds								
200. 00 Subtotal (see instructions) 220, 926, 346 571, 255, 609 792, 181, 955 200. 00 201. 00 Less Observation Beds 201. 00 201. 00			0	0	0			
201.00 Less Observation Beds 201.00			220 024 244					
			220, 920, 346	371, 233, 609	172, 181, 955]		
1 222.00		•	220, 926, 346	571, 255, 609	792, 181, 955			1
	1		.,, . [, _22, 30,	, , , , , , , , , , , ,	1	•	

Health Financial Systems

COMPUTATION OF RATIO OF COSTS TO CHARGES GOSHEN HOSPITAL Provider CCN: 15-0026

| In Lieu of Form CMS-2552-10 | Period: | Worksheet C | From 01/01/2022 | Part | Date/Time Prepared: | 5/30/2023 4:39 pm | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS | PPS

-			Title XVIII	Hospi tal	PPS
	Cost Center Description	PPS Inpatient			
	·	Ratio			
		11. 00			
	PATIENT ROUTINE SERVICE COST CENTERS				
	000 ADULTS & PEDI ATRI CS				30.00
	100 INTENSIVE CARE UNIT				31.00
	200 CORONARY CARE UNIT				32.00
	300 BURN INTENSIVE CARE UNIT				33.00
	400 SURGICAL INTENSIVE CARE UNIT				34.00
	000 SUBPROVI DER - I PF				40.00
	100 SUBPROVI DER - I RF				41.00
	200 SUBPROVI DER				42.00
	300 NURSERY				43.00
	400 SKILLED NURSING FACILITY 500 NURSING FACILITY				44. 00 45. 00
	600 OTHER LONG TERM CARE				46. 00
	CILLARY SERVICE COST CENTERS				40.00
	OOO OPERATING ROOM	0. 248682			50.00
	100 RECOVERY ROOM	0. 240768			51.00
	200 DELIVERY ROOM & LABOR ROOM	0. 540022			52. 00
	300 ANESTHESI OLOGY	0. 000000			53.00
	301 PALN MANAGEMENT	0. 051920			53. 01
	400 RADI OLOGY-DI AGNOSTI C	0. 169880			54. 00
55. 00 05!	500 RADI OLOGY-THERAPEUTI C	0. 384290			55. 00
56. 00 056	600 RADI OI SOTOPE	0. 059056			56. 00
56. 01 056	601 CARDIAC CATH LAB	0. 163081			56. 01
57. 00 057	700 CT SCAN	0. 065740			57. 00
58. 00 058	800 MRI	0. 126751			58. 00
59. 00 059	900 CARDI AC CATHETERI ZATI ON	0. 000000			59. 00
60.00 060	000 LABORATORY	0. 323033			60.00
	001 BLOOD LABORATORY	0. 000000			60. 01
	100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0. 000000			61. 00
	200 WHOLE BLOOD & PACKED RED BLOOD CELL	0. 000000			62. 00
	300 BLOOD STORING PROCESSING & TRANS.	0. 019155			63. 00
	400 I NTRAVENOUS THERAPY	0. 204988			64. 00
	500 RESPI RATORY THERAPY	0. 556411			65. 00
	600 PHYSI CAL THERAPY	0. 485200			66.00
	700 OCCUPATI ONAL THERAPY	0. 282058			67. 00
	800 SPEECH PATHOLOGY	0. 340068			68.00
	900 ELECTROCARDI OLOGY	0. 103435			69.00
	000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
	100 MEDICAL SUPPLIES CHARGED TO PATIENT 200 IMPL. DEV. CHARGED TO PATIENTS	0. 447780 0. 430390			71.00
	300 DRUGS CHARGED TO PATTENTS	0. 430390			73. 00
	400 RENAL DIALYSIS	0. 590257			74.00
	500 ASC (NON-DISTINCT PART)	0. 000000			75.00
	950 NUTRI TI ON THERAPY	1. 331801			76.00
	700 ALLOGENEIC STEM CELL ACQUISITION	0. 000000			77. 00
	TPATIENT SERVICE COST CENTERS	0.000000			77.99
	800 RURAL HEALTH CLINIC				88. 00
	900 FEDERALLY QUALIFIED HEALTH CENTER				89. 00
90.00 090	000 CLI NI C	0. 169626			90.00
	002 WOUND CLINIC	0. 422251			90. 02
90. 03 090	003 MOBILE CLINIC	0. 000000			90. 03
91. 00 09	100 EMERGENCY	0. 285340			91. 00
92. 00 092	200 OBSERVATION BEDS (NON-DISTINCT PART	0. 703657			92. 00
OTH	HER REIMBURSABLE COST CENTERS				
99. 00 099					99. 00
	100 HOME HEALTH AGENCY				101. 00
	200 OPIOID TREATMENT PROGRAM				102. 00
	ECIAL PURPOSE COST CENTERS				
	300 I NTEREST EXPENSE				113. 00
	400 UTILIZATION REVIEW-SNF				114. 00
	500 AMBULATORY SURGICAL CENTER (D. P.)				115. 00
	600 HOSPI CE				116. 00
200.00	Subtotal (see instructions)				200. 00
201.00	Less Observation Beds				201. 00
202. 00	Total (see instructions)				202. 00

In Lieu of Form CMS-2552-10

Period:	Worksheet C
From 01/01/2022	Part
To 12/31/2022	Date/Time Prepared:
5/30/2023 4:39 pm	Provider CCN: 15-0026

					'	0 12/31/2022	5/30/2023 4:3	
				Ti tl	e XIX	Hospi tal	Cost	
						Costs		
		Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
			(from Wkst. B,	Adj .		Di sal I owance		
			Part I, col.					
			26) 1.00	2. 00	3.00	4. 00	5. 00	
	INPAT	IENT ROUTINE SERVICE COST CENTERS	1.00	2.00	3.00	4.00	3.00	
30. 00		ADULTS & PEDIATRICS	36, 344, 577		36, 344, 577	ol	36, 344, 577	30. 00
31.00		INTENSIVE CARE UNIT	6, 903, 425		6, 903, 425	o	6, 903, 425	
32.00	03200	CORONARY CARE UNIT	0		C	o	0	32. 00
33.00	03300	BURN INTENSIVE CARE UNIT	0		C	0	0	33. 00
34. 00		SURGICAL INTENSIVE CARE UNIT	0		C	0	0	
40. 00		SUBPROVIDER - IPF	0		C	0	0	
41.00		SUBPROVI DER - I RF	0		C	0	0	41. 00
42.00	1	SUBPROVI DER	0 700 (55		0 700 (55	0	0	
43.00	1	NURSERY	2, 782, 655		2, 782, 655	0	2, 782, 655	
44. 00		SKILLED NURSING FACILITY	0			0	0	
45. 00 46. 00		NURSING FACILITY OTHER LONG TERM CARE	0		l d		0	
40.00		LARY SERVICE COST CENTERS	0			y O	0	40.00
50. 00		OPERATING ROOM	16, 465, 035		16, 465, 035	o	16, 465, 035	50.00
51. 00		RECOVERY ROOM	1, 681, 491		1, 681, 491		1, 681, 491	
52.00		DELIVERY ROOM & LABOR ROOM	4, 525, 378		4, 525, 378		4, 525, 378	
53.00	05300	ANESTHESI OLOGY	0		C	o	0	53. 00
53. 01	05301	PAIN MANAGEMENT	57, 576		57, 576	107, 292	164, 868	53. 01
54.00		RADI OLOGY-DI AGNOSTI C	10, 254, 325		10, 254, 325	41, 568	10, 295, 893	54. 00
55.00		RADI OLOGY-THERAPEUTI C	21, 317, 818		21, 317, 818		21, 679, 599	55. 00
56. 00		RADI OI SOTOPE	1, 252, 942		1, 252, 942		1, 252, 942	1
56. 01		CARDI AC CATH LAB	6, 771, 740		6, 771, 740		6, 771, 740	1
57. 00		CT SCAN	2, 425, 662		2, 425, 662		2, 425, 662	
58. 00	05800		1, 143, 434		1, 143, 434	0	1, 143, 434	
59. 00 60. 00		CARDI AC CATHETERI ZATI ON LABORATORY	12 004 202		12 004 202		12 004 202	59. 00 60. 00
60. 00		BLOOD LABORATORY	13, 884, 392		13, 884, 392		13, 884, 392 0	1
61. 00		PBP CLINICAL LAB SERVICES-PRGM ONLY	0				0	
62. 00		WHOLE BLOOD & PACKED RED BLOOD CELL	0		Ö	ol ol	0	
63. 00		BLOOD STORING PROCESSING & TRANS.	56, 152		56, 152	el o	56, 152	
64.00		INTRAVENOUS THERAPY	411		411	o	411	1
65.00	06500	RESPI RATORY THERAPY	4, 617, 542	0	4, 617, 542	e o	4, 617, 542	65. 00
66.00		PHYSI CAL THERAPY	4, 611, 734	0	4, 611, 734	. 0	4, 611, 734	66. 00
67. 00		OCCUPATI ONAL THERAPY	1, 147, 789	0	1, 147, 789		1, 147, 789	
68. 00		SPEECH PATHOLOGY	653, 965		653, 965		653, 965	
69. 00		ELECTROCARDI OLOGY	1, 050, 880		1, 050, 880		1, 050, 880	
70.00	1	ELECTROENCEPHALOGRAPHY	12 727 207		12 727 207		12 727 207	
71. 00 72. 00		MEDICAL SUPPLIES CHARGED TO PATIENT IMPL. DEV. CHARGED TO PATIENTS	13, 727, 297 7, 661, 196		13, 727, 297 7, 661, 196		13, 727, 297 7, 661, 196	1
73. 00		DRUGS CHARGED TO PATIENTS	43, 799, 648		43, 799, 648		43, 799, 648	
74. 00		RENAL DIALYSIS	378, 989		378, 989		378, 989	
75. 00		ASC (NON-DISTINCT PART)	0		0,0,707		0	1
76.00		NUTRITION THERAPY	479, 338		479, 338	o	479, 338	76. 00
77. 00	07700	ALLOGENEIC STEM CELL ACQUISITION	0		C	0	0	77. 00
	OUTPA [*]	TIENT SERVICE COST CENTERS						
88. 00		RURAL HEALTH CLINIC	0		C	_	0	
89. 00		FEDERALLY QUALIFIED HEALTH CENTER	0		000 557		0	
90.00		CLINIC WOUND CLINIC	230, 557		230, 557		230, 557	
90. 02 90. 03		MOBILE CLINIC	2, 150, 456		2, 150, 456		2, 150, 456 0	90. 02 90. 03
91. 00		EMERGENCY	13, 251, 274		13, 251, 274	70, 919	13, 322, 193	
92. 00	1	OBSERVATION BEDS (NON-DISTINCT PART	8, 849, 571		8, 849, 571		8, 849, 571	
		REIMBURSABLE COST CENTERS						
99. 00	09900		0		C	l l	0	
		HOME HEALTH AGENCY	4, 330, 555		4, 330, 555		4, 330, 555	
102.00		OPI OI D TREATMENT PROGRAM	0		C		0	102. 00
112 00		AL PURPOSE COST CENTERS INTEREST EXPENSE	1			T T		113. 00
		UTILIZATION REVIEW-SNF						114. 00
		AMBULATORY SURGICAL CENTER (D. P.)	0		o.	,	0	115. 00
	1	HOSPI CE	3, 369, 230		3, 369, 230	,	3, 369, 230	
200.00		Subtotal (see instructions)	236, 177, 034		1		236, 758, 594	
201.00)	Less Observation Beds	8, 849, 571		8, 849, 571		8, 849, 571	
202.00)	Total (see instructions)	227, 327, 463	0	227, 327, 463	581, 560	227, 909, 023	202. 00

In Lieu of Form CMS-2552-10

Period:	Worksheet C
From 01/01/2022	Part
To 12/31/2022	Date/Time Prepared:
5/30/2023 4:39 pm	Provider CCN: 15-0026

					'	0 12/31/2022	5/30/2023 4: 3	
					e XIX	Hospi tal	Cost	
		Cost Center Description	I npati ent	Charges Outpatient	Total (col. 6	Cost or Other	TEFRA	
		cost center bescription	Tripati ent	outpatrent	+ col . 7)	Ratio	Inpatient	
							Rati o	
	LNDAT	LENT DOUTING CEDVICE COST CENTEDS	6. 00	7. 00	8. 00	9. 00	10. 00	
30. 00		I ENT ROUTINE SERVICE COST CENTERS ADULTS & PEDIATRICS	30, 955, 235		30, 955, 235			30. 00
31. 00	1	INTENSIVE CARE UNIT	12, 845, 366		12, 845, 366			31. 00
32. 00		CORONARY CARE UNIT	0		0			32. 00
33. 00		BURN INTENSIVE CARE UNIT	0		0			33. 00
34. 00 40. 00		SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF	0					34. 00 40. 00
41. 00	1	SUBPROVI DER - I RF	0		Ö			41. 00
42. 00		SUBPROVI DER	0		0			42. 00
43.00		NURSERY	19, 959, 276		19, 959, 276			43. 00
44. 00 45. 00		SKILLED NURSING FACILITY NURSING FACILITY	0					44. 00 45. 00
46. 00		OTHER LONG TERM CARE	0		Ö			46. 00
	ANCI L	LARY SERVICE COST CENTERS						
50. 00 51. 00		OPERATING ROOM RECOVERY ROOM	18, 329, 031	47, 880, 077			0. 000000 0. 000000	
51.00		DELIVERY ROOM & LABOR ROOM	2, 262, 745 7, 811, 722	4, 721, 115 568, 266			0. 000000	
53. 00		ANESTHESI OLOGY	0	0	0	0. 000000	0. 000000	1
53. 01		PAIN MANAGEMENT	820, 436	2, 355, 009			0. 000000	1
54. 00 55. 00	1	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C	9, 598, 240	51, 008, 582			0.000000	1
56. 00		RADI OLOGI - THERAPEUTI C	521, 883 1, 316, 321	55, 892, 818 19, 899, 901		0. 377877 0. 059056	0. 000000 0. 000000	1
56. 01		CARDI AC CATH LAB	15, 390, 656	26, 133, 150			0. 000000	
57. 00		CT SCAN	8, 334, 334	28, 563, 456			0. 000000	1
58. 00 59. 00	05800	MRI CARDI AC CATHETERI ZATI ON	883, 930	8, 137, 139	9, 021, 069	0. 126751 0. 000000	0. 000000 0. 000000	
60.00		LABORATORY	15, 167, 781	27, 813, 563	42, 981, 344	0. 323033	0. 000000	1
60. 01		BLOOD LABORATORY	0	0	0	0. 000000	0. 000000	1
61. 00		PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0. 000000	0. 000000	1
62. 00 63. 00		WHOLE BLOOD & PACKED RED BLOOD CELL BLOOD STORING PROCESSING & TRANS.	0 1, 989, 884	0 941, 587	0 2, 931, 471	0. 000000 0. 019155	0. 000000 0. 000000	1
64. 00		INTRAVENOUS THERAPY	1, 909, 004	2, 005		0. 204988	0. 000000	1
65. 00	1	RESPI RATORY THERAPY	4, 945, 396	3, 353, 402			0. 000000	1
66.00		PHYSI CAL THERAPY	1, 652, 091	7, 852, 716		0. 485200	0. 000000	1
67. 00 68. 00		OCCUPATIONAL THERAPY SPEECH PATHOLOGY	1, 648, 152 245, 429	2, 421, 187 1, 677, 612		0. 282058 0. 340068	0. 000000 0. 000000	1
69. 00		ELECTROCARDI OLOGY	5, 213, 332	4, 946, 447			0. 000000	1
70.00		ELECTROENCEPHALOGRAPHY	0	0	· -	0. 000000	0. 000000	1
71.00		MEDICAL SUPPLIES CHARGED TO PATIENT	13, 791, 538	16, 864, 796			0.000000	1
72. 00 73. 00	1	IMPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS	5, 582, 429 31, 010, 002	12, 218, 168 182, 905, 748			0. 000000 0. 000000	
74. 00		RENAL DIALYSIS	489, 510	152, 565			0. 000000	
75. 00		ASC (NON-DISTINCT PART)	0	0	0	0. 000000	0. 000000	
76. 00 77. 00		NUTRITION THERAPY ALLOGENEIC STEM CELL ACQUISITION	259, 276	100, 641 0			0. 000000 0. 000000	
77.00		TIENT SERVICE COST CENTERS	O ₁	0		0.000000	0.00000	77.00
88. 00	08800	RURAL HEALTH CLINIC	0	0	0		0. 000000	
89. 00		FEDERALLY QUALIFIED HEALTH CENTER	0	1 250 117		0.000000	0.000000	1
90. 00 90. 02		CLINIC WOUND CLINIC	1, 095 17, 747	1, 358, 116 5, 075, 088			0. 000000 0. 000000	
90. 03		MOBILE CLINIC	0	0, 0, 0, 000		0. 000000	0. 000000	
91. 00	1	EMERGENCY	7, 926, 257	38, 762, 652			0. 000000	1
92. 00		OBSERVATION BEDS (NON-DISTINCT PART	1, 957, 252	10, 619, 280	12, 576, 532	0. 703657	0. 000000	92. 00
99. 00	09900	REIMBURSABLE COST CENTERS	0	0	0			99. 00
	1	HOME HEALTH AGENCY	O	2, 784, 790				101. 00
102.00		OPIOID TREATMENT PROGRAM	0	0	0			102. 00
113 00		AL PURPOSE COST CENTERS INTEREST EXPENSE						113. 00
		UTILIZATION REVIEW-SNF						114. 00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	О	0	0			115. 00
		HOSPI CE	0	6, 245, 733				116. 00
200. 00 201. 00	1	Subtotal (see instructions) Less Observation Beds	220, 926, 346	571, 255, 609	792, 181, 955			200. 00 201. 00
202. 00	1	Total (see instructions)	220, 926, 346	571, 255, 609	792, 181, 955			202. 00
	•				•	. '		-

Heal th Financial Systems GOSHEN HOSPITAL In Lieu of Form CMS-2552-10

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0026
Period: Worksheet C
From 01/01/2022 Part I
To 12/31/2022 Date/Time Prepared:

5/30/2023 4:39 pm Title XIX Hospi tal 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 32.00 03200 CORONARY CARE UNIT 32.00 33.00 03300 BURN INTENSIVE CARE UNIT 33.00 34.00 03400 SURGICAL INTENSIVE CARE UNIT 34.00 04000 SUBPROVI DER - I PF 04100 SUBPROVI DER - I RF 40.00 40.00 41.00 41.00 42.00 04200 SUBPROVI DER 42.00 43 00 04300 NURSERY 43.00 04400 SKILLED NURSING FACILITY 44.00 44 00 45.00 04500 NURSING FACILITY 45.00 46.00 04600 OTHER LONG TERM CARE 46.00 ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM 50.00 0.000000 50.00 51.00 05100 RECOVERY ROOM 0.000000 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 0.000000 52.00 05300 ANESTHESI OLOGY 0.000000 53.00 53.00 05301 PAIN MANAGEMENT 0.000000 53 01 53 01 05400 RADI OLOGY-DI AGNOSTI C 0.000000 54.00 54.00 05500 RADI OLOGY-THERAPEUTI C 55.00 0.000000 55.00 05600 RADI 01 S0T0PF 0.000000 56,00 56,00 56.01 05601 CARDI AC CATH LAB 0.000000 56.01 57.00 05700 CT SCAN 0.000000 57.00 05800 MRI 58.00 0.000000 58.00 05900 CARDIAC CATHETERIZATION 0.000000 59 00 59 00 60.00 06000 LABORATORY 0.000000 60.00 06001 BLOOD LABORATORY 0.000000 60.01 60.01 61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 0.000000 61.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 0.000000 62.00 62.00 63.00 06300 BLOOD STORING PROCESSING & TRANS. 0.000000 63.00 06400 INTRAVENOUS THERAPY 64.00 0.000000 64.00 06500 RESPIRATORY THERAPY 65 00 0.000000 65 00 06600 PHYSI CAL THERAPY 0.000000 66.00 66.00 67.00 06700 OCCUPATI ONAL THERAPY 0.000000 67.00 68.00 06800 SPEECH PATHOLOGY 0.000000 68.00 06900 ELECTROCARDI OLOGY 0.000000 69.00 69.00 07000 ELECTROENCEPHALOGRAPHY 70.00 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 07300 DRUGS CHARGED TO PATIENTS 73.00 0.000000 73.00 74.00 07400 RENAL DIALYSIS 0.000000 74.00 75.00 07500 ASC (NON-DISTINCT PART) 0.000000 75.00 03950 NUTRITION THERAPY 76 00 0.000000 76 00 77.00 07700 ALLOGENEIC STEM CELL ACQUISITION 0.000000 77.00 OUTPATIENT SERVICE COST CENTERS 88. 00 08800 RURAL HEALTH CLINIC 0. 000000 88.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 89.00 0.000000 89.00 90.00 09000 CLI NI C 0.000000 90.00 09002 WOUND CLINIC 0.000000 90.02 90.02 90.03 09003 MOBILE CLINIC 0.000000 90.03 91 00 09100 EMERGENCY 0.000000 91 00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 0.000000 92.00 OTHER REIMBURSABLE COST CENTERS 99. 00 09900 CMHC 99.00 101.00 10100 HOME HEALTH AGENCY 101.00 102. 00 10200 OPI OI D TREATMENT PROGRAM 102.00 SPECIAL PURPOSE COST CENTERS 113.00 11300 INTEREST EXPENSE 113.00 114.00 11400 UTILIZATION REVIEW-SNF 114. 00 115.00 11500 AMBULATORY SURGICAL CENTER (D. P.) 115.00 116. 00 11600 HOSPI CE 116, 00 200.00 Subtotal (see instructions) 200. 00 201.00 Less Observation Beds 201.00 202.00 Total (see instructions) 202.00

GOSHEN HOS	SPITAL Provider CO		Peri od:	u of Form CMS-: Worksheet D	2552-10
	Provi der CC			Worksheet D	
			From 01/01/2022 To 12/31/2022	Part I Date/Time Pre 5/30/2023 4:3	pared: 9 pm
	Title	XVIII	Hospi tal	PPS	
Capi tal	Swing Bed	Reduced	Total Patient	Per Diem (col.	
Related Cost from Wkst. B, Part II, col. 26)	Adjustment	(col . 1 - col 2)		3 / col . 4)	
1.00	2.00	3.00	4. 00	5. 00	
1, 225, 029 365, 708 0 0 0 0 0 0 145, 500	0 0 0	365, 70 145, 50	8 2, 870 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1, 817	127. 42 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 80. 08	31. 00 32. 00 33. 00 34. 00 40. 00 41. 00 42. 00 43. 00
0			-	0.00	
		1, 736, 23	7 26, 117		200. 00
Program days	Program Capital Cost				
•					
4, 632 880 0 0 0 0 0 0 0 0	112, 130 0 0 0 0 0 0 0 0 0				30. 00 31. 00 32. 00 33. 00 34. 00 40. 00 41. 00 42. 00 43. 00 44. 00 45. 00 200. 00
	Related Cost from Wkst. B, Part II, col. 26) 1.00 1.00 1.225,029 365,708 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Related Cost from Wkst. B, Part II, col. 26) 1.00 2.00 1,225,029 365,708 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Related Cost from Wkst. B, Part II, col. 26) 1.00 2.00 3.00 1,225,029 365,708 0 0 0 0 0 145,500 0 1,736,237 Inpatient Program days Capital Related Cost (col. 1 - col 2) 3.00 1,225,029 365,708 0 145,500 0 1,736,237 Inpatient Program Capital Cost (col. 5 x col. 6) 6) 6.00 7.00 4,632 880 112,130 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Related Cost from Wkst. B, Part II, col. 26) 1.00 2.00 3.00 4.00 1,225,029 365,708 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 145,500 0 1,736,237 Inpatient Program days Adjustment Related Cost (col. 1 - col. 2) 2) 1,225,029 365,708 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Related Cost from Wkst. B, 2art II, col. 26) 1.00 2.00 3.00 4.00 5.00 1, 225, 029

Health Financial Systems	GOSHEN H	OSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provi der C	F	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part II Date/Time Pre 5/30/2023 4:3	pared:
		Ti tl e	e XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal		Ratio of Cost	I npati ent	Capital Costs	
	Related Cost	(from Wkst. C,	to Charges	Program	(column 3 x	
	(from Wkst. B,	Part I, col.	(col. 1 + col.	Charges	column 4)	
	Part II, col.	8)	2)			
	26)					
	1. 00	2.00	3. 00	4. 00	5. 00	
ANCI LLARY SERVI CE COST CENTERS						
50. 00 05000 OPERATI NG ROOM	1, 464, 197				110, 266	50. 00
51. 00 05100 RECOVERY ROOM	106, 771					1
52. 00 05200 DELI VERY ROOM & LABOR ROOM	212, 384	1				
53. 00 05300 ANESTHESI OLOGY	0	1	0.000000		-	53. 00
53. 01 05301 PAI N MANAGEMENT	1, 226		l		72	53. 01
54. 00 05400 RADI OLOGY-DI AGNOSTI C	1, 090, 537				57, 089	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	1, 483, 344					55. 00
56. 00 05600 RADI 01 SOTOPE	41, 162					56. 00
56. 01 05601 CARDI AC CATH LAB	856, 302					1
57. 00 05700 CT SCAN	42, 906					57. 00
58. 00 05800 MRI	34, 369	9, 021, 069			992	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0	0.000000		0	59. 00
60. 00 06000 LABORATORY	252, 376	42, 981, 344			27, 650	•
60. 01 06001 BLOOD LABORATORY	0	0	0.000000	0	0	60. 01
61. 00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	, 070	0 004 474	0.000000		0	62.00
63. 00 06300 BLOOD STORING PROCESSING & TRANS.	6, 373		•			1
64. 00 06400 I NTRAVENOUS THERAPY	775				0	64.00
65. 00 06500 RESPI RATORY THERAPY	227, 128				47, 631	
66. 00 06600 PHYSI CAL THERAPY	246, 225				15, 911	66. 00 67. 00
67. 00 06700 OCCUPATI ONAL THERAPY 68. 00 06800 SPEECH PATHOLOGY	67, 701 28, 892				10, 143 1, 570	1
69. 00 06900 ELECTROCARDI OLOGY	79, 269		1			1
70. 00 07000 ELECTROCARDI OLOGI 70. 00 07000 ELECTROENCEPHALOGRAPHY	79, 209		1		13, 333	70.00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	185, 361	1	•			1
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	103, 560				14, 899	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	670, 849					1
74. 00 07400 RENAL DI ALYSI S	3, 988		1			1
75. 00 07500 ASC (NON-DISTINCT PART)	3, 700	1	1		0	75. 00
76. 00 03950 NUTRI TI ON THERAPY	63, 269	1			16, 170	1
77. 00 07700 ALLOGENEIC STEM CELL ACQUISITION	00, 20,		1			77. 00
OUTPATIENT SERVICE COST CENTERS		<u> </u>	0.00000	,		, , , , , ,
88. 00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88. 00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	•	0.000000		0	89. 00
90. 00 09000 CLI NI C	31, 034	1, 359, 211	1		0	90.00
90. 02 09002 WOUND CLINIC	273, 088	5, 092, 835			952	90. 02
90. 03 09003 MOBILE CLINIC	0		0.000000		0	90. 03
91. 00 09100 EMERGENCY	558, 804	46, 688, 909			30, 656	•
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	298, 284	12, 576, 532			16, 985	92. 00
200.00 Total (lines 50 through 199)	8, 430, 174	719, 391, 555	5	46, 900, 087	544, 842	200. 00

		Cost (col. 7 x		
		col. 8)		
		9. 00		
IN	IPATIENT ROUTINE SERVICE COST CENTERS			
30.00 03	BOOO ADULTS & PEDIATRICS	0		30.00
31.00 03	3100 INTENSIVE CARE UNIT	0		31.00
32. 00 03	3200 CORONARY CARE UNIT	0		32.00
33.00 03	3300 BURN INTENSIVE CARE UNIT	0		33.00
34.00 03	3400 SURGICAL INTENSIVE CARE UNIT	0		34.00
40.00 04	1000 SUBPROVI DER - I PF	0		40.00
41.00 04	1100 SUBPROVI DER - I RF	0		41.00
42.00 04	1200 SUBPROVI DER	0		42.00
43.00 04	1300 NURSERY	0		43.00
44.00 04	1400 SKILLED NURSING FACILITY	0		44. 00
45. 00 04	1500 NURSING FACILITY	0	· ·	45. 00
200.00	Total (lines 30 through 199)	0		200.00

Inpatient Program Pass-Through 26, 117

5, 512 200. 00

200.00

Total (lines 30 through 199)

Cost Center Description

In Lieu of Form CMS-2552-10

| Period: | Worksheet D |
| From 01/01/2022 | Part IV |
| To 12/31/2022 | Date/Time Prepared: | 5/30/2023 4:39 pm | THROUGH COSTS

								5/30/2023 4:3	9 pm
			Ti t	le XV	/111	Hospi ta	al .	PPS	
	Cost Center Description	Non Physician	Nursi ng		Nursi ng	Allied He	eal th	Allied Health	
		Anesthetist	Program		Program	Post-Step	odown		
		Cost	Post-Stepdow	/n		Adj ustme	ents		
			Adjustments	;					
		1.00	2A		2.00	3A		3. 00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATI NG ROOM	0		0		0	0	0	50.00
51.00	05100 RECOVERY ROOM	0		0		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0		0		0	0	0	52. 00
53.00	05300 ANESTHESI OLOGY	0		0		0	0	0	53. 00
53. 01	05301 PAIN MANAGEMENT	0		0		0	0	0	53. 01
54.00	05400 RADI OLOGY-DI AGNOSTI C	0		0		0	0	0	54. 00
55.00	05500 RADI OLOGY-THERAPEUTI C	0		0		0	0	0	55. 00
56.00	05600 RADI OI SOTOPE	0		0		0	0	0	56. 00
56. 01	05601 CARDI AC CATH LAB	0		0		0	0	0	56. 01
57.00	05700 CT SCAN	0		o		0	o	0	57. 00
58.00	05800 MRI	0		o		0	o	0	58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	0		o		0	o	0	59. 00
60.00	06000 LABORATORY	0		o		0	o	0	60.00
60. 01	06001 BLOOD LABORATORY	0		o		0	o	0	60. 01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY								61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0		o		0	o	0	62.00
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0		o		0	o	0	63.00
64.00	06400 I NTRAVENOUS THERAPY	0		o		0	o	0	64.00
65.00	06500 RESPI RATORY THERAPY	0		o		0	o	0	65. 00
66.00	06600 PHYSI CAL THERAPY	0		O		0	o	0	66.00
67.00	06700 OCCUPATI ONAL THERAPY	0		o		0	o	0	67. 00
68.00	06800 SPEECH PATHOLOGY	0		o		0	o	0	68. 00
69.00	06900 ELECTROCARDI OLOGY	0		o		0	o	0	69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		o		0	o	0	70. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0		o		0	o	0	71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0		o		0	o	0	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	0		o		0	o	0	73. 00
74.00	07400 RENAL DIALYSIS	0		o		0	o	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		o		0	o	0	75. 00
76.00	03950 NUTRITION THERAPY	0		o		0	o	0	76.00
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0		o		0	o	0	77. 00
	OUTPATIENT SERVICE COST CENTERS			•					
88. 00	08800 RURAL HEALTH CLINIC	0		0		0	0	0	88. 00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		o		0	o	0	89. 00
90.00	09000 CLI NI C	0		o		0	o	0	90.00
90. 02	09002 WOUND CLINIC	0		0		0	o	0	90. 02
90. 03	09003 MOBILE CLINIC	0		0		0	o	0	90. 03
91.00	09100 EMERGENCY	0		0		0	o	278, 109	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0				0		0	1
200.00	Total (lines 50 through 199)	0		O		0	0	278, 109	200. 00

Health Financial Systems	GOSHEN HOSP	I TAL	In Lie	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT	ANCILLARY SERVICE OTHER PASS	Provider CCN: 15-0026	Peri od:	Worksheet D
TURQUAL AGOTO			Erom 01/01/2022	Dort IV

THROUGH COSTS To 12/31/2022 Date/Time Prepared: 5/30/2023 4:39 pm Title XVIII Hospi tal All Other Cost Center Description Total Cost Total Total Charges Ratio of Cost to Charges Medi cal (from Wkst. C, (sum of cols Outpati ent Education Cost 1, 2, 3, and Cost (sum of (col. 5 ÷ col Part I, col. 4) 8) col s. 2, 3, 7) and 4) (see instructions) 4.00 5.00 6.00 7. 00 8.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 66, 209, 108 0.000000 50.00 000000000000000 05100 RECOVERY ROOM 0 0 6, 983, 860 0.000000 51.00 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 0 0 8, 379, 988 0.000000 52.00 05300 ANESTHESI OLOGY 0 0 53 00 0.000000 53 00 0 53.01 05301 PAIN MANAGEMENT 0 3, 175, 445 0.000000 53.01 54.00 05400 RADI OLOGY-DI AGNOSTI C 60, 606, 822 0.000000 54.00 55.00 05500 RADI OLOGY-THERAPEUTI C 0 0 56, 414, 701 0.000000 55 00 21, 216, 222 0 56.00 05600 RADI OI SOTOPE 0 0.000000 56.00 56.01 05601 CARDI AC CATH LAB 41, 523, 806 0.000000 56.01 57.00 05700 CT SCAN 36, 897, 790 0.000000 57.00 05800 MRI 0.000000 58 00 9, 021, 069 58 00 59.00 05900 CARDIAC CATHETERIZATION 0.000000 59.00 06000 LABORATORY 42, 981, 344 0.000000 60.00 60.00 06001 BLOOD LABORATORY 60.01 0.000000 60.01 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 61.00 61.00 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 0.000000 62.00 00000000000000000 06300 BLOOD STORING PROCESSING & TRANS. 2, 931, 471 0.000000 63.00 63.00 06400 I NTRAVENOUS THERAPY 0 0 0.000000 64.00 2.005 64.00 06500 RESPIRATORY THERAPY 0 8, 298, 798 0.000000 65.00 0 65.00 66.00 06600 PHYSI CAL THERAPY 9, 504, 807 0.000000 66.00 06700 OCCUPATIONAL THERAPY 0.000000 67.00 4, 069, 339 67.00 06800 SPEECH PATHOLOGY 68.00 1. 923. 041 0.000000 68.00 06900 ELECTROCARDI OLOGY 0.000000 69.00 10, 159, 779 69 00 07000 ELECTROENCEPHALOGRAPHY 0.000000 70.00 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 71.00 30, 656, 334 0.000000 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 17, 800, 597 0.000000 72.00 72.00 07300 DRUGS CHARGED TO PATIENTS 0 73.00 213, 915, 750 0.000000 73.00 07400 RENAL DIALYSIS 642, 075 0.000000 74.00 74.00 0 75.00 07500 ASC (NON-DISTINCT PART) 0 0.000000 75.00 03950 NUTRITION THERAPY 0 359, 917 76.00 C 0.000000 76.00 77.00 07700 ALLOGENEIC STEM CELL ACQUISITION 0.00000077.00 OUTPATIENT SERVICE COST CENTERS 0.000000 88.00 08800 RURAL HEALTH CLINIC 00000 88.00 0 08900 FEDERALLY QUALIFIED HEALTH CENTER 89.00 0 0.00000089.00 90.00 09000 CLI NI C 0 1, 359, 211 0.000000 90.00 90.02 09002 WOUND CLINIC 0 5, 092, 835 0.000000 90.02 90.03 09003 MOBILE CLINIC 0.000000 90.03 91.00 09100 EMERGENCY 278, 109 278, 109 46, 688, 909 0.005957 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 0 12, 576, 532 0.000000 92.00

278, 109

278, 109

719, 391, 555

200.00

200.00

Total (lines 50 through 199)

Health Financial Systems	GOSHEN HOSPITAL		In Lieu of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT	ANCILLARY SERVICE OTHER PASS Provi	rider CCN: 15-0026 Period	d: Worksheet D

From 01/01/2022 Part IV To 12/31/2022 Date/Time Prepared: THROUGH COSTS 5/30/2023 4:39 pm Title XVIII Hospi tal **PPS** Outpati ent Cost Center Description Outpati ent Inpatient I npati ent Outpati ent Program Ratio of Cost Program Program Program Pass-Through Pass-Through to Charges Charges Charges $(col. 6 \div col$ Costs (col. Costs (col. x col. 12) 13.00 7) x col. 10) 11. 00 9.00 10.00 12.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0.000000 4, 986, 021 8, 740, 049 50.00 0 05100 RECOVERY ROOM 0 51.00 0.000000 604, 018 1, 725, 503 0 51.00 05200 DELIVERY ROOM & LABOR ROOM 0.000000 0 2, 712 52.00 1, 109 0 52.00 53.00 05300 ANESTHESI OLOGY 0.000000 0 53.00 0 05301 PAIN MANAGEMENT 0.000000 53.01 187, 042 0 495, 604 0 53.01 54.00 05400 RADI OLOGY-DI AGNOSTI C 0.000000 3, 172, 672 0 10, 373, 566 0 54.00 55.00 05500 RADI OLOGY-THERAPEUTI C 0.000000 225, 072 13, 760, 365 0 55.00 0 4, 974, 193 05600 RADI OI SOTOPE 0.000000 56.00 56 00 481, 134 0 0 05601 CARDI AC CATH LAB 8, 935, 745 56.01 0.000000 5, 200, 820 0 56.01 57.00 05700 CT SCAN 0.000000 2, 610, 195 5, 438, 175 0 57.00 0 58.00 05800 MRI 0.000000 260, 320 1, 512, 430 0 58.00 05900 CARDIAC CATHETERIZATION 0 59.00 0.000000 59 00 0 4, 708, 867 0 60.00 06000 LABORATORY 0.000000 4, 811, 258 0 60.00 06001 BLOOD LABORATORY 60.01 0.000000 0 0 60.01 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 61 00 61 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 0.000000 62.00 0 62.00 06300 BLOOD STORING PROCESSING & TRANS. 0.000000 490, 449 168, 540 0 63.00 63.00 06400 I NTRAVENOUS THERAPY 64.00 0.000000 0 64.00 06500 RESPIRATORY THERAPY 1, 740, 325 0 65 00 0.000000 936 503 65 00 0 06600 PHYSI CAL THERAPY 0 66.00 0.000000 614, 205 73,630 0 66.00 06700 OCCUPATIONAL THERAPY 0.000000 609, 679 57, 563 0 67.00 67.00 0 68.00 06800 SPEECH PATHOLOGY 0.000000 104, 499 18, 576 0 68.00 06900 ELECTROCARDI OLOGY 0 0.000000 1, 737, 108 797, 779 69 00 69 00 0 0 70.00 07000 ELECTROENCEPHALOGRAPHY 0.000000 0 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0.000000 3, 723, 710 0 3, 759, 344 71.00 71.00 0 07200 IMPL. DEV. CHARGED TO PATIENTS 2, 560, 801 0 3, 522, 026 72.00 72.00 0.000000 0 07300 DRUGS CHARGED TO PATIENTS 9, 317, 168 0 0.000000 47, 978, 174 73.00 0 73.00 74.00 07400 RENAL DIALYSIS 0.000000 177, 730 0 52, 395 0 74.00 07500 ASC (NON-DISTINCT PART) 0 75.00 75.00 0.000000 0 0 76.00 03950 NUTRITION THERAPY 0.000000 91, 987 1, 959 0 76.00 07700 ALLOGENEIC STEM CELL ACQUISITION 0 77 00 0.000000 0 77.00 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0.000000 0 0 0 88.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 89.00 89.00 0.000000 0 0 0 90.00 09000 CLI NI C 0.000000 215, 901 0 90.00 90.02 09002 WOUND CLINIC 0.000000 17, 747 0 1, 597, 148 0 90.02 90. 03 09003 MOBILE CLINIC 0.000000 90.03 0 0.005957 91.00 09100 EMERGENCY 2, 561, 307 4. 440. 875 91.00 15, 258 26, 454 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 0.000000 716, 102 2, 844, 734 0 92.00

46, 900, 087

15, 258

127, 234, 747

26, 454 200. 00

200.00

Total (lines 50 through 199)

Health Financial Systems GOSHEN HOSPITAL In Lieu of Form CMS-2552-10 APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Provider CCN: 15-0026 Peri od: Worksheet D From 01/01/2022 Part V Date/Time Prepared: 12/31/2022 5/30/2023 4:39 pm Title XVIII Hospi tal Charges Costs Cost to Charge PPS Reimbursed PPS Services Cost Center Description Cost Cost Ratio From Services (see Rei mbursed Rei mbursed (see inst.) Worksheet C, inst.) Servi ces Services Not Part I, col. 9 Subject To Subject To Ded. & Coins. Ded. & Coins. (see inst.) (see inst.) 1. 00 2.00 5. 00 3.00 4.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0. 248682 8, 740, 049 0 2, 173, 493 50.00 51.00 05100 RECOVERY ROOM 0. 240768 1, 725, 503 0 0 415, 446 51.00 05200 DELIVERY ROOM & LABOR ROOM 2, 712 0 0 52 00 0.540022 1, 465 52 00 0 53.00 05300 ANESTHESI OLOGY 0.000000 0 0 53.00 53.01 05301 PAIN MANAGEMENT 0.018132 495, 604 0 0 8, 986 53.01 10, 373, 566 1, 755, 145 54.00 05400 RADI OLOGY-DI AGNOSTI C 0.169194 0 ol 54 00 05500 RADI OLOGY-THERAPEUTI C 0 55.00 0.377877 13, 760, 365 225 5, 199, 725 55.00 56.00 05600 RADI OI SOTOPE 0.059056 4, 974, 193 0 293, 756 56.00 0 0 56.01 05601 CARDIAC CATH LAB 0.163081 8, 935, 745 1, 457, 250 56.01 0 05700 CT SCAN 0 357, 506 57 00 0.065740 5, 438, 175 57 00 58.00 05800 MRI 0. 126751 1, 512, 430 0 191, 702 58.00 05900 CARDIAC CATHETERIZATION 0.000000 0 0 59.00 59.00 0 0 4, 811, 258 06000 LABORATORY 0.323033 0 60.00 1, 554, 195 60.00 0 06001 BLOOD LABORATORY 60.01 0.000000 C 0 60.01 61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 0.000000 0 0 61.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL 0.000000 0 62.00 62.00 0 06300 BLOOD STORING PROCESSING & TRANS. 0.019155 0 63.00 168, 540 3, 228 63.00 0 06400 INTRAVENOUS THERAPY 64.00 0.204988 0 64.00 0 65.00 06500 RESPIRATORY THERAPY 0.556411 936, 503 521, 081 65.00 06600 PHYSI CAL THERAPY 0 66.00 0.485200 73,630 0 35, 725 66.00 06700 OCCUPATIONAL THERAPY 57, 563 0 67.00 0. 282058 16, 236 67.00 οĺ 06800 SPEECH PATHOLOGY 68.00 0.340068 18, 576 6, 317 68 00 0 06900 ELECTROCARDI OLOGY 0.103435 797, 779 0 69.00 69.00 82, 518 70.00 07000 ELECTROENCEPHALOGRAPHY 0.000000 0 70.00 0 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 3.759,344 0 1, 683, 359 71.00 0.447780 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.430390 3, 522, 026 0 0 1, 515, 845 72.00 9, 823, 627 07300 DRUGS CHARGED TO PATIENTS 0. 204752 47, 978, 174 67, 279 73.00 7, 358 73.00 74.00 07400 RENAL DIALYSIS 0.590257 52, 395 0 0 30, 927 74.00 07500 ASC (NON-DISTINCT PART) 0.000000 75 00 0 0 Ω 75 00 76.00 03950 NUTRITION THERAPY 1. 331801 1, 959 0 0 2,609 76.00 07700 ALLOGENEIC STEM CELL ACQUISITION 77.00 0.000000 0 0 0 0 77.00 OUTPATIENT SERVICE COST CENTERS

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09002 WOUND CLINIC

09100 EMERGENCY

09003 MOBILE CLINIC

08900 FEDERALLY QUALIFIED HEALTH CENTER

09200 OBSERVATION BEDS (NON-DISTINCT PART

Less PBP Clinic Lab. Services-Program

Net Charges (line 200 - line 201)

Subtotal (see instructions)

Provider CCN: 15-0026

Cost Center Description							5/30/2023 4:3	9 pm
Cost Center Description				Title	XVIII	Hospi tal	PPS	
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Health Financial Systems	GOSHEN HOSPITAL	In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST	Provi der CCN: 15-0026	Peri od: From 01/01/2022	Worksheet D-1	
		To 12/31/2022	Date/Time Prep 5/30/2023 4:39	
	Title XVIII	Hospi tal	PPS	
Cost Center Description				
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PART 1 - ALL PROVIDER COMPONENTS		Cost Center Description				
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28.00 General inpatient routine service charges (excluding swing-bed and observation bed charges) 29.00 Private room charges (excluding swing-bed charges) 30.00 Semi-private room charges (excluding swing-bed charges) 31.00 General inpatient routine service cost/charge ratio (line 27 + line 28) 32.00 Average private room per diem charge (line 29 + line 3) 32.00 Average semi-private room per diem charge (line 30 + line 4) 34.00 Average per diem private room charge differential (line 32 minus line 33)(see instructions) 35.00 Average per diem private room cost differential (line 34 x line 31) 36.00 Private room cost differential adjustment (line 3 x line 35) 37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 36, 344, 577) 38.00 Adjusted general inpatient routine service cost per diem (see instructions) 38.00 Program general inpatient routine service cost (line 9 x line 38) 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 28.00 Average per diem private room cost applicable to the Program (line 14 x line 35) 29.00 Average per diem private room cost applicable to the Program (line 14 x line 35)	27.00		(Time 21 minus Time 26)		30, 344, 577	27.00
29.00 Private room charges (excluding swing-bed charges) 30.00 Semi-private room charges (excluding swing-bed charges) 30.00 Semi-private room charges (excluding swing-bed charges) 30.00 General inpatient routine service cost/charge ratio (line 27 ÷ line 28) 31.00 Average private room per diem charge (line 29 ÷ line 3) 32.00 Average semi-private room per diem charge (line 30 ÷ line 4) 34.00 Average per diem private room charge differential (line 32 minus line 33) (see instructions) 35.00 Average per diem private room cost differential (line 34 x line 31) 36.00 Private room cost differential adjustment (line 3 x line 35) 37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 36, 344, 577) Adjusted general inpatient routine service cost per diem (see instructions) 38.00 Adjusted general inpatient routine service cost (line 9 x line 38) 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 0 29.00 30.00 30.00 0.000000 31.00 0.000 32.00 33.00 0.000 34.00 35.00 36.00 37.00 36.00 37.00 37.00 38.00 37.00	28. 00	General inpatient routine service charges (excluding swing-bed	d and observation bed cha	irges)	0	28. 00
31.00 General inpatient routine service cost/charge ratio (line 27 ÷ line 28) 32.00 Average private room per diem charge (line 29 ÷ line 3) 32.00 Average semi -private room per diem charge (line 30 ÷ line 4) 34.00 Average per diem private room cost differential (line 32 minus line 33)(see instructions) 35.00 Average per diem private room cost differential (line 34 x line 31) 36.00 Private room cost differential adjustment (line 3 x line 35) 37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 36, 344, 577) 37.00 PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS 38.00 Adjusted general inpatient routine service cost per diem (see instructions) 38.00 Program general inpatient routine service cost (line 9 x line 38) 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 0.00 000 32.00 31.00 000 32.00 32.00 33.00 34.00 35.00 34.00 36.00 35.00 Average per diem private room cost differential (line 36,000) 36.00 36.00 37.00 6eneral inpatient routine service cost net of swing-bed cost and private room cost differential (line 36,344,577) 37.00 27 minus line 36) PART II - HOSPI TAL AND SUBPROVI DERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS 38.00 Adjusted general inpatient routine service cost (line 9 x line 38) 7,855,733 39.00 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)				3 ,	0	29. 00
32.00 Average private room per diem charge (line 29 ÷ line 3) 33.00 Average semi-private room per diem charge (line 30 ÷ line 4) 34.00 Average per diem private room charge differential (line 32 minus line 33)(see instructions) 35.00 Average per diem private room cost differential (line 34 x line 31) 36.00 Private room cost differential adjustment (line 3 x line 35) 36.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 36, 344, 577) Adjusted general inpatient routine service cost per diem (see instructions) 38.00 Adjusted general inpatient routine service cost (line 9 x line 38) 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 0.00 33.00 34.00 35.00 35.00 36.00 37.00 36.00 37.00 36.00 37.						
33.00 Average semi-private room per diem charge (line 30 ÷ line 4) 34.00 Average per diem private room charge differential (line 32 minus line 33) (see instructions) 35.00 Average per diem private room cost differential (line 34 x line 31) 36.00 Private room cost differential adjustment (line 3 x line 35) 37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 36, 344, 577) PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS Adjusted general inpatient routine service cost (line 9 x line 38) Program general inpatient routine service cost (line 9 x line 38) Medically necessary private room cost applicable to the Program (line 14 x line 35) 0.00 33.00 34.00 35.00 36.00 37.00 36.00 37.00 36.00 37.00 36.00 37.00 36.00 37.00		,	: line 28)			
34.00 Average per diem private room charge differential (line 32 minus line 33) (see instructions) 35.00 Average per diem private room cost differential (line 34 x line 31) 36.00 Private room cost differential adjustment (line 3 x line 35) 37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 36, 344, 577) 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) 7,855,733 39.00 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)						
35.00 Average per diem private room cost differential (line 34 x line 31) 36.00 Private room cost differential adjustment (line 3 x line 35) 37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 36, 344, 577) 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) 7,855,733 39.00 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)			nus line 33)(see instruct	ions)		
36.00 Private room cost differential adjustment (line 3 x line 35) 37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 36, 344, 577) 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) Program general inpatient routine service cost (line 9 x line 38) 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 36.00 36.00 37.00		, , ,	, ,	.1 0113)		
27 minus line 36) 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) 39.00 Program general inpatient routine service cost (line 9 x line 38) 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 38.00 40.00		,	,			
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) 1,695.97 38.00 Program general inpatient routine service cost (line 9 x line 38) 7,855,733 39.00 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 0 40.00	37. 00		and private room cost dif	ferential (line	36, 344, 577	37. 00
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS 38.00 Adjusted general inpatient routine service cost per diem (see instructions) 1,695.97 38.00 Program general inpatient routine service cost (line 9 x line 38) 7,855,733 39.00 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 0 40.00						
38.00 Adjusted general inpatient routine service cost per diem (see instructions) 1,695.97 38.00 Program general inpatient routine service cost (line 9 x line 38) 7,855,733 39.00 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 0 40.00			ISTMENTS			
39.00 Program general inpatient routine service cost (line 9 x line 38) 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 7,855,733 39.00 40.00	38 00				1 695 97	38, 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) 7,855,733 41.00	40.00	Medically necessary private room cost applicable to the Progra	am (line 14 x line 35)		0	40. 00
	41. 00	Total Program general inpatient routine service cost (line 39	+ line 40)		7, 855, 733	41.00

	Financial Systems	GOSHEN HOS		45 0007		eu of Form CMS-2	
COMPUT	ATION OF INPATIENT OPERATING COST		Provi der CCN	F	eriod: rom 01/01/2022 o 12/31/2022		pared:
			Title	XVIII	Hospi tal	PPS	7 piii
	Cost Center Description	Total Inpatient Cost		Average Per iem (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
43. 00	Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT	6, 903, 425	2, 870	2, 405. 37	880	2, 116, 726	43.00
44. 00	CORONARY CARE UNIT	0,765,125	0	0.00		1	1
	BURN INTENSIVE CARE UNIT	0	0	0.00			
	SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY)	0	0	0. 00	0	0	46. 00 47. 00
111.00	Cost Center Description	\\	<u> </u>				
40.00	Drogram i poeti est apoil la su comi es acet (Wike	at D 2 and 2	Line 200)			1.00	40.00
48. 00 48. 01	Program inpatient ancillary service cost (Wks Program inpatient cellular therapy acquisition			I. line 10.	column 1)	12, 433, 236 0	1
	Total Program inpatient costs (sum of lines					22, 405, 695	1
EO 00	PASS THROUGH COST ADJUSTMENTS Pass through costs applicable to Program inpa	ationt routing o	convices (from)	Wkst D sum	of Dorts L and	376, 895	50.00
50. 00	Pass through costs applicable to Program The	atrent routine s	services (IIOIII I	WKSt. D, Suill	or Parts r and	370, 695	30.00
51. 00	Pass through costs applicable to Program inpa and IV)	,	services (from	n Wkst. D, su	n of Parts II	560, 100	
52. 00 53. 00	Total Program excludable cost (sum of lines! Total Program inpatient operating cost exclude medical education costs (line 49 minus line!	ding capital rel	ated, non-physi	cian anesthe	tist, and	936, 995 21, 468, 700	1
F.4.00	TARGET AMOUNT AND LIMIT COMPUTATION						F 4 00
54. 00 55. 00	Program discharges Target amount per discharge					0.00	
	Permanent adjustment amount per discharge					0.00	1
	Adjustment amount per discharge (contractor of					0.00	1
56. 00 57. 00	Target amount (line 54 x sum of lines 55, 55. Difference between adjusted inpatient operati		rget amount (Liu	ne 56 minus L	ine 53)	0	
58. 00	Bonus payment (see instructions)	ng soot and tar	got amount (iii		,	Ö	
59. 00	Trended costs (lesser of line 53 ÷ line 54,	or line 55 from	the cost repor	ting period e	ndi ng 1996,	0.00	59. 00
60. 00	updated and compounded by the market basket) Expected costs (lesser of line 53 ÷ line 54,	or line 55 from	n prior year cos	st report, up	dated by the	0.00	60.00
61. 00	market basket) Continuous improvement bonus payment (if line 55.01, or line 59, or line 60, enter the less	e 53 ÷ line 54 i	s less than the	· e lowest of l	ines 55 plus	0	61. 00
	53) are less than expected costs (lines 54 \times enter zero. (see instructions)						
	Relief payment (see instructions) Allowable Inpatient cost plus incentive paym	ont (coo instruc	oti one)			0	
03.00	PROGRAM INPATIENT ROUTINE SWING BED COST	ent (see mstruc	, trons)			0	03.00
64. 00	Medicare swing-bed SNF inpatient routine cos	ts through Decem	ber 31 of the o	cost reportin	g period (See	0	64. 00
65. 00	instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cos	ts after Decembe	or 31 of the co	st renorting	neriod (See	0	65. 00
	instructions)(title XVIII only)				,	Ĭ	
66. 00	Total Medicare swing-bed SNF inpatient routin	ne costs (line 6	4 plus line 65	(title XVIII	only); for	0	66. 00
67. 00	CAH, see instructions Title V or XIX swing-bed NF inpatient routing	e costs through	December 31 of	the cost rep	orting period	0	67. 00
(0.00	(line 12 x line 19)						,,,,,,,
68. 00	Title V or XIX swing-bed NF inpatient routine (line 13 x line 20)	e cosis arter De	cember 31 OT th	ie cust repor	ung period	0	68. 00
69. 00	Total title V or XIX swing-bed NF inpatient (0	69. 00
70. 00	PART III - SKILLED NURSING FACILITY, OTHER NU Skilled nursing facility/other nursing facili						70.00
71. 00	Adjusted general inpatient routine service of	-					71.00
72. 00	Program routine service cost (line 9 x line	71)					72. 00
73. 00 74. 00	Medically necessary private room cost applications Total Program general inpatient routine servi			e 35)			73. 00 74. 00
75. 00	Capital -related cost allocated to inpatient 1 26, line 45)	•		rksheet B, Pa	rt II, column		75. 00
76.00	Per diem capital-related costs (line 75 ÷ li						76. 00
	Program capital-related costs (line 9 x line Inpatient routine service cost (line 74 minus						77. 00 78. 00
79. 00	Aggregate charges to beneficiaries for excess		ovi der records)			79.00
	Total Program routine service costs for compa		st limitation	(line 78 minu	s line 79)		80.00
81. 00 82. 00	Inpatient routine service cost per diem limi Inpatient routine service cost limitation (li						81. 00 82. 00
83. 00	Reasonable inpatient routine service costs (,					83. 00
84.00	Program inpatient ancillary services (see ins		>				84.00
85. 00 86. 00	Utilization review - physician compensation Total Program inpatient operating costs (sum						85. 00 86. 00
55. 66	PART IV - COMPUTATION OF OBSERVATION BED PASS] 33. 30
	Total observation bed days (see instructions)					5, 218	1
88. 00 89. 00	Adjusted general inpatient routine cost per of Observation bed cost (line 87 x line 88) (see		rine 2)			1, 695. 97 8, 849, 571	1
	(300 (300)					1 3,3.7,071	

Health Financial Systems	GOSHEN HO	GOSHEN HOSPI TAL		In Lieu of Form CMS-2552-10		
COMPUTATION OF INPATIENT OPERATING COST		Provi der CC		Peri od:	Worksheet D-1	
				From 01/01/2022 To 12/31/2022	Date/Time Prep 5/30/2023 4:39	
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2. 00	3. 00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital -related cost	1, 225, 029	36, 344, 577	0. 03370	6 8, 849, 571	298, 284	90.00
91.00 Nursing Program cost	0	36, 344, 577	0.00000	0 8, 849, 571	0	91.00
92.00 Allied health cost	0	36, 344, 577	0.00000	0 8, 849, 571	0	92.00
93.00 All other Medical Education	0	36, 344, 577	0.00000	0 8, 849, 571	0	93. 00

Health Financial Systems GOSHEN HOSPI	ΓAL		In Lie	eu of Form CMS-:	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider C	CN: 15-0026	Peri od:	Worksheet D-3	
			From 01/01/2022		
			To 12/31/2022		pared:
		20/11/		5/30/2023 4: 3	9 pm
	litle	XVIII	Hospi tal	PPS	
Cost Center Description		Ratio of Cos		Inpatient	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x col.	
				2)	
		1.00	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS				•	
30. 00 03000 ADULTS & PEDI ATRI CS			11, 966, 261		30.00
31. 00 03100 NTENSI VE CARE UNI T			3, 920, 750		31.00
32. 00 03200 CORONARY CARE UNIT			3, 720, 730		32. 00
			0		1
			0		33.00
34. 00 03400 SURGI CAL INTENSIVE CARE UNIT			0		34.00
40. 00 04000 SUBPROVI DER - I PF			0		40. 00
41.00 04100 SUBPROVIDER - IRF			0		41. 00
42. 00 04200 SUBPROVI DER			0		42. 00
43. 00 04300 NURSERY					43.00
ANCILLARY SERVICE COST CENTERS					1
50. 00 05000 OPERATI NG ROOM		0. 24868	4, 986, 021	1, 239, 934	50.00
51. 00 05100 RECOVERY ROOM		0. 24076			•
52. 00 05200 DELIVERY ROOM & LABOR ROOM		0. 54002	· ·		
		1			1
		0.00000		0	
53. 01 05301 PAI N MANAGEMENT		0. 05192			
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 16988			•
55. 00 05500 RADI OLOGY-THERAPEUTI C		0. 38429	0 225, 072	86, 493	55. 00
56. 00 05600 RADI 0I SOTOPE		0.05905	6 481, 134	28, 414	56.00
56. 01 05601 CARDI AC CATH LAB		0. 16308	5, 200, 820	848, 155	56. 01
57. 00 05700 CT SCAN		0.06574	0 2, 610, 195	171, 594	57. 00
58. 00 05800 MRI		0. 12675			1
59. 00 05900 CARDI AC CATHETERI ZATI ON		0.00000		02, 770	1
60. 00 06000 LABORATORY		0. 32303		1, 521, 119	1
		1			
60. 01 06001 BLOOD LABORATORY		0.00000		0	1
61. 00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0.00000		0	1
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL		0.00000		0	
63.00 06300 BLOOD STORING PROCESSING & TRANS.		0. 01915		9, 395	1
64.00 06400 INTRAVENOUS THERAPY		0. 20498	8 0	0	64.00
65. 00 06500 RESPI RATORY THERAPY		0. 55641	1 1, 740, 325	968, 336	65.00
66. 00 06600 PHYSI CAL THERAPY		0. 48520	0 614, 205	298, 012	66.00
67. 00 06700 OCCUPATI ONAL THERAPY		0. 28205	8 609, 679	171, 965	67.00
68. 00 06800 SPEECH PATHOLOGY		0. 34006			1
69. 00 06900 ELECTROCARDI OLOGY		0. 10343			1
70. 00 07000 ELECTROENCEPHALOGRAPHY		0.00000		0	1
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT		1			1
		0.44778			1
72. 00 O7200 I MPL. DEV. CHARGED TO PATIENTS		0. 43039		1, 102, 143	1
73.00 O7300 DRUGS CHARGED TO PATIENTS		0. 20475			1
74. 00 07400 RENAL DI ALYSI S		0. 59025		104, 906	1
75.00 07500 ASC (NON-DISTINCT PART)		0.00000	0 0	0	75. 00
76. 00 03950 NUTRI TI ON THERAPY		1. 33180	91, 987	122, 508	76. 00
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION		0.00000	0	0	77. 00
OUTPATIENT SERVICE COST CENTERS		•			1
88. 00 08800 RURAL HEALTH CLINIC		0.00000	0	0	88. 00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER		0.00000		Ö	
90. 00 09000 CLINI C		1		0	
		0. 16962			1
		0. 42225		7, 494	
90. 03 09003 MOBI LE CLI NI C		0.00000		. 0	
91. 00 09100 EMERGENCY		0. 28534		730, 843	1
92.00 O9200 OBSERVATION BEDS (NON-DISTINCT PART		0. 70365	716, 102		
200.00 Total (sum of lines 50 through 94 and 96 through 98)			46, 900, 087	12, 433, 236	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)	ŕ		46, 900, 087		202.00
		•		•	

	Title XVIII Hospital	5/30/2023 4: 3° PPS	9 pm
		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1. 00 1. 01	DRG Amounts Other than Outlier Payments DRG amounts other than outlier payments for discharges occurring prior to October 1 (see	8, 829, 599	1. 00 1. 01
1. 02	instructions) DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	3, 108, 824	1. 02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to Octob 1 (see instructions)	er 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 2. 01	Outlier payments for discharges. (see instructions) Outlier reconciliation amount	0	2. 00 2. 01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	2. 02
2. 03 2. 04	Outlier payments for discharges occurring prior to October 1 (see instructions) Outlier payments for discharges occurring on or after October 1 (see instructions)	657, 646 38, 356	
3.00	Managed Care Simulated Payments	30, 330	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	88. 70	
F 00	Indirect Medical Education Adjustment	0.00	 F 00
5. 00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending or before 12/31/1996. (see instructions)	on 0.00	5. 00
5. 01 6. 00	FTE cap adjustment for qualifing hospitals under §131 of the CAA 2021 (see instructions) FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap f	0.00 or 0.00	5. 01 6. 00
6. 26	new programs in accordance with 42 CFR 413.79(e) Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 o	f 0.00	6. 26
7. 00	the CAA 2021 (see instructions) 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 th cost report straddles July 1, 2011 then see instructions.		
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)	0.00	7. 02
8.00	and 87 FR 49075 (August 10, 2022) (see instructions) 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,	0. 00	8. 00
8. 01	1998), and 67 FR 50069 (August 1, 2002). The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the coreport straddles July 1, 2011, see instructions.	o. 00	8. 01
8. 02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital	0.00	8. 02
8. 21	under § 5506 of ACA. (see instructions) 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	
11.00	FTE count for residents in dental and podiatric programs.		11. 00 12. 00
12. 00 13. 00	Current year allowable FTE (see instructions) Total allowable FTE count for the prior year.	0.00	
14. 00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 199		14. 00
15. 00	otherwise enter zero. Sum of lines 12 through 14 divided by 3.	0.00	15. 00
	Adjustment for residents in initial years of the program (see instructions)		16. 00
17. 00	Adjustment for residents displaced by program or hospital closure		17. 00
18. 00 19. 00	Adjusted rolling average FTE count Current year resident to bed ratio (line 18 divided by line 4).	0. 00 0. 000000	
20. 00	Prior year resident to bed ratio (see instructions)	0. 000000	
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0. 000000	21. 00
22. 00 22. 01	IME payment adjustment (see instructions) IME payment adjustment - Managed Care (see instructions)	0	22. 00 22. 01
23. 00	Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105	0.00	23. 00
24. 00	(f)(1)(iv)(C). [ME FTE Resident Count Over Cap (see instructions)	0.00	
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 27. 00	Resident to bed ratio (divide line 25 by line 4) IME payments adjustment factor. (see instructions)	0. 000000 0. 000000	
28. 00	IME add-on adjustment amount (see instructions)	0.000000	1
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) Disproportionate Share Adjustment	0	29. 01
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	1. 59	30. 00
31.00	Percentage of Medicaid patient days (see instructions)	19. 88	
32. 00 33. 00	Sum of lines 30 and 31 Allowable disproportionate share percentage (see instructions)	21. 47 6. 93	
	Disproportionate share adjustment (see instructions)	206, 834	
	1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	11	

Heal th	Financial Systems GOSHEN HOSP	I TAL	In Lie	u of Form CMS-2	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0026	Peri od: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prep 5/30/2023 4:30	
		Title XVIII	Hospi tal	PPS	
			Prior to 10/1		
	Uncompensated Care Payment Adjustment		1. 00	2. 00	
35. 00	Total uncompensated care amount (see instructions)		7, 192, 008, 710	0	35. 00
35. 01	Factor 3 (see instructions)		0. 000288347	0. 000000000	35. 01
35. 02	1	enter zero on this line)	2, 073, 794	2, 014, 226	35. 02
35. 03 36. 00	Pro rata share of the hospital UCP, including supplemental UCI Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	o (see instructions)	1, 551, 084 2, 058, 780	507, 696	35. 03 36. 00
	Additional payment for high percentage of ESRD beneficiary dis	scharges (lines 40 throug	jh 46)		
40. 00	Total Medicare discharges (see instructions)		0		40. 00
41. 00	Total ESRD Medicare discharges (see instructions)		0		41. 00
41. 01 42. 00	Total ESRD Medicare covered and paid discharges (see instruct Divide line 41 by line 40 (if less than 10%, you do not quali		0.00		41. 01 42. 00
43. 00	Total Medicare ESRD inpatient days (see instructions)	ry ron adjustment)	0.00		43. 00
44. 00	Ratio of average length of stay to one week (line 43 divided ldays)	by line 41 divided by 7	0. 000000		44. 00
45. 00	Average weekly cost for dialysis treatments (see instructions)	0.00		45. 00
46.00			0		46.00
47.00	Subtotal (see instructions)		14, 900, 039		47. 00
48. 00	Hospital specific payments (to be completed by SCH and MDH, solonly, (see instructions)	mall rural hospitals	0		48. 00
	John y. (See Tristraetrons)			Amount	
10.00				1. 00	10.00
49. 00 50. 00	Total payment for inpatient operating costs (see instructions Payment for inpatient program capital (from Wkst. L, Pt. I and			14, 900, 039 904, 691	49. 00 50. 00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. 1 and			904, 091	51. 00
52. 00	Direct graduate medical education payment (from Wkst. E-4, li			Ö	52. 00
53.00	Nursing and Allied Health Managed Care payment	,		11, 572	53.00
54.00	Special add-on payments for new technologies			194, 901	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 6	9)		0	55. 00
55. 01 56. 00	Cellular therapy acquisition cost (see instructions) Cost of physicians' services in a teaching hospital (see intro	ictions)		0	55. 01 56. 00
57. 00	Routine service other pass through costs (from Wkst. D, Pt. I	•	rough 35)	0	57. 00
58. 00	Ancillary service other pass through costs from Wkst. D, Pt.		oug., oo,,	15, 258	58. 00
59. 00	Total (sum of amounts on lines 49 through 58)	,		16, 026, 461	59. 00
60.00	Primary payer payments			0	60.00
61. 00	Total amount payable for program beneficiaries (line 59 minus	line 60)		16, 026, 461	61. 00
62.00	Deductibles billed to program beneficiaries			1, 260, 620	62.00
63. 00 64. 00	Coinsurance billed to program beneficiaries Allowable bad debts (see instructions)			20, 228 47, 718	
65. 00	Adjusted reimbursable bad debts (see instructions)			31, 017	65. 00
66. 00	, , , , , , , , , , , , , , , , , , , ,	ructions)		18, 338	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			14, 776, 630	67. 00
68. 00	Credits received from manufacturers for replaced devices for			0	68. 00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).	(For SCH see instructions	s)	0	69. 00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	cation) adjustment (see i	netrueti one)	0	70. 00 70. 50
70. 50 70. 75	Rural Community Hospital Demonstration Project (§410A Demonstration Project (§410A Demonstration Project (§410A Demonstration)	atron) adjustment (see i	risti ucti oris)	0	70. 30
70. 73	Demonstration payment adjustment amount before sequestration			0	70. 73
70. 88	SCH or MDH volume decrease adjustment (contractor use only)			0	70. 88
70. 89	Pioneer ACO demonstration payment adjustment amount (see inst	ructions)			70. 89
70. 90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70. 90
70. 91 70. 92	HSP bonus payment HRR adjustment amount (see instructions)			0	70. 91
70. 92	Bundled Model 1 discount amount (see instructions) HVBP payment adjustment amount (see instructions)			0	70. 92 70. 93
70. 93	HRR adjustment amount (see instructions)			-2, 706	70. 93
	Recovery of accelerated depreciation			0	

	Financial Systems GOSHEN HOSP				u of Form CMS-2	<u> 2552 -</u>
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provi der C	CN: 15-0026	Peri od: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Pre 5/30/2023 4:3	
		Title	e XVIII	Hospi tal	PPS	7 PIII
			FFY	(уууу)	Amount	
				0	1. 00	
0. 96	Low volume adjustment for federal fiscal year (yyyy) (Enter i	n column O		0	0	70.
0. 97	the corresponding federal year for the period prior to 10/1) Low volume adjustment for federal fiscal year (yyyy) (Enter in the corresponding federal year for the period ending on or af			0	0	70.
0. 98	Low Volume Payment-3	ŕ			0	70.
0. 99	HAC adjustment amount (see instructions)				0	70.
1. 00	Amount due provider (line 67 minus lines 68 plus/minus lines 6	69 & 70)			14, 773, 924	
1. 01	Sequestration adjustment (see instructions)				186, 152	
1. 02	Demonstration payment adjustment amount after sequestration				0	1
1. 03	Sequestration adjustment-PARHM or CHART pass-throughs				40.040.400	71.
2. 00 2. 01	Interim payments				13, 818, 630	72. 72.
3. 00	Interim payments-PARHM or CHART Tentative settlement (for contractor use only)				0	1
3. 01	Tentative settlement-PARHM or CHART (for contractor use only))			O	73.
4. 00	,					74.
. 01	Balance due provider/program-PARHM or CHART (see instructions)					74.
. 00	Protested amounts (nonallowable cost report items) in accordan	nce with			461, 644	75.
	CMS Pub. 15-2, chapter 1, §115.2					-
0. 00	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96) Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of	of 2 02			0	90.
). 00	plus 2.04 (see instructions)	01 2.03			U	70.
1. 00	Capital outlier from Wkst. L. Pt. I. line 2				0	91.
2. 00	Operating outlier reconciliation adjustment amount (see instru	uctions)			0	1
3. 00	, , , , , , , , , , , , , , , , , , , ,				0	93.
4. 00	The rate used to calculate the time value of money (see instru	uctions)			0.00	94.
5. 00	Time value of money for operating expenses (see instructions)				0	95.
5. 00	Time value of money for capital related expenses (see instruc	tions)			0	96.
				Prior to 10/1		
	luon n			1. 00	2. 00	
0 00	HSP Bonus Payment Amount			0	0	1100
JU. UC	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment			U	U	100.
11 00	HVBP adjustment factor (see instructions)			0.0000000000	0. 0000000000	101
	HVBP adjustment amount for HSP bonus payment (see instructions	5)		0.000000000		102.
	HRR Adjustment for HSP Bonus Payment	<i></i>		<u> </u>		1.02.
03. 00	HRR adjustment factor (see instructions)			0.0000	0.0000	103.
	HRR adjustment amount for HSP bonus payment (see instructions))		0	0	104.
	Rural Community Hospital Demonstration Project (§410A Demonstr		ıstment			1
00. 00	Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no.	riod under t	the 21st			200.
1 00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line	2 40)				201.
	Medicare discharges (see instructions)	U 47)				201.
	Case-mix adjustment factor (see instructions)					203.
,J. UC	Computation of Demonstration Target Amount Limitation (N/A in period)	first year	of the currer	nt 5-year demonst	ration	200.
4.00	Medicare target amount					204.
	Case-mix adjusted target amount (line 203 times line 204)					205.
	Medicare inpatient routine cost cap (line 202 times line 205)					206.
	Adjustment to Medicare Part A Inpatient Reimbursement					1

207. 00

208. 00

209. 00

210. 00

211. 00

212. 00 213. 00 218. 00

207.00 Program reimbursement under the §410A Demonstration (see instructions)

208.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)

213.00 Low-volume adjustment (see instructions)
218.00 Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement)

209.00 Adjustment to Medicare IPPS payments (see instructions)

(line 212 minus line 213) (see instructions)

211.00 Total adjustment to Medicare IPPS payments (see instructions)

Comparision of PPS versus Cost Reimbursement
212.00 Total adjustment to Medicare Part A IPPS payments (from line 211)

210.00 Reserved for future use

LOW VOLUME CALCULATION EXHIBIT 4	Provider CCN: 15-0026		Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/30/2023 4:39 pm
	T' 11 \0.0111	11 1 1	DDC

1.00		W/S E, Part A			XVIII	Hospi tal	PPS	
1 00			Amounts (from I	Pre/Post	Period Prior	Peri od	Total (Col 2	
1 00		line	E, Part A)	Entitlement	to 10/01	On/After 10/01	through 4)	
	IDDO I II II II II II II II II II II II II	0	1.00	2.00	3.00	4. 00	5. 00	4 00
1. 00	DRG amounts other than outlier payments	1. 00	0	0	C	0	0	1. 00
1. 01	DRG amounts other than outlier payments for discharges	1. 01	8, 829, 599	0	8, 829, 599		8, 829, 599	1. 01
1. 02	occurring prior to October 1 DRG amounts other than outlier payments for discharges occurring on or after October	1. 02	3, 108, 824	0		3, 108, 824	3, 108, 824	1. 02
1. 03	1 DRG for Federal specific operating payment for Model 4 BPCI occurring prior to	1. 03	0	0	C		0	1. 03
1. 04	October 1 DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1. 04	0	0		0	0	1. 04
2.00	Outlier payments for discharges (see instructions)	2. 00						2. 00
2. 01	Outlier payments for discharges for Model 4 BPCI	2. 02	0	0	С	0	0	2. 01
2. 02	Outlier payments for discharges occurring prior to	2. 03	657, 646	0	657, 646		657, 646	2. 02
2. 03	October 1 (see instructions) Outlier payments for discharges occurring on or after October 1 (see	2. 04	38, 356	0		38, 356	38, 356	2. 03
3.00	instructions) Operating outlier	2. 01	0	0	С	0	0	3. 00
4. 00	reconciliation Managed care simulated payments	3. 00	0	O	C	0	0	4. 00
	Indirect Medical Education Adju							
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	C	0	0	6. 00
6. 01	IME payment adjustment for managed care (see instructions)	22. 01	0	O	C	0	0	6. 01
7. 00	Indirect Medical Education Adju IME payment adjustment factor (see instructions)	ustment for the 27.00	Add-on for Se 0.000000	ction 422 of t 0.000000		0. 000000		7. 00
8.00	IME adjustment (see instructions)	28. 00	0	0	C	0	0	8. 00
8. 01	IME payment adjustment add on for managed care (see instructions)	28. 01	0	O	C	0	0	8. 01
9. 00	Total IME payment (sum of lines 6 and 8)	29. 00	0	0	С	0	0	9. 00
9. 01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29. 01	0	0	С	0	0	9. 01
	Disproportionate Share Adjustme							
10. 00	Allowable disproportionate share percentage (see instructions)	33. 00	0. 0693	0. 0693	0. 0693	0. 0693		10.00
11. 00	Disproportionate share adjustment (see instructions)	34. 00	206, 834	0	152, 973	53, 861	206, 834	11. 00
11. 01	Uncompensated care payments Additional payment for high per	36.00 centage of ESR	2,058,780 D beneficiary	0 di scharges	1, 551, 084	507, 696	2, 058, 780	11. 01
12.00	Total ESRD additional payment	46.00	0	0	C	0	0	12.00
13. 00 14. 00	(see instructions) Subtotal (see instructions) Hospital specific payments (completed by SCH and MDH, small rural hospitals only.)	47. 00 48. 00	14, 900, 039 0	0	, , , , , , , , , , , , , , , , , , , ,	2, 708, 737 0 0	14, 900, 039 0	ı
15. 00	(see instructions) Total payment for inpatient operating costs (see	49. 00	14, 900, 039	0	11, 191, 302	3, 708, 737	14, 900, 039	15. 00
16. 00	instructions) Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50. 00	904, 691	0	674, 270	230, 421	904, 691	16. 00

						o 12/31/2022	Date/Time Pre 5/30/2023 4:3	pared:
				Title	XVIII	Hospi tal	PPS	, p
		W/S E, Part A	Amounts (from	Pre/Post	Period Prior	Peri od	Total (Col 2	
		line	E, Part A)	Entitlement	to 10/01	On/After 10/01	through 4)	
		0	1.00	2. 00	3. 00	4. 00	5. 00	
17. 00	Special add-on payments for new technologies	54. 00	194, 901	0	189, 565	5, 337	194, 902	17. 00
17. 01	Net organ aquisition cost							17. 01
17. 02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68. 00	O	0	(0	0	17. 02
18. 00	Capital outlier reconciliation adjustment amount (see instructions)	93. 00	O	0	C	0	0	18. 00
19.00	SUBTOTAL			0	12, 055, 137	3, 944, 495	15, 999, 632	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		892, 023	0			892, 023	20. 00
20. 01	Model 4 BPCI Capital DRG other than outlier		0	0	(0	0	
21.00	Capital DRG outlier payments	2. 00	12, 668	0	12, 559	109	12, 668	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	0.0000		22. 00
23. 00	Indirect medical education adjustment (see instructions)	6. 00	0	0	(0	0	23. 00
24. 00	Allowable disproportionate share percentage (see instructions)	10. 00	0. 0000	0. 0000	0.0000	0.0000		24. 00
25. 00	Disproportionate share adjustment (see instructions)	11. 00	0	0	C	0	0	25. 00
26. 00	Total prospective capital payments (see instructions)	12. 00	904, 691	0	674, 270	230, 421	904, 691	26. 00
		W/S E, Part A						
		line	Part A)					
		0	1. 00	2. 00	3. 00	4. 00	5. 00	
27. 00 28. 00	Low volume adjustment factor Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70. 96			0.000000	0. 000000	0	27. 00 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

| Peri od: | Worksheet E | From 01/01/2022 | Part A Exhibit 5 | Date/Time Prepared: | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 | Propared: | To 12/31/2022 | Pr
 Heal th Financial
 Systems
 GOSHEN HODE

 HOSPITAL
 ACQUIRED
 CONDITION (HAC)
 REDUCTION CALCULATION EXHIBIT 5
 Provider CCN: 15-0026

				To	12/31/2022	Date/Time Prep 5/30/2023 4:39	
			Title	XVIII	Hospi tal	PPS	, p
		Wkst. E, Pt.	Amt. from	Period to	Period on	Total (cols. 2	
		A, line	Wkst. E, Pt.	10/01	after 10/01	and 3)	
		0	A) 1. 00	2. 00	3. 00	4. 00	
1. 00	DRG amounts other than outlier payments	1. 00	1.00	2.00	3.00	4.00	1. 00
1. 01	DRG amounts other than outlier payments for	1. 01	8, 829, 599	8, 829, 599		8, 829, 599	1. 00
	discharges occurring prior to October 1		0,02,,07,	0,02,,0,,		0,027,077	
1. 02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1. 02	3, 108, 824		3, 108, 824	3, 108, 824	1. 02
1. 03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October	1. 03	O	0		0	1. 03
1. 04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after	1. 04	0		0	0	1. 04
2. 00	October 1 Outlier payments for discharges (see instructions)	2. 00					2. 00
2. 01	Outlier payments for discharges for Model 4	2. 02	0	0	0	0	2. 01
2. 02	BPCI Outlier payments for discharges occurring	2. 03	657, 646	657, 646		657, 646	2. 02
2. 03	prior to October 1 (see instructions) Outlier payments for discharges occurring on or after October 1 (see instructions)	2. 04	38, 356		38, 356	38, 356	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	o	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 Se	ction 422 of t	he MMA			
7.00	IME payment adjustment factor (see	27. 00	0. 000000	0. 000000	0. 000000		7. 00
	instructions)						
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	U	U	U	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	29. 01	o	0	0	0	9. 01
	lines 6.01 and 8.01)						
	Disproportionate Share Adjustment						
10. 00	Allowable disproportionate share percentage	33.00	0. 0693	0. 0693	0. 0693		10. 00
11. 00	(see instructions) Disproportionate share adjustment (see	34.00	206, 834	152, 973	53, 861	206, 834	11. 00
11 01	instructions)	36. 00	2, 058, 780	1, 551, 084	507, 696	2, 058, 780	11 01
11. 01	Uncompensated care payments Additional payment for high percentage of ESR			1, 551, 064	307, 690	2,036,760	11.01
12. 00	Total ESRD additional payment (see	46. 00	or scriai ges	0	0	0	12. 00
	instructions)					_	
13.00	Subtotal (see instructions)	47.00	14, 900, 039	11, 191, 302	3, 708, 737	14, 900, 039	13.00
14.00	Hospital specific payments (completed by SCH	48. 00	0	0	0	0	14.00
	and MDH, small rural hospitals only.) (see						
15. 00	instructions) Total payment for inpatient operating costs	49. 00	14, 900, 039	11, 191, 302	3, 708, 737	14, 900, 039	15. 00
16. 00	(see instructions) Payment for inpatient program capital (from	50.00	904, 691	674, 270	230, 421	904, 691	16. 00
	Wkst. L, Pt. I, if applicable)						
17. 00	Special add-on payments for new technologies	54.00	194, 901	189, 564	5, 337	194, 901	
17. 01 17. 02	Net organ acquisition cost Credits received from manufacturers for	68. 00		0	0	0	17. 01 17. 02
17.02	replaced devices for applicable MS-DRGs	00.00		U	U		17.02
18. 00	Capital outlier reconciliation adjustment amount (see instructions)	93. 00	0	0	0	0	18. 00
19. 00	SUBTOTAL			12, 055, 136	3, 944, 495	15, 999, 631	19. 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	5. 00	0.0000	0.0000	0.0000	,	22. 00
	instructions)						
23.00		6. 00	0	0	0	0	23. 00
	instructions)						
24. 00	Allowable disproportionate share percentage	10. 00	0.0000	0. 0000	0. 0000		24. 00
	(see instructions)	44.00					
25. 00	Disproportionate share adjustment (see instructions)	11. 00	U	Ü	0	0	25. 00
26.00	Total prospective capital payments (see	12. 00	904, 691	674, 270	230, 421	904, 691	26.00
	instructions)						
		Wkst. E, Pt.	(Amt. from				
		A, line	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	
29. 00	Low volume adjustment on or after October 1	70. 97	0		0	0	1 = 7.00
30.00	HVBP payment adjustment (see instructions)	70. 93	0	0	0	0	00.00
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, 706	-2, 706	0	-2, 706	31.00
31. 01	HRR adjustment for HSP bonus payment (see instructions)	70. 91	0	0	0	0	31. 01
	That detrona)					(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

Health Financial Systems	GOSHEN HOSPITAL	In Lieu	of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT		From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/30/2023 4:39 pm

		Title XVIII	Hospi tal	5/30/2023 4: 3 PPS	9 pm
		THE ONE THE	nospi tui	110	
	DART D. MEDIAN AND OTHER HEATTH OFFINANCE			1. 00	
1. 00	PART B - MEDICAL AND OTHER HEALTH SERVICES Medical and other services (see instructions)			15, 376	1. 00
2.00	Medical and other services (see Instructions) Medical and other services reimbursed under OPPS (see instruction	ns)		31, 076, 837	2.00
3.00	OPPS payments	13)		21, 566, 314	3.00
4.00	Outlier payment (see instructions)			452, 707	4. 00
4. 01	Outlier reconciliation amount (see instructions)			0	4. 01
5.00	Enter the hospital specific payment to cost ratio (see instruction	ons)		0.000	5. 00
6. 00 7. 00	Line 2 times line 5 Sum of lines 3, 4, and 4.01, divided by line 6			0.00	6. 00 7. 00
8. 00	Transitional corridor payment (see instructions)			0.00	8.00
9. 00	Ancillary service other pass through costs from Wkst. D, Pt. IV,	col. 13, line 200		26, 454	9. 00
10.00	Organ acqui si ti ons			0	10. 00
11. 00	Total cost (sum of lines 1 and 10) (see instructions)			15, 376	11. 00
	COMPUTATION OF LESSER OF COST OR CHARGES				
12. 00	Reasonable charges Ancillary service charges			74, 889	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)			74, 889	14. 00
	Customary charges				
15. 00	Aggregate amount actually collected from patients liable for paym			0	15.00
16. 00	Amounts that would have been realized from patients liable for pathad such payment been made in accordance with 42 CFR §413.13(e)	ayment for services or	n a chargebasis	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)			74, 889	18. 00
19. 00	Excess of customary charges over reasonable cost (complete only i	f line 18 exceeds lir	ne 11) (see	59, 513	19. 00
	instructions)			_	
20. 00	Excess of reasonable cost over customary charges (complete only i instructions)	fline 11 exceeds lir	ne 18) (see	0	20. 00
21. 00	Lesser of cost or charges (see instructions)			15, 376	21. 00
22. 00	Interns and residents (see instructions)			0	22. 00
23. 00	Cost of physicians' services in a teaching hospital (see instruct	tions)		0	23. 00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)			22, 045, 475	24. 00
25.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT				25. 00
25. 00 26. 00	Deductibles and coinsurance amounts (for CAH, see instructions) Deductibles and Coinsurance amounts relating to amount on line 24	l (for CAH see instru	ıctions)	0 3, 583, 305	
27. 00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus			18, 477, 546	•
	instructions)		- `		
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)			10 477 544	29. 00
30. 00 31. 00	Subtotal (sum of lines 27 through 29) Primary payer payments			18, 477, 546 4, 729	30. 00 31. 00
32. 00	Subtotal (line 30 minus line 31)			18, 472, 817	1
	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)			211, 547 137, 506	34.00
35. 00 36. 00	Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see instruct	ions)		177, 289	
37. 00	Subtotal (see instructions)	.1 0113)		18, 610, 323	
38. 00	,				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 39. 97	N95 respirator payment adjustment amount (see instructions) Demonstration payment adjustment amount before seguestration			0	39. 75 39. 97
39. 97	Partial or full credits received from manufacturers for replaced	devices (see instruct	ions)	0	39. 97
39. 99	RECOVERY OF ACCELERATED DEPRECIATION	devices (see instidet	11 0113)	Ö	39. 99
40.00	Subtotal (see instructions)			18, 610, 513	40. 00
40. 01	Sequestration adjustment (see instructions)			234, 492	40. 01
40. 02	Demonstration payment adjustment amount after sequestration			0	40. 02
40. 03 41. 00	Sequestration adjustment-PARHM or CHART pass-throughs Interim payments			18, 332, 913	40. 03 41. 00
41. 01	Interim payments Interim payments-PARHM or CHART			10, 332, 713	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)			43, 108	43.00
43. 01	Balance due provider/program-PARHM (see instructions)	with CMC Dub 1E 2 a	hantan 1	207 742	43. 01
44. 00	Protested amounts (nonallowable cost report items) in accordance §115.2	with this Pub. 15-2, 0	mapter I,	386, 742	44. 00
	TO BE COMPLETED BY CONTRACTOR			1	
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 94. 00	Time Value of Money (see instructions) Total (sum of lines 91 and 93)			0	93. 00 94. 00
, 4. 00	1.000. (Sum of Times / and /s)				, 7. 00

Health Financial Systems	GOSHEN HOSPI TAL	In Lie	u of Form CMS	-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT		Peri od:	Worksheet E	
		From 01/01/2022		
		To 12/31/2022	Date/Time Pr	epared:
			5/30/2023 4:	39 pm
	Title XVIII	Hospi tal	PPS	
			1. 00	
MEDICARE PART B ANCILLARY COSTS				
200.00 Part B Combined Billed Days				0 200. 00

Peri od: Worksheet E-1
From 01/01/2022 Part I
To 12/31/2022 Date/Time Prepared: 5/30/2023 4:39 pm Provider CCN: 15-0026

					5/30/2023 4: 39	9 pm
			XVIII	Hospi tal	PPS	
		Inpatien	t Part A	Par	rt 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		13, 818, 63		18, 332, 913	1. 00
2.00	Interim payments payable on individual bills, either			0	0	2. 00
	submitted or to be submitted to the contractor for					
	services rendered in the cost reporting period. If none, write "NONE" or enter a zero					
3.00	List separately each retroactive lump sum adjustment					3. 00
0.00	amount based on subsequent revision of the interim rate					0.00
	for the cost reporting period. Also show date of each					
	payment. If none, write "NONE" or enter a zero. (1)					
	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	Dravidan to Dragnam			0	0	3. 05
3. 50	Provider to Program ADJUSTMENTS TO PROGRAM			0	0	3. 50
3. 50	ADJUSTIMENTS TO FROGRAM			0		3. 51
3. 52				0		3. 52
3. 53				o o	l ol	3. 53
3. 54				o	0	3. 54
3. 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines			0	0	3. 99
	3. 50-3. 98)					
4.00	Total interim payments (sum of lines 1, 2, and 3.99)		13, 818, 63	0	18, 332, 913	4.00
	(transfer to Wkst. E or Wkst. E-3, line and column as					
	appropriate) TO BE COMPLETED BY CONTRACTOR					
5. 00	List separately each tentative settlement payment after					5. 00
5.00	desk review. Also show date of each payment. If none,					5.00
	write "NONE" or enter a zero. (1)					
	Program to Provider					
5.01	TENTATI VE TO PROVI DER			0	0	5. 01
5.02				0	0	5. 02
5.03				0	0	5. 03
	Provi der to Program					
5. 50 5. 51	TENTATI VE TO PROGRAM			0	0	5. 50 5. 51
5. 51				0		5. 51
5. 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines			0		5. 99
3. 77	5. 50-5. 98)					5. 77
6.00	Determined net settlement amount (balance due) based on					6. 00
	the cost report. (1)					
6. 01	SETTLEMENT TO PROVIDER		769, 14	2	43, 108	6. 01
6.02	SETTLEMENT TO PROGRAM			0	0	6. 02
7. 00	Total Medicare program liability (see instructions)		14, 587, 77		18, 376, 021	7. 00
				Contractor	NPR Date	
		()	Number	(Mo/Day/Yr)	
8. 00	Name of Contractor	()	1. 00	2. 00	8. 00
0.00	name of sofiti deter			1	1	0.00

Heal th	Financial Systems GOSHEN HOSF	PI TAL	In Lie	u of Form CMS-	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 15-0026	Peri od: From 01/01/2022	Worksheet E-1 Part II	
			To 12/31/2022		
		Title XVIII	Hospi tal	PPS	
				1. 00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				1
	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	e 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 l				6. 00
7. 00	CAH only - The reasonable cost incurred for the purchase of c line 168	ertified HIT technology	Wkst. S-2, Pt. I		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					31.00
	Balance due provider (line 8 (or line 10) minus line 30 and l	ine 31) (see instruction	ns)		32. 00

Heal th	Financial Systems GOSHEN HOSP	PI TAL	In Lie	u of Form CMS-2	552-10
OUTLI E	R RECONCILIATION AT TENTATIVE SETTLEMENT	Provi der CCN: 15-0026	Peri od:	Worksheet E-5	
			From 01/01/2022 To 12/31/2022	Date/Time Prep 5/30/2023 4:39	
		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 i	nstructions)	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 instr	uctions)		0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instruc	tions)		0	4.00
5.00	The rate used to calculate the time value of money (see instr	uctions)		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 instruc	tions)		0	7.00

Health Financial Systems

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

Provider CCN: 15-0026 Peri

Peri od: Worksheet G From 01/01/2022 To 12/31/2022 Date/Ti me Prepared: 5/30/2023 4:39 pm

——————————————————————————————————————					5/30/2023 4: 3	9 pm
		General Fund		Endowment Fund	Plant Fund	
		1.00	Purpose Fund 2.00	3. 00	4. 00	
	CURRENT ASSETS	1.00	2.00	3.00	4.00	
1.00	Cash on hand in banks	322, 227	' 0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2. 00
3.00	Notes recei vabl e	0	0	0	0	3. 00
4.00	Accounts recei vable	97, 212, 755	0	0	0	4. 00
5.00	Other recei vabl e	0	0	0	0	5. 00
6.00	Allowances for uncollectible notes and accounts receivable			0	0	6. 00
7.00	Inventory	7, 926, 721		0	0	7. 00
8. 00 9. 00	Prepaid expenses Other current assets	10, 582, 021		0	0	8. 00 9. 00
10.00	Due from other funds		0	_	0	10.00
11. 00	Total current assets (sum of lines 1-10)	47, 117, 365	1	_	0	11.00
11.00	FIXED ASSETS	47, 117, 303	,	0	0	11.00
12. 00	Land	5, 535, 262	! 0	0	0	12.00
13. 00	Land improvements	4, 922, 978			0	13. 00
14.00	Accumulated depreciation	-2, 477, 924	1	0	0	14. 00
15.00	Bui I di ngs	177, 772, 497	0	0	0	15. 00
16.00	Accumulated depreciation	-53, 243, 149	0	0	0	16. 00
17. 00	Leasehold improvements	36, 948	1		0	17. 00
18. 00	Accumulated depreciation	-36, 948	•	_	0	18. 00
19. 00	Fi xed equipment	21, 846, 490	1	0	0	19. 00
20.00	Accumulated depreciation	-11, 640, 531	1	0	0	20.00
21. 00	Automobiles and trucks	0	0	0	0	21.00
22. 00 23. 00	Accumulated depreciation Major movable equipment	139, 924, 363	0	0	0	22. 00 23. 00
24. 00	Accumul ated depreciation	-93, 222, 172	1	0	0	24.00
25. 00	Mi nor equi pment depreci abl e	-93, 222, 172	0	_	0	25. 00
26. 00	Accumulated depreciation			_	Ö	26.00
27. 00	HIT designated Assets	0	ō	0	Ō	27. 00
28. 00	Accumulated depreciation	0	0	0	0	28. 00
29. 00	Mi nor equi pment-nondepreci abl e	0	0	0	0	29. 00
30.00	Total fixed assets (sum of lines 12-29)	189, 417, 814	0	0	0	30. 00
	OTHER ASSETS					
31.00	Investments	0	0		-	31.00
32. 00	Deposits on Leases	0	0	_		32.00
33.00	Due from owners/officers	221 444 071	0	_	0	33. 00 34. 00
34. 00 35. 00	Other assets Total other assets (sum of lines 31-34)	221, 466, 971 221, 466, 971			0	35.00
36. 00	Total assets (sum of lines 11, 30, and 35)	458, 002, 150	1	_		36.00
30. 00	CURRENT LIABILITIES	1 430,002,130	,			30.00
37. 00	Accounts payable	15, 576, 163	0	0	0	37. 00
38. 00	Salaries, wages, and fees payable	10, 031, 819	1	0	0	38. 00
39. 00	Payroll taxes payable	504, 475	0	0	0	39. 00
40.00	Notes and Loans payable (short term)	15, 134, 498	0	0	0	40. 00
41. 00	Deferred income	0	0	0	0	41.00
42. 00	Accel erated payments	0)	_	_	42.00
43.00	Due to other funds	0 000 010	0	0	0	43.00
44. 00	Other current liabilities	2, 023, 213	1	_	0	44.00
45. 00	Total current liabilities (sum of lines 37 thru 44) LONG TERM LIABILITIES	43, 270, 168	8 0	0	0	45. 00
46. 00	Mortgage payable	1	0	0	0	46. 00
47. 00	Notes payable	84, 920, 588				47. 00
48. 00	Unsecured Loans	01, 720, 000	o o			48. 00
49. 00	Other long term liabilities	1, 483, 516			Ō	49. 00
50.00	Total long term liabilities (sum of lines 46 thru 49)	86, 404, 104		0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	129, 674, 272		0	0	51.00
	CAPI TAL ACCOUNTS					
52.00	General fund balance	328, 327, 878				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		1	0	_	56.00
57. 00 58. 00	Plant fund balance - invested in plant Plant fund balance - reserve for plant improvement,				0	57. 00 58. 00
50.00	replacement, and expansion		1			30.00
59. 00	Total fund balances (sum of lines 52 thru 58)	328, 327, 878	0	0	0	59. 00
60.00	Total liabilities and fund balances (sum of lines 51 and	458, 002, 150		_		60.00
	59)	1	1			

Provider CCN: 15-0026

					10 12/31/2022	5/30/2023 4:3	
		General	Fund	Special F	Purpose Fund	Endowment Fund	
		1.00	2. 00	3. 00	4.00	5. 00	
1.00	Fund balances at beginning of period	1.00	425, 220, 112	3.00	4.00	3.00	1. 00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-95, 822, 419				2. 00
3.00	Total (sum of line 1 and line 2)		329, 397, 693		0		3. 00
4.00	Additions (credit adjustments) (specify)	0			0	0	4. 00
5.00		0			0	0	5.00
6.00		0			0	0	6. 00
7.00		0			0	0	7. 00
8. 00		0			0	0	8. 00
9.00	T	0			0	0	9. 00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)	1 0/0 010	329, 397, 693			0	11. 00 12. 00
12. 00 13. 00	EQUITY TRANSFER ROUNDING OFF	1, 069, 810				0	12.00
14. 00	ROUNDING OFF	5			0		14. 00
15. 00					0		15. 00
16. 00		0			0		16. 00
17. 00		0			0	Ö	17. 00
18.00	Total deductions (sum of lines 12-17)		1, 069, 815		0		18. 00
19.00	Fund balance at end of period per balance		328, 327, 878		0		19. 00
	sheet (line 11 minus line 18)						
		Endowment Fund	PI ant	Fund	_		
		6. 00	7. 00	8. 00	_		
1. 00	Fund balances at beginning of period	0.00	7.00	0.00	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 10. 00	Total additions (sum of line 4-9)		U		0		9. 00 10. 00
11. 00	Subtotal (line 3 plus line 10)				0		11. 00
12. 00	EQUITY TRANSFER		0				12.00
13. 00	ROUNDI NG OFF		0				13. 00
14. 00			0				14. 00
15.00			o				15. 00
16.00			o				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	0			0		19. 00
	sheet (line 11 minus line 18)	I I					

Health Financial Systems
STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES Provider CCN: 15-0026

				То	12/31/2022	Date/Time Prep 5/30/2023 4:39	
	Cost Center Description		Inpatient		Outpati ent	Total) piii
	3331 3311t31 23331 pt 1311		1. 00		2. 00	3. 00	
	PART I - PATIENT REVENUES	I	11.00		2.00	0.00	
	General Inpatient Routine Services						
1.00	Hospi tal		72, 902, 36	0		72, 902, 360	1. 00
2.00	SUBPROVIDER - I PF		, ,	0		0	2. 00
3.00	SUBPROVI DER - I RF			0		0	3. 00
4. 00	SUBPROVI DER			0		0	4. 00
5. 00	Swing bed - SNF			0		0	5. 00
6. 00	Swing bed - NF			0		0	6. 00
7. 00	SKILLED NURSING FACILITY			0		0	7. 00
8.00	NURSING FACILITY			0		0	8. 00
9. 00	OTHER LONG TERM CARE			0		0	9. 00
10.00	Total general inpatient care services (sum of lines 1-9)		72, 902, 36	-		72, 902, 360	10. 00
	Intensive Care Type Inpatient Hospital Services	I	727 7027 00	, 0		727 7027 000	10.00
11. 00	INTENSIVE CARE UNIT		13, 524, 91	1		13, 524, 911	11. 00
12. 00	CORONARY CARE UNIT			0		0	12. 00
13. 00	BURN INTENSIVE CARE UNIT			0		0	13. 00
14. 00	SURGI CAL INTENSI VE CARE UNI T			0		0	14. 00
15. 00	OTHER SPECIAL CARE (SPECIFY)					-	15. 00
16. 00	Total intensive care type inpatient hospital services (sum of line	es	13, 524, 91	1		13, 524, 911	16. 00
	11-15)		,				
17. 00	Total inpatient routine care services (sum of lines 10 and 16)		86, 427, 27	71		86, 427, 271	17. 00
18. 00	Ancillary services		138, 688, 83		510, 069, 659	648, 758, 489	18. 00
19. 00	Outpatient services		8, 097, 57		46, 198, 705	54, 296, 279	19. 00
20. 00	RURAL HEALTH CLINIC			0	0	0	20. 00
21. 00	FEDERALLY QUALIFIED HEALTH CENTER			0	o	0	21. 00
22. 00	HOME HEALTH AGENCY				2, 784, 790	2, 784, 790	
23. 00	AMBULANCE SERVICES				, - ,	,	23. 00
24. 00	CMHC				o	0	24. 00
25. 00	AMBULATORY SURGICAL CENTER (D. P.)			0	o	0	25. 00
26. 00	HOSPI CE			0	6, 245, 733	6, 245, 733	26. 00
27. 00	PROFESSI ONAL REVENUE			0	22, 447, 810	22, 447, 810	
27. 01	NON REIMBURSABLE			0	80, 380	80, 380	27. 01
28. 00	Total patient revenues (sum of lines 17-27)(transfer column 3 to W	Vkst.	233, 213, 67	15	587, 827, 077	821, 040, 752	28. 00
	G-3, line 1)						
	PART II - OPERATING EXPENSES	•					
29.00	Operating expenses (per Wkst. A, column 3, line 200)				305, 155, 040		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)				o		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)				o		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(tr	ansfer			305, 155, 040		43.00
	to Wkst. G-3, line 4)						

		HEN HOSPI TAL		u of Form CMS-2	
SIAIEN	ENT OF REVENUES AND EXPENSES	Provi der CCN: 15-0026	Peri od: From 01/01/2022	Worksheet G-3	
			To 12/31/2022	Date/Time Pre	pared:
				5/30/2023 4: 3	
				1. 00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column			821, 040, 752	1.00
2. 00	Less contractual allowances and discounts on patients'	' accounts		572, 628, 817	2.00
3. 00	Net patient revenues (line 1 minus line 2)			248, 411, 935	
1. 00	Less total operating expenses (from Wkst. G-2, Part I			305, 155, 040	
5. 00	Net income from service to patients (line 3 minus line	e 4)		-56, 743, 105	5.00
	OTHER I NCOME				
5. 00	Contributions, donations, bequests, etc			134, 946	
7. 00	Income from investments			-44, 792, 286	
3. 00	Revenues from telephone and other miscellaneous commun	nication services		0	
9. 00	Revenue from television and radio service			0	9. 0
10.00	Purchase di scounts			2, 616, 077	10.0
11. 00	Rebates and refunds of expenses			0	11.00
	Parking Lot receipts			0	12.00
	Revenue from Laundry and Linen service			0	13.00
14.00	Revenue from meals sold to employees and guests			240, 783	14.0
	Revenue from rental of living quarters			0	15. 0
16.00	Revenue from sale of medical and surgical supplies to	other than patients		0	16. 0
17.00	Revenue from sale of drugs to other than patients			0	17.00
8.00	Revenue from sale of medical records and abstracts			0	18. 0
9.00	Tuition (fees, sale of textbooks, uniforms, etc.)			0	19.00
20. 00	Revenue from gifts, flowers, coffee shops, and canteen	n		0	20.0
21. 00	Rental of vending machines			0	21. 0
22. 00	Rental of hospital space			1, 681, 425	22. 0
23. 00	Governmental appropriations			0	23. 0
24. 00	MISC OTHER OPER/NON OPER REVENUE			1, 039, 741	24.0
24. 50	COVI D-19 PHE Fundi ng			0	24. 50
25. 00	Total other income (sum of lines 6-24)			-39, 079, 314	25. 0
26. 00	Total (line 5 plus line 25)			-95, 822, 419	26. 0
27. 00	OTHER EXPENSES (SPECIFY)			0	27. 0
28. 00	Total other expenses (sum of line 27 and subscripts)			0	28.00
	Net income (or loss) for the period (line 26 minus lin	ne 28)		-95, 822, 419	29 0

Heal th	Financial Systems		GOSHEN HOS	SPI TAL		In Lie	u of Form CMS-2	2552-10
	LLOCATION - HHA GENERAL SERVICE	COST		Provi der Co		Peri od: From 01/01/2022	Worksheet H-1 Part I	
				HHA CCN:		To 12/31/2022	Date/Time Pre	pared:
						Home Health	5/30/2023 4: 3 PPS	9 pm
		1	Capital Rela	atad Casta		Agency I		
			Capital Rela	ated Costs				
		Net Expenses for Cost	Bl dgs & Fi xtures	Movable Equipment	Plant Operation &	Transportati on		
		Allocation	rixtures	Equi pillerit	Maintenance		(cols. 0-4)	
		(from Wkst. H,						
		col . 10) 0	1.00	2. 00	3.00	4. 00	4A. 00	
4 00	GENERAL SERVICE COST CENTERS				I			1 00
1. 00	Capital Related - Bldg. & Fixtures	0	0				0	1. 00
2.00	Capital Related - Movable	0		0			0	2. 00
3. 00	Equipment Plant Operation & Maintenance	23, 352	o	0	23, 35	52	0	3. 00
4.00	Transportati on	0	0	0		0 0		4. 00
5. 00	Administrative and General HHA REIMBURSABLE SERVICES	1, 224, 297	0	0	23, 35	52 0	1, 247, 649	5. 00
6. 00	Skilled Nursing Care	850, 364	0	0		0 0		1
7. 00 8. 00	Physical Therapy Occupational Therapy	368, 750 151, 505	0	0		0 0	368, 750 151, 505	
9. 00	Speech Pathology	50, 504	Ö	0		0 0	50, 504	
10. 00 11. 00	Medical Social Services Home Health Aide	94, 491 65, 752	0	0		0 0	94, 491	1
12.00	Supplies (see instructions)	17, 614	0	0		0 0	65, 752 17, 614	•
13.00	Drugs	0	O	0	•	0	0	13. 00
14. 00	DME HHA NONREI MBURSABLE SERVI CES	0	0	0		0 0	0	14. 00
15. 00	Home Dialysis Aide Services	0	0	0		0 0	-	
16. 00 17. 00	Respiratory Therapy Private Duty Nursing	0	0	0	•	0 0	0	16. 00 17. 00
18. 00	Clinic	o o	Ö	0	•	0 0	0	18. 00
19. 00 20. 00	Health Promotion Activities Day Care Program	0	0	0		0 0	0	19. 00 20. 00
21. 00		0	0	0	1	0 0	0	21.00
22. 00	Homemaker Service	0	o	0		0 0	0	22.00
23. 00 23. 50	All Others (specify) Telemedicine	0	0	0		0 0	0	23. 00 23. 50
24. 00	Total (sum of lines 1-23)	2, 846, 629	0	0	23, 35	52 0	2, 846, 629	24. 00
		Admi ni strati ve & General	lotal (cols. 4A + 5)					
	T	5. 00	6.00					
1. 00	GENERAL SERVICE COST CENTERS Capital Related - Bldg. &							1. 00
	Fixtures							
2. 00	Capital Related - Movable Equipment							2. 00
3.00	Plant Operation & Maintenance							3. 00
4. 00 5. 00	Transportation Administrative and General	1, 247, 649						4. 00 5. 00
	HHA REIMBURSABLE SERVICES							
6. 00 7. 00	Skilled Nursing Care Physical Therapy	663, 520 287, 728	1, 513, 884 656, 478					6. 00 7. 00
8. 00	Occupational Therapy	118, 216	269, 721					8. 00
9. 00 10. 00	Speech Pathology Medical Social Services	39, 407 73, 729	89, 911 168, 220					9. 00 10. 00
11. 00	Home Heal th Ai de	51, 305	117, 057					11. 00
12.00	Supplies (see instructions)	13, 744	31, 358					12.00
13. 00 14. 00	Drugs DME	0	0					13. 00 14. 00
	HHA NONREI MBURSABLE SERVI CES							
15. 00 16. 00	Home Dialysis Aide Services Respiratory Therapy	0	0					15. 00 16. 00
17. 00	Private Duty Nursing		0					17. 00
18. 00 19. 00	Clinic Health Promotion Activities	0	0					18. 00 19. 00
20.00	Day Care Program		0					20. 00
21. 00 22. 00		0	0					21. 00 22. 00
23. 00			0					23. 00
23. 50	Tel emedi ci ne	0	0					23. 50
∠4. 00	Total (sum of lines 1-23)	1 1	2, 846, 629					24. 00

	Financial Systems ALLOCATION - HHA STATISTICAL BAS	il S	GOSHEN HO	Provi der C	CN: 15-0026	Peri od:	worksheet H-1	
				HHA CCN:	15-7174	From 01/01/2022 To 12/31/2022	Part II Date/Time Pre 5/30/2023 4:3	pared: 9 pm
						Home Health Agency I	PPS	
		Capital Re	lated Costs					
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Pl ant Operation & Maintenance (SQUARE FEET)	Transportati (MI LEAGE)	onReconci I i ati on	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4. 00	5A. 00	5. 00	
	GENERAL SERVICE COST CENTERS							_
1.00	Capital Related - Bldg. &	0)			0		1.00
2. 00	Fixtures Capital Related - Movable Equipment		142			0		2. 00
3.00	Plant Operation & Maintenance	0	0	18, 459		0		3.00
4. 00	Transportation (see instructions)	0	0	0		0		4. 00
5.00	Administrative and General	0	142	18, 459		0 -1, 247, 649	1, 598, 980	5. 00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0		0 0	,	
7.00	Physi cal Therapy	0		0		0 0	,	
8.00	Occupational Therapy	0	0	0		0	,	
9.00	Speech Pathology	0	0	0		0	50, 504	9. 00
10.00	Medical Social Services	0	0	0		0	94, 491	10.00
11.00	Home Health Aide	0	0	0		0	65, 752	11. 00
12.00	Supplies (see instructions)	0	0	0		0 0	17, 614	12. 00
13.00	Drugs	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	l .	
16. 00	Respi ratory Therapy	0	-	0		0 0		
17. 00	Private Duty Nursing	0	-	0		0 0	0	
18. 00	Clinic	0	0	0		0 0	0	
19. 00	Health Promotion Activities	0	0	0		0 0	0	
20.00	Day Care Program	0	0	0		0 0	0	
21. 00	Home Delivered Meals Program	0	0	0		0 0	0	
22. 00	Homemaker Service	0	0	0		0	0	
23. 00	All Others (specify)	0	_	0		0 0	0	
23. 50	Tel emedi ci ne	0	_	0		0 0	0	
24. 00	Total (sum of lines 1-23)	0		18, 459	l .	0 -1, 247, 649		1
25. 00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	_	23, 352		0	1, 247, 649	
26.00	Unit Cost Multiplier	0. 000000	0. 000000	1. 265074	0.0000	000	0. 780278	26.00

Home Health

						Agency I	PPS	
			CAPITAL REL	ATED COSTS		rigerie y 1		
	Cost Center Description	HHA Trial Balance (1)	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	CASHI ERI NG/ACC OUNTS RECEI VABLE	Subtotal	
		0	1.00	2. 00	4. 00	5. 01	5A. 01	
1. 00	Administrative and General	0	54, 687	16, 459	238, 439	11, 574	321, 159	1. 00
2.00	Skilled Nursing Care	1, 513, 884	0	0	224, 761	0	1, 738, 645	2. 00
3.00	Physi cal Therapy	656, 478	0	0	97, 465		753, 943	3. 00
4.00	Occupational Therapy	269, 721	0	0	40, 044		309, 765	4. 00
5.00	Speech Pathology	89, 911	0	0	13, 349		103, 260	5. 00
6.00	Medical Social Services	168, 220	0	0	24, 975		193, 195	6.00
7. 00 8. 00	Home Health Aide Supplies (see instructions)	117, 057 31, 358	0	0	17, 379	0	134, 436	1
9. 00	Drugs	31, 330	0	0		0	31, 358 0	9.00
10. 00	· ·	0	0	0			0	10.00
11. 00	1	l ő	Ö	Ö	Ö	0	0	11. 00
12. 00	1	0	0	O	0	0	0	12.00
13.00		0	0	0	0	0	0	13. 00
14. 00		0	0	0	0	0	0	14. 00
15. 00		0	0	0	0	0	0	15. 00
16.00	1 3	0	0	0	0	0	0	16.00
17. 00 18. 00	S .	0	0	0	0	0	0	17. 00 18. 00
19. 00	1	0	0	0	0	0	0	19.00
19. 50	` ' ' ' ' '	0	0	0			0	19. 50
20. 00	1	2, 846, 629	54, 687	16, 459	656, 412	11, 574	3, 585, 761	20. 00
21. 00	Unit Cost Multiplier: column		·		·		0. 000000	21. 00
	26, line 1 divided by the sum							
	of column 26, line 20 minus							
	column 26, line 1, rounded to 6 decimal places.							
	Cost Center Description	OTHER ADMIN &	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
	· ·	GENERAL	REPAI RS	PLANT	LINEN SERVICE	0.00	40.00	
1. 00	Administrative and General	5. 02 48, 609	6.00	7. 00 92, 597	8.00	9. 00 43, 860	10.00	1. 00
2.00	Skilled Nursing Care	263, 153	0	0	ĺ		0	•
3.00	Physi cal Therapy	114, 113	0	0	0	0	0	3. 00
4.00	Occupational Therapy	46, 884	0	0	0	0	0	4. 00
5.00	Speech Pathology	15, 629	0	0	0	0	0	5. 00
6.00	Medical Social Services	29, 241	0	0	0	0	0	6. 00
7.00	Home Heal th Ai de	20, 348	0	0	0	0	0	7. 00
8. 00 9. 00	Supplies (see instructions)	4, 746	0	0		0	0	8. 00
10. 00	Drugs DME		0	0		0	0	9. 00 10. 00
11. 00	1	0	0	Ö		-	Ö	11.00
12. 00		0	0	0	0	0	0	12.00
13.00		0	0	0	0	0	0	13. 00
14. 00		0	0	0	0	0	0	14. 00
15. 00	1	0	0	0	0	0	0	15. 00
16.00		0	0	0	0	0	0	
17. 00 18. 00		0	0	0			0	
19. 00		0	0	0	1 0	-	0	19.00
19. 50	` ' ' ' ' '		0	ol		1	0	19. 50
20. 00		542, 723	o	92, 597	Ö	43, 860	Ö	20. 00
21. 00	Unit Cost Multiplier: column							21. 00
	26, line 1 divided by the sum							
	of column 26, line 20 minus							
	of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							

⁽¹⁾ Column O, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns O through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

5/30/2023 4:39 pm

Home Health PPS Agency I MAINTENANCE OF PHARMACY MEDI CAL Cost Center Description CAFETERI A NURSI NG CENTRAL SERVICES & RECORDS & PERSONNEL ADMI NI STRATI ON LI BRARY SUPPLY 12.00 13.00 15.00 11.00 14.00 16.00 12, 382 Administrative and General 2, 738 17, 912 1.00 2.00 Skilled Nursing Care 19, 082 0000000000000000000 0 0 2.00 Physical Therapy 0 3.00 7.217 0 3.00 0 4.00 Occupational Therapy 3, 377 0 4.00 Speech Pathology 394 0 0 5.00 0 0 0 0 0 0 0 0 0 5.00 Medical Social Services 2, 188 0 6.00 6.00 0 7.00 0 Home Health Aide 324 7.00 8.00 Supplies (see instructions) 0 0 0 8.00 9.00 Drugs 0 9.00 0 0 0 10 00 DMF 10 00 Home Dialysis Aide Services 0 0 11.00 0 11.00 12.00 Respiratory Therapy 12.00 13.00 Private Duty Nursing 0 13.00 Ω 0 14 00 Clinic 14 00 15.00 Health Promotion Activities 0 0 15.00 0 0 16.00 Day Care Program 0 16.00 0 0 17 00 Home Delivered Meals Program Ω 17 00 18.00 Homemaker Service 0 0 0 18.00 19.00 All Others (specify) 0 0 0 19.00 0 19.50 Tel emedi ci ne 19.50 0 0 Total (sum of lines 1-19) (2) 44, 964 17, 912 20 00 20.00 2.738 21.00 Unit Cost Multiplier: column 21.00 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places INTERNS & RESIDENTS Cost Center Description SOCIAL SERVICE NONPHYSI CI AN NURSI NG SERVI CES-SALAR SERVI CES-OTHER PARAMED ED **ANESTHETI STS PROGRAM** Y & FRINGES PRGM COSTS **PRGM APPRV APPRV** 17. 00 19. 00 20.00 21. 00 22.00 23. 00 1.00 Administrative and General 0 1.00 0 2.00 Skilled Nursing Care 00000000000000000000 0 0 0 2.00 0 0 3.00 Physical Therapy 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 3.00 0 0 0 4 00 Occupational Therapy O 4 00 5.00 Speech Pathology 0 0 5.00 Medical Social Services 6.00 6.00 0 0 7.00 Home Health Aide 0 0 7.00 0 0 8.00 Supplies (see instructions) 0 8.00 9.00 Drugs 0 0 9.00 0 0 0 10.00 10.00 Home Dialysis Aide Services 0 0 0 11.00 11.00 0 0 12.00 Respiratory Therapy 12.00 0 13.00 Private Duty Nursing 0 0 13.00 14.00 Clinic 14.00 Health Promotion Activities 0 0 0 15.00 15.00 0 0 0 16.00 Day Care Program 16.00 Home Delivered Meals Program 17.00 17.00 Homemaker Service All Others (specify) 0 18.00 0 0 18.00 0 19.00 19.00 0 0 0 0 19.50 Tel emedi ci ne 19.50 20.00 20.00 Total (sum of lines 1-19) (2) Unit Cost Multiplier: column 21.00 21.00 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.

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

⁽²⁾ Columns O 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: 15-0026 Peri od: Worksheet H-2 From 01/01/2022 Part I HHA CCN: 15-7174 12/31/2022 Date/Time Prepared: To 5/30/2023 4:39 pm Home Health PPS Agency I Total HHA Cost Center Description Subtotal Intern & Subtotal Allocated HHA Residents Cost Costs A&G (see Part & Post II) Stepdown Adjustments 24. 00 25. 00 26.00 27. 00 28. 00 1.00 Administrative and General 539, 257 539, 257 1.00 2, 020, 880 0 2, 020, 880 2, 308, 323 287, 443 2 00 2 00 Skilled Nursing Care 3.00 Physical Therapy 875, 273 0 875, 273 124, 494 999, 767 3.00 4.00 Occupational Therapy 360, 026 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 360, 026 51, 208 411, 234 4.00 Speech Pathology 119, 283 119, 283 16, 966 5 00 136, 249 5 00 31, 949 6.00 Medical Social Services 224,624 224, 624 256, 573 6.00 7.00 Home Heal th Aide 155, 108 155, 108 22, 062 177, 170 7.00 8.00 Supplies (see instructions) 36, 104 36, 104 5, 135 41, 239 8.00 9.00 0 9 00 Drugs 0 10.00 DMF 0 0 10.00 Home Dialysis Aide Services 0 0 0 0 11.00 11.00 0 Respiratory Therapy 0 12.00 12.00 0 0 13.00 Private Duty Nursing 0 13.00 14.00 Clinic 0 0 0 0 14.00 Health Promotion Activities 15.00 15.00 0 Day Care Program 0 0 0 0 16.00 16, 00 0 17.00 Home Delivered Meals Program 0 17.00 18.00 Homemaker Service 0 18.00 19.00 All Others (specify) 0 0 0 19.00 19.50 Tel emedi ci ne 0 0 19.50 0 Total (sum of lines 1-19) (2) 4, 330, 555 4, 330, 555 539, 257 20.00 4, 330, 555 20.00 Unit Cost Multiplier: column 0.142235 21.00 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.

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

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

Health Financial Systems	GOSHEN HOSPITAL	In Lieu	u of Form CMS-2552-10
ALLOCATION OF GENERAL SERVICE COSTS TO HH. BASIS	A COST CENTERS STATISTICAL Provider CCN:	From 01/01/2022 15-7174 To 12/31/2022	Worksheet H-2 Part II Date/Time Prepared: 5/30/2023 4:39 pm
		Home Health	PPS

					Home Health Agency I	PPS	
	CAPITAL REL	ATED COSTS			Agency		
Cost Center Description	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHI ERI NG/ACC OUNTS RECEI VABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	
	1.00	2.00	4. 00	5. 01	5A. 02	5. 02	
1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 Drugs 10.00 DME 11.00 Home Dialysis Aide Services 12.00 Respiratory Therapy 13.00 Private Duty Nursing 14.00 Clinic 15.00 Health Promotion Activities 16.00 Day Care Program 17.00 Home Delivered Meals Program 18.00 Homemaker Service 19.00 All Others (specify) 19.50 Telemedicine 20.00 Total (sum of lines 1-19) 21.00 Total cost to be allocated 22.00 Unit cost multiplier	5, 125 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	18, 916 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	902, 119 850, 364 368, 750 151, 505 50, 504 94, 491 65, 752 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2, 784, 790 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		321, 159 1, 738, 645 753, 943 309, 765 103, 260 193, 195 134, 436	2. 00 3. 00 4. 00 5. 00 6. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 20. 00 21. 00
Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPI NG	DI ETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
100 11111111111111111111111111111111111	6.00	7. 00	8. 00	9.00	10.00	11.00	1 00
1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 DME 11.00 Home Dialysis Aide Services 12.00 Respiratory Therapy 13.00 Private Duty Nursing 14.00 Clinic 15.00 Health Promotion Activities 16.00 Day Care Program 17.00 Home Delivered Meals Program 18.00 Homemaker Service 19.00 All Others (specify) 19.50 Telemedicine 20.00 Total (sum of lines 1-19) 21.00 Total cost to be allocated 22.00 Unit cost multiplier	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5, 125 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		27, 826 10, 524 4, 925 575 3, 190 472 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 13. 00 14. 00 15. 00 16. 00 17. 00 19. 00 19. 00 20. 00 21. 00

	Financial Systems TION OF GENERAL SERVICE COSTS	TO HHA COST CEN	GOSHEN HO TERS STATISTICA	AL Provider C		Peri od: From 01/01/2022	Worksheet H-2 Part II	
				HHA CCN:	15-7174	To 12/31/2022	Date/Time Pre 5/30/2023 4:3	
						Home Health	PPS	•
	Cost Center Description	MAINTENANCE OF	NURSI NG	CENTRAL	PHARMACY	Agency I MEDI CAL	SOCIAL SERVICE	
	5551 55med 2555. Pt. 5	PERSONNEL	ADMI NI STRATI ON		(COSTED	RECORDS &	0001712 021171 02	
		(NUMBER		SUPPLY	REQUIS.)	LI BRARY	(TIME SPENT)	
		HOUSED)	(DI RECT NRSI NG			(GROSS		
		12. 00	HRS) 13. 00	REQUI S.) 14. 00	15. 00	CHARGES) 16. 00	17. 00	
. 00	Administrative and General	0				0 2, 784, 790		1.
. 00	Skilled Nursing Care	0	0	0		0 0	0	2.
. 00	Physi cal Therapy	0	0	0	•	0 0	0	
. 00	Occupational Therapy	0	0	0		0 0	0	
. 00 . 00	Speech Pathology Medical Social Services		0			0 0	0	
. 00	Home Heal th Aide		0	Ö	•			
. 00	Supplies (see instructions)	0	0	0		0 0	O	1
. 00	Drugs	0	0	0		0 0	0	9.
0. 00	DME	0	0	0		0 0	0	
1.00	Home Dialysis Aide Services	0	0	0	l .	0 0	1	1
2. 00	Respiratory Therapy Private Duty Nursing	0	0			0 0	0	12. 13.
4. 00	Clinic		0	0	•			
5. 00	Health Promotion Activities	0	0	Ö	•	0 0	Ö	1
6. 00	Day Care Program	0	0	0		0 0	0	16.
7. 00	Home Delivered Meals Program	0	0	0		0 0	0	
8. 00	Homemaker Service	0	0	0	•	0 0	0	
9. 00 9. 50	All Others (specify) Telemedicine		0	0		0 0	0	1
20.00	Total (sum of lines 1-19)		0	48, 878		0 2, 784, 790		1
21. 00	Total cost to be allocated	0	0	2, 738		0 17, 912		1
2. 00	Unit cost multiplier	0. 000000	0. 000000	0. 056017		0. 006432	0. 000000	22.
				INTERNS &	RESI DENTS			
	Cost Center Description	NONPHYSI CI AN	NURSI NG	SERVI CES-SALAR	SERVICES_OTH	ER PARAMED ED		1
	2001 2011121 20001 1 21 011	ANESTHETI STS	PROGRAM	Y & FRINGES	PRGM COSTS			
		(ASSI GNED	(ASSI GNED	APPRV	APPRV	(ASSI GNED		
		TIME)	TI ME)	(ASSI GNED	(ASSI GNED	TI ME)		
		19. 00	20.00	TI ME) 21. 00	TI ME) 22. 00	23. 00		
00	Administrative and General	0	0	0		0 0		1.
. 00	Skilled Nursing Care	0	0	0	1	0 0		2.
. 00	Physical Therapy	0	0	0		0 0		3.
. 00 . 00	Occupational Therapy Speech Pathology		0	0		0 0		4. 5.
. 00	Medical Social Services		0			0 0		6.
. 00	Home Heal th Ai de		0	Ö				7.
. 00	Supplies (see instructions)	0	0	0		0 0		8.
. 00	Drugs	0	0	0		0 0		9.
0. 00	DME	0	0	0	1	0 0	l .	10.
1.00	Home Dialysis Aide Services	0	0	0	1	0 0	l	11.
2. 00 3. 00	Respiratory Therapy Private Duty Nursing			0	•	0 0	l .	12.
4. 00	Clinic		0	0	•	0 0		14.
5. 00	Health Promotion Activities		o	0	i .	0 0		15.
6. 00		0	0	0		0 0		16.
7. 00		0	0	0		0 0		17.
8.00	Homemaker Service	0	0	0		0 0		18.
	All Others (specify) Telemedicine		0	0		0 0		19.
	Total (sum of lines 1-19)		0			0 0		19. 20.
1. 00			0	0		0 0		21.
	1	0 000000	0 000000	0 000000	0 0000	0,000000		22

22. 00

0.000000

0. 000000

0.000000

0.000000

0.000000

22.00 Unit cost multiplier

	Financial Systems	· C	GOSHEN HO		CN 15 000/		eu of Form CMS-2	
PURI	TIONMENT OF PATIENT SERVICE COST	5		HHA CCN:	CN: 15-0026 15-7174	Peri od: From 01/01/2022 To 12/31/2022		pared:
				Title	e XVIII	Home Health Agency I	PPS	<i>у</i> рііі
	Cost Center Description	From, Wkst.	Facility Costs		Total HHA	Total Visits	Average Cost	
		H-2, Part I,	(from Wkst.	Ancillary	Costs (cols.	1	Per Visit	
		col. 28, line	H-2, Part I)	Costs (from Part II)	+ 2)		(col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4. 00	5. 00	
	PART I - COMPUTATION OF LESSER	OF AGGREGATE F						
	BENEFICIARY COST LIMITATION							
00	Cost Per Visit Computation	2.00	2 200 222		2 200 2	22 (272	2/2 02	1 1 6
00 00	Skilled Nursing Care Physical Therapy	2. 00 3. 00		C	2, 308, 3: 999, 7			1. C
00	Occupational Therapy	4. 00		C			1	
00	Speech Pathology	5. 00		C				4.0
00	Medical Social Services	6. 00			256, 5			
00	Home Health Aide	7. 00	1		177, 1		575. 23	6.0
00	Total (sum of lines 1-6)		4, 289, 316	C				7.0
			1		Program Visi			
	Cook Cooker Doorsinting	0+ 1::+-	CDCA No. (1)	D+ A		art B		
	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Not Subject Deductibles Coinsurance	& Deductibles		
		0	1.00	2. 00	3. 00	4. 00	5. 00	
	Limitation Cost Computation							
00	Skilled Nursing Care		21140	C				8.0
01	Skilled Nursing Care		26900	C	•	3		8. (
02	Skilled Nursing Care		43780	C	II.	10		8.0
03	Skilled Nursing Care Physical Therapy		99915 21140	C	l .	04 83		8. (9. (
01	Physical Therapy		26900	C	•	0		9. (
02	Physical Therapy		43780	C	l	0		9. (
03	Physical Therapy		99915	C	l	88		9. (
0. 00	Occupational Therapy		21140	C	4	46		10. (
0. 01	Occupational Therapy		26900	C		1		10. (
0. 02	Occupational Therapy		43780	C	II.	0		10. (
0. 03	Occupational Therapy		99915	C		28		10. (
1.00	Speech Pathology		21140	C	II.	46		11.
1. 01	Speech Pathology		26900	C		0		11.
I. 02 I. 03	Speech Pathology Speech Pathology		43780 99915	C		0		11. 11.
2. 00	Medical Social Services		21140	C	•	75		12.
2. 01	Medical Social Services		26900	C	•	0		12.
2. 02	Medical Social Services		43780	C	II.	0		12.
2. 03	Medical Social Services		99915	C	•	16		12.
3. 00	Home Health Aide		21140	C		89		13.
3. 01	Home Health Aide		26900	C		0		13.
3. 02	Home Health Aide		43780	C)	0		13.
	Home Health Aide		99915	C	•	31		13. (
1. 00		F 100	E	C			D 11 () 5	14. (
	Cost Center Description		Facility Costs	Shared	Total HHA		Ratio (col. 3 ÷ col. 4)	
		Part I, col. 28, line	(from Wkst. H-2, Part I)	Ancillary Costs (from	Costs (cols. + 2)	1 (from HHA Records)	- COI. 4)	
		0	1.00	<u>Part II)</u> 2.00	3.00	4. 00	5. 00	
	Supplies and Drugs Cost Computa		1.00	2.00	0.00	1. 00	0.00	
5. 00	Cost of Medical Supplies	8. 00	41, 239	C	41, 2	39 C	0. 000000	15. (
~~	Cost of Drugs	9. 00	0	C	d.	0 0	0. 000000	1 1 6

ar cri	Financial Systems		GOSHEN HOS	SPI TAL		In Lie	u of Form CMS-	2552-1
PPORT	IONMENT OF PATIENT SERVICE COSTS	5		Provi der CO	CN: 15-0026	Peri od: From 01/01/2022	Worksheet H-3	
				HHA CCN:	15-7174	To 12/31/2022	Part I Date/Time Pre 5/30/2023 4:3	
				Title	XVIII	Home Health Agency I	PPS	, p
			Program Visits		Cost of Services	, ngeney i		
			Part	B	Sel VI Ces	Part B		
	Cost Center Description	Part A	Not Subject to		Part A	Not Subject to	Subject to	
	·		Deductibles & [Deductibles &		Deductibles &	Deductibles &	
			Coi nsurance	Coi nsurance		Coi nsurance	Coi nsurance	
		6. 00	7.00	8. 00	9. 00	10.00	11. 00	
	PART I - COMPUTATION OF LESSER	OF AGGREGATE	PROGRAM COST, AG	GREGATE OF TH	E PROGRAM LI	MITATION COST, OF	?	
	BENEFICIARY COST LIMITATION							1
00	Cost Per Visit Computation Skilled Nursing Care	(1, 728			0 626, 970		1.
00	Physical Therapy	(1			0 308, 089		2.
00	Occupational Therapy	(575			0 138, 040		3. (
00	Speech Pathology	(46			0 45, 090		4.
00	Medical Social Services	(91			0 79, 146		5.
00	Home Health Aide	(120			0 69,028		6.
00	Total (sum of lines 1-6)	(3, 531			0 1, 266, 363		7. (
-	Cost Center Description		37 55 1			1,200,000		,,,
		6. 00	7.00	8. 00	9. 00	10.00	11. 00	
	Limitation Cost Computation							
00	Skilled Nursing Care							8.
01	Skilled Nursing Care							8.
02	Skilled Nursing Care							8.
03	Skilled Nursing Care							8.
00	Physi cal Therapy							9.
01	Physi cal Therapy							9.
02	Physical Therapy							9.
03	Physi cal Therapy							9.
. 00	Occupational Therapy							10.
. 01	Occupational Therapy							10.
. 02	Occupational Therapy							10.
. 03	Occupational Therapy							10.
. 00	Speech Pathology							11.
. 01	Speech Pathology							11.
. 02	Speech Pathology							11.
. 03	Speech Pathology							11.
. 00	Medical Social Services							12.
. 01	Medical Social Services Medical Social Services							12. 12.
. 02	Medical Social Services Medical Social Services							12.
. 00	Home Health Aide							13.
. 00	Home Health Aide							13.
. 02	Home Heal th Aide							13.
	Home Heal th Aide							13.
	Total (sum of lines 8-13)							14.
. 00	Total (Sum of Titles o 15)	Pron	ram Covered Char	nes 2en	Cost of			17.
		1109	ram covered char	gcs	Servi ces			
			De	D		Dow+ D		
	Cost Center Description	Part A	Part Not Subject to	Subject to	Dart A	Part B Not Subject to	Subject to	
	cost center bescription	rail A	Deductibles & [Part A	Deductibles &	Deductibles &	
			Coi nsurance	Coi nsurance		Coi nsurance	Coi nsurance	
		6. 00	7. 00	8. 00	9. 00	10.00	11. 00	
	Supplies and Drugs Cost Computa		7.00	3. 30	7.00	. 5. 00		
	Cost of Medical Supplies	(70, 241	0		0 0	0	15. (
	Cost of Drugs		0	0		0		16.

APPORT	IONMENT OF PATIENT SERVICE COST	S		Provi der	15-7174	Peri od: From 01/01/2022 To 12/31/2022	Worksheet H-3 Part I Date/Time Pre 5/30/2023 4:3	pared
				Ti f	tle XVIII	Home Health	PPS	•
	Cost Center Description	Total Program				Agency I		
		Cost (sum of						
		cols. 9-10)						
		12. 00						
	PART I - COMPUTATION OF LESSER	OF AGGREGATE P	ROGRAM COST, AGG	GREGATE OF	THE PROGRAM LI	IMITATION COST, OR		
	BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	626, 970						1.
2. 00	Physical Therapy	308, 089						2.
3. 00	Occupational Therapy	138, 040						3.
1.00	Speech Pathology	45, 090						4.
5. 00	Medical Social Services	79, 146						5.
5. 00	Home Heal th Aide	69, 028						6.
7. 00	Total (sum of lines 1-6)	1, 266, 363						7.
	Cost Center Description	12. 00						1
	Limitation Cost Computation	12.00						
3. 00	Skilled Nursing Care							8.
3. 01	Skilled Nursing Care							8.
3. 02	Skilled Nursing Care							8.
3. 03	Skilled Nursing Care							8.
9. 00	Physical Therapy							9.
0. 01	Physical Therapy							9.
0. 02	Physical Therapy							9.
9. 03	Physical Therapy							9.
0.00	Occupational Therapy							10.
0. 01	Occupational Therapy							10.
	Occupational Therapy							10.
0. 03	Occupational Therapy							10.
1.00	Speech Pathology							11.
1.01	Speech Pathology							11.
1.02	Speech Pathology							11.
11. 03	Speech Pathology							11.
2.00	Medical Social Services							12.
	Medical Social Services							12.
	Medical Social Services							12.
	Medical Social Services							12.
	Home Health Aide							13.
	Home Health Aide							13.
	Home Health Aide							13.
	Home Health Aide							13.
4.00	Total (sum of lines 8-13)							14

Heal th	Financial Systems	GOSHEN HO	SPI TAL		In Lie	In Lieu of Form CMS-255		
APPOR	FIONMENT OF PATIENT SERVICE COST	S		Provi der C		Peri od:	Worksheet H-3	
				HHA CCN:	15-7174	From 01/01/2022 To 12/31/2022	Part II Date/Time Pre 5/30/2023 4:3	
						Home Health	PPS	
	,					Agency I		
	Cost Center Description	From Wkst. C,	Cost to Charge	Total HHA	HHA Shared	Transfer to		
		Part I, col.	Ratio	Charge (from	Ancillary	Part I as		
		9, line		provi der	Costs (col.	1 Indicated		
				records)	x col. 2)			
		0	1.00	2.00	3.00	4. 00		
	PART II - APPORTIONMENT OF COS	T OF HHA SERVIO	CES FURNI SHED B	Y SHARED HOSPI	TAL DEPARTMEN	ITS		
1.00	Physi cal Therapy	66. 00	0. 485200	0		0 col. 2, line 2.	.00	1.00
2.00	Occupational Therapy	67.00	0. 282058	0)	0 col. 2, line 3.	.00	2.00
3.00	Speech Pathology	68. 00	0. 340068	0)	0 col. 2, line 4.	.00	3.00
4.00	Cost of Medical Supplies	71. 00	0. 447780	0)	0 col. 2, line 1!	5. 00	4. 00
5.00	Cost of Drugs	73.00	0. 204752	0		0 col. 2, line 10	5. 00	5. 00

	<u> </u>	HOSPI TAL	CN. 1E 000/	Peri od:	eu of Form CMS-2	
ALCUL	ATION OF HHA REIMBURSEMENT SETTLEMENT	Provi der Co		From 01/01/2022		
		HHA CCN:	15-7174	To 12/31/202	2 Date/Time Pre 5/30/2023 4:3	
		Title	XVIII	Home Health Agency I	PPS	
		I		Pa	rt B	
			Part A	Not Subject to		
				Coi nsurance	Deductibles & Coinsurance	
			1.00	2. 00	3. 00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR	CUSTOMARY CHARGE	S			
00	Reasonable Cost of Part A & Part B Services Reasonable cost of services (see instructions)		I	O	0 0	1.
00	Total charges					1
	Customary Charges					
00	Amount actually collected from patients liable for paymen	nt for services		0	0	3.
00	on a charge basis (from your records) Amount that would have been realized from patients liable	for navment		0	0	4.
	for services on a charge basis had such payment been made					"
	with 42 CFR §413.13(b)				_	l _
00	Ratio of line 3 to line 4 (not to exceed 1.000000) Total customary charges (see instructions)		0.0000	0.00000	0.000000	1
00	Excess of total customary charges over total reasonable of	cost (complete		0		
	only if line 6 exceeds line 1)					
00	Excess of reasonable cost over customary charges (complet 1 exceeds line 6)	e only if line		0	0	8
00	Primary payer amounts			0	0 0	9
				Part A	Part B	
				Servi ces 1.00	Servi ces 2. 00	-
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			1.00	2.00	
. 00	Total reasonable cost (see instructions)				0 0	10
. 00	Total PPS Reimbursement - Full Episodes without Outliers				0 643, 244	
. 00	Total PPS Reimbursement - Full Episodes with Outliers Total PPS Reimbursement - LUPA Episodes				182, 320	
. 00	Total PPS Reimbursement - PEP Episodes				0 12, 844 0 745	1
. 00	Total PPS Outlier Reimbursement - Full Episodes with Outl	iers			47, 404	
. 00	Total PPS Outlier Reimbursement - PEP Episodes				0 0	1
. 00	Total Other Payments				0	1
. 00	DME Payments			'	0	
. 00	Oxygen Payments Prosthetic and Orthotic Payments				0 0	1
. 00	Part B deductibles billed to Medicare patients (exclude o	roi nsurance)		'	0	1
. 00	Subtotal (sum of lines 10 thru 20 minus line 21)	or risur unice)			886, 557	
. 00	Excess reasonable cost (from line 8)				0	1
. 00	Subtotal (line 22 minus line 23)				886, 557	
. 00	Coinsurance billed to program patients (from your records	5)			0	
. 00	Net cost (line 24 minus line 25)				886, 557	
. 00 . 01	Allowable bad debts (from your records) Adjusted reimbursable bad debts (see instructions)				0 0	
. 00	Allowable bad debts for dual eligible (see instructions)				0	
. 00	Total costs - current cost reporting period (see instruct	i ons)			886, 557	
. 00	ROUNDING	,			0 1	1
. 50	Pioneer ACO demonstration payment adjustment (see instruc				0	1
. 99	Demonstration payment adjustment amount before sequestrat	i on			0 0	1
. 00	Subtotal (see instructions)				886, 558	
. 01	Sequestration adjustment (see instructions)	on			10, 823	1
. 02 . 75	Demonstration payment adjustment amount after sequestrati Sequestration adjustment for non-claims based amounts (se				0 0	1
	Interim payments (see instructions)	,c mstructions)			875, 735	
?. ()()	, , , , , , , , , , , , , , , , , , , ,				0 0,3,733	1
	[lentative settlement (for contractor use only)					1 0.0
2. 00 3. 00 4. 00	Tentative settlement (for contractor use only) Balance due provider/program (line 31 minus lines 31.01,	31. 02, 31. 75, 32	, and 33)		0 0	

Health Financial Systems GOSHEN HOANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED GOSHEN HOSPITAL In Lieu of Form CMS-2552-10

Provider CCN: 15-0026 TO PROGRAM BENEFICIARIES HHA CCN: 15-7174

				Home Health Agency I	PPS	
		I npati en	t Part A		t B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1. 00	2.00	3. 00	4.00	
1. 00 2. 00	Total interim payments paid to provider 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	875, 735 0	1. 00 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) Program to Provider					3. 00
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
0.50	Provider to Program					0 50
3. 50 3. 51				0	0 0	3. 50 3. 51
3. 51				0		3. 51
3. 52				0		3. 52
3. 54				0	0	3. 54
3. 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines			0	0	3. 99
	3. 50-3. 98)					
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	875, 735	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
г 01	Program to Provider					г 01
5. 01 5. 02				0	0 0	5. 01 5. 02
5. 02				0		5. 02
3.03	Provider to Program			<u> </u>	0	5. 05
5.50	The state of the s			0	0	5. 50
5. 51				o	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)			Contractor	875, 735 NPR Date	7. 00
				Contractor Number	(Mo/Day/Yr)	
8. 00	Name of Contractor	()	1. 00	2.00	8. 00
6.00	Invaline of Contractor				ı l	0.00

Provider CCN: 15-0026 Peri od: Worksheet 0 From 01/01/2022 To 12/31/2022 Date/Time Prepared: 5/30/2023 4:39 pm Hospi ce CCN: 15-1527

						3/30/2023 4.3	у рііі
					Hospi ce I		
		SALARI ES	OTHER	SUBTOTAL (col.	RECLASSIFI -	SUBTOTAL	
				1 plus col. 2)	CATI ONS		
		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*		0	o	0	0	2. 00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	275, 344	0	275, 344	0	275, 344	3. 00
4. 00	ADMINISTRATIVE & GENERAL*	0	4, 771		0	4, 771	4. 00
5. 00	PLANT OPERATION & MAINTENANCE*		1, , , ,	1, , , ,	0	0	5. 00
6. 00	LAUNDRY & LINEN SERVICE*		0		0	0	6. 00
			0		0		
7.00	HOUSEKEEPI NG*	0	0.53	0 0	U	0	7. 00
8.00	DI ETARY*	0	857	857	0	857	8. 00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9. 00
10. 00	ROUTINE MEDICAL SUPPLIES*	0	60, 536	60, 536	-354	60, 182	10. 00
11. 00	MEDI CAL RECORDS*	0	0	0	0	0	11. 00
12.00	STAFF TRANSPORTATION*	o	40, 485	40, 485	o	40, 485	12. 00
13.00	VOLUNTEER SERVICE COORDINATION*	ol	. 0		0	0	13. 00
14. 00	PHARMACY*	ام	175, 911	175, 911	-175, 911	0	14. 00
15. 00	PHYSICIAN ADMINISTRATIVE SERVICES*	١	1,0, ,11	1,0,,,,	170, 711	0	15. 00
	OTHER GENERAL SERVICE*		200 045	200 045	0		
16.00		٩	300, 945	300, 945	U	300, 945	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	PHYSI CI AN SERVI CES**	0	0	0	0	0	26. 00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27. 00
28. 00	REGI STERED NURSE**	572, 079	894, 934	1, 467, 013	o	1, 467, 013	28. 00
29. 00	LPN/LVN**	0	0		0	0	29. 00
30. 00	PHYSI CAL THERAPY**	ام	0		0	0	30.00
31. 00	OCCUPATIONAL THERAPY**	١	0		0	0	31. 00
32. 00	SPEECH/LANGUAGE PATHOLOGY**		0		0	0	32. 00
		0	U		U	-	
33. 00	MEDICAL SOCIAL SERVICES**	0	U		U	0	33. 00
34. 00	SPI RI TUAL COUNSELI NG**	0	Ü		0	0	34. 00
35. 00	DI ETARY COUNSELI NG**	0	0	이	0	0	35. 00
36. 00	COUNSELING - OTHER**	0	0	0	0	0	36. 00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	333, 061	0	333, 061	0	333, 061	37. 00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	137, 085	137, 085	-137, 085	0	38. 00
39.00	PATIENT TRANSPORTATION**	o	5, 352	5, 352	o	5, 352	39. 00
40.00	I MAGI NG SERVI CES**	0	0		0	0	40. 00
41. 00	LABS & DI AGNOSTI CS**	ام	-		0	0	41. 00
42. 00	MEDICAL SUPPLIES-NON-ROUTINE**		0		0	0	42. 00
			0		0		
42. 50	DRUGS CHARGED TO PATIENTS**	0	U		U	0	42.50
43. 00	OUTPATIENT SERVICES**	0	Ü		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
	NONREI MBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	ol	0	ol ol	o	0	61. 00
62. 00	FUNDRAI SI NG*	ام	0		0	0	62. 00
63. 00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	١	0		0	0	63. 00
			0		0	0	
64.00	PALLIATIVE CARE PROGRAM*		0	(υ Δ	-	64.00
65. 00	OTHER PHYSI CI AN SERVI CES*	0	U		U	0	65. 00
66. 00	RESI DENTI AL CARE*	0	0	이	0	0	66. 00
67. 00	ADVERTI SI NG*	0	0	0	0	0	67. 00
68. 00	TELEHEALTH/TELEMONI TORI NG*	0	0	0	0	0	68. 00
69.00	THRI FT STORE*	0	0	o	0	0	69. 00
70.00	NURSING FACILITY ROOM & BOARD*	l ol	0	ol ol	ol	0	70. 00
	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	ol	o	0	71. 00
	TOTAL	1, 180, 484	1, 620, 876	2, 801, 360	-313, 350	2, 488, 010	
. 55. 50		., 100, 104	., 525, 576	2,001,000	310,000	2, 100, 010	

^{*} 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.

			· ·		5/30/2023 4:3	39 pm
			1	Hospi ce I		
		ADJUSTMENTS	TOTAL (col. 5			
		4.00	± col. 6)			
	GENERAL SERVICE COST CENTERS	6. 00	7.00			
1.00	CAP REL COSTS-BLDG & FLXT*	1 0	0			1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		1			2. 00
3.00	EMPLOYEE BENEFITS DEPARTMENT*		1			3. 00
4.00	ADMINISTRATIVE & GENERAL*		4, 771			4. 00
5.00	PLANT OPERATION & MAINTENANCE*	0	o			5. 00
6.00	LAUNDRY & LINEN SERVICE*	0	o			6. 00
7.00	HOUSEKEEPI NG*	0	o			7. 00
8.00	DI ETARY*	0	857			8. 00
9.00	NURSING ADMINISTRATION*	0	0			9. 00
10.00	ROUTINE MEDICAL SUPPLIES*	0	60, 182			10.00
11. 00	MEDI CAL RECORDS*	0	1			11. 00
12. 00	STAFF TRANSPORTATION*	0	40, 485			12. 00
13. 00	VOLUNTEER SERVICE COORDINATION*	0	0			13. 00
14.00	PHARMACY*	0	0			14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	1			15. 00
16.00	OTHER GENERAL SERVICE*	0	300, 945			16.00
17. 00	PATIENT/RESIDENTIAL CARE SERVICES DIRECT PATIENT CARE SERVICE COST CENTERS					17. 00
25. 00	INPATIENT CARE-CONTRACTED**	0	0			25. 00
26. 00	PHYSI CI AN SERVI CES**		1			26. 00
27. 00	NURSE PRACTITIONER**		1			27. 00
28. 00	REGI STERED NURSE**		1			28. 00
29. 00	LPN/LVN**		0			29. 00
30.00	PHYSI CAL THERAPY**	0	o			30.00
31.00	OCCUPATIONAL THERAPY**	0	o			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	DI ETARY COUNSELI NG**	0	0			35. 00
36. 00	COUNSELING - OTHER**	0	0			36. 00
37. 00	HOSPICE AIDE & HOMEMAKER SERVICES**	0				37. 00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0				38. 00
39. 00 40. 00	PATIENT TRANSPORTATION** I MAGING SERVICES**	0				39. 00 40. 00
41. 00	LABS & DI AGNOSTI CS**		-			41. 00
42. 00	MEDI CAL SUPPLI ES-NON-ROUTI NE**		1			42. 00
42. 50	DRUGS CHARGED TO PATIENTS**		- 1			42. 50
43. 00	OUTPATIENT SERVICES**		ol ol			43. 00
44.00	PALLIATIVE RADIATION THERAPY**	0	o			44. 00
45.00	PALLIATIVE CHEMOTHERAPY**	0	o			45. 00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	o			46. 00
	NONREI MBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM *	0	0			60.00
61. 00	VOLUNTEER PROGRAM *	0	1			61. 00
62. 00	FUNDRAI SI NG*	0	1			62. 00
63. 00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	1			63. 00
64.00	PALLIATIVE CARE PROGRAM*	0	1			64.00
65.00	OTHER PHYSICIAN SERVICES*	0	1			65.00
66. 00 67. 00	RESI DENTI AL CARE* ADVERTI SI NG*					66. 00 67. 00
68.00	TELEHEALTH/TELEMONI TORI NG*					68. 00
69.00	THRIFT STORE*		- 1			69. 00
70.00	NURSING FACILITY ROOM & BOARD*		- 1			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*		1			71.00
	TOTAL	0	1			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.

CARE

Peri od: Worksheet 0-2 From 01/01/2022 To 12/31/2022

Date/Time Prepared: 5/30/2023 4:39 pm Hospi ce CCN: 15-1527

					Hospi ce I		
		SALARI ES	OTHER	SUBTOTAL (col.	RECLASSI FI -	SUBTOTAL	
				1 + col . 2)	CATI ONS		
		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	PHYSI CI AN SERVI CES	0	0	0	0	0	26. 00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27. 00
28.00	REGI STERED NURSE	567, 750	888, 163	1, 455, 913	0	1, 455, 913	28. 00
29.00	LPN/LVN	0	0	0	0	0	29. 00
30.00	PHYSI CAL THERAPY	0	0	0	0	0	30. 00
31.00	OCCUPATI ONAL 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	DI ETARY COUNSELI NG	0	0	0	0	0	35. 00
36.00	COUNSELING - OTHER	0	0	0	0	0	36. 00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	330, 541	0	330, 541	0	330, 541	37. 00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	136, 048	136, 048	-136, 048	0	38. 00
39.00	PATIENT TRANSPORTATION	0	5, 312	5, 312	0	5, 312	39. 00
40.00	I MAGING 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	O	0	0	0	0	42. 50
43.00	OUTPATIENT SERVICES	O	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	O	0	0	0	0	44. 00
45.00	PALLIATIVE CHEMOTHERAPY	O	0	0	0	0	45. 00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46. 00
100.00	TOTAL *	898, 291	1, 029, 523	1, 927, 814	-136, 048	1, 791, 766	100. 00
+ T		1 !: F1					

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

		AD ILICTMENTS	TOTAL (L E	
		ADJUSTMENTS	TOTAL (col. 5	
		6, 00	± col. 6) 7.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS	0.00	7.00	
25. 00	I NPATI ENT CARE CONTRACTED			25. 00
26. 00	PHYSI CI AN SERVI CES	0		26. 00
27. 00	NURSE PRACTITIONER	0		27. 00
28. 00	REGI STERED NURSE	0	1, 455, 913	28. 00
29. 00	LPN/LVN	0	1, 433, 713	29. 00
30.00	PHYSI CAL THERAPY	0		30.00
31. 00	OCCUPATIONAL THERAPY	0		31. 00
32. 00	SPEECH/LANGUAGE PATHOLOGY	0		32. 00
33. 00	MEDICAL SOCIAL SERVICES	0		33. 00
34. 00	SPIRITUAL COUNSELING	0		34. 00
35. 00	DI ETARY COUNSELI NG	0	0	35. 00
36. 00	COUNSELING - OTHER	0		36. 00
37. 00	HOSPICE ALDE & HOMEMAKER SERVICES	0	330, 541	37. 00
38. 00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38. 00
39. 00	PATIENT TRANSPORTATION	0	5, 312	39. 00
40. 00	I MAGI NG SERVI CES	0	0	40.00
41. 00	LABS & DI AGNOSTI CS	0	o	41.00
42. 00	MEDI CAL SUPPLI ES-NON-ROUTI NE	0	ol	42.00
42. 50	DRUGS CHARGED TO PATIENTS	0	o	42. 50
43.00	OUTPATIENT SERVICES	0	o	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	o	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	o	45. 00
46. 00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	o	46. 00
100.00	TOTAL *	0	1, 791, 766	100.00

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

RESPITE CARE

Hospi ce CCN: 15-1527

Peri od: From 01/01/2022 To 12/31/2022 Date/Ti me Prepared: 5/30/2023 4:39 pm Peri od: Worksheet 0-3

					3/30/2023 4.3	7 PIII
				Hospi ce I		
	SALARI ES	OTHER	SUBTOTAL (col.	RECLASSIFI -	SUBTOTAL	
			1 + col. 2)	CATI ONS		
	1.00	2.00	3. 00	4. 00	5. 00	
DIRECT PATIENT CARE SERVICE COST CENTERS						
25. 00 I NPATI ENT CARE-CONTRACTED		0	0	0	0	25. 00
26. 00 PHYSI CI AN SERVI CES	0	0	0	0	0	26. 00
27. 00 NURSE PRACTITIONER	0	0	0	0	0	27. 00
28. 00 REGI STERED NURSE	1, 869	2, 923	4, 792	0	4, 792	28. 00
29. 00 LPN/LVN	0	0	0	0	0	29. 00
30. 00 PHYSI CAL THERAPY	0	0	0	0	0	30.00
31. 00 OCCUPATI ONAL 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 DI ETARY COUNSELI NG	0	0	0	0	0	35.00
36. 00 COUNSELING - OTHER	0	0	0	0	0	36.00
37.00 HOSPICE AIDE & HOMEMAKER SERVICES	1, 088	0	1, 088	0	1, 088	37.00
38. 00 DURABLE MEDICAL EQUIPMENT/OXYGEN	0	448	448	-448	0	38. 00
39.00 PATIENT TRANSPORTATION	0	17	17	0	17	39.00
40.00 I MAGING 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 PALLI ATI VE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00 OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	o	0	46.00
100.00 TOTAL *	2, 957	3, 388	6, 345	-448	5, 897	100.00
* Transfer the amount in column 7 to Wkst 0-5 co	Lump 1 Lino 52					

 $^{^{\}star}$ Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5	
		ADJUSTIVILIVIS	± col. 6)	
		6, 00	7.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS		,	
25.00	I NPATI ENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSI CI AN SERVI CES	0	0	26.00
27. 00	NURSE PRACTITIONER	0	0	27.00
28. 00	REGI STERED NURSE	0	4, 792	28. 00
29. 00	LPN/LVN	0	0	29. 00
30.00	PHYSI CAL THERAPY	0	0	30.00
31.00	OCCUPATI ONAL 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	SPI RI TUAL COUNSELI NG	0	0	34.00
35.00	DI ETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	1, 088	37.00
38. 00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38. 00
39. 00	PATI ENT TRANSPORTATION	0	17	39. 00
40.00	I MAGI NG SERVI CES	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	OUTPATI ENT SERVI CES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLI ATI VE CHEMOTHERAPY	0	0	45.00
	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	5, 897	 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

Hospi ce CCN: 15-1527

Peri od: Worksheet 0-4 From 01/01/2022 To 12/31/2022 Date/Ti me Prepared:

5/30/2023 4:39 pm Hospi ce I SUBTOTAL (col SALARI ES OTHER RECLASSI FI -SUBTOTAL CATI ONS 1 + col. 1.00 2.00 5. 00 3 00 4.00 DIRECT PATIENT CARE SERVICE COST CENTERS 25.00 INPATIENT CARE-CONTRACTED 0 25.00 0 PHYSICIAN SERVICES 26.00 0 0 26.00 NURSE PRACTITIONER O 27.00 0 27.00 0 0 28.00 REGISTERED NURSE 2,460 3,848 6, 308 6, 308 28.00 29.00 LPN/LVN 29.00 30.00 PHYSI CAL THERAPY 0 0 0 0 0 0 0 0 0 30.00 OCCUPATIONAL THERAPY 0 0 31.00 0 0 31.00 32.00 SPEECH/LANGUAGE PATHOLOGY 0 0 0 32.00 33.00 MEDICAL SOCIAL SERVICES 0 0 0 33.00 0 SPIRITUAL COUNSELING 0 34.00 0 34.00 0 0 35.00 DIETARY COUNSELING 0 0 35.00 36.00 COUNSELING - OTHER 0 0 0 36.00 HOSPICE AIDE & HOMEMAKER SERVICES 0 37.00 37.00 1, 432 0 1.432 1, 432 DURABLE MEDICAL EQUIPMENT/OXYGEN 0 589 -589 38.00 38.00 589 0 39.00 PATIENT TRANSPORTATION 0 23 23 0 23 39.00 40.00 I MAGING SERVICES 0 0 40.00 0 LABS & DIAGNOSTICS 0 0 0 0 0 0 41.00 0 0 41.00 MEDICAL SUPPLIES-NON-ROUTINE 0 0 42.00 C 0 42.00 42.50 DRUGS CHARGED TO PATIENTS 42.50 OUTPATIENT SERVICES 0 0 0 43.00 0 43.00 PALLIATIVE RADIATION THERAPY 0 44.00 C 0 44.00 45.00 PALLIATIVE CHEMOTHERAPY C 0 0 0 45.00 46.00 OTHER PATIENT CARE SERVICES (SPECIFY) 0 0 46.00 100.00 TOTAL * 8, 352 -589 7, 763 100. 00 3.892 4.460

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

DIRECT PATIENT CARE SERVICE COST CENTERS			45 111071151170	TOTAL (1 5	
DI RECT PATIENT CARE SERVICE COST CENTERS			ADJUSTMENTS		
DI RECT PATIENT CARE SERVICE COST CENTERS 25.00 1 NPATIENT CARE-CONTRACTED 0 0 0 25.00 26.60 27.00 27.00 27.00 28.00 27.00 28.00 27.00 28.00 27.00 28.00 28.00 27.00 28.00			4.00		
25. 00 INPATIENT CARE-CONTRACTED 0 0 25. 00 26. 00 PHYSI CI AN SERVI CES 0 0 26. 00 27. 00 NURSE PRACTITI ONER 0 0 27. 00 28. 00 REGI STERED NURSE 0 6, 308 28. 00 29. 00 LPN/LVN 0 0 29. 00 30. 00 PHYSI CAL THERAPY 0 0 0 31. 00 OCCUPATI ONAL THERAPY 0 0 31. 00 32. 00 SPEECH/LANGUAGE PATHOLOGY 0 0 32. 00 33. 00 MEDI CAL SOCI AL SERVI CES 0 0 0 32. 00 34. 00 SPIR IT TUAL COUNSELI NG 0 0 0 34. 00 35. 00 35. 00 DI ETARY COUNSELI NG 0 0 0 35. 00 36. 00 37. 00 HOSPI CE AI DE & HOMEMAKER SERVI CES 0 1, 432 37. 00 36. 00 38. 00 DURABLE MEDI CAL EQUI PMENT/OXYGEN 0 0 38. 00 39. 00		DIDECT DATIENT CARE CEDVICE COST CENTERS	6.00	7.00	_
26. 00 PHYSI CI AN SERVI CES 0 0 0 0 27. 00 NURSE PRACTI TI ONER 0 0 0 0 27. 00 28. 00 REGI STERED NURSE 0 0 6,308 28. 00 29. 00 LPN/LVN 0 0 0 0 29. 00 30. 00 PHYSI CAL THERAPY 0 0 0 0 31. 00 31. 00 OCCUPATI ONAL THERAPY 0 0 0 0 32. 00 32. 00 SPEECH/LANGUAGE PATHOLOGY 0 0 0 32. 00 33. 00 MEDI CAL SOCI AL SERVI CES 0 0 0 33. 00 34. 00 SPI RI TUAL COUNSELI NG 0 0 0 34. 00 35. 00 DI ETARY COUNSELI NG 0 0 0 35. 00 37. 00 HOSPI CE AI DE & HOMEMAKER SERVI CES 0 1,432 37. 00 37. 00 HOSPI CE AI DE & HOMEMAKER SERVI CES 0 1,432 37. 00 38. 00 DURABLE MEDI CAL EQUI PMENT/OXYGEN 0 0 39. 00 40. 00 IMAGI NG SERVI CES 0 0 0 40. 00 41. 00 LABS & DI AGNOSTI CS 0 0 0 40. 00 41. 00 LABS & DI AGNOSTI CS 0 0 0 42. 50 42. 00 MEDI CAL SUPPLI ES-NON-ROUTI NE 0 0 0 42. 50 43. 00 OUTPATI ENT SERVI CES 0 0 0 44. 00 44. 00 PALLI ATIVE RADI ATION THERAPY 0 0 0 44. 00 44. 00 PALLI ATIVE RADI ATION THERAPY 0 0 0 0 44. 00 44. 00 PALLI ATIVE RADI ATION THERAPY 0 0 0 0 44. 00 45. 00 PALLI ATIVE CHEMOTHERAPY 0 0 0 0 44. 00 46. 00 OTHER PATI ENT CARE SERVI CES (SPECI FY) 0 0 0 46. 00	05 00		1		1 05 00
27. 00 NURSE PRACTITIONER 0 0 27. 00 28. 00 REGI STERED NURSE 0 6, 308 28. 00 29. 00 LPM/LVN 0 0 29. 00 30. 00 PHYSI CAL THERAPY 0 0 30. 00 31. 00 OCCUPATIONAL THERAPY 0 0 0 32. 00 SPEECH/LANGUAGE PATHOLOGY 0 0 31. 00 32. 00 SPIRITUAL COUILA SERVICES 0 0 0 34. 00 SPIRITUAL COUNSELING 0 0 0 35. 00 DI ETARY COUNSELING 0 0 0 36. 00 COUNSELING - OTHER 0 0 0 36. 00 DURABLE MEDI CAL EQUI PMENT/OXYGEN 0 0 36. 00 37. 00 HOSPI CE AI DE & HOMEMAKER SERVI CES 0 1, 432 37. 00 38. 00 DURABLE MEDI CAL EQUI PMENT/OXYGEN 0 0 38. 00 39. 00 PATI ENT TRANSPORTATION 0 23 39. 00 40. 00 IMAGI NG SERVI CES 0 0 40. 00 41.			0	0	
28. 00 REGISTERED NURSE 0 6, 308 28. 00 29. 00 LPN/LVN 0 0 0 29. 00 30. 00 PHYSI CAL THERAPY 0 0 30. 00 31. 00 OCCUPATI ONAL THERAPY 0 0 31. 00 32. 00 SPEECH/LANGUAGE PATHOLOGY 0 0 32. 00 33. 00 MEDI CAL SCRI L SERVI CES 0 0 33. 00 34. 00 SPIRI TUAL COUNSELI NG 0 0 34. 00 35. 00 DI ETARY COUNSELI NG 0 0 35. 00 36. 00 COUNSELI NG - OTHER 0 0 36. 00 37. 00 HOSPI CE AI DE & HOMEMAKER SERVI CES 0 0 36. 00 38. 00 DURABLE MEDI CAL EQUI PMENT/OXYGEN 0 0 37. 00 39. 00 PATI ENT TRANSPORTATI ON 0 23 39. 00 40. 00 IMAGI NG SERVI CES 0 0 40. 00 41. 00 LABS & DI AGNOSTI CS 0 0 40. 00 42. 50 DRUGS CHARGED TO PATI ENTS 0 0 42. 50 </td <td></td> <td></td> <td>0</td> <td>0</td> <td>1</td>			0	0	1
29. 00 LPN/LVN 0 0 29. 00 30. 00 PHYSI CAL THERAPY 0 0 30. 00 31. 00 OCCUPATI ONAL THERAPY 0 0 31. 00 32. 00 SPEECH/LANGUAGE PATHOLOGY 0 0 32. 00 33. 00 MEDI CAL SOCI AL SERVI CES 0 0 0 34. 00 SPIRI TUAL COUNSELI NG 0 0 33. 00 35. 00 DI ETARY COUNSELI NG 0 0 35. 00 36. 00 COUNSELI NG - OTHER 0 0 36. 00 37. 00 HOSPI CE AI DE & HOMEMAKER SERVI CES 0 1, 432 37. 00 38. 00 DURABLE MEDI CAL EQUI PMENT/OXYGEN 0 0 38. 00 39. 00 PATI ENT TRANSPORTATI ON 0 23 39. 00 40. 00 IMAGI NG SERVI CES 0 0 40. 00 41. 00 LABS & DI AGNOSTI CS 0 0 41. 00 42. 50 MEDI CAL SUPPLI ES-NON-ROUTI NE 0 0 42. 00 42. 50 DRUGS CHARGED TO PATI ENTS 0 0 42. 00			0	이	
30.00 PHYSICAL THERAPY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	6, 308	
31.00 OCCUPATIONAL THERAPY 0 0 0 0 31.00 32.00 SPEECH/LANGUAGE PATHOLOGY 0 0 0 0 33.00 MEDI CAL SOCIAL SERVI CES 0 0 0 0 34.00 SPIRI TUAL COUNSELI NG 0 0 0 0 35.00 DI ETARY COUNSELI NG 0 0 0 0 36.00 COUNSELI NG 0 0 0 0 37.00 HOSPI CE AI DE & HOMEMAKER SERVI CES 0 0 0 0 38.00 DURABLE MEDI CAL EQUI PMENT/OXYGEN 0 0 0 0 39.00 PATI ENT TRANSPORTATI ON 0 23 39.00 LABS & DI AGNOSTI CS 0 0 0 41.00 LABS & DI AGNOSTI CS 0 0 0 42.00 MEDI CAL SUPPLI ES-NON-ROUTI NE 0 0 0 42.00 MEDI CAL SUPPLI ES-NON-ROUTI NE 0 0 0 42.50 DRUGS CHARGED TO PATI ENTS 0 0 0 44.00 PALLI ATI VE RADI ATI ON THERAPY 0 0 0 45.00 PALLI ATI VE RADI ATI ON THERAPY 0 0 0 46.00 OTHER PATI ENT CARE SERVI CES (SPECI FY) 0 0 0 46.00 OTHER PATI ENT CARE SERVI CES (SPECI FY) 0 0 0 46.00 OTHER PATI ENT CARE SERVI CES (SPECI FY) 0 0 0 46.00 OTHER PATI ENT CARE SERVI CES (SPECI FY) 0 0 0 46.00 OTHER PATI ENT CARE SERVI CES (SPECI FY) 0 0 0 46.00 OTHER PATI ENT CARE SERVI CES (SPECI FY) 0 0 0 47.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	29. 00	LPN/LVN	0	0	29. 00
32. 00 SPEECH/LANGUAGE PATHOLOGY 0 0 0 32. 00 33. 00 MEDI CAL SOCI AL SERVI CES 0 0 0 33. 00 34. 00 SPI RI TUAL COUNSELI NG 0 0 0 34. 00 35. 00 DI ETARY COUNSELI NG 0 0 0 35. 00 36. 00 COUNSELI NG 0 0 0 36. 00 37. 00 HOSPI CE AI DE & HOMEMAKER SERVI CES 0 1, 432 37. 00 38. 00 DURABLE MEDI CAL EQUI PMENT/OXYGEN 0 0 38. 00 39. 00 PATI ENT TRANSPORTATI ON 0 23 39. 00 40. 00 IMAGI NG SERVI CES 0 0 0 40. 00 41. 00 LABS & DI AGNOSTI CS 0 0 0 41. 00 42. 00 MEDI CAL SUPPLI ES-NON-ROUTI NE 0 0 0 42. 00 42. 50 DRUGS CHARGED TO PATI ENTS 0 0 0 42. 50 43. 00 OUTPATI ENT SERVI CES 0 0 0 0 44. 00 44. 00 PALLI ATI VE RADI ATI ON THERAPY 0 0 0 0 45. 00 46. 00 OTHER PATI ENT CARE SERVI CES (SPECI FY) 0 0 0 46. 00	30.00	PHYSI CAL THERAPY	0	0	30.00
33. 00 MEDI CAL SOCI AL SERVI CES 34. 00 SPIRI TUAL COUNSELI NG 0 0 0 35. 00 DI ETARY COUNSELI NG 0 0 0 36. 00 COUNSELI NG - OTHER 0 0 0 37. 00 HOSPI CE AI DE & HOMEMAKER SERVI CES 38. 00 DURABLE MEDI CAL EQUI PMENT/OXYGEN 0 0 0 38. 00 PATI ENT TRANSPORTATI ON 0 0 23 40. 00 I MAGI NG SERVI CES 0 0 0 41. 00 LABS & DI AGNOSTI CS 42. 00 MEDI CAL SUPPLI ES-NON-ROUTI NE 0 0 0 42. 00 MEDI CAL SUPPLI ES-NON-ROUTI NE 0 0 0 42. 00 OUTPATI ENT SERVI CES 0 0 0 44. 00 PALLI ATI VE RADI ATI ON THERAPY 0 0 0 45. 00 PALLI ATI VE CHEMOTHERAPY 0 0 0 46. 00 OTHER PATI ENT CARE SERVI CES (SPECI FY) 0 0 0 46. 00 OTHER PATI ENT CARE SERVI CES (SPECI FY)	31.00	OCCUPATI ONAL THERAPY	0	0	31.00
34. 00 SPIRITUAL COUNSELING 0 0 0 0 35. 00 35. 00 35. 00 36. 00 0 0 0 0 0 36. 00 36. 00 36. 00 37. 00 MOSPICE AIDE & HOMEMAKER SERVICES 0 0 0 0 0 38. 00 DURABLE MEDICAL EQUIPMENT/OXYGEN 0 0 0 0 38. 00 PATIENT TRANSPORTATION 0 0 23 39. 00 40. 00 IMAGING SERVICES 0 0 0 0 41. 00 LABS & DIAGNOSTICS 0 0 0 41. 00 LABS & DIAGNOSTICS 0 0 0 41. 00 42. 00 MEDICAL SUPPLIES-NON-ROUTINE 0 0 0 42. 00 42. 50 DRUGS CHARGED TO PATIENTS 0 0 0 42. 50 43. 00 0 0 0 44. 00 PALLIATIVE RADIATION THERAPY 0 0 0 44. 00 PALLIATIVE RADIATION THERAPY 0 0 0 45. 00 46. 00 0 0 0 0 0 0 0 0 0	32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32. 00
35. 00 DI ETARY COUNSELING 0 0 0 35. 00 36. 00 COUNSELING - OTHER 0 0 0 36. 00 37. 00 HOSPI CE AI DE & HOMEMAKER SERVI CES 0 1, 432 37. 00 38. 00 DURABLE MEDI CAL EQUI PMENT/OXYGEN 0 0 38. 00 39. 00 PATI ENT TRANSPORTATI ON 0 23 39. 00 40. 00 I MAGI NG SERVI CES 0 0 0 41. 00 LABS & DI AGNOSTI CS 0 0 0 41. 00 LABS & DI AGNOSTI CS 0 0 0 42. 00 MEDI CAL SUPPLI ES-NON-ROUTI NE 0 0 0 42. 00 42. 50 DRUGS CHARGED TO PATI ENTS 0 0 0 42. 50 43. 00 OUTPATI ENT SERVI CES 0 0 0 43. 00 44. 00 PALLI ATI VE RADI ATI ON THERAPY 0 0 0 45. 00 46. 00 OTHER PATI ENT CARE SERVI CES (SPECI FY) 0 0 0	33.00	MEDICAL SOCIAL SERVICES	0	0	33. 00
36. 00 COUNSELING - OTHER 0 0 0 36. 00 37. 00 HOSPICE AIDE & HOMEMAKER SERVICES 0 1, 432 37. 00 38. 00 DURABLE MEDICAL EQUIPMENT/OXYGEN 0 0 38. 00 39. 00 PATIENT TRANSPORTATION 0 23 39. 00 40. 00 IMAGING SERVICES 0 0 0 40. 00 41. 00 LABS & DIAGNOSTICS 0 0 0 41. 00 42. 00 MEDICAL SUPPLIES-NON-ROUTINE 0 0 0 42. 00 42. 50 DRUGS CHARGED TO PATIENTS 0 0 0 42. 50 43. 00 OUTPATIENT SERVICES 0 0 0 42. 50 44. 00 PALLIATIVE RADIATION THERAPY 0 0 0 44. 00 45. 00 PALLIATIVE CHEMOTHERAPY 0 0 0 46. 00 46. 00 OTHER PATIENT CARE SERVICES (SPECIFY) 0 0 0	34.00	SPI RI TUAL COUNSELI NG	0	o	34.00
37. 00 HOSPICE AIDE & HOMEMAKER SERVICES 0 1, 432 37. 00 38. 00 DURABLE MEDICAL EQUIPMENT/OXYGEN 0 0 38. 00 39. 00 PATIENT TRANSPORTATION 0 23 39. 00 40. 00 IMAGING SERVICES 0 0 0 40. 00 41. 00 LABS & DI AGNOSTICS 0 0 0 41. 00 42. 00 MEDICAL SUPPLIES-NON-ROUTINE 0 0 0 42. 00 42. 50 DRUGS CHARGED TO PATIENTS 0 0 0 42. 50 43. 00 OUTPATIENT SERVICES 0 0 0 43. 00 44. 00 PALLIATIVE RADIATION THERAPY 0 0 0 45. 00 45. 00 PALLIATIVE CHEMOTHERAPY 0 0 0 46. 00 46. 00 OTHER PATIENT CARE SERVICES (SPECIFY) 0 0 0	35.00	DI ETARY COUNSELING	0	o	35. 00
38. 00 DURABLE MEDI CAL EQUI PMENT/OXYGEN 0 0 38. 00 39. 00 PATI ENT TRANSPORTATI ON 0 23 39. 00 40. 00 I MAGI NG SERVI CES 0 0 40. 00 41. 00 LABS & DI AGNOSTI CS 0 0 41. 00 42. 00 MEDI CAL SUPPLI ES-NON-ROUTI NE 0 0 42. 00 42. 50 DRUGS CHARGED TO PATI ENTS 0 0 42. 50 43. 00 OUTPATI ENT SERVI CES 0 0 43. 00 44. 00 PALLI ATI VE RADI ATI ON THERAPY 0 0 44. 00 45. 00 PALLI ATI VE CHEMOTHERAPY 0 0 45. 00 46. 00 OTHER PATI ENT CARE SERVI CES (SPECI FY) 0 0 46. 00	36.00	COUNSELING - OTHER	0	o	36.00
38. 00 DURABLE MEDI CAL EQUI PMENT/OXYGEN 0 0 38. 00 39. 00 PATI ENT TRANSPORTATI ON 0 23 39. 00 40. 00 I MAGI NG SERVI CES 0 0 40. 00 41. 00 LABS & DI AGNOSTI CS 0 0 41. 00 42. 00 MEDI CAL SUPPLI ES-NON-ROUTI NE 0 0 42. 00 42. 50 DRUGS CHARGED TO PATI ENTS 0 0 42. 50 43. 00 OUTPATI ENT SERVI CES 0 0 43. 00 44. 00 PALLI ATI VE RADI ATI ON THERAPY 0 0 44. 00 45. 00 PALLI ATI VE CHEMOTHERAPY 0 0 45. 00 46. 00 OTHER PATI ENT CARE SERVI CES (SPECI FY) 0 0 46. 00	37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	1, 432	37.00
40. 00 IMAGING SERVICES 0 0 0 41. 00 42. 00 42. 00 MEDICAL SUPPLIES-NON-ROUTINE 0 0 0 42. 50 42. 50 DRUGS CHARGED TO PATIENTS 0 0 0 43. 00 44. 00 PALLIATIVE RADIATION THERAPY 0 0 0 44. 00 PALLIATIVE RADIATION THERAPY 0 0 0 45. 00 46. 00 OTHER PATIENT CARE SERVICES (SPECIFY) 0 0 0 46. 00	38. 00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	o	38.00
40. 00 IMAGING SERVICES 0 0 0 41. 00 41. 00 42. 00 42. 00 MEDICAL SUPPLIES-NON-ROUTINE 0 0 0 42. 00 42. 50 DRUGS CHARGED TO PATIENTS 0 0 0 43. 00 44. 00 PALLIATIVE RADIATION THERAPY 0 0 0 44. 00 PALLIATIVE CHEMOTHERAPY 0 0 0 45. 00 46. 00 OTHER PATIENT CARE SERVICES (SPECIFY) 0 0 0 46. 00	39. 00	PATIENT TRANSPORTATION	0	23	39.00
41. 00 LABS & DI AGNOSTICS 0 0 0 42. 00 42. 00 MEDI CAL SUPPLI ES-NON-ROUTI NE 0 0 0 42. 00 42. 50 DRUGS CHARGED TO PATI ENTS 0 0 0 42. 50 43. 00 OUTPATI ENT SERVI CES 0 0 0 43. 00 44. 00 PALLI ATI VE RADI ATI ON THERAPY 0 0 0 44. 00 45. 00 PALLI ATI VE CHEMOTHERAPY 0 0 0 45. 00 46. 00 OTHER PATI ENT CARE SERVI CES (SPECI FY) 0 0 0 46. 00	40.00	I MAGING SERVICES	0	l ol	40.00
42.00 MEDI CAL SUPPLI ES-NON-ROUTI NE 0 0 42.50 DRUGS CHARGED TO PATI ENTS 0 0 43.00 OUTPATI ENT SERVI CES 0 0 44.00 PALLI ATI VE RADI ATI ON THERAPY 0 0 45.00 PALLI ATI VE CHEMOTHERAPY 0 0 46.00 OTHER PATI ENT CARE SERVI CES (SPECI FY) 0 0	41.00	LABS & DIAGNOSTICS	0	l ol	41.00
43.00 OUTPATI ENT SERVICES 0 0 43.00 44.00 PALLI ATI VE RADI ATI ON THERAPY 0 0 44.00 45.00 PALLI ATI VE CHEMOTHERAPY 0 0 45.00 46.00 OTHER PATI ENT CARE SERVICES (SPECI FY) 0 0 46.00	42. 00		0	ol	42. 00
43.00 OUTPATI ENT SERVICES 0 0 43.00 44.00 PALLI ATI VE RADI ATI ON THERAPY 0 0 44.00 45.00 PALLI ATI VE CHEMOTHERAPY 0 0 45.00 46.00 OTHER PATI ENT CARE SERVICES (SPECI FY) 0 0 46.00	42.50	DRUGS CHARGED TO PATIENTS	0	o	42.50
44.00 PALLI ATI VE RADI ATI ON THERAPY 0 0 44.00 45.00 PALLI ATI VE CHEMOTHERAPY 0 0 45.00 46.00 OTHER PATI ENT CARE SERVICES (SPECI FY) 0 0 46.00			1 0	l ol	1
45. 00 PALLIATIVE CHEMOTHERAPY 0 0 0 46. 00 OTHER PATIENT CARE SERVICES (SPECIFY) 0 0 46. 00				l ol	
46.00 OTHER PATIENT CARE SERVICES (SPECIFY) 0 0 46.00		-		0	
				l o	
				7, 763	100.00

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

	th Financial Systems GOSHEN HO ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET	Provi der CO	CN: 15-0026	Peri od:	worksheet 0-5	
EXPE	NSES FOR ALLOCATION	Hospi ce CCN	N: 15-1527	From 01/01/2022 To 12/31/2022		
				Hospi ce I	5/30/2023 4: 3	9 piii
	Descriptions		HOSPICE DIREC		TOTAL EXPENSES	
	20001 1 p 11 0.10		EXPENSES (se		(sum of cols.	
			,	EXPENSES FROM	1 + 2)	
				WKST B PART I	ĺ	
				(see		
				instructions)		
			1.00	2. 00	3. 00	
	GENERAL SERVICE COST CENTERS					
1.00				0		1. 00
2.00				0		2. 00
3. 00			275, 34	· ·	587, 358	3. 00
4.00			4, 77		479, 998	4. 00
5.00				0	0	5. 00
6.00				0	0	6. 00
7.00				0	0	7. 00
8.00			85	0	857	8. 00
9.00			(0.46	0 0	0	9. 00
10.0			60, 18		1	10.00
11. 0			40.40	0 40, 173	40, 173	11.00
12. 0 13. 0			40, 48	0	40, 485 0	12. 00 13. 00
14. 0				0		14.00
15. 0				0	0	15. 00
16. 0			300, 94	.5 0	1	16.00
17. 0			300, 72	0		17. 00
17.0	LEVEL OF CARE			1 0		17.00
50. 0				0	0	50.00
51. 0			1, 791, 76	-1	1, 791, 766	51.00
52. 0			5, 89		5, 897	52.00
53. 0			7, 76		7, 763	53. 00
	NONREI MBURSABLE COST CENTERS		,		, , , , , , , , , , , , , , , , , , , ,	
60.0				0	0	60.00
61.0	O VOLUNTEER PROGRAM			0	0	61.00
62.0	O FUNDRAI SI NG			0	0	62. 00
63.0	O HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	63. 00
64.0	O PALLIATIVE CARE PROGRAM			0	0	64.00
65.0	O OTHER PHYSICIAN SERVICES			0	0	65. 00
66. 0	O RESI DENTI AL CARE			0	0	66. 00
67. 0				0	0	67. 00
68. 0	O TELEHEALTH/TELEMONI TORI NG			0	0	68. 00
69. 0				0	0	69. 00
70. 0				0	0	70. 00
71. 0				0	0	71. 00
00 0	O NECATIVE COST CENTED			(A)	۸ .	00 00

99. 00

3, 369, 230 100. 00

2, 488, 010

881, 220

99.00 NEGATIVE COST CENTER

100. 00 TOTAL

Heal th FinancialSystemsGOSHENCOST ALLOCATION- HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

			nospi ce coi	1. 10 1027	127 017 2022	5/30/2023 4: 3	
					Hospi ce I		
	Descriptions	TOTAL EXPENSES CA	P REL BLDG &	CAP REL MVBL	E EMPLOYEE	SUBTOTAL	
	•		FIX	EQUI P	BENEFI TS		
					DEPARTMENT		
		0	1.00	2.00	3. 00	3A	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FLXT	0	0				1. 00
2.00	CAP REL COSTS-MVBLE EQUIP	0			0		2. 00
3.00	EMPLOYEE BENEFITS DEPARTMENT	587, 358	0		0 587, 358		3. 00
4.00	ADMINISTRATIVE & GENERAL	479, 998	0		0 587, 358	1, 067, 356	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	HOUSEKEEPI NG	0	0		0	0	7. 00
8.00	DI ETARY	857	0		0	857	8. 00
9.00	NURSING ADMINISTRATION	0	0		0	0	9. 00
10.00	ROUTINE MEDICAL SUPPLIES	113, 988	0		0	113, 988	10.00
11.00	MEDI CAL RECORDS	40, 173	0		0	40, 173	11. 00
12.00	STAFF TRANSPORTATION	40, 485	0		0 0	40, 485	12. 00
13.00	VOLUNTEER SERVICE COORDINATION	0	0		0 0	0	13. 00
14.00	PHARMACY	o	0		0 0	0	14. 00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	o	0		0 0	0	15. 00
16.00	OTHER GENERAL SERVICE	300, 945	0		0 0	300, 945	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	1, 791, 766			0	1, 791, 766	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	5, 897	0		0 0	5, 897	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	7, 763	0		0 0	7, 763	53. 00
	NONREI MBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0		0 0	0	60.00
61. 00	VOLUNTEER PROGRAM	0	0		0	0	61. 00
62.00	FUNDRAI SI NG	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	0	64. 00
65.00	OTHER PHYSICIAN SERVICES	0	0		0 0	0	65. 00
66.00	RESI DENTI AL CARE	0	0		0 0	0	66. 00
67.00	ADVERTI SI NG	0	0		0 0	0	67. 00
68.00	TELEHEALTH/TELEMONI TORI NG	0	0		0 0	0	68. 00
69. 00	THRI FT STORE	0	0		0 0	0	69. 00
70.00	NURSING FACILITY ROOM & BOARD	0				0	
71. 00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	71. 00
99. 00	NEGATIVE COST CENTER	0	0		0		99. 00
100.00	TOTAL	3, 369, 230	0		0 587, 358	3, 369, 230	100. 00

 TAL
 In Lieu of Form CMS-2552-10

 Provider CCN:
 15-0026
 Period: From 01/01/2022
 Worksheet 0-6 Part I

 Hospice CCN:
 15-1527
 To 12/31/2022
 Date/Time Prepared: 5/30/2023 4: 39 pm
 Heal th FinancialSystemsGOSHENCOST ALLOCATION- HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

			· ·			5/30/2023 4: 3	9 pm
					Hospi ce I		
	Descriptions	ADMI NI STRATI VE	PLANT	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
		& GENERAL	OPERATION &	LINEN SERVICE			
			MAI NTENANCE				
		4. 00	5.00	6.00	7. 00	8. 00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FLXT						1. 00
2.00	CAP REL COSTS-MVBLE EQUIP						2. 00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3. 00
4.00	ADMINISTRATIVE & GENERAL	1, 067, 356					4. 00
5.00	PLANT OPERATION & MAINTENANCE	0	0				5. 00
6.00	LAUNDRY & LINEN SERVICE	0	0	C			6. 00
7.00	HOUSEKEEPING	0	0		0		7. 00
8.00	DI ETARY	397	0		0	1, 254	8. 00
9.00	NURSI NG ADMI NI STRATI ON	o	0		0		9. 00
10.00	ROUTINE MEDICAL SUPPLIES	52, 855	0		0		10. 00
11.00	MEDI CAL RECORDS	18, 628	0		o		11. 00
12.00	STAFF TRANSPORTATION	18, 772	0		o		12.00
13.00	VOLUNTEER SERVICE COORDINATION		0		o		13. 00
14.00	PHARMACY		0		o		14.00
15. 00	PHYSICIAN ADMINISTRATIVE SERVICES	o	0		0		15. 00
16.00	OTHER GENERAL SERVICE	139, 545	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	830, 825					51.00
52.00	HOSPICE INPATIENT RESPITE CARE	2, 734	0	l c	O	541	52. 00
53.00	HOSPICE GENERAL INPATIENT CARE	3, 600	0	l c	O	713	53. 00
	NONREI MBURSABLE COST CENTERS			•			
60.00	BEREAVEMENT PROGRAM	0	0		0		60. 00
61.00	VOLUNTEER PROGRAM	0	0		0		61. 00
62.00	FUNDRAI SI NG	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	RESI DENTI AL CARE	0	0	C	0	0	66. 00
67.00	ADVERTI SI NG	0	0		0		67. 00
68.00	TELEHEALTH/TELEMONI TORI NG	0	0		0		68. 00
69.00	THRI FT STORE	0	0		o		69. 00
70.00	NURSING FACILITY ROOM & BOARD						70. 00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	C	0	0	71. 00
99. 00	NEGATIVE COST CENTER	0	0	C	0	0	99. 00
100.00	TOTAL	1, 067, 356	0	C	0	1, 254	100. 00
		•			·		

near th	Financiai Systems	GOSHEN HO	SPLIAL		in Lie	u of form CMS-2	2552-10
COST A	LLOCATION - HOSPITAL-BASED HOSPICE GENERAL S	ERVICE COSTS	Provi der C		Period: From 01/01/2022	Worksheet 0-6 Part I	
			Hospi ce CCI		To 12/31/2022	Date/Time Pre 5/30/2023 4:3	pared: 9 pm
					Hospi ce I		
	Descriptions	NURSI NG	ROUTI NE	MEDI CAL	STAFF	VOLUNTEER	
	·	ADMI NI STRATI ON	MEDI CAL	RECORDS	TRANSPORTATI ON	SERVI CE	
			SUPPLI ES			COORDI NATI ON	
		9. 00	10.00	11.00	12.00	13. 00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FLXT						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	HOUSEKEEPI NG						7. 00
8.00	DI ETARY						8. 00
9.00	NURSI NG ADMI NI STRATI ON	o					9. 00
10.00	ROUTINE MEDICAL SUPPLIES	o	166, 843				10.00
11. 00	MEDI CAL RECORDS	o	•	58, 80	1		11. 00
12.00	STAFF TRANSPORTATION	o		1	59, 257		12. 00
13. 00	VOLUNTEER SERVICE COORDINATION	o			0	0	13.00
14. 00	PHARMACY	o			o	0	14. 00
15. 00	PHYSICIAN ADMINISTRATIVE SERVICES	o			o	0	15. 00
16. 00	OTHER GENERAL SERVICE	o			o	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	0	165, 581	58, 35	6 59, 257	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	545	19	2 0	0	52. 00
53.00	HOSPICE GENERAL INPATIENT CARE	O	717	25	3 0	0	53. 00
	NONREI MBURSABLE COST CENTERS			•	'		
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	O			o	0	61.00
62.00	FUNDRAI SI NG	O			o	0	62. 00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	O			o	0	63. 00
64.00	PALLIATIVE CARE PROGRAM	o			o	0	64.00
65. 00	OTHER PHYSI CI AN SERVI CES	0			o	0	65. 00
66. 00	RESI DENTI AL CARE	0			0	0	66. 00
67. 00	ADVERTI SI NG	0			o	0	67. 00
68. 00	TELEHEALTH/TELEMONI TORI NG	0			o	0	68. 00
69. 00	THRI FT STORE	0			o	0	69. 00
70. 00	NURSING FACILITY ROOM & BOARD						70. 00
71. 00	OTHER NONREIMBURSABLE (SPECIFY)	0		1	0	0	71. 00
99. 00	NEGATIVE COST CENTER	o	0	,	ol ōl	0	99. 00
	TOTAL	o	166, 843	58, 80	1 59, 257		100. 00
	1	-1	,			-	

Heal th FinancialSystemsGOSHENCOST ALLOCATION- HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

						5/30/2023 4: 3	9 pm
					Hospi ce I		
	Descriptions	PHARMACY	PHYSI CI AN	OTHER GENERAL	PATI ENT/	TOTAL	
			ADMI NI STRATI VE	SERVI CE	RESI DENTI AL		
			SERVI CES		CARE SERVICES		
		14. 00	15. 00	16. 00	17. 00	18. 00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FLXT						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	HOUSEKEEPI NG						7. 00
8.00	DI ETARY						8. 00
9.00	NURSING ADMINISTRATION						9. 00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDI CAL RECORDS						11. 00
12.00	STAFF TRANSPORTATION						12. 00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	0					14. 00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	l c				15. 00
16.00	OTHER GENERAL SERVICE	0		440, 490			16. 00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17. 00
	LEVEL OF CARE						1
50.00	HOSPICE CONTINUOUS HOME CARE	0	C)		0	50. 00
51.00	HOSPICE ROUTINE HOME CARE	0	C) (2, 905, 785	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	C	440, 490	0	450, 399	52. 00
53.00	HOSPICE GENERAL INPATIENT CARE	0	C) (0	13, 046	53. 00
	NONREI MBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0				0	60. 00
61. 00	VOLUNTEER PROGRAM	0				0	61. 00
62.00	FUNDRAI SI NG	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	RESI DENTI AL CARE	0	C) (0	0	66. 00
67.00	ADVERTI SI NG	0				0	67. 00
68.00	TELEHEALTH/TELEMONI TORI NG	0				0	68. 00
69. 00	THRI FT STORE	0				0	69. 00
70.00	NURSING FACILITY ROOM & BOARD					0	
71. 00	OTHER NONREIMBURSABLE (SPECIFY)	0	(C) (0	0	
99. 00	NEGATIVE COST CENTER	0	(C) (0	0	
100.00	TOTAL	0	ıl c	440, 490	0	3, 369, 230	100.00

Health Financial Systems	GOSHEN HOSP	I TAL		In Lie	u of Form CMS-2552-10
COST ALLOCATION - HOSPITAL-BASED HOSPICE STATISTICAL BASIS	GENERAL SERVICE COSTS	Provi der CCN: Hospi ce CCN:	15-0026 15-1527	From 01/01/2022	Worksheet 0-6 Part II Date/Time Prepared: 5/30/2023 4:39 pm

						5/30/2023 4: 3	9 pm
					Hospi ce I		
	Cost Center Descriptions	CAP REL BLDG & C	CAP REL MVBLE	EMPLOYEE	RECONCI LI ATI ON	ADMI NI STRATI VE	
	·	FLX	EQUI P	BENEFITS		& GENERAL	
		(SQUARE FEET) (I	DOLLAR VALUE)	DEPARTMENT		(ACCUMULATED	
		`	ĺ	(GROSS		COSTS)	
				SALARI ES)		ĺ	
		1.00	2. 00	3. 00	4A	4. 00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FLXT	0					1.00
2. 00	CAP REL COSTS-MVBLE EQUIP	1	0				2. 00
3. 00	EMPLOYEE BENEFITS DEPARTMENT	0	0	275, 342			3.00
4. 00	ADMI NI STRATI VE & GENERAL		0	275, 342		2, 301, 874	4.00
5. 00	PLANT OPERATION & MAINTENANCE	o o	0	270,012	1, 007, 000	0	5.00
6. 00	LAUNDRY & LINEN SERVICE		0	0	0	Ö	6.00
7. 00	HOUSEKEEPI NG		0		0	0	7. 00
8. 00	DI ETARY		0	0	0	857	8.00
			0	0	0		
9.00	NURSI NG ADMI NI STRATI ON		0	U	0	112 000	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	U	0	113, 988	1
11.00	MEDICAL RECORDS	0	0	Ü	0	40, 173	1
12.00	STAFF TRANSPORTATION	0	0	Ü	0	40, 485	1
13. 00	VOLUNTEER SERVICE COORDINATION	0	O	C	0	0	13. 00
14. 00	PHARMACY	0	0	C	0	0	14. 00
15. 00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	C	0	0	15. 00
16. 00	OTHER GENERAL SERVICE	0	0	C	0	300, 945	16. 00
17. 00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0	0	17. 00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE			C	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			C	0	1, 791, 766	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	C	0	5, 897	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	C	0	7, 763	53.00
	NONREI MBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	C	0	0	60.00
61. 00	VOLUNTEER PROGRAM	o	o	C	0	0	61.00
62.00	FUNDRAI SI NG	o	o	C	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	O	o	C	0	0	63. 00
64.00	PALLIATIVE CARE PROGRAM	0	o	C	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	o	o	C	0	0	65.00
66. 00	RESI DENTI AL CARE	0	0	C	0	0	66.00
67. 00	ADVERTI SI NG	0	0	Ö	0	0	67. 00
68. 00	TELEHEALTH/TELEMONI TORI NG	0	0	0	0	0	68. 00
69. 00	THRIFT STORE		0	n	n	0	69.00
70. 00	NURSING FACILITY ROOM & BOARD		ŭ	Č	0		70.00
71. 00	OTHER NONREIMBURSABLE (SPECIFY)		0	0	0	0	
99. 00	NEGATIVE COST CENTER	١	٩	C			99.00
	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)		0	587, 358		1, 067, 356	
	UNIT COST MULTIPLIER	0. 000000	0. 000000	2. 133194		0. 463690	
101.00	ONIT COST MULTIFLIER	0.000000	0. 000000	2. 133194	1	0.403090	1101.00

Health Financial Systems	GOSHEN H	OSPI TAL		In Lie	eu of Form CMS-2	2552-10
COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL S STATISTICAL BASIS	ERVICE COSTS	Provi der CCI		Period: From 01/01/2022 To 12/31/2022	Worksheet 0-6 Part II Date/Time Pre 5/30/2023 4:3	pared:
				Hospi ce I		
Cost Center Descriptions	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE (IN-FACILITY	HOUSEKEEPING (SQUARE FEET)		NURSI NG ADMI NI STRATI ON	
	(COLLADE EEET)	DAV(C)			(DIDECT NUDC	

2.00 CAP REL COSTS-MVBLE EQUI P 3.00 EMPLOYEE BENEFITS DEPARTMENT 4.00 ADMINISTRATIVE & GENERAL 5.00 PLANT OPERATION & MAINTENANCE 6.00 LAUNDRY & LINEN SERVI CE 7.00 HOUSEKEEPING 8.00 DI ETARY 9.00 NURSI NG ADMINISTRATION 9.00 ROUTI NE MEDI CAL SUPPLI ES 10 MEDI CAL RECORDS 11.00 MEDI CAL RECORDS 12.00 STAFF TRANSPORTATION 12.00 STAFF TRANSPORTATION 13.00 VOLUNTEER SERVI CE COORDI NATION 14.00 PHARMACY 15.00 PHARMACY 16.00 OTHER GENERAL SERVI CE 16.00 OTHER GENERAL SERVI CE 17.00 OTHER GENERAL SERVI CE 18.00 OTHER GENERAL SERVI CE 19.00 OTHER GENERAL SERVI CE 10 OTHER GENERAL SERVI CE 10 OTHER GENERAL SERVI CE 10 OTHER GENERAL SERVI CE	
OPERATION & MAINTENANCE (SQUARE FEET) CIN-FACILITY DAYS) CIN-FACILITY DAYS COURSE FEET) CIN-FACILITY DAYS COURSE FEET COU	
MAINTENANCE (SQUARE FEET) DAYS) (DIRECT NURS. HRS.)	
CSOUARE FEET) DAYS) CDIRECT NURS. HRS.	
HRS. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S. S.	
S. 00 S. 0	
CAP REL COSTS-BLDG & FIXT	
1. 00 CAP REL COSTS-BLDG & FIXT 2. 00 CAP REL COSTS-MVBLE EQUI P 3. 00 EMPLOYEE BENEFITS DEPARTMENT 4. 00 ADMI NI STRATI VE & GENERAL 5. 00 PLANT OPERATI ON & MAI NTENANCE 6. 00 LAUNDRY & LI NEN SERVI CE 7. 00 HOUSEKEEPI NG 9. 00 O 0 183 8. 00 DI ETARY 9. 00 NURSI NG ADMI NI STRATI ON 9. 00 O 0 10. 10. 00 ROUTI NE MEDI CAL SUPPLI ES 9. 00 MEDI CAL RECORDS 9. 00 MEDI CAL RECORDS 9. 00 O 0 11. 00 MEDI CAL RECORDS 9. 00 O 0 11. 00 O 0 12. 13. 00 VOLUNTEER SERVI CE COORDI NATI ON 9. 00 O 0 14. 00 PHARMACY 9. 00 O 0 15. 00 O 0 16. 00 O 0 16. 00 O 0 17. 00 O 0 18. 00 O 0 19. 00 O 0 19. 00 O 0 10. 00 O 0 10. 00 O 0 11. 00 O 0 11. 00 O 0 11. 00 O 0 O 0 12. 00 O 0 O 0 13. 00 O 0 O 0 14. 00 O 0 O 0 O 0 15. 00 O 0 O 0 16. 00 O 0 O 0 O 0 16. 00 O 0 O 0 O 0 16. 00 O 0 O 0 O 0 16. 00 O 0 O 0 O 0 16. 00 O 0 O 0 O 0 16. 00 O 0 O 0 O 0 16. 00 O 0 O 0 O 0 16. 00 O 0 O 0 O 0 16. 00 O 0 O 0 O 0 16. 00 O 0 O 0 O 0 17. 00 O 0 O 0 O 0 18. 00 O 0 O 0 O 0 1	
2. 00 CAP REL COSTS-MVBLE EQUI P 3. 00 EMPLOYEE BENEFITS DEPARTMENT 4. 00 ADMINISTRATIVE & GENERAL 5. 00 PLANT OPERATION & MAINTENANCE 6. 00 LAUNDRY & LINEN SERVI CE 7. 00 HOUSEKEEPING 8. 00 DI ETARY 9. 00 NURSI NG ADMINISTRATION 00 TO TO TO TO TO TO TO TO TO TO TO TO TO	
3. 00 EMPLOYEE BENEFITS DEPARTMENT 4. 00 ADMINISTRATIVE & GENERAL 5. 00 PLANT OPERATION & MAINTENANCE 6. 00 LAUNDRY & LINEN SERVICE 7. 00 HOUSEKEEPING 8. 00 DI ETARY 9. 00 NURSI NG ADMINISTRATION 00 ROUTINE MEDICAL SUPPLIES 10. 00 MEDICAL RECORDS 11. 00 MEDICAL RECORDS 12. 00 STAFF TRANSPORTATION 12. 00 STAFF TRANSPORTATION 13. 00 VOLUNTEER SERVICE COORDINATION 14. 00 PHARMACY 15. 00 PHASMACY 16. 00 OTHER GENERAL SERVICE 17. 00 OTHER GENERAL SERVICE 18. 00 OTHER GENERAL SERVICE 19. 00 OTHER GENERAL SERVICE 19. 00 OTHER GENERAL SERVICE 10. 00 OTHER GENERAL SERVICE	. 00
4. 00 ADMI NI STRATI VE & GENERAL 5. 00 PLANT OPERATI ON & MAI NTENANCE 6. 00 LAUNDRY & LI NEN SERVI CE 7. 00 HOUSEKEEPI NG 8. 00 DI ETARY 9. 00 NURSI NG ADMI NI STRATI ON 10. 00 ROUTI NE MEDI CAL SUPPLI ES 11. 00 MEDI CAL RECORDS 12. 00 STAFF TRANSPORTATI ON 12. 00 STAFF TRANSPORTATI ON 13. 00 VOLUNTEER SERVI CE COORDI NATI ON 14. 00 PHAYMACY 15. 00 PHAYSI CI AN ADMI NI STRATI VE SERVI CES 16. 00 OTHER GENERAL SERVI CE 17. 00 OTHER GENERAL SERVI CE 18. 00 OTHER GENERAL SERVI CE 19. 00 OTHER GENERAL SERVI CE 10 OTHER GENERAL SERVI CE	. 00
5. 00 PLANT OPERATION & MAINTENANCE 0 5. 6. 00 LAUNDRY & LINEN SERVICE 0 0 7. 00 HOUSEKEEPING 0 0 7. 8. 00 DI ETARY 0 0 183 8. 9. 00 NURSING ADMINISTRATION 0 0 0 9. 10. 00 ROUTINE MEDICAL SUPPLIES 0 0 0 10. 11. 00 MEDICAL RECORDS 0 0 0 11. 12. 00 STAFF TRANSPORTATION 0 0 0 12. 13. 00 VOLUNTEER SERVICE COORDINATION 0 0 0 13. 14. 00 PHARMACY 0 0 0 14. 15. 00 PHYSICIAN ADMINISTRATIVE SERVICES 0 0 0 15. 16. 00 OTHER GENERAL SERVICE 0 0 0 16.	. 00
6. 00 LAUNDRY & LINEN SERVICE 0 0 0 0 7. 00 HOUSEKEEPING 0 0 0 183 8. 00 DI ETARY 0 0 0 183 8. 00 NURSI NG ADMINISTRATION 0 0 0 0 0 0 0 10. 00 0 0 0 0 0 10. 00 0 0 0	. 00
7. 00 HOUSEKEEPING 0 0 183 8. 8. 00 DI ETARY 0 0 183 8. 9. 00 NURSI NG ADMI NI STRATI ON 0 0 0 9. 10. 00 ROUTI NE MEDI CAL SUPPLI ES 0 0 0 10. 11. 00 MEDI CAL RECORDS 0 0 0 11. 12. 00 STAFF TRANSPORTATI ON 0 0 0 11. 13. 00 VOLUNTEER SERVI CE COORDI NATI ON 0 0 0 13. 14. 00 PHARMACY 0 0 0 14. 15. 00 PHYSI CI AN ADMI NI STRATI VE SERVI CES 0 0 0 15. 16. 00 OTHER GENERAL SERVI CE 0 0 0 16.	. 00
8. 00 DI ETARY 0 0 183 8. 9. 00 NURSI NG ADMI NI STRATI ON 0 0 9. 10. 00 ROUTI NE MEDI CAL SUPPLI ES 0 0 0 0 10. 11. 00 MEDI CAL RECORDS 0 0 0 11. 12. 00 STAFF TRANSPORTATI ON 0 0 12. 13. 00 VOLUNTEER SERVI CE COORDI NATI ON 0 0 14. 00 PHARMACY 0 0 0 14. 15. 00 PHARMACY 0 0 0 15. 16. 00 OTHER GENERAL SERVI CE 0 0 0 16.	. 00
9. 00 NURSI NG ADMINISTRATI ON 0 0 9. 10. 00 ROUTI NE MEDI CAL SUPPLI ES 0 0 0 10. 11. 00 MEDI CAL RECORDS 0 0 0 11. 12. 00 STAFF TRANSPORTATI ON 0 0 12. 13. 00 VOLUNTEER SERVI CE COORDI NATI ON 0 0 0 13. 14. 00 PHARMACY 0 0 0 0 14. 15. 00 PHYSI CI AN ADMINISTRATI VE SERVI CES 0 0 0 15. 16. 00 OTHER GENERAL SERVI CE 0 0 0 16.	. 00
10. 00 ROUTI NE MEDI CAL SUPPLI ES 0 0 10. 11. 00 MEDI CAL RECORDS 0 0 0 11. 12. 00 STAFF TRANSPORTATI ON 0 0 0 12. 13. 00 VOLUNTEER SERVI CE COORDI NATI ON 0 0 0 13. 14. 00 PHARMACY 0 0 0 14. 15. 00 PHYSI CI AN ADMI NI STRATI VE SERVI CES 0 0 0 15. 16. 00 OTHER GENERAL SERVI CE 0 0 0 16.	. 00
11. 00 MEDI CAL RECORDS 0 0 11. 12. 00 STAFF TRANSPORTATION 0 0 12. 13. 00 VOLUNTEER SERVICE COORDINATION 0 0 0 13. 14. 00 PHARMACY 0 0 0 14. 15. 00 PHYSI CI AN ADMINISTRATIVE SERVICES 0 0 0 15. 16. 00 OTHER GENERAL SERVICE 0 0 16. 0 0 16.	. 00
12. 00 STAFF TRANSPORTATION 0 0 12. 13. 00 VOLUNTEER SERVICE COORDINATION 0 0 13. 14. 00 PHARMACY 0 0 0 14. 15. 00 PHYSICIAN ADMINISTRATIVE SERVICES 0 0 0 15. 16. 00 OTHER GENERAL SERVICE 0 0 16.	. 00
13. 00 VOLUNTEER SERVICE COORDINATION 0 0 13. 14. 00 PHARMACY 0 0 0 14. 15. 00 PHYSI CI AN ADMINISTRATIVE SERVICES 0 0 0 15. 16. 00 OTHER GENERAL SERVICE 0 0 16.	. 00
14. 00 PHARMACY 0 0 14. 15. 00 PHYSI CI AN ADMINISTRATIVE SERVICES 0 0 15. 16. 00 OTHER GENERAL SERVICE 0 0 16.	. 00
15. 00 PHYSI CI AN ADMINISTRATI VE SERVI CES 0 0 15. 16. 00 0THER GENERAL SERVI CE 0 0 16.	00
16. 00 OTHER GENERAL SERVICE 0 0 16.	.00
	.00
	.00
17. 00 PATI ENT/RESI DENTI AL CARE SERVI CES 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 RESPITE CARE 0 0 0 79 0 52.	.00
53.00 HOSPICE GENERAL INPATIENT CARE 0 0 0 104 0 53.	.00
NONREI MBURSABLE COST CENTERS	
60. 00 BEREAVEMENT PROGRAM 0 0 0 60.	00
61. 00 VOLUNTEER PROGRAM 0 0 0 61.	. 00
62. 00 FUNDRAI SI NG 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 RESI DENTI AL CARE 0 0 0 0 0 0 66.	.00
67. 00 ADVERTI SI NG 0 0 67.	.00
68. 00 TELEHEALTH/TELEMONI TORI NG 0 0 68.	. 00
69. 00 THRI FT STORE 0 0 0 69.	. 00
70. 00 NURSING FACILITY ROOM & BOARD 70.	.00
71.00 OTHER NONREIMBURSABLE (SPECIFY) 0 0 0 0 71.	. 00
99. 00 NEGATIVE COST CENTER 99.	
100.00 COST TO BE ALLOCATED (per Wkst. 0-6, Part I) 0 0 1,254 0 100.	.00
101. 00 UNIT COST MULTIPLIER 0. 000000 0. 000000 0. 000000 6. 852459 0. 000000 101.	00

Health Financial Systems	GOSHEN HOSPITA	AL	In Lieu	u of Form CMS-2552-10
COST ALLOCATION - HOSPITAL-BASED HOSPICE G	ENERAL SERVICE COSTS P	rovider CCN: 1	Peri od: From 01/01/2022	Worksheet 0-6
STATISTICAL BASIS	Н	lospice CCN:		Date/Time Prepared:

			Hospi ce CCI	N: 15-1527	To 12/31/2022	Date/Time Pre 5/30/2023 4:3	
					Hospi ce I		
	Cost Center Descriptions	ROUTI NE	MEDI CAL	STAFF	VOLUNTEER	PHARMACY	
	'	MEDI CAL	RECORDS	TRANSPORTATIO	N SERVICE	(CHARGES)	
			(PATIENT DAYS)		COORDI NATI ON	(0.1.1.1.020)	
		(PATIENT DAYS)	(IAIILNI DAIS)	(MI LEAGE)	(HOURS OF		
		(FAITENI DAIS)		(WIT LLAGE)	,		
		10.00	11. 00	12.00	SERVI CE) 13. 00	14. 00	
	GENERAL SERVICE COST CENTERS	10.00	11.00	12.00	13.00	14.00	
1.00	CAP REL COSTS-BLDG & FLXT						1.00
2. 00	CAP REL COSTS-MVBLE EQUIP						2. 00
		1					1
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	HOUSEKEEPI NG						7. 00
8.00	DI ETARY	1					8. 00
9. 00	NURSING ADMINISTRATION	1					9. 00
10. 00	ROUTI NE MEDI CAL SUPPLI ES	24, 185					10.00
11. 00	MEDICAL RECORDS	24, 103	24, 185				11.00
			24, 100		_		
12. 00	STAFF TRANSPORTATION			194, 78			12. 00
13. 00	VOLUNTEER SERVICE COORDINATION				0		13. 00
14. 00	PHARMACY				0	C	14. 00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES				0	C	15. 00
16.00	OTHER GENERAL SERVICE				0	C	16. 00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17. 00
	LEVEL OF CARE						1
50.00	HOSPICE CONTINUOUS HOME CARE	0	0		0 0	C	50.00
51.00	HOSPICE ROUTINE HOME CARE	24, 002	24, 002	194, 78	7 0	ĺ	51.00
52. 00	HOSPICE INPATIENT RESPITE CARE	79	79		o o	Ċ	
53. 00	HOSPICE GENERAL INPATIENT CARE	104	104		o o	Ċ	
	NONREI MBURSABLE COST CENTERS			l .	-	-	
60.00	BEREAVEMENT PROGRAM				0 0	C	60.00
61.00	VOLUNTEER PROGRAM	i			ol o	i c	61. 00
62.00	FUNDRAI SI NG	1			0	Ċ	62. 00
63. 00	HOSPICE/PALLIATIVE MEDICINE FELLOWS				0		
64. 00	PALLIATIVE CARE PROGRAM	1			0		
65. 00		1			0		1
	OTHER PHYSICIAN SERVICES				0		
66. 00	RESI DENTI AL CARE				0	C	
67. 00	ADVERTI SI NG				0	C	
68. 00	TELEHEALTH/TELEMONI TORI NG				0 0	C	68. 00
69. 00	THRI FT STORE				0	C	69. 00
70.00	NURSING FACILITY ROOM & BOARD						70. 00
71.00	OTHER NONREIMBURSABLE (SPECIFY)				o o	C	71. 00
99. 00	NEGATIVE COST CENTER						99. 00
	COST TO BE ALLOCATED (per Wkst. 0-6, Par	t I) 166, 843	58, 801	59, 25	7 0	l c	100.00
	UNIT COST MULTIPLIER	6. 898615	2. 431300			0. 000000	
50		1 2.2.23.0			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

Health Financial Systems	GOSHEN HOSPI	ITAL	In Lie	u of Form CMS-2552-10
COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE STATISTICAL BASIS		Provider CCN: Hospice CCN:	From 01/01/2022	Worksheet 0-6 Part II Date/Time Prepared:

			·			5/30/2023 4: 39	_pm
					Hospi ce I		
	Cost Center Descriptions	PHYSI CI AN	OTHER GENERAL	PATI ENT/			
		ADMI NI STRATI VE		RESI DENTI AL			
		SERVI CES	(SPECI FY	CARE SERVICES			
		(PATIENT DAYS)	BASIS)	(IN-FACILITY			
				DAYS)			
	OFNEDAL CERVILOR COCT OFNITERS	15. 00	16. 00	17. 00			
	GENERAL SERVICE COST CENTERS		T		1		_
. 00	CAP REL COSTS-BLDG & FLXT						1.
2. 00	CAP REL COSTS-MVBLE EQUIP						2.
. 00	EMPLOYEE BENEFITS DEPARTMENT						3.
. 00	ADMINISTRATIVE & GENERAL						4.
. 00	PLANT OPERATION & MAINTENANCE						5.
. 00	LAUNDRY & LINEN SERVICE						6.
. 00	HOUSEKEEPI NG						7.
. 00	DI ETARY						8.
. 00	NURSI NG ADMI NI STRATI ON						9.
0. 00	ROUTINE MEDICAL SUPPLIES					1	10.
1. 00	MEDI CAL RECORDS						11.
2. 00	STAFF TRANSPORTATION						12.
3. 00	VOLUNTEER SERVICE COORDINATION						13.
4. 00	PHARMACY						14.
5. 00	PHYSICIAN ADMINISTRATIVE SERVICES	0					15.
6.00	OTHER GENERAL SERVICE		405, 595	•		'	16.
7. 00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.
	LEVEL OF CARE						
0.00	HOSPICE CONTINUOUS HOME CARE	0		1			50.
1. 00	HOSPICE ROUTINE HOME CARE	0					51.
2. 00	HOSPICE INPATIENT RESPITE CARE	0	l .	•	0	•	52.
3. 00	HOSPICE GENERAL INPATIENT CARE	0	0		0	!	53.
	NONREI MBURSABLE COST CENTERS						
0. 00	BEREAVEMENT PROGRAM		0				60.
1. 00	VOLUNTEER PROGRAM		0)		•	61.
2. 00	FUNDRAI SI NG		0)			62.
3. 00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0)		1	63.
4. 00	PALLIATIVE CARE PROGRAM		0)		•	64.
5. 00	OTHER PHYSICIAN SERVICES		0)		1	65.
6. 00	RESI DENTI AL CARE	0	0)	0		66.
7. 00	ADVERTI SI NG		0)			67.
8. 00	TELEHEALTH/TELEMONI TORI NG		0)			68.
9. 00	THRI FT STORE		0)		1	69.
0. 00	NURSING FACILITY ROOM & BOARD					'	70.
1. 00	OTHER NONREIMBURSABLE (SPECIFY)	0	0)	0		71.
9. 00							99.
	COST TO BE ALLOCATED (per Wkst. 0-6, Pai	^t I) 0	440, 490		0	10	00.
01 00	UNIT COST MULTIPLIER	0. 000000	1. 086034	0. 00000	ol	110	01.

APPOR	Financial Systems TIONMENT OF HOSPITAL-BASED HOSPICE SHARED S	GOSHEN HOS ERVICE COSTS BY	Provi der CO	CN: 15-0026	Peri od: From 01/01/2022	u of Form CMS- Worksheet 0-7	
_EVEL	OF CARE		Hospi ce CCN	N: 15-1527	To 12/31/2022	Date/Time Pre 5/30/2023 4:3	pared:
					Hospi ce I		-
				Charges by	/ LOC (from Provi	der Records)	
	Cost Center Descriptions	From Wkst. C, C Part I, Col. 9 line	ost to Charge Ratio	НСНС	HRHC	HI RC	
		0	1. 00	2. 00	3. 00	4. 00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSI CAL THERAPY	66. 00	0. 485200		0 0	0	
2. 00	OCCUPATIONAL THERAPY	67. 00	0. 282058		0 0	0	•
3.00	SPEECH PATHOLOGY	68. 00	0. 340068		0 0	0	1
1. 00 5. 00	DRUGS CHARGED TO PATIENTS DURABLE MEDICAL EQUIP-RENTED	73. 00 96. 00	0. 204752		0 0	0	4. 00 5. 00
5. 00 5. 00	LABORATORY	60.00	0. 323033		0 0	0	
5. 01	BLOOD LABORATORY	60. 01	0. 000000			0	
7. 00	MEDICAL SUPPLIES CHARGED TO PATIENT	71. 00	0. 447780			0	
3. 00	OTHER OUTPATIENT SERVICE COST CENTER	93. 00	0. 447700			0	8.00
9. 00	RADI OLOGY-THERAPEUTI C	55. 00	0. 377877		o o	0	
10.00	NUTRITION THERAPY	76. 00	1. 331801		0 0	0	10.00
11.00	Totals (sum of lines 1-11)						11. 00
		Charges by LOC		Shared Serv	ice Costs by LOC		
		(from Provider Records)					
	Cost Center Descriptions	HGI P H	CHC (col. 1 x col. 2)	HRHC (col. 1 col. 3)	xHIRC (col. 1 x col. 4)	HGIP (col. 1 x	
		5. 00	6.00	7. 00	8. 00	9. 00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSI CAL THERAPY	0	0		0 0	0	
2. 00	OCCUPATI ONAL THERAPY	0	0		0 0	0	
3.00	SPEECH PATHOLOGY	0	0		0 0	0	1
1. 00 5. 00	DRUGS CHARGED TO PATIENTS DURABLE MEDICAL EQUIP-RENTED	O O	0		0 0	0	4. 00 5. 00
5. 00 5. 00	LABORATORY		0		0 0	0	
5. 00 5. 01	BLOOD LABORATORY		0			0	
7. 00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 0	0	1
3. 00	OTHER OUTPATIENT SERVICE COST CENTER						8.0
9. 00	RADI OLOGY-THERAPEUTI C	0	0		o o	0	
0.00	NUTRI TI ON THERAPY		0		o o	0	
10.00							

Health Financial Systems	GOSHEN HOSPITAL	In Lieu of Form CMS-2552-10
CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST		Peri od: Worksheet 0-8
		From 01/01/2022
	Hoon: ac CCN, 1E 1E27	To 12/21/2022 Dota/Time December d.

		Hospice CCN	N: 15-1527	To 12/31/2022	Date/Time Pre 5/30/2023 4:3	
				Hospi ce I	0,00,2020 110	, p
			TITLE XVIII	TITLE XIX	TOTAL	
			MEDI CARE	MEDI CAI D		
			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	7, col. 6,			0	1. 00
	line 11)					
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)				0	2. 00
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	e 10)	(0		4. 00
5.00	Program cost (line 3 times line 4)		(0		5. 00
	HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7	7, col. 7,			2, 905, 785	6. 00
	line 11)					
7. 00	Total unduplicated days (Wkst. S-9, col. 4, line 11)				24, 002	7. 00
8.00	Total average cost per diem (line 6 divided by line 7)				121. 06	
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, lir	ne 11)	18, 11			9. 00
10.00	Program cost (line 8 times line 9)		2, 193, 36	5 0		10.00
	HOSPICE INPATIENT RESPITE CARE					
11. 00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7	7, col. 8,			450, 399	11. 00
	line 11)					
12. 00	Total unduplicated days (Wkst. S-9, col. 4, line 12)				79	
13. 00	Total average cost per diem (line 11 divided by line 12)				5, 701. 25	
14. 00	Unduplicated program days (Wkst. S-9, col. as appropriate, lir	ne 12)	31			14. 00
15. 00	Program cost (line 13 times line 14)		222, 34	9 0		15. 00
	HOSPICE GENERAL INPATIENT CARE					
16. 00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7	7, col. 9,			13, 046	16. 00
	line 11)					
	Total unduplicated days (Wkst. S-9, col. 4, line 13)					17. 00
	Total average cost per diem (line 16 divided by line 17)				125. 44	
19. 00	Unduplicated program days (Wkst. S-9, col. as appropriate, lir	ne 13)	70			19. 00
20. 00	Program cost (line 18 times line 19)		8, 78	1 0		20. 00
	TOTAL HOSPICE CARE					
	Total cost (sum of line 1 + line 6 + line 11 + line 16)				3, 369, 230	
	Total unduplicated days (Wkst. S-9, col. 4, line 14)				•	22. 00
23. 00	Average cost per diem (line 21 divided by line 22)				139. 31	23. 00

Heal th	Financial Systems GOSHEN	HOSPI TAL	In Lie	u of Form CMS-2	2552-10
CALCUL	ATION OF CAPITAL PAYMENT	Provi der CCN: 15-0026	Peri od: From 01/01/2022 To 12/31/2022	Worksheet L Parts I-III Date/Time Prep 5/30/2023 4:39	
		Title XVIII	Hospi tal	PPS	, p
				1. 00	
	PART I - FULLY PROSPECTIVE METHOD			11 00	
	CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier			892, 023	1.00
1. 01	Model 4 BPCI Capital DRG other than outlier			12 ((0	1. 01
2.00	Capital DRG outlier payments			12, 668 0	
2. 01 3. 00	Model 4 BPCI Capital DRG outlier payments Total inpatient days divided by number of days in the cos	et conocting poriod (coo inct	ruetions)	53. 23	2. 01 3. 00
4.00	Number of interns & residents (see instructions)	st reporting period (see first	i uctions)	0.00	
5.00	Indirect medical education percentage (see instructions)			0.00	
6.00	Indirect medical education adjustment (multiply line 5 by	the sum of lines 1 and 1 01	columns 1 and	0.00	6.00
0.00	1.01) (see instructions)	the sam of fines f and f. of	, corumns r and	J	0.00
7. 00	Percentage of SSI recipient patient days to Medicare Part 30) (see instructions)	: A patient days (Worksheet E	, part A line	0. 00	7. 00
8.00	Percentage of Medicaid patient days to total days (see in	nstructions)		0.00	8. 00
9.00	Sum of lines 7 and 8			0.00	9. 00
10.00	Allowable disproportionate share percentage (see instruct	i ons)		0.00	10.00
11. 00					
12.00	Total prospective capital payments (see instructions)			904, 691	12. 00
				1. 00	
	PART II - PAYMENT UNDER REASONABLE COST			1.00	
1.00	Program inpatient routine capital cost (see instructions)			0	1. 00
2.00	Program inpatient ancillary capital cost (see instruction			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 circums	,		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	
5.00	Capital cost for comparison to payments (line 3 x line 4)			0, 00	5.00
6. 00 7. 00	Percentage adjustment for extraordinary circumstances (se Adjustment to capital minimum payment level for extraordi		(lino 4)	0.00	
8.00	Capital minimum payment level (line 5 plus line 7)	mary cricumstances (in e.z.)	crine o)	0	
9.00	Current year capital payments (from Part I, line 12, as a	unnlicable)		0	9.00
10.00	Current year comparison of capital minimum payment level		less line 9)	0	10.00
11. 00	Carryover of accumulated capital minimum payment level ov Worksheet L, Part III, line 14)	1 1 3 1	,	0	11. 00
10.00	Net comparison of capital minimum payment level to capita	al payments (line 10 plus lin	ne 11)	0	12.00
12, 00	Current year exception payment (if line 12 is positive, e			0	13. 00
12. 00 13. 00	Carryover of accumulated capital minimum payment level ov			0	
			3 1	_	1
13.00	(if line 12 is negative, enter the amount on this line)				
13.00		e instructions)		0	15. 00
13. 00 14. 00	(if line 12 is negative, enter the amount on this line) Current year allowable operating and capital payment (see			0	