

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED  
OMB NO. 0938-0050  
EXPIRES 09-30-2025

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0026	Period: From 01/01/2022 To 12/31/2022	Worksheet S Parts I-III Date/Time Prepared: 5/30/2023 4:39 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 5/30/2023	Time: 4:39 pm
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)**  
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

**CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)**

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by 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 FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	Lisa 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		Lisa Wine	2
3	Signatory Title		CHIEF FINANCIAL OFFICER	3
4	Date		(Dated when report is electronic)	4

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00	HOSPITAL	0	769,142	43,108	0	0 1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	0 2.00
3.00	SUBPROVIDER - IRF	0	0	0	0	0 3.00
4.00	SUBPROVIDER (OTHER)	0	0	0	0	0 4.00
5.00	SWING BED - SNF	0	0	0	0	0 5.00
6.00	SWING BED - NF	0	0	0	0	0 6.00
7.00	SKILLED NURSING FACILITY	0	0	0	0	0 7.00
8.00	NURSING FACILITY	0	0	0	0	0 8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
12.00	CMHC I	0	0	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 Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0026	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 4:39 pm
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1.00	2.00	3.00	4.00
Hospital and Hospital Health Care Complex Address:			
1.00	Street: 200 HIGH PARK AVENUE	PO Box:	1.00
2.00	City: GOSHEN	State: IN	2.00
		Zip Code: 46526	
		County: ELKHART	

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		

Hospital and Hospital -Based Component Identification:										
3.00	Hospital	GOSHEN HOSPITAL	150026	21140	1	07/11/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital -Based SNF									9.00
10.00	Hospital -Based NF									10.00
11.00	Hospital -Based OLTC									11.00
12.00	Hospital -Based HHA	CARE AT HOME SERVICES	157174	21140		04/17/1986	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital -Based Hospice	CARE AT HOME HOSPICE SERVICES	151527	21140		04/17/1986				14.00
15.00	Hospital -Based Health Clinic - RHC									15.00
16.00	Hospital -Based Health Clinic - FQHC									16.00
17.00	Hospital -Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2022	12/31/2022	20.00
21.00	Type of Control (see instructions)	2		21.00
		1.00	2.00	3.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0026			Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 4:39 pm		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	331	0	0	0	3,893	0	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
<b>Prospective Payment System (PPS)-Capital</b>									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
<b>Teaching Hospitals</b>									
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N			56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.								58.00

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		V	XVIII	XIX		
		1.00	2.00	3.00		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).					61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20
						1.00
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions) Teaching Hospitals that Claim Residents in Nonprovider Settings				0.00	62.01
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0026

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

Worksheet S-2  
Part I  
Date/Time Prepared:  
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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
		1.00	2.00	3.00	

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

65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
		1.00	2.00	3.00	

66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010. Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00
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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	

67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00
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			1.00		
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?		N		68.00
			1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		0		71.00
<b>Inpatient Rehabilitation Facility PPS</b>					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N		75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		0		76.00
			1.00		
<b>Long Term Care Hospital PPS</b>					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
<b>TEFRA Providers</b>					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		N		86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
			1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.				0 88.00
			Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge
			1.00	2.00	3.00
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.		0.00		0 89.00
			V	XIX	
			1.00	2.00	
<b>Title V and XIX Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N		Y 90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N		N 91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		N 92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N		N 93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N		N 94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00 95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N		N 96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00 97.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0026		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 4:39 pm	
		V		XIX			
		1.00		2.00			
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N			98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N			98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.06
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a CAH?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)						107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00
					1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N			111.00
					1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N					112.00
113.00	Did this hospital participate in the Community Health Access and Rural Transformation (CHART) model for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no.						113.00
<b>Miscellaneous Cost Reporting Information</b>							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-1, chapter 22, §2208.1.	N					0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1			118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0026	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 4:39 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	899,408	0	0
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y	121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		N	122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.			123.00
<b>Certified Transplant Center Information</b>				
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N	125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
<b>All Providers</b>				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		N	140.00
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name:	Contractor's Name:	Contractor's Number:	
142.00	Street:	PO Box:		
143.00	City:	State:	Zip Code:	
			1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00
		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N	146.00



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0026		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 4:39 pm		
1.00								
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00	
161.00	CMHC		N	N	N	N	161.00	
1.00								
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
1.00								
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00
		Beginning	Ending					
		1.00	2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
		1.00	2.00					
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0026		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part II Date/Time Prepared: 5/30/2023 4:39 pm		
		Y/N	Date					
		1.00	2.00					
<b>PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE</b>								
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.								
COMPLETED BY ALL HOSPITALS								
Provider Organization and Operation								
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00	
		Y/N	Date					
		1.00	2.00					
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00	
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00	
		Y/N	Type					
		1.00	2.00					
<b>Financial Data and Reports</b>								
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00	
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00	
		Y/N	Legal Oper.					
		1.00	2.00					
<b>Approved Educational Activities</b>								
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00	
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00	
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00	
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00	
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00	
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00	
		Y/N						
		1.00						
<b>Bad Debts</b>								
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00	
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00	
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.					N	14.00	
<b>Bed Complement</b>								
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00	
		Part A		Part B				
		Y/N	Date	Y/N	Date			
		1.00	2.00	3.00	4.00			
<b>PS&amp;R Data</b>								
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/10/2023	Y	04/10/2023		16.00	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0026	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/30/2023 4:39 pm	
		Description	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	0	1.00	3.00	20.00
			N	N	
		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	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DAVE		MCCLUNG	41.00
42.00	Enter the employer/company name of the cost report preparer.	RSM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	641-494-2144		DAVI D. MCCLUNG@RSMUS.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0026	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/30/2023 4:39 pm
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0026

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2023 4:39 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	Title V	
	Line No.				Visits / Trips		
	1.00	2.00	3.00	4.00	5.00		
<b>PART I - STATISTICAL DATA</b>							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	91	33,215	0.00	0	1.00
2.00	HMO and other (see instructions)						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		91	33,215	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		103	37,595	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00	SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00	SUBPROVIDER	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		0	20.00
21.00	OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00	HOSPICE	116.00	0	0			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC	99.00				0	25.00
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		103				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0026

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2023 4:39 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
<b>PART I - STATISTICAL DATA</b>						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	4,632	116	16,212		1.00
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	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0	0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	4,632	116	16,212		7.00
8.00	INTENSIVE CARE UNIT	880	20	2,870		8.00
9.00	CORONARY CARE UNIT	0	0	0		9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0		10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0		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
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00
18.00	SUBPROVIDER	0	0	0	0.00	0.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00
20.00	NURSING FACILITY	0	0	0	0.00	0.00
21.00	OTHER LONG TERM CARE	0	0	0	0.00	0.00
22.00	HOME HEALTH AGENCY	3,531	0	11,968	0.00	31.52
23.00	AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00
24.00	HOSPICE	0	0	0	0.00	15.10
24.10	HOSPICE (non-distinct part)					
25.00	CMHC - CMHC	0	0	0	0.00	0.00
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				0.00	1,061.18
28.00	Observation Bed Days		635	5,218		
29.00	Ambulance Trips	0				
30.00	Employee discount days (see instruction)			0		
31.00	Employee discount days - IRF			0		
32.00	Labor & delivery days (see instructions)	0	176	348		
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		
33.00	LTCH non-covered days	0				
33.01	LTCH site neutral days and discharges	0				
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0026

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2023 4:39 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
<b>PART I - STATISTICAL DATA</b>							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,036	152	4,519	1.00
2.00	HMO and other (see instructions)			947	1,533		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	1,036	152	4,519	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0		0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					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)						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	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0026

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2023 4:39 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	90,276,085	0	90,276,085	2,207,247.00	40.90
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		105,971	0	105,971	1,009.00	105.03
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		5,836,419	0	5,836,419	17,159.00	340.14
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		5,114,536	219,055	5,333,591	156,213.00	34.14
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		13,748,825	0	13,748,825	102,792.00	133.75
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		822,647	0	822,647	1,988.00	413.81
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		23,845,367	0	23,845,367		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,779,605	0	1,779,605		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		14,138	0	14,138		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		240,351	0	240,351		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0026

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2023 4:39 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	664,399	0	664,399	28,344.00	23.44	26.00
27.00	Administrative & General	15,103,418	1,313	15,104,731	374,081.00	40.38	27.00
28.00	Administrative & General under contract (see inst.)	1,106,457	0	1,106,457	8,307.00	133.20	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	567,252	0	567,252	22,839.00	24.84	30.00
31.00	Laundry & Linen Service	43,476	0	43,476	1,996.00	21.78	31.00
32.00	Housekeeping	1,328,101	0	1,328,101	66,464.00	19.98	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,042,062	-677,701	364,361	19,279.00	18.90	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	677,701	677,701	35,857.00	18.90	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,647,559	-220,368	2,427,191	49,834.00	48.71	38.00
39.00	Central Services and Supply	348,119	0	348,119	14,907.00	23.35	39.00
40.00	Pharmacy	1,710,322	0	1,710,322	35,388.00	48.33	40.00
41.00	Medical Records & Medical Records Library	1,413,752	0	1,413,752	34,257.00	41.27	41.00
42.00	Social Service	1,200,924	0	1,200,924	33,945.00	35.38	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0026

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/30/2023 4:39 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	85,546,123	0	85,546,123	2,198,395.00	38.91	1.00
2.00	Excluded area salaries (see instructions)	5,114,536	219,055	5,333,591	156,213.00	34.14	2.00
3.00	Subtotal salaries (line 1 minus line 2)	80,431,587	-219,055	80,212,532	2,042,182.00	39.28	3.00
4.00	Subtotal other wages & related costs (see inst.)	14,571,472	0	14,571,472	104,780.00	139.07	4.00
5.00	Subtotal wage-related costs (see inst.)	23,859,505	0	23,859,505	0.00	29.75	5.00
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 instructions)	27,175,841	-219,055	26,956,786	725,498.00	37.16	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0026

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

Worksheet S-3  
Part IV  
Date/Time Prepared:  
5/30/2023 4:39 pm

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
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
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
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
<b>HEALTH AND INSURANCE COST</b>			
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. Noncumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	6,128,473	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	-35,037	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	26,262	22.00
23.00	Tuition Reimbursement	105,154	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	25,879,462	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0026

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/30/2023 4:39 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	13,748,825	25,879,462	1.00
2.00	Hospital	13,748,825	25,879,462	2.00
3.00	SUBPROVIDER - IPF	0	0	3.00
4.00	SUBPROVIDER - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY	0	0	8.00
9.00	NURSING FACILITY	0	0	9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I	0	0	12.00
13.00	Hospital-Based Hospice	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	Hospital-Based-CMHC	0	0	16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0026 Component CCN: 15-7174		Period: From 01/01/2022 To 12/31/2022		Worksheet S-4 Date/Time Prepared: 5/30/2023 4:39 pm	
				Home Health Agency I		PPS	
						1.00	
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	91	16	115	222	
2.00	Unduplicated Census Count (see instructions)	0.00	233.00	84.00	470.00	787.00	
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	
4.00	Director(s) and Assistant Director(s)			1.09	0.00	1.09	
5.00	Other Administrative Personnel			7.74	0.00	7.74	
6.00	Direct Nursing Service			8.84	0.00	8.84	
7.00	Nursing Supervisor			6.64	0.00	6.64	
8.00	Physical Therapy Service			5.24	0.00	5.24	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	
10.00	Occupational Therapy Service			2.30	0.00	2.30	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	
12.00	Speech Pathology Service			0.27	0.00	0.27	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	
14.00	Medical Social Service			1.50	0.00	1.50	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	
16.00	Home Health Aide			0.00	0.00	0.00	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	
18.00	Other (specify)			0.00	0.00	0.00	
						CBSA Data	
						1.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.					4	19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).					21140	20.00
20.01						26900	20.01
20.02						43780	20.02
20.03						99915	20.03
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers			5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	1,174	503	48	3	1,728	
22.00	Skilled Nursing Visit Charges	253,770	107,963	10,467	654	372,854	
23.00	Physical Therapy Visits	616	341	14	0	971	
24.00	Physical Therapy Visit Charges	138,117	75,944	3,260	0	217,321	
25.00	Occupational Therapy Visits	285	286	4	0	575	
26.00	Occupational Therapy Visit Charges	65,311	67,084	957	0	133,352	
27.00	Speech Pathology Visits	14	32	0	0	46	
28.00	Speech Pathology Visit Charges	3,545	8,103	0	0	11,648	
29.00	Medical Social Service Visits	45	45	1	0	91	
30.00	Medical Social Service Visit Charges	13,610	13,610	302	0	27,522	
31.00	Home Health Aide Visits	83	37	0	0	120	
32.00	Home Health Aide Visit Charges	9,341	4,164	0	0	13,505	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	2,217	1,244	67	3	3,531	
34.00	Other Charges	0	0	0	0	0	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	483,694	276,868	14,986	654	776,202	
36.00	Total Number of Episodes (standard/non outlier)	287		41	1	329	
37.00	Total Number of Outlier Episodes		77		0	77	
38.00	Total Non-Routine Medical Supply Charges	30,368	38,225	1,341	307	70,241	

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 15-0026  
Hospice CCN: 15-1527

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

Worksheet S-9  
PARTS I THROUGH IV  
Date/Time Prepared:  
5/30/2023 4:39 pm

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
<b>PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015</b>						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	18,118	0	5,884	24,002	11.00
12.00	Hospice Inpatient Respite Care	39	0	40	79	12.00
13.00	Hospice General Inpatient Care	70	0	34	104	13.00
14.00	Total Hospice Days	18,227	0	5,958	24,185	14.00
<b>PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015</b>						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0026	Period: From 01/01/2022 To 12/31/2022	Worksheet S-10 Date/Time Prepared: 5/30/2023 4:39 pm
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.286964	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?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		113,114,763	6.00	
7.00	Medicaid cost (line 1 times line 6)		32,459,865	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	5,742,956	845,867	6,588,823	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,648,022	845,867	2,493,889	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,648,022	845,867	2,493,889	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			15,372,008	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			168,523	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			259,265	27.01
28.00	Non-Medicare bad debt expense (see instructions)			15,112,743	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			4,427,555	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			6,921,444	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			6,921,444	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0026

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

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

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT		15,163,516	15,163,516	-6,302,901	8,860,615	1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	8,272,743	8,272,743	2.00
3.00 00300 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	664,399	24,051,491	24,715,890	467,981	25,183,871	4.00
5.01 00580 CASHIERING/ACCOUNTS RECEIVABLE	1,114,304	1,764,667	2,878,971	0	2,878,971	5.01
5.02 00590 OTHER ADMIN & GENERAL	13,989,114	57,806,768	71,795,882	1,891,581	73,687,463	5.02
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	567,252	3,571,245	4,138,497	-15	4,138,482	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	43,476	568,458	611,934	0	611,934	8.00
9.00 00900 HOUSEKEEPING	1,328,101	574,644	1,902,745	0	1,902,745	9.00
10.00 01000 DIETARY	1,042,062	628,381	1,670,443	-1,086,756	583,687	10.00
11.00 01100 CAFETERIA	0	0	0	1,086,366	1,086,366	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	2,647,559	1,093,609	3,741,168	-365,060	3,376,108	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	348,119	753,254	1,101,373	-116,604	984,769	14.00
15.00 01500 PHARMACY	1,710,322	10,341,118	12,051,440	-9,425,509	2,625,931	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,413,752	2,700,927	4,114,679	0	4,114,679	16.00
17.00 01700 SOCIAL SERVICE	1,200,924	82,353	1,283,277	-40	1,283,237	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING 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 PRGM	0	0	0	362,623	362,623	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	11,828,767	9,654,745	21,483,512	1,864,646	23,348,158	30.00
31.00 03100 INTENSIVE CARE UNIT	3,316,370	1,082,188	4,398,558	-231,744	4,166,814	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	5,156,608	1,016,308	6,172,916	-5,600,730	572,186	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	4,915,963	14,070,559	18,986,522	-9,971,895	9,014,627	50.00
51.00 05100 RECOVERY ROOM	838,950	62,922	901,872	-18,182	883,690	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,065,882	3,065,882	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01 05301 PAIN MANAGEMENT	0	1,671,842	1,671,842	-2,144	1,669,698	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,958,440	4,454,925	9,413,365	-1,645,047	7,768,318	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	10,429,363	30,019,208	40,448,571	-24,044,923	16,403,648	55.00
56.00 05600 RADIOISOTOPE	427,348	1,202,944	1,630,292	-932,511	697,781	56.00
56.01 05601 CARDIAC CATH LAB	1,253,318	6,182,054	7,435,372	-3,220,767	4,214,605	56.01
57.00 05700 CT SCAN	588,265	1,001,918	1,590,183	-64,881	1,525,302	57.00
58.00 05800 MRI	513,267	189,805	703,072	-10,160	692,912	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	2,939,719	7,577,898	10,517,617	-44,727	10,472,890	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	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.	0	613,311	613,311	-607,092	6,219	63.00
64.00 06400 INTRAVENOUS THERAPY	-858	1,032	174	-609	-435	64.00
65.00 06500 RESPIRATORY THERAPY	2,189,803	1,577,410	3,767,213	-85,971	3,681,242	65.00
66.00 06600 PHYSICAL THERAPY	3,254,331	836,903	4,091,234	-1,317,420	2,773,814	66.00
67.00 06700 OCCUPATIONAL THERAPY	126	80	206	823,800	824,006	67.00
68.00 06800 SPEECH PATHOLOGY	0	646	646	487,522	488,168	68.00
69.00 06900 ELECTROCARDIOLOGY	427,475	94,149	521,624	-1,720	519,904	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	11,084,735	11,084,735	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,179,958	6,179,958	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	32,630,986	32,630,986	73.00
74.00 07400 RENAL DIALYSIS	0	325,116	325,116	-2,264	322,852	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03950 NUTRITION THERAPY	197,045	4,396	201,441	0	201,441	76.00
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0026

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

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

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.00	09000	CLINIC	284,589	138,875	423,464	-19,262	404,202	90.00
90.02	09002	WOUND CLINIC	28	1,381,517	1,381,545	-231,110	1,150,435	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	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	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST 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	HOSPICE	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
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	532,627	500,075	1,032,702	-50,079	982,623	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	756,754	3,740,796	4,497,550	-2,832	4,494,718	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	4,731	2,434,007	2,438,738	0	2,438,738	190.06
190.07	19007	FOUNDTION	0	511	511	0	511	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	156,457	81,887	238,344	0	238,344	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	369	369	0	369	192.00
193.00	19300	NONPAID WORKERS	0	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

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0026

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

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

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-4,834,147	4,026,468	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-1,865,779	6,406,964	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,549,389	23,634,482	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	-2,144	2,876,827	5.01
5.02	00590	OTHER ADMIN & GENERAL	-48,521,701	25,165,762	5.02
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-2,320	4,136,162	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	611,934	8.00
9.00	00900	HOUSEKEEPING	0	1,902,745	9.00
10.00	01000	DIETARY	0	583,687	10.00
11.00	01100	CAFETERIA	-240,783	845,583	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	3,376,108	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	984,769	14.00
15.00	01500	PHARMACY	0	2,625,931	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-362,989	3,751,690	16.00
17.00	01700	SOCIAL SERVICE	0	1,283,237	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM	-132,057	230,566	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	0	23,348,158	30.00
31.00	03100	INTENSIVE CARE UNIT	-502,811	3,664,003	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	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-1,000	571,186	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	9,014,627	50.00
51.00	05100	RECOVERY ROOM	0	883,690	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,065,882	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
53.01	05301	PAIN MANAGEMENT	-1,650,629	19,069	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,512,937	5,255,381	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-3,763,013	12,640,635	55.00
56.00	05600	RADIOISOTOPE	0	697,781	56.00
56.01	05601	CARDIAC CATH LAB	0	4,214,605	56.01
57.00	05700	CT SCAN	0	1,525,302	57.00
58.00	05800	MRI	0	692,912	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-1,823	10,471,067	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	6,219	63.00
64.00	06400	INTRAVENOUS THERAPY	0	-435	64.00
65.00	06500	RESPIRATORY THERAPY	-621,048	3,060,194	65.00
66.00	06600	PHYSICAL THERAPY	-235,613	2,538,201	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	824,006	67.00
68.00	06800	SPEECH PATHOLOGY	0	488,168	68.00
69.00	06900	ELECTROCARDIOLOGY	0	519,904	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,084,735	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,179,958	72.00
73.00	07300	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	75.00
76.00	03950	NUTRITION THERAPY	-150	201,291	76.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-371,204	32,998	90.00
90.02	09002	WOUND CLINIC	0	1,150,435	90.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0026

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

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

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
90.03	09003	MOBILE CLINIC	6.00	7.00	
91.00	09100	EMERGENCY	0	0	90.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	-70,919	6,871,253	91.00
99.00	09900	CMHC	0	0	92.00
101.00	10100	HOME HEALTH AGENCY	-4,664	2,846,629	99.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	102.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	114.00
116.00	11600	HOSPICE	0	2,488,010	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-67,247,120	229,752,617	116.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	982,623	118.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNIT Y ED	0	0	190.00
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	190.01
190.03	19003	LIFELINE	0	0	190.02
190.04	19004	COMMUNITY RELATIONS	0	4,494,718	190.03
190.05	19005	PRIVATE DUTY	0	0	190.04
190.06	19006	PROFESSIONAL DEVELOPMENT	0	2,438,738	190.05
190.07	19007	FOUNDTION	0	511	190.06
190.08	19008	GOSHEN GACC CLINIC	0	0	190.07
191.00	19100	RESEARCH	0	238,344	190.08
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	369	191.00
193.00	19300	NONPAID WORKERS	0	0	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-67,247,120	237,907,920	193.00
					200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	11,084,735	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,179,958	2.00
3.00	OTHER ADMIN & GENERAL	5.02	0	214,954	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
0			0	17,479,647	
<b>B - PHARMACY</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	32,630,986	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
0			0	32,630,986	
<b>C - DIETARY</b>					
1.00	CAFETERIA	11.00	677,701	408,665	1.00
0			677,701	408,665	
<b>D - CAPITAL INSURANCE</b>					
1.00	OTHER ADMIN & GENERAL	5.02	0	96,054	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	513,285	2.00
3.00	OTHER ADMIN & GENERAL	5.02	0	1,058,796	3.00
4.00	OTHER ADMIN & GENERAL	5.02	0	726,725	4.00
0			0	2,394,860	
<b>E - CAPITAL INTEREST</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,276,756	1.00
0			0	2,276,756	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>F - CAPITAL DEPRECIATION</b>					
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	0	4.00
	O		0	7,832,241	
<b>G - CIRCLE OF CARE</b>					
1.00	ADULTS & PEDIATRICS	30.00	2,035,313	336,974	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	2,630,386	435,496	2.00
	O		4,665,699	772,470	
<b>H - COMMUNITY HEALTH</b>					
1.00	COMMUNITY RELATIONS	190.04	0	1,299	1.00
2.00	OTHER ADMIN & GENERAL	5.02	1,313	0	2.00
	O		1,313	1,299	
<b>I - EMT</b>					
1.00	PARAMED ED PRGM	23.00	220,368	142,255	1.00
	O		220,368	142,255	
<b>J - THERAPY</b>					
1.00	OCCUPATIONAL THERAPY	67.00	759,618	64,211	1.00
2.00	SPEECH PATHOLOGY	68.00	414,354	73,168	2.00
	O		1,173,972	137,379	
<b>K - CAPITAL LEASES</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	440,502	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,872	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	TOTALS		0	450,374	
500.00	Grand Total : Increases		6,739,053	64,526,932	500.00

RECLASSIFICATIONS

Provider CCN: 15-0026

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

Worksheet A-6  
Date/Time Prepared:  
5/30/2023 4:39 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - SUPPLIES</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8	0	1.00
2.00	OPERATION OF PLANT	7.00	0	15	0	2.00
3.00	DIETARY	10.00	0	390	0	3.00
4.00	NURSING ADMINISTRATION	13.00	0	2,437	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	116,604	0	5.00
6.00	PHARMACY	15.00	0	8,274	0	6.00
7.00	SOCIAL SERVICE	17.00	0	40	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	507,637	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	231,719	0	9.00
10.00	NURSERY	43.00	0	162,561	0	10.00
11.00	OPERATING ROOM	50.00	0	9,468,406	0	11.00
12.00	RECOVERY ROOM	51.00	0	18,182	0	12.00
13.00	PAIN MANAGEMENT	53.01	0	2,144	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,417,218	0	14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	373,633	0	15.00
16.00	RADIOISOTOPE	56.00	0	728,938	0	16.00
17.00	CARDIAC CATH LAB	56.01	0	3,070,638	0	17.00
18.00	CT SCAN	57.00	0	64,816	0	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 & TRANS.	63.00	0	607,092	0	21.00
22.00	RESPIRATORY THERAPY	65.00	0	85,764	0	22.00
23.00	PHYSICAL THERAPY	66.00	0	5,947	0	23.00
24.00	OCCUPATIONAL THERAPY	67.00	0	29	0	24.00
25.00	ELECTROCARDIOLOGY	69.00	0	1,720	0	25.00
26.00	RENAL DIALYSIS	74.00	0	2,264	0	26.00
27.00	CLINIC	90.00	0	1,219	0	27.00
28.00	WOUND CLINIC	90.02	0	210,538	0	28.00
29.00	EMERGENCY	91.00	0	223,411	0	29.00
30.00	HOME HEALTH AGENCY	101.00	0	130	0	30.00
31.00	HOSPICE	116.00	0	137,439	0	31.00
32.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0	68	0	32.00
33.00	COMMUNITY RELATIONS	190.04	0	2,818	0	33.00
	<b>O</b>		0	17,479,647		
<b>B - PHARMACY</b>						
1.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0	40,139	0	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45,296	0	2.00
3.00	PHARMACY	15.00	0	9,417,235	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	4	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	25	0	5.00
6.00	OPERATING ROOM	50.00	0	214	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,166	0	7.00
8.00	RADIOLOGY-THERAPEUTIC	55.00	0	22,675,127	0	8.00
9.00	RADIOISOTOPE	56.00	0	203,573	0	9.00
10.00	CARDIAC CATH LAB	56.01	0	129	0	10.00
11.00	CT SCAN	57.00	0	65	0	11.00
12.00	MRI	58.00	0	638	0	12.00
13.00	LABORATORY	60.00	0	26,690	0	13.00
14.00	INTRAVENOUS THERAPY	64.00	0	609	0	14.00
15.00	RESPIRATORY THERAPY	65.00	0	207	0	15.00
16.00	PHYSICAL THERAPY	66.00	0	122	0	16.00
17.00	CLINIC	90.00	0	18,043	0	17.00
18.00	WOUND CLINIC	90.02	0	20,572	0	18.00
19.00	EMERGENCY	91.00	0	1,966	0	19.00
20.00	HOME HEALTH AGENCY	101.00	0	255	0	20.00
21.00	HOSPICE	116.00	0	175,911	0	21.00
	<b>O</b>		0	32,630,986		
<b>C - DIETARY</b>						
1.00	DIETARY	10.00	677,701	408,665	0	1.00
	<b>O</b>		677,701	408,665		
<b>D - CAPITAL INSURANCE</b>						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	24,830	0	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	96,054	0	2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,273,976	12	3.00
4.00		0.00	0	0	0	4.00
	<b>O</b>		0	2,394,860		
<b>E - CAPITAL INTEREST</b>						
1.00	INTEREST EXPENSE	113.00	0	2,276,756	11	1.00
	<b>O</b>		0	2,276,756		

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>F - CAPITAL DEPRECIATION</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,315,553	9		1.00
2.00	OPERATING ROOM	50.00	0	473,564	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	143,015	0		3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	900,109	0		4.00
	O		0	7,832,241			
<b>G - CIRCLE OF CARE</b>							
1.00	NURSERY	43.00	4,665,699	772,470	0		1.00
2.00		0.00	0	0	0		2.00
	O		4,665,699	772,470			
<b>H - COMMUNITY HEALTH</b>							
1.00	OTHER ADMIN & GENERAL	5.02	0	1,299	0		1.00
2.00	COMMUNITY RELATIONS	190.04	1,313	0	0		2.00
	O		1,313	1,299			
<b>I - EMT</b>							
1.00	NURSING ADMINISTRATION	13.00	220,368	142,255	0		1.00
	O		220,368	142,255			
<b>J - THERAPY</b>							
1.00	PHYSICAL THERAPY	66.00	1,173,972	137,379	0		1.00
2.00		0.00	0	0	0		2.00
	O		1,173,972	137,379			
<b>K - CAPITAL LEASES</b>							
1.00	OTHER ADMIN & GENERAL	5.02	0	204,962	10		1.00
2.00	OPERATING ROOM	50.00	0	29,711	10		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	55,818	0		3.00
4.00	CARDIAC CATH LAB	56.01	0	150,000	0		4.00
5.00	LABORATORY	60.00	0	11	0		5.00
6.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0	9,872	0		6.00
	TOTALS		0	450,374			
500.00	Grand Total: Decreases		6,739,053	64,526,932			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0026

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/30/2023 4:39 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
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	Fixed 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
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
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	Fixed Equipment	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	0				10.00



RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0026

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/30/2023 4:39 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	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
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	15,163,516				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	15,163,516				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0026

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/30/2023 4:39 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	207,455,883	0	207,455,883	0.627849	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	122,967,127	0	122,967,127	0.372151	0	2.00
3.00	Total (sum of lines 1-2)	330,423,010	0	330,423,010	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,532,417	9,872	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,832,241	440,502	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,364,658	450,374	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-870,966	355,145	0	0	4,026,468	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-1,865,779	0	0	0	6,406,964	2.00
3.00	Total (sum of lines 1-2)	-2,736,745	355,145	0	0	10,433,432	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0026

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

Worksheet A-8

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

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				1.00	2.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-3,147,722	CAP REL COSTS-BLDG & FIXT	1.00	11 1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-1,865,779	CAP REL COSTS-MVBLE EQUIP	2.00	11 2.00
3.00	Investment income - other (chapter 2)		0		0.00	0 3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-57,377	OTHER ADMIN & GENERAL	5.02	0 4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-2,558,700	OTHER ADMIN & GENERAL	5.02	0 5.00
6.00	Rental of provider space by suppliers (chapter 8)	B	-1,681,425	CAP REL COSTS-BLDG & FIXT	1.00	9 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0 7.00
8.00	Television and radio service (chapter 21)		0		0.00	0 8.00
9.00	Parking lot (chapter 21)		0		0.00	0 9.00
10.00	Provider-based physician adjustment	A-8-2	-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 transactions (chapter 10)	A-8-1	0			0 12.00
13.00	Laundry and linen service		0		0.00	0 13.00
14.00	Cafeteria-employees and guests	B	-240,783	CAFETERIA	11.00	0 14.00
15.00	Rental of quarters to employee and others		0		0.00	0 15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0 16.00
17.00	Sale of drugs to other than patients		0		0.00	0 17.00
18.00	Sale of medical records and abstracts	B	-28,095	MEDICAL RECORDS & LIBRARY	16.00	0 18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0 19.00
20.00	Vending machines		0		0.00	0 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-10,572	OTHER ADMIN & GENERAL	5.02	0 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00	25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0 26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0 27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00	28.00
29.00	Physicians' assistant		0		0.00	0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00	30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00	30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00
33.00	BLDG & FIXT MISC INCOME	B	-5,000	CAP REL COSTS-BLDG & FIXT	1.00	12 33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0026

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

Worksheet A-8

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

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.01 EMT CLASS TUITION	B	-132,057	PARAMED ED PRGM	23.00	0 33.01
33.02 MISC ONCOLOGY REV	B	-36,518	RADIOLOGY-THERAPEUTIC	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 (PHYSICIANS)	A	-28,509,528	OTHER ADMIN & GENERAL	5.02	0 33.07
33.08 MISC RADIOLOGY REV	B	-12,877	RADIOLOGY-DIAGNOSTIC	54.00	0 33.08
33.09 MISC LAB REV	B	-1,823	LABORATORY	60.00	0 33.09
33.10 NUTRITION THERAPY MISC INCOME	B	-150	NUTRITION THERAPY	76.00	0 33.10
33.11 HAF OFFSET	A	-12,856,037	OTHER ADMIN & GENERAL	5.02	0 33.11
33.12 MISC RESPIRATORY THERAPY REVENUE	B	-6,346	RESPIRATORY THERAPY	65.00	0 33.12
33.13 OP REHAB REVENUE MISC OUTPATIENT REV	B	-1,000	NURSERY	43.00	0 33.13
33.14 ADVERTISING COSTS	A	-15,139	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.14
33.15 ADVERTISING COSTS	A	-2,627	RADIOLOGY-THERAPEUTIC	55.00	0 33.15
33.16 ADVERTISING COSTS	A	-2,457	PHYSICAL 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	B	-2,320	OPERATION OF PLANT	7.00	0 33.18
33.19 PFS MISC INCOME	B	-2,144	CASHIERING/ACCOUNTS RECEIVABLE	5.01	0 33.19
33.20 OTHER MISC INCOME	B	-402,451	OTHER ADMIN & GENERAL	5.02	0 33.20
33.21 COMMUNITY EDUCATION	B	-105,881	CLINIC	90.00	0 33.21
33.22 PAIN MGMT MISC INCOME	B	-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) (Transfer to Worksheet A, column 6, line 200.)		-67,247,120			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0026

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

Worksheet A-8-2

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

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.02	OTHER ADMIN & GENERAL	1,588,175	1,585,142	3,033	211,500	833	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	338,561	334,894	3,667	211,500	60	2.00
3.00	31.00	INTENSIVE CARE UNIT	502,811	502,811	0	211,500	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	2,161,140	2,144,169	16,971	271,900	245	4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	2,153,257	2,076,257	77,000	271,900	862	5.00
6.00	60.00	LABORATORY	0	0	0	260,300	0	6.00
7.00	65.00	RESPIRATORY THERAPY	626,702	614,702	12,000	211,500	150	7.00
8.00	66.00	PHYSICAL THERAPY	233,156	233,156	0	211,500	0	8.00
9.00	90.00	CLINIC	265,323	265,323	0	211,500	0	9.00
10.00	31.00	INTENSIVE CARE UNIT	0	0	0	211,500	0	10.00
11.00	50.00	OPERATING ROOM	0	0	0	211,500	0	11.00
12.00	53.01	PAIN MANAGEMENT	1,686,695	1,542,695	144,000	211,500	361	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	407,657	314,323	93,334	271,900	396	13.00
14.00	55.00	RADIOLOGY-THERAPEUTIC	1,771,143	1,285,830	485,313	271,900	945	14.00
15.00	91.00	EMERGENCY	100,000	0	100,000	211,500	286	15.00
16.00	5.02	OTHER ADMIN & GENERAL	0	0	0	211,500	0	16.00
17.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	1,534,250	1,534,250	0	211,500	0	17.00
200.00			13,368,870	12,433,552	935,318		4,138	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.02	OTHER ADMIN & GENERAL	84,702	4,235	0	0	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	6,101	305	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	32,027	1,601	0	0	0	4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	112,682	5,634	0	0	0	5.00
6.00	60.00	LABORATORY	0	0	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	15,252	763	0	0	0	7.00
8.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	8.00
9.00	90.00	CLINIC	0	0	0	0	0	9.00
10.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	10.00
11.00	50.00	OPERATING ROOM	0	0	0	0	0	11.00
12.00	53.01	PAIN MANAGEMENT	36,708	1,835	0	0	0	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	51,766	2,588	0	0	0	13.00
14.00	55.00	RADIOLOGY-THERAPEUTIC	123,532	6,177	0	0	0	14.00
15.00	91.00	EMERGENCY	29,081	1,454	0	0	0	15.00
16.00	5.02	OTHER ADMIN & GENERAL	0	0	0	0	0	16.00
17.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	17.00
200.00			491,851	24,592	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.02	OTHER ADMIN & GENERAL	0	84,702	0	1,585,142		1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	0	6,101	0	334,894		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	502,811		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	32,027	0	2,144,169		4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	0	112,682	0	2,076,257		5.00
6.00	60.00	LABORATORY	0	0	0	0		6.00
7.00	65.00	RESPIRATORY THERAPY	0	15,252	0	614,702		7.00
8.00	66.00	PHYSICAL THERAPY	0	0	0	233,156		8.00
9.00	90.00	CLINIC	0	0	0	265,323		9.00
10.00	31.00	INTENSIVE CARE UNIT	0	0	0	0		10.00
11.00	50.00	OPERATING ROOM	0	0	0	0		11.00
12.00	53.01	PAIN MANAGEMENT	0	36,708	107,292	1,649,987		12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	0	51,766	41,568	355,891		13.00
14.00	55.00	RADIOLOGY-THERAPEUTIC	0	123,532	361,781	1,647,611		14.00
15.00	91.00	EMERGENCY	0	29,081	70,919	70,919		15.00
16.00	5.02	OTHER ADMIN & GENERAL	0	0	0	0		16.00
17.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	1,534,250		17.00
200.00			0	491,851	581,560	13,015,112		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2023 4: 39 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACCOUNTS RECEIVABLE	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
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	2,819	23,685,618	4.00
5.01 00580	CASHIERING/ACCOUNTS RECEIVABLE	2,876,827	69,444	744	294,523	3,241,538
5.02 00590	OTHER ADMIN & GENERAL	25,165,762	324,153	2,087,577	3,697,518	0
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	4,136,162	283,369	285,369	149,931	0
8.00 00800	LAUNDRY & LINEN SERVICE	611,934	19,709	0	11,491	0
9.00 00900	HOUSEKEEPING	1,902,745	5,111	15,858	351,032	0
10.00 01000	DIETARY	583,687	24,094	36,760	275,428	0
11.00 01100	CAFETERIA	845,583	44,806	274	0	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	3,376,108	12,709	401,082	699,779	0
14.00 01400	CENTRAL SERVICES & SUPPLY	984,769	27,477	57,573	92,012	0
15.00 01500	PHARMACY	2,625,931	22,664	153,348	452,057	0
16.00 01600	MEDICAL RECORDS & LIBRARY	3,751,690	47,644	25,041	373,670	0
17.00 01700	SOCIAL SERVICE	1,283,237	11,396	453	317,417	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING PROGRAM	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMED PRGM	230,566	3,468	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	23,348,158	329,413	212,800	3,126,473	128,650
31.00 03100	INTENSIVE CARE UNIT	3,664,003	106,280	103,252	876,553	53,385
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	571,186	15,825	81,671	1,362,948	82,951
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	9,014,627	637,195	466,632	1,299,343	275,165
51.00 05100	RECOVERY ROOM	883,690	33,826	34,914	221,744	29,025
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,065,882	84,789	30,705	0	34,827
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
53.01 05301	PAIN MANAGEMENT	19,069	0	0	0	13,197
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,255,381	280,702	623,890	1,310,570	251,882
55.00 05500	RADIOLOGY-THERAPEUTIC	12,640,635	467,449	663,101	2,756,595	234,459
56.00 05600	RADIO SOTOPE	697,781	12,762	7,914	112,953	88,175
56.01 05601	CARDIAC CATH LAB	4,214,605	29,323	735,194	331,266	172,573
57.00 05700	CT SCAN	1,525,302	7,117	0	155,485	153,347
58.00 05800	MRI	692,912	16,113	0	135,662	37,492
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	10,471,067	61,986	15,275	777,000	178,630
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00 06300	BLOOD STORING PROCESSING & TRANS.	6,219	4,418	0	0	12,183
64.00 06400	INTRAVENOUS THERAPY	-435	0	771	0	8
65.00 06500	RESPIRATORY THERAPY	3,060,194	27,861	140,155	578,789	34,490
66.00 06600	PHYSICAL THERAPY	2,538,201	143,339	24,558	860,155	39,502
67.00 06700	OCCUPATIONAL THERAPY	824,006	33,079	15,496	33	16,912
68.00 06800	SPEECH PATHOLOGY	488,168	16,187	2,361	0	7,992
69.00 06900	ELECTROCARDIOLOGY	519,904	49,981	6,173	112,986	42,224
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,084,735	0	0	0	127,408
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	6,179,958	0	0	0	73,979
73.00 07300	DRUGS CHARGED TO PATIENTS	32,630,986	0	0	0	888,690
74.00 07400	RENAL DIALYSIS	322,852	0	0	0	2,668
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00 03950	NUTRITION THERAPY	201,291	49,192	0	52,081	1,496
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2023 4:39 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACCOUNTS RECEIVABLE	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	32,998	23,262	563	75,220	5,649	90.00
90.02 09002 WOUND CLINIC	1,150,435	208,867	3,695	7	21,166	90.02
90.03 09003 MOBILE CLINIC	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	6,871,253	218,086	77,122	1,473,071	194,039	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.00 09900 CMHC	0	0	0	0	0	99.00
101.00 10100 HOME HEALTH AGENCY	2,846,629	54,687	16,459	656,412	11,574	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
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 HOSPICE	2,488,010	0	0	312,014	25,957	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	229,752,617	3,856,100	6,329,599	23,302,218	3,239,695	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN	982,623	119,693	54,096	140,779	334	190.00
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02 19002 GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03 19003 LIFELINE	0	0	0	0	0	190.03
190.04 19004 COMMUNITY RELATIONS	4,494,718	31,468	23,269	200,018	0	190.04
190.05 19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06 19006 PROFESSIONAL DEVELOPMENT	2,438,738	0	0	1,250	0	190.06
190.07 19007 FOUNDTION	511	19,207	0	0	0	190.07
190.08 19008 GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00 19100 RESEARCH	238,344	0	0	41,353	1,509	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	369	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	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)	237,907,920	4,026,468	6,406,964	23,685,618	3,241,538	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2023 4:39 pm

Cost Center Description		Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A.01	5.02	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00580						5.01
5.02	00590						5.02
6.00	00600	31,275,010	31,275,010				6.00
7.00	00700	0	0	0	5,589,634		7.00
8.00	00800	4,854,831	734,803				8.00
9.00	00900	643,134	97,342		33,371	773,847	9.00
10.00	01000	2,274,746	344,294		8,654	0	10.00
11.00	01100	919,969	139,242		40,797	0	11.00
12.00	01200	890,663	134,806		75,866	0	12.00
13.00	01300	0	0		0	0	13.00
14.00	01400	4,489,678	679,535		21,519	0	14.00
15.00	01500	1,161,831	175,849		46,524	0	15.00
16.00	01600	3,254,000	492,509		38,376	0	16.00
17.00	01700	4,198,045	635,395		80,672	0	17.00
19.00	01900	1,612,503	244,060		19,296	0	19.00
20.00	02000	0	0		0	0	20.00
21.00	02100	0	0		0	0	21.00
22.00	02200	0	0		0	0	22.00
23.00	02300	234,034	35,422		5,872	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	27,145,494	4,108,606	0	557,769	138,820	30.00
31.00	03100	4,803,473	727,030	0	179,955	95,123	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	2,114,581	320,052	0	26,794	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	11,692,962	1,769,788	0	1,078,918	208,606	50.00
51.00	05100	1,203,199	182,110	0	57,275	0	51.00
52.00	05200	3,216,203	486,788	0	143,566	0	52.00
53.00	05300	0	0	0	0	0	53.00
53.01	05301	32,266	4,884	0	0	0	53.01
54.00	05400	7,722,425	1,168,828	0	475,290	47,472	54.00
55.00	05500	16,762,239	2,537,049	0	791,493	0	55.00
56.00	05600	919,585	139,184	0	21,609	17,089	56.00
56.01	05601	5,482,961	829,874	0	49,650	0	56.01
57.00	05700	1,841,251	278,683	0	12,051	28,856	57.00
58.00	05800	882,179	133,522	0	27,282	7,094	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	11,503,958	1,741,182	0	104,955	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	22,820	3,454	0	7,480	0	63.00
64.00	06400	344	52	0	0	0	64.00
65.00	06500	3,841,489	581,429	0	47,175	0	65.00
66.00	06600	3,605,755	545,749	0	242,704	0	66.00
67.00	06700	889,526	134,634	0	56,010	0	67.00
68.00	06800	514,708	77,904	0	27,409	0	68.00
69.00	06900	731,268	110,681	0	84,629	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	11,212,143	1,697,014	0	0	0	71.00
72.00	07200	6,253,937	946,565	0	0	0	72.00
73.00	07300	33,519,676	5,073,457	0	0	0	73.00
74.00	07400	325,520	49,269	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	304,060	46,021	0	83,292	0	76.00
77.00	07700	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	137,692	20,840	0	39,388	0	90.00
90.02	09002	1,384,170	209,501	0	353,658	0	90.02
90.03	09003	0	0	0	0	0	90.03



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2023 4:39 pm

Cost Center Description			Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & 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	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
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	HOSPICE	2,825,981	427,726	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	229,119,641	29,944,861	0	5,301,164	773,847	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,297,525	196,387	0	202,666	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	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	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	2,439,988	369,304	0	0	0	190.06
190.07	19007	FOUNDATION	19,718	2,984	0	32,522	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	281,206	42,562	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	369	56	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	237,907,920	31,275,010	0	5,589,634	773,847	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0026		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part I Date/Time Prepared: 5/30/2023 4:39 pm	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00590	OTHER ADMIN & GENERAL						5.02
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	2,627,694					9.00
10.00	01000	DIETARY	19,324	1,119,332				10.00
11.00	01100	CAFETERIA	35,935	0	1,137,270			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	10,193	0	15,072	0	5,215,997	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,037	0	34,813	0	0	14.00
15.00	01500	PHARMACY	18,177	0	24,268	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	38,212	0	23,492	0	38,332	16.00
17.00	01700	SOCIAL SERVICE	9,140	0	23,278	0	186,732	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING 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	2,781	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	264,194	950,980	184,842	0	1,964,108	30.00
31.00	03100	INTENSIVE CARE UNIT	85,238	168,352	45,800	0	554,762	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	12,692	0	76,395	0	72,199	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	511,042	0	80,331	0	615,906	50.00
51.00	05100	RECOVERY ROOM	27,129	0	11,362	0	154,211	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	68,002	0	1,049	0	386,851	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	225,127	0	89,431	0	122,705	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	374,901	0	119,787	0	346,565	55.00
56.00	05600	RADIOISOTOPE	10,235	0	7,988	0	0	56.00
56.01	05601	CARDIAC CATH LAB	23,517	0	16,658	0	78,381	56.01
57.00	05700	CT SCAN	5,708	0	10,703	0	0	57.00
58.00	05800	MRI	12,923	0	9,402	0	8,827	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	49,713	0	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	0	0	0	0	0	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.	3,543	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	22,345	0	40,888	0	21,589	65.00
66.00	06600	PHYSICAL THERAPY	114,960	0	40,422	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	26,530	0	14,603	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	12,982	0	8,453	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	40,086	0	10,041	0	8,571	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	39,452	0	4,168	0	0	76.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	18,656	0	4,522	0	0	90.00
90.02	09002	WOUND CLINIC	167,514	0	0	0	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2023 4:39 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			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	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
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	OPIOID 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	HOSPICE	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
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	95,995	0	14,633	0	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	25,238	0	15,939	0	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19007	FOUNDTION	15,404	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	0	0	4,559	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,627,694	1,119,332	1,137,270	0	5,215,997	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

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

Worksheet B Part I Date/Time Prepared: 5/30/2023 4:39 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00590	OTHER ADMIN & GENERAL						5.02
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,441,054					14.00
15.00	01500	PHARMACY	3,413	3,830,743				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	140	0	5,014,288			16.00
17.00	01700	SOCIAL SERVICE	54	0	0	2,095,063		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING 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	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	57,132	0	199,104	773,528	0	30.00
31.00	03100	INTENSIVE CARE UNIT	14,426	0	82,621	146,645	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,630	0	128,378	29,934	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
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	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,734	0	53,900	160,285	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	2	0	20,424	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,224	0	389,823	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	22,925	0	362,859	0	0	55.00
56.00	05600	RADIOISOTOPE	789	0	136,463	0	0	56.00
56.01	05601	CARDIAC CATH LAB	23,618	0	267,081	0	0	56.01
57.00	05700	CT SCAN	11,083	0	237,327	0	0	57.00
58.00	05800	MRI	4,181	0	58,024	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	159,416	0	276,456	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	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.	0	0	18,855	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	2	0	13	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	9,249	0	53,378	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,009	0	61,135	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	312	0	26,174	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	140	0	12,369	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	256	0	65,348	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	620,958	0	197,182	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	346,201	0	114,493	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,830,743	1,375,772	0	0	73.00
74.00	07400	RENAL DIALYSIS	70	0	4,130	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	30	0	2,315	0	0	76.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	717	0	8,742	0	0	90.00
90.02	09002	WOUND CLINIC	2,856	0	32,757	0	0	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

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

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5/30/2023 4:39 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	39,149	0	300,303	942,764	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	2,738	0	17,912	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
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	HOSPICE	53,806	0	40,173	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,439,263	3,830,743	5,014,288	2,095,063	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,576	0	0	0	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	94	0	0	0	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	3	0	0	0	0	190.06
190.07	19007	FOUNDTION	0	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	118	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,441,054	3,830,743	5,014,288	2,095,063	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2023 4:39 pm

Cost Center Description	NURSING PROGRAM	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
		20.00	21.00		
<b>GENERAL SERVICE COST CENTERS</b>					
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	CASHIERING/ACCOUNTS RECEIVABLE				5.01
5.02 00590	OTHER ADMIN & GENERAL				5.02
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
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	NURSING PROGRAM	0			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 PRGM			278,109	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	0	0	0	36,344,577
31.00 03100	INTENSIVE CARE UNIT	0	0	0	6,903,425
32.00 03200	CORONARY CARE UNIT	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0
43.00 04300	NURSERY	0	0	0	2,782,655
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	0	0	0	16,465,035
51.00 05100	RECOVERY ROOM	0	0	0	1,681,491
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,525,378
53.00 05300	ANESTHESIOLOGY	0	0	0	0
53.01 05301	PAIN MANAGEMENT	0	0	0	57,576
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	10,254,325
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	21,317,818
56.00 05600	RADIOISOTOPE	0	0	0	1,252,942
56.01 05601	CARDIAC CATH LAB	0	0	0	6,771,740
57.00 05700	CT SCAN	0	0	0	2,425,662
58.00 05800	MRI	0	0	0	1,143,434
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00 06000	LABORATORY	0	0	0	13,884,392
60.01 06001	BLOOD LABORATORY	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	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	56,152
64.00 06400	INTRAVENOUS THERAPY	0	0	0	411
65.00 06500	RESPIRATORY THERAPY	0	0	0	4,617,542
66.00 06600	PHYSICAL THERAPY	0	0	0	4,611,734
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	1,147,789
68.00 06800	SPEECH PATHOLOGY	0	0	0	653,965
69.00 06900	ELECTROCARDIOLOGY	0	0	0	1,050,880
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,727,297
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,661,196
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	43,799,648
74.00 07400	RENAL DIALYSIS	0	0	0	378,989
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0
76.00 03950	NUTRITION THERAPY	0	0	0	479,338
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

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

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Cost Center Description	NURSING PROGRAM	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
90.00 09000 CLINIC	0	0	0	0	230,557	90.00
90.02 09002 WOUND CLINIC	0	0	0	0	2,150,456	90.02
90.03 09003 MOBILE CLINIC	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	278,109	13,251,274	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
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 HOSPICE	0	0	0	0	3,369,230	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	278,109	227,327,463	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	1,808,782	190.00
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02 19002 GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03 19003 LIFELINE	0	0	0	0	0	190.03
190.04 19004 COMMUNITY RELATIONS	0	0	0	0	5,562,882	190.04
190.05 19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06 19006 PROFESSIONAL DEVELOPMENT	0	0	0	0	2,809,295	190.06
190.07 19007 FOUNDATION	0	0	0	0	70,628	190.07
190.08 19008 GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00 19100 RESEARCH	0	0	0	0	328,445	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	425	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	0	0	278,109	237,907,920	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
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	CASHIERING/ACCOUNTS RECEIVABLE		5.01
5.02	00590	OTHER ADMIN & GENERAL		5.02
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
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	NURSING PROGRAM		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	36,344,577	31.00
32.00	03200	CORONARY CARE UNIT	6,903,425	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	2,782,655	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	16,465,035	50.00
51.00	05100	RECOVERY ROOM	1,681,491	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,525,378	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
53.01	05301	PAIN MANAGEMENT	57,576	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,254,325	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,317,818	55.00
56.00	05600	RADIOISOTOPE	1,252,942	56.00
56.01	05601	CARDIAC CATH LAB	6,771,740	56.01
57.00	05700	CT SCAN	2,425,662	57.00
58.00	05800	MRI	1,143,434	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	13,884,392	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	56,152	63.00
64.00	06400	INTRAVENOUS THERAPY	411	64.00
65.00	06500	RESPIRATORY THERAPY	4,617,542	65.00
66.00	06600	PHYSICAL THERAPY	4,611,734	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,147,789	67.00
68.00	06800	SPEECH PATHOLOGY	653,965	68.00
69.00	06900	ELECTROCARDIOLOGY	1,050,880	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,727,297	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,661,196	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,799,648	73.00
74.00	07400	RENAL DIALYSIS	378,989	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03950	NUTRITION THERAPY	479,338	76.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2023 4:39 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
90.00	09000	CLINIC	0	230,557	90.00
90.02	09002	WOUND CLINIC	0	2,150,456	90.02
90.03	09003	MOBILE CLINIC	0	0	90.03
91.00	09100	EMERGENCY	0	13,251,274	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900	CMHC	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	4,330,555	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	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	115.00
116.00	11600	HOSPICE	0	3,369,230	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	227,327,463	118.00
NONREIMBURSABLE COST CENTERS					
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	0	0	190.02
190.03	19003	LIFELINE	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	5,562,882	190.04
190.05	19005	PRIVATE DUTY	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	2,809,295	190.06
190.07	19007	FOUNDATION	0	70,628	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	190.08
191.00	19100	RESEARCH	0	328,445	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	425	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	237,907,920	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2023 4: 39 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	48,317	2,819	51,136	4.00
5.01 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	69,444	744	70,188	5.01
5.02 00590	OTHER ADMIN & GENERAL	0	324,153	2,087,577	2,411,730	5.02
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	283,369	285,369	568,738	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	19,709	0	19,709	8.00
9.00 00900	HOUSEKEEPING	0	5,111	15,858	20,969	9.00
10.00 01000	DIETARY	0	24,094	36,760	60,854	10.00
11.00 01100	CAFETERIA	0	44,806	274	45,080	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	12,709	401,082	413,791	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	27,477	57,573	85,050	14.00
15.00 01500	PHARMACY	0	22,664	153,348	176,012	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	47,644	25,041	72,685	16.00
17.00 01700	SOCIAL SERVICE	0	11,396	453	11,849	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING PROGRAM	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	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	0	3,468	0	3,468	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	329,413	212,800	542,213	30.00
31.00 03100	INTENSIVE CARE UNIT	0	106,280	103,252	209,532	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	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	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	15,825	81,671	97,496	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	637,195	466,632	1,103,827	50.00
51.00 05100	RECOVERY ROOM	0	33,826	34,914	68,740	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	84,789	30,705	115,494	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
53.01 05301	PAIN MANAGEMENT	0	0	0	0	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	280,702	623,890	904,592	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	467,449	663,101	1,130,550	55.00
56.00 05600	RADIOISOTOPE	0	12,762	7,914	20,676	56.00
56.01 05601	CARDIAC CATH LAB	0	29,323	735,194	764,517	56.01
57.00 05700	CT SCAN	0	7,117	0	7,117	57.00
58.00 05800	MRI	0	16,113	0	16,113	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	61,986	15,275	77,261	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00 06300	BLOOD STORING PROCESSING & TRANS.	0	4,418	0	4,418	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	771	771	64.00
65.00 06500	RESPIRATORY THERAPY	0	27,861	140,155	168,016	65.00
66.00 06600	PHYSICAL THERAPY	0	143,339	24,558	167,897	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	33,079	15,496	48,575	67.00
68.00 06800	SPEECH PATHOLOGY	0	16,187	2,361	18,548	68.00
69.00 06900	ELECTROCARDIOLOGY	0	49,981	6,173	56,154	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03950	NUTRITION THERAPY	0	49,192	0	49,192	76.00
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

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

Worksheet B  
Part II  
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5/30/2023 4:39 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	23,262	563	23,825	163	90.00
90.02 09002 WOUND CLINIC	0	208,867	3,695	212,562	0	90.02
90.03 09003 MOBILE CLINIC	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	218,086	77,122	295,208	3,182	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)	0	0	0	0	0	92.00
99.00 09900 CMHC	0	0	0	0	0	99.00
101.00 10100 HOME HEALTH AGENCY	0	54,687	16,459	71,146	1,418	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
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 HOSPICE	0	0	0	0	674	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
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	119,693	54,096	173,789	304	190.00
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02 19002 GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03 19003 LIFELINE	0	0	0	0	0	190.03
190.04 19004 COMMUNITY RELATIONS	0	31,468	23,269	54,737	432	190.04
190.05 19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06 19006 PROFESSIONAL DEVELOPMENT	0	0	0	0	3	190.06
190.07 19007 FOUNDTION	0	19,207	0	19,207	0	190.07
190.08 19008 GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00 19100 RESEARCH	0	0	0	0	89	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	4,026,468	6,406,964	10,433,432	51,136	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2023 4:39 pm

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.01	5.02	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	CASHIERING/ACCOUNTS RECEIVABLE	70,824				5.01
5.02	00590	OTHER ADMIN & GENERAL	0	2,419,685			5.02
6.00	00600	MAINTENANCE & REPAIRS	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	0	56,850	0	625,912	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	7,531	0	3,737	31,002
9.00	00900	HOUSEKEEPING	0	26,637	0	969	0
10.00	01000	DIETARY	0	10,773	0	4,568	0
11.00	01100	CAFETERIA	0	10,430	0	8,495	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	52,574	0	2,410	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	13,605	0	5,210	0
15.00	01500	PHARMACY	0	38,104	0	4,297	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	49,159	0	9,033	0
17.00	01700	SOCIAL SERVICE	0	18,882	0	2,161	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING PROGRAM	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM	0	2,741	0	658	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	2,817	317,874	0	62,457	5,561
31.00	03100	INTENSIVE CARE UNIT	1,169	56,249	0	20,151	3,811
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	1,816	24,762	0	3,000	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	6,025	136,925	0	120,812	8,357
51.00	05100	RECOVERY ROOM	636	14,089	0	6,413	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	763	37,662	0	16,076	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
53.01	05301	PAIN MANAGEMENT	289	378	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,515	90,430	0	53,222	1,902
55.00	05500	RADIOLOGY-THERAPEUTIC	5,134	196,286	0	88,629	0
56.00	05600	RADIOISOTOPE	1,931	10,768	0	2,420	685
56.01	05601	CARDIAC CATH LAB	3,779	64,205	0	5,560	0
57.00	05700	CT SCAN	3,358	21,561	0	1,349	1,156
58.00	05800	MRI	821	10,330	0	3,055	284
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	3,911	134,711	0	11,753	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00	06300	BLOOD STORING PROCESSING & TRANS.	267	267	0	838	0
64.00	06400	INTRAVENOUS THERAPY	0	4	0	0	0
65.00	06500	RESPIRATORY THERAPY	755	44,984	0	5,283	0
66.00	06600	PHYSICAL THERAPY	865	42,223	0	27,177	0
67.00	06700	OCCUPATIONAL THERAPY	370	10,416	0	6,272	0
68.00	06800	SPEECH PATHOLOGY	175	6,027	0	3,069	0
69.00	06900	ELECTROCARDIOLOGY	925	8,563	0	9,477	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,790	131,294	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,620	73,234	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	19,305	392,531	0	0	0
74.00	07400	RENAL DIALYSIS	58	3,812	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03950	NUTRITION THERAPY	33	3,561	0	9,327	0
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	124	1,612	0	4,411	0
90.02	09002	WOUND CLINIC	463	16,209	0	39,602	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

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

Worksheet B  
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5/30/2023 4:39 pm

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.01	5.02	6.00	7.00	8.00	
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	4,249	103,441	0	41,350	9,246	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	253	41,989	0	10,369	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
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	HOSPICE	568	33,092	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	70,784	2,316,775	0	593,610	31,002	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	7	15,194	0	22,694	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	55,616	0	5,966	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	28,572	0	0	0	190.06
190.07	19007	FOUNDTION	0	231	0	3,642	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	33	3,293	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	4	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	70,824	2,419,685	0	625,912	31,002	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0026		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/30/2023 4:39 pm	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00590	OTHER ADMIN & GENERAL						5.02
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	49,333					9.00
10.00	01000	DIETARY	363	77,153				10.00
11.00	01100	CAFETERIA	675	0	64,680			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	191	0	857	0	471,335	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	414	0	1,980	0	0	14.00
15.00	01500	PHARMACY	341	0	1,380	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	717	0	1,336	0	3,464	16.00
17.00	01700	SOCIAL SERVICE	172	0	1,324	0	16,874	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING 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	52	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	4,960	65,549	10,513	0	177,482	30.00
31.00	03100	INTENSIVE CARE UNIT	1,600	11,604	2,605	0	50,130	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	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	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	9,594	0	4,569	0	55,655	50.00
51.00	05100	RECOVERY ROOM	509	0	646	0	13,935	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,277	0	60	0	34,957	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,227	0	5,086	0	11,088	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,038	0	6,813	0	31,317	55.00
56.00	05600	RADIOISOTOPE	192	0	454	0	0	56.00
56.01	05601	CARDIAC CATH LAB	442	0	947	0	7,083	56.01
57.00	05700	CT SCAN	107	0	609	0	0	57.00
58.00	05800	MRI	243	0	535	0	798	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	933	0	2,743	0	44	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	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.	67	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	420	0	2,325	0	1,951	65.00
66.00	06600	PHYSICAL THERAPY	2,158	0	2,299	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	498	0	831	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	244	0	481	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	753	0	571	0	775	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	741	0	237	0	0	76.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	350	0	257	0	0	90.00
90.02	09002	WOUND CLINIC	3,145	0	0	0	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2023 4:39 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			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	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	823	0	2,557	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
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	HOSPICE	0	0	1,225	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	46,768	77,153	62,683	0	471,335	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,802	0	832	0	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	474	0	906	0	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19007	FOUNDATION	289	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	0	0	259	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	49,333	77,153	64,680	0	471,335	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0026	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/30/2023 4:39 pm		
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
		14.00	15.00	16.00	17.00	19.00
<b>GENERAL SERVICE COST CENTERS</b>						
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	CASHIERING/ACCOUNTS RECEIVABLE				5.01
5.02	00590	OTHER ADMIN & GENERAL				5.02
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	106,458			14.00
15.00	01500	PHARMACY	252			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10	221,363	137,211	16.00
17.00	01700	SOCIAL SERVICE	4	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	4,220	0	5,448	19,181
31.00	03100	INTENSIVE CARE UNIT	1,066	0	2,261	3,636
32.00	03200	CORONARY CARE UNIT	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	120	0	3,513	742
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	2,934	0	11,653	1,039
51.00	05100	RECOVERY ROOM	95	0	1,229	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	645	0	1,475	3,975
53.00	05300	ANESTHESIOLOGY	0	0	0	0
53.01	05301	PAIN MANAGEMENT	0	0	559	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	977	0	10,667	0
55.00	05500	RADIOLOGY-THERAPEUTIC	1,693	0	9,929	0
56.00	05600	RADIOISOTOPE	58	0	3,734	0
56.01	05601	CARDIAC CATH LAB	1,745	0	7,308	0
57.00	05700	CT SCAN	819	0	6,494	0
58.00	05800	MRI	309	0	1,588	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	11,776	0	7,565	0
60.01	06001	BLOOD LABORATORY	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	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	516	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	683	0	1,461	0
66.00	06600	PHYSICAL THERAPY	75	0	1,673	0
67.00	06700	OCCUPATIONAL THERAPY	23	0	716	0
68.00	06800	SPEECH PATHOLOGY	10	0	338	0
69.00	06900	ELECTROCARDIOLOGY	19	0	1,788	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	45,881	0	5,396	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,573	0	3,133	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	221,363	37,650	0
74.00	07400	RENAL DIALYSIS	5	0	113	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0
76.00	03950	NUTRITION THERAPY	2	0	63	0
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	53	0	239	0
90.02	09002	WOUND CLINIC	211	0	896	0



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

Period:  
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			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	0		99.00
101.00	10100	HOME HEALTH AGENCY	202	0	490	0		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
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	HOSPICE	3,974	0	1,099	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	106,326	221,363	137,211	51,952	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	116	0	0	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	LIFELINE	0	0	0	0		190.03
190.04	19004	COMMUNITY RELATIONS	7	0	0	0		190.04
190.05	19005	PRIVATE DUTY	0	0	0	0		190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0		190.06
190.07	19007	FOUNDTION	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	NONPAID WORKERS	0	0	0	0		193.00
200.00		Cross Foot Adjustments						0 200.00
201.00		Negative Cost Centers	0	0	0	0		0 201.00
202.00		TOTAL (sum lines 118 through 201)	106,458	221,363	137,211	51,952	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

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To 12/31/2022

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Cost Center Description	NURSING PROGRAM	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
<b>GENERAL SERVICE COST CENTERS</b>						
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	CASHIERING/ACCOUNTS RECEIVABLE					5.01
5.02 00590	OTHER ADMIN & GENERAL					5.02
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
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	NURSING PROGRAM	0				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 PRGM			6,919		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS				1,225,029	30.00
31.00 03100	INTENSIVE CARE UNIT				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 03400	SURGICAL INTENSIVE CARE UNIT				0	34.00
40.00 04000	SUBPROVIDER - IPF				0	40.00
41.00 04100	SUBPROVIDER - IRF				0	41.00
42.00 04200	SUBPROVIDER				0	42.00
43.00 04300	NURSERY				145,500	43.00
44.00 04400	SKILLED NURSING FACILITY				0	44.00
45.00 04500	NURSING FACILITY				0	45.00
46.00 04600	OTHER LONG TERM CARE				0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM				1,464,197	50.00
51.00 05100	RECOVERY ROOM				106,771	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				212,384	52.00
53.00 05300	ANESTHESIOLOGY				0	53.00
53.01 05301	PAIN MANAGEMENT				1,226	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC				1,090,537	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC				1,483,344	55.00
56.00 05600	RADIOISOTOPE				41,162	56.00
56.01 05601	CARDIAC CATH LAB				856,302	56.01
57.00 05700	CT SCAN				42,906	57.00
58.00 05800	MRI				34,369	58.00
59.00 05900	CARDIAC CATHETERIZATION				0	59.00
60.00 06000	LABORATORY				252,376	60.00
60.01 06001	BLOOD LABORATORY				0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL				0	62.00
63.00 06300	BLOOD STORING PROCESSING & TRANS.				6,373	63.00
64.00 06400	INTRAVENOUS THERAPY				775	64.00
65.00 06500	RESPIRATORY THERAPY				227,128	65.00
66.00 06600	PHYSICAL THERAPY				246,225	66.00
67.00 06700	OCCUPATIONAL THERAPY				67,701	67.00
68.00 06800	SPEECH PATHOLOGY				28,892	68.00
69.00 06900	ELECTROCARDIOLOGY				79,269	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				185,361	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				103,560	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				670,849	73.00
74.00 07400	RENAL DIALYSIS				3,988	74.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC				0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER				0	89.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

Period:  
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Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal	
			NURSING PROGRAM	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
				APPRV	APPRV			
20.00	21.00	22.00	23.00	24.00				
90.00	09000	CLINIC					31,034	90.00
90.02	09002	WOUND CLINIC					273,088	90.02
90.03	09003	MOBILE CLINIC					0	90.03
91.00	09100	EMERGENCY					558,804	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC					0	99.00
101.00	10100	HOME HEALTH AGENCY					129,247	101.00
102.00	10200	OPIOID TREATMENT PROGRAM					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	115.00
116.00	11600	HOSPICE					40,632	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	10,038,006	118.00
NONREIMBURSABLE 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	LIFELINE					0	190.03
190.04	19004	COMMUNITY RELATIONS					118,138	190.04
190.05	19005	PRIVATE DUTY					0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT					28,575	190.06
190.07	19007	FOUNDTION					23,369	190.07
190.08	19008	GOSHEN GACC CLINIC					0	190.08
191.00	19100	RESEARCH					3,683	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES					4	192.00
193.00	19300	NONPAID WORKERS					0	193.00
200.00		Cross Foot Adjustments	0	0	0	6,919	6,919	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	6,919	10,433,432	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

Period:  
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
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	CASHIERING/ACCOUNTS RECEIVABLE		5.01
5.02	00590	OTHER ADMIN & GENERAL		5.02
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
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	NURSING PROGRAM		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,225,029	31.00
32.00	03200	CORONARY CARE UNIT	365,708	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	145,500	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	1,464,197	50.00
51.00	05100	RECOVERY ROOM	106,771	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	212,384	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
53.01	05301	PAIN MANAGEMENT	1,226	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,090,537	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,483,344	55.00
56.00	05600	RADIOISOTOPE	41,162	56.00
56.01	05601	CARDIAC CATH LAB	856,302	56.01
57.00	05700	CT SCAN	42,906	57.00
58.00	05800	MRI	34,369	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	252,376	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	6,373	63.00
64.00	06400	INTRAVENOUS THERAPY	775	64.00
65.00	06500	RESPIRATORY THERAPY	227,128	65.00
66.00	06600	PHYSICAL THERAPY	246,225	66.00
67.00	06700	OCCUPATIONAL THERAPY	67,701	67.00
68.00	06800	SPEECH PATHOLOGY	28,892	68.00
69.00	06900	ELECTROCARDIOLOGY	79,269	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	185,361	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	103,560	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	670,849	73.00
74.00	07400	RENAL DIALYSIS	3,988	74.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

Period:  
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To 12/31/2022

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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
90.00	09000	CLINIC	0	31,034	90.00
90.02	09002	WOUND CLINIC	0	273,088	90.02
90.03	09003	MOBILE CLINIC	0	0	90.03
91.00	09100	EMERGENCY	0	558,804	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900	CMHC	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	129,247	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	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	115.00
116.00	11600	HOSPICE	0	40,632	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	10,038,006	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	214,738	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	LIFELINE	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	118,138	190.04
190.05	19005	PRIVATE DUTY	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	28,575	190.06
190.07	19007	FOUNDATION	0	23,369	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	190.08
191.00	19100	RESEARCH	0	3,683	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	4	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		Cross Foot Adjustments	0	6,919	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	10,433,432	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

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

Worksheet B-1

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

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	377,341				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		7,363,506			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,528	3,240	89,612,544		4.00
5.01 00580	CASHIERING/ACCOUNTS RECEIVABLE	6,508	855	1,114,304	780,048,810	5.01
5.02 00590	OTHER ADMIN & GENERAL	30,378	2,399,246	13,989,114	0	-31,275,010 5.02
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	26,556	327,974	567,252	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,847	0	43,476	0	8.00
9.00 00900	HOUSEKEEPING	479	18,226	1,328,101	0	9.00
10.00 01000	DIETARY	2,258	42,248	1,042,062	0	10.00
11.00 01100	CAFETERIA	4,199	315	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	1,191	460,962	2,647,559	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,575	66,169	348,119	0	14.00
15.00 01500	PHARMACY	2,124	176,242	1,710,322	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,465	28,780	1,413,752	0	16.00
17.00 01700	SOCIAL SERVICE	1,068	521	1,200,924	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING PROGRAM	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED PRGM	325	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	30,871	244,570	11,828,767	30,955,235	0 30.00
31.00 03100	INTENSIVE CARE UNIT	9,960	118,667	3,316,370	12,845,366	0 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	1,483	93,864	5,156,608	19,959,276	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	59,715	536,299	4,915,963	66,209,109	0 50.00
51.00 05100	RECOVERY ROOM	3,170	40,126	838,950	6,983,860	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,946	35,289	0	8,379,988	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
53.01 05301	PAIN MANAGEMENT	0	0	0	3,175,445	0 53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	26,306	717,035	4,958,440	60,606,822	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	43,807	762,100	10,429,363	56,414,701	0 55.00
56.00 05600	RADIOISOTOPE	1,196	9,096	427,348	21,216,222	0 56.00
56.01 05601	CARDIAC CATH LAB	2,748	844,956	1,253,318	41,523,806	0 56.01
57.00 05700	CT SCAN	667	0	588,265	36,897,790	0 57.00
58.00 05800	MRI	1,510	0	513,267	9,021,069	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	5,809	17,556	2,939,719	42,981,344	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 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.	414	0	0	2,931,471	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	886	0	2,005	0 64.00
65.00 06500	RESPIRATORY THERAPY	2,611	161,080	2,189,803	8,298,798	0 65.00
66.00 06600	PHYSICAL THERAPY	13,433	28,225	3,254,331	9,504,806	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	3,100	17,810	126	4,069,339	0 67.00
68.00 06800	SPEECH PATHOLOGY	1,517	2,713	0	1,923,041	0 68.00
69.00 06900	ELECTROCARDIOLOGY	4,684	7,095	427,475	10,159,779	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	30,656,334	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,800,597	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	213,915,750	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	642,075	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00 03950	NUTRITION THERAPY	4,610	0	197,045	359,917	0 76.00
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0 77.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

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

Worksheet B-1

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

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	2,180	647	284,589	1,359,211	0	90.00
90.02 09002 WOUND CLINIC	19,574	4,247	28	5,092,835	0	90.02
90.03 09003 MOBILE CLINIC	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	20,438	88,636	5,573,248	46,688,909	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.00 09900 CMHC	0	0	0	0	0	99.00
101.00 10100 HOME HEALTH AGENCY	5,125	18,916	2,483,485	2,784,790	0	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
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 HOSPICE	0	0	1,180,482	6,245,733	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	361,375	7,274,591	88,161,975	779,605,423	-31,275,010	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN	11,217	62,172	532,627	80,380	0	190.00
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02 19002 GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03 19003 LI FELINE	0	0	0	0	0	190.03
190.04 19004 COMMUNITY RELATIONS	2,949	26,743	756,754	0	0	190.04
190.05 19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06 19006 PROFESSIONAL DEVELOPMENT	0	0	4,731	0	0	190.06
190.07 19007 FOUNDTION	1,800	0	0	0	0	190.07
190.08 19008 GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00 19100 RESEARCH	0	0	156,457	363,007	0	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	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, Part I)	4,026,468	6,406,964	23,685,618	3,241,538		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	10.670635	0.870097	0.264311	0.004156		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			51,136	70,824		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000571	0.000091		205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

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

Worksheet B-1

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

Cost Center Description		OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5.02	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00580						5.01
5.02	00590	206,632,910					5.02
6.00	00600		0				6.00
7.00	00700	4,854,831		309,371			7.00
8.00	00800	643,134	0	1,847	638,321		8.00
9.00	00900	2,274,746	0	479	0	307,045	9.00
10.00	01000	919,969	0	2,258	0	2,258	10.00
11.00	01100	890,663	0	4,199	0	4,199	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	4,489,678	0	1,191	0	1,191	13.00
14.00	01400	1,161,831	0	2,575	0	2,575	14.00
15.00	01500	3,254,000	0	2,124	0	2,124	15.00
16.00	01600	4,198,045	0	4,465	0	4,465	16.00
17.00	01700	1,612,503	0	1,068	0	1,068	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	234,034	0	325	0	325	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	27,145,494	0	30,871	114,508	30,871	30.00
31.00	03100	4,803,473	0	9,960	78,464	9,960	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	2,114,581	0	1,483	0	1,483	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	11,692,962	0	59,715	172,072	59,715	50.00
51.00	05100	1,203,199	0	3,170	0	3,170	51.00
52.00	05200	3,216,203	0	7,946	0	7,946	52.00
53.00	05300	0	0	0	0	0	53.00
53.01	05301	32,266	0	0	0	0	53.01
54.00	05400	7,722,425	0	26,306	39,158	26,306	54.00
55.00	05500	16,762,239	0	43,807	0	43,807	55.00
56.00	05600	919,585	0	1,196	14,096	1,196	56.00
56.01	05601	5,482,961	0	2,748	0	2,748	56.01
57.00	05700	1,841,251	0	667	23,802	667	57.00
58.00	05800	882,179	0	1,510	5,852	1,510	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	11,503,958	0	5,809	0	5,809	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	22,820	0	414	0	414	63.00
64.00	06400	344	0	0	0	0	64.00
65.00	06500	3,841,489	0	2,611	0	2,611	65.00
66.00	06600	3,605,755	0	13,433	0	13,433	66.00
67.00	06700	889,526	0	3,100	0	3,100	67.00
68.00	06800	514,708	0	1,517	0	1,517	68.00
69.00	06900	731,268	0	4,684	0	4,684	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	11,212,143	0	0	0	0	71.00
72.00	07200	6,253,937	0	0	0	0	72.00
73.00	07300	33,519,676	0	0	0	0	73.00
74.00	07400	325,520	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	304,060	0	4,610	0	4,610	76.00
77.00	07700	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	137,692	0	2,180	0	2,180	90.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

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To 12/31/2022

Worksheet B-1

Date/Time Prepared:  
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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 LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5.02	6.00	7.00	8.00	9.00	
90.02	09002 WOUND CLINIC	1,384,170	0	19,574	0	19,574	90.02
90.03	09003 MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	8,833,571	0	20,438	190,369	20,438	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	3,585,761	0	5,125	0	5,125	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
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 HOSPICE	2,825,981	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	197,844,631	0	293,405	638,321	291,079	118.00
NONREIMBURSABLE 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	0	0	0	190.01
190.02	19002 GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003 LIFELINE	0	0	0	0	0	190.03
190.04	19004 COMMUNITY RELATIONS	4,749,473	0	2,949	0	2,949	190.04
190.05	19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006 PROFESSIONAL DEVELOPMENT	2,439,988	0	0	0	0	190.06
190.07	19007 FOUNDATION	19,718	0	1,800	0	1,800	190.07
190.08	19008 GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100 RESEARCH	281,206	0	0	0	0	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	369	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	20000 Cross Foot Adjustments						200.00
201.00	20100 Negative Cost Centers						201.00
202.00	20200 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	20300 Unit cost multiplier (Wkst. B, Part I)	0.151355	0.000000	18.067737	1.212316	8.558009	203.00
204.00	20400 Cost to be allocated (per Wkst. B, Part II)	2,419,685	0	625,912	31,002	49,333	204.00
205.00	20500 Unit cost multiplier (Wkst. B, Part II)	0.011710	0.000000	2.023176	0.048568	0.160670	205.00
206.00	20600 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	20700 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

Period:  
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To 12/31/2022

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00580						5.01
5.02	00590						5.02
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	58,303					10.00
11.00	01100	0	1,658,390				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	21,979	0	550,143		13.00
14.00	01400	0	50,765	0	0	25,724,108	14.00
15.00	01500	0	35,388	0	0	60,931	15.00
16.00	01600	0	34,257	0	4,043	2,503	16.00
17.00	01700	0	33,945	0	19,695	957	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	49,534	269,538	0	207,159	1,019,858	30.00
31.00	03100	8,769	66,787	0	58,512	257,515	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	111,400	0	7,615	29,096	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	117,140	0	64,961	708,998	50.00
51.00	05100	0	16,569	0	16,265	22,947	51.00
52.00	05200	0	1,529	0	40,802	155,902	52.00
53.00	05300	0	0	0	0	0	53.00
53.01	05301	0	0	0	0	38	53.01
54.00	05400	0	130,410	0	12,942	236,062	54.00
55.00	05500	0	174,676	0	36,553	409,235	55.00
56.00	05600	0	11,648	0	0	14,081	56.00
56.01	05601	0	24,291	0	8,267	421,602	56.01
57.00	05700	0	15,608	0	0	197,842	57.00
58.00	05800	0	13,710	0	931	74,635	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	70,327	0	51	2,845,702	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	31	64.00
65.00	06500	0	59,624	0	2,277	165,103	65.00
66.00	06600	0	58,944	0	0	18,013	66.00
67.00	06700	0	21,294	0	0	5,571	67.00
68.00	06800	0	12,327	0	0	2,498	68.00
69.00	06900	0	14,642	0	904	4,572	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	11,084,735	71.00
72.00	07200	0	0	0	0	6,179,958	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	1,244	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	0	6,078	0	0	536	76.00
77.00	07700	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

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

Worksheet B-1

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

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.00	11.00	12.00	13.00	14.00	
90.00	09000	CLINIC	0	6,594	0	0	12,803	90.00
90.02	09002	WOUND CLINIC	0	0	0	0	50,981	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	130,708	0	69,166	698,842	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	65,568	0	0	48,878	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
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	HOSPICE	0	31,416	0	0	960,470	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	58,303	1,607,162	0	550,143	25,692,139	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	21,338	0	0	28,132	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	23,242	0	0	1,681	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	57	190.06
190.07	19007	FOUNDTION	0	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	0	6,648	0	0	2,099	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	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, Part I)	1,119,332	1,137,270	0	5,215,997	1,441,054	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19.198532	0.685768	0.000000	9.481166	0.056020	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	77,153	64,680	0	471,335	106,458	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.323311	0.039002	0.000000	0.856750	0.004138	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

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

Worksheet B-1

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

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00580						5.01
5.02	00590						5.02
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600	32,630,986					16.00
17.00	01700	0	779,605,423				17.00
19.00	01900	0	0	33,945	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	30,955,235	12,533	0	0	30.00
31.00	03100	0	12,845,366	2,376	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	19,959,276	485	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	66,209,109	679	0	0	50.00
51.00	05100	0	6,983,860	0	0	0	51.00
52.00	05200	0	8,379,988	2,597	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
53.01	05301	0	3,175,445	0	0	0	53.01
54.00	05400	0	60,606,822	0	0	0	54.00
55.00	05500	0	56,414,701	0	0	0	55.00
56.00	05600	0	21,216,222	0	0	0	56.00
56.01	05601	0	41,523,806	0	0	0	56.01
57.00	05700	0	36,897,790	0	0	0	57.00
58.00	05800	0	9,021,069	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	42,981,344	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	2,931,471	0	0	0	63.00
64.00	06400	0	2,005	0	0	0	64.00
65.00	06500	0	8,298,798	0	0	0	65.00
66.00	06600	0	9,504,806	0	0	0	66.00
67.00	06700	0	4,069,339	0	0	0	67.00
68.00	06800	0	1,923,041	0	0	0	68.00
69.00	06900	0	10,159,779	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	30,656,334	0	0	0	71.00
72.00	07200	0	17,800,597	0	0	0	72.00
73.00	07300	32,630,986	213,915,750	0	0	0	73.00
74.00	07400	0	642,075	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	0	359,917	0	0	0	76.00
77.00	07700	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

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

Worksheet B-1

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

Cost Center Description			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
90.00	09000	CLINIC	0	1,359,211	0	0	0	90.00
90.02	09002	WOUND CLINIC	0	5,092,835	0	0	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	46,688,909	15,275	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	2,784,790	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
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	HOSPICE	0	6,245,733	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	32,630,986	779,605,423	33,945	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	0	0	0	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19007	FOUNDTION	0	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	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, Part I)	3,830,743	5,014,288	2,095,063	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.117396	0.006432	61.719340	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	221,363	137,211	51,952	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.006784	0.000176	1.530476	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2023 4:39 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	21.00	22.00		
<b>GENERAL SERVICE COST CENTERS</b>				
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 CASHIERING/ACCOUNTS RECEIVABLE				5.01
5.02 00590 OTHER ADMIN & GENERAL				5.02
6.00 00600 MAINTENANCE & REPAIRS				6.00
7.00 00700 OPERATION OF PLANT				7.00
8.00 00800 LAUNDRY & LINEN SERVICE				8.00
9.00 00900 HOUSEKEEPING				9.00
10.00 01000 DIETARY				10.00
11.00 01100 CAFETERIA				11.00
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 NURSING PROGRAM				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 PRGM			100	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 03000 ADULTS & PEDIATRICS	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
53.01 05301 PAIN MANAGEMENT	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
56.01 05601 CARDIAC CATH LAB	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MRI	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
63.00 06300 BLOOD STORING PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 03950 NUTRITION THERAPY	0	0	0	76.00
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	77.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

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

Worksheet B-1

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

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	21.00	22.00		
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
90.02 09002 WOUND CLINIC	0	0	0	90.02
90.03 09003 MOBILE CLINIC	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	100	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART				92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.00 09900 CMHC	0	0	0	99.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
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	115.00
116.00 11600 HOSPICE			0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	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	0	190.02
190.03 19003 LIFELINE	0	0	0	190.03
190.04 19004 COMMUNITY RELATIONS	0	0	0	190.04
190.05 19005 PRIVATE DUTY	0	0	0	190.05
190.06 19006 PROFESSIONAL DEVELOPMENT	0	0	0	190.06
190.07 19007 FOUNDTION	0	0	0	190.07
190.08 19008 GOSHEN GACC CLINIC	0	0	0	190.08
191.00 19100 RESEARCH	0	0	0	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	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, Part I)	0	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 Cost to be allocated (per Wkst. B, Part II)	0	0	6,919	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	69.190000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)			0	206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0026

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2023 4:39 pm

		Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	36,344,577		36,344,577	0	36,344,577	30.00
31.00	03100	INTENSIVE CARE UNIT	6,903,425		6,903,425	0	6,903,425	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	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	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	2,782,655		2,782,655	0	2,782,655	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	16,465,035		16,465,035	0	16,465,035	50.00
51.00	05100	RECOVERY ROOM	1,681,491		1,681,491	0	1,681,491	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,525,378		4,525,378	0	4,525,378	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	57,576		57,576	107,292	164,868	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,254,325		10,254,325	41,568	10,295,893	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,317,818		21,317,818	361,781	21,679,599	55.00
56.00	05600	RADIOISOTOPE	1,252,942		1,252,942	0	1,252,942	56.00
56.01	05601	CARDIAC CATH LAB	6,771,740		6,771,740	0	6,771,740	56.01
57.00	05700	CT SCAN	2,425,662		2,425,662	0	2,425,662	57.00
58.00	05800	MRI	1,143,434		1,143,434	0	1,143,434	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	13,884,392		13,884,392	0	13,884,392	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	56,152		56,152	0	56,152	63.00
64.00	06400	INTRAVENOUS THERAPY	411		411	0	411	64.00
65.00	06500	RESPIRATORY THERAPY	4,617,542	0	4,617,542	0	4,617,542	65.00
66.00	06600	PHYSICAL THERAPY	4,611,734	0	4,611,734	0	4,611,734	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,147,789	0	1,147,789	0	1,147,789	67.00
68.00	06800	SPEECH PATHOLOGY	653,965	0	653,965	0	653,965	68.00
69.00	06900	ELECTROCARDIOLOGY	1,050,880		1,050,880	0	1,050,880	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,727,297		13,727,297	0	13,727,297	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,661,196		7,661,196	0	7,661,196	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,799,648		43,799,648	0	43,799,648	73.00
74.00	07400	RENAL DIALYSIS	378,989		378,989	0	378,989	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03950	NUTRITION THERAPY	479,338		479,338	0	479,338	76.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0		0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	230,557		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	90.03
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	0	8,849,571	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.00	09900	CMHC	0		0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	4,330,555		4,330,555	0	4,330,555	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00
116.00	11600	HOSPICE	3,369,230		3,369,230	0	3,369,230	116.00
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	0	8,849,571	201.00
202.00		Total (see instructions)	227,327,463	0	227,327,463	581,560	227,909,023	202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0026	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/30/2023 4:39 pm
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		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	30,955,235		30,955,235		30.00
31.00	03100	INTENSIVE CARE UNIT	12,845,366		12,845,366		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	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	19,959,276		19,959,276		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	18,329,031	47,880,077	66,209,108	0.248682	50.00
51.00	05100	RECOVERY ROOM	2,262,745	4,721,115	6,983,860	0.240768	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,811,722	568,266	8,379,988	0.540022	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
53.01	05301	PAIN MANAGEMENT	820,436	2,355,009	3,175,445	0.018132	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,598,240	51,008,582	60,606,822	0.169194	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	521,883	55,892,818	56,414,701	0.377877	55.00
56.00	05600	RADIOISOTOPE	1,316,321	19,899,901	21,216,222	0.059056	56.00
56.01	05601	CARDIAC CATH LAB	15,390,656	26,133,150	41,523,806	0.163081	56.01
57.00	05700	CT SCAN	8,334,334	28,563,456	36,897,790	0.065740	57.00
58.00	05800	MRI	883,930	8,137,139	9,021,069	0.126751	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	15,167,781	27,813,563	42,981,344	0.323033	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,989,884	941,587	2,931,471	0.019155	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,005	2,005	0.204988	64.00
65.00	06500	RESPIRATORY THERAPY	4,945,396	3,353,402	8,298,798	0.556411	65.00
66.00	06600	PHYSICAL THERAPY	1,652,091	7,852,716	9,504,807	0.485200	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,648,152	2,421,187	4,069,339	0.282058	67.00
68.00	06800	SPEECH PATHOLOGY	245,429	1,677,612	1,923,041	0.340068	68.00
69.00	06900	ELECTROCARDIOLOGY	5,213,332	4,946,447	10,159,779	0.103435	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,791,538	16,864,796	30,656,334	0.447780	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,582,429	12,218,168	17,800,597	0.430390	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,010,002	182,905,748	213,915,750	0.204752	73.00
74.00	07400	RENAL DIALYSIS	489,510	152,565	642,075	0.590257	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03950	NUTRITION THERAPY	259,276	100,641	359,917	1.331801	76.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	1,095	1,358,116	1,359,211	0.169626	90.00
90.02	09002	WOUND CLINIC	17,747	5,075,088	5,092,835	0.422251	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	7,926,257	38,762,652	46,688,909	0.283821	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,957,252	10,619,280	12,576,532	0.703657	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	09900	CMHC	0	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	0	2,784,790	2,784,790		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
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		115.00
116.00	11600	HOSPICE	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					201.00
202.00		Total (see instructions)	220,926,346	571,255,609	792,181,955		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0026

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2023 4:39 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00			
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
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
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
45.00	04500 NURSING FACILITY				45.00
46.00	04600 OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.248682			50.00
51.00	05100 RECOVERY ROOM	0.240768			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.540022			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
53.01	05301 PAIN MANAGEMENT	0.051920			53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.169880			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.384290			55.00
56.00	05600 RADIOISOTOPE	0.059056			56.00
56.01	05601 CARDIAC CATH LAB	0.163081			56.01
57.00	05700 CT SCAN	0.065740			57.00
58.00	05800 MRI	0.126751			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.323033			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.019155			63.00
64.00	06400 INTRAVENOUS THERAPY	0.204988			64.00
65.00	06500 RESPIRATORY THERAPY	0.556411			65.00
66.00	06600 PHYSICAL THERAPY	0.485200			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.282058			67.00
68.00	06800 SPEECH PATHOLOGY	0.340068			68.00
69.00	06900 ELECTROCARDIOLOGY	0.103435			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.447780			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.430390			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.204752			73.00
74.00	07400 RENAL DIALYSIS	0.590257			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950 NUTRITION THERAPY	1.331801			76.00
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000			77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000 CLINIC	0.169626			90.00
90.02	09002 WOUND CLINIC	0.422251			90.02
90.03	09003 MOBILE CLINIC	0.000000			90.03
91.00	09100 EMERGENCY	0.285340			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.703657			92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900 CMHC				99.00
101.00	10100 HOME HEALTH AGENCY				101.00
102.00	10200 OPIOID TREATMENT PROGRAM				102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
114.00	11400 UTILIZATION REVIEW-SNF				114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600 HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0026

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2023 4:39 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		36,344,577	0	36,344,577	30.00	
31.00	03100 INTENSIVE CARE UNIT		6,903,425	0	6,903,425	31.00	
32.00	03200 CORONARY CARE UNIT		0	0	0	32.00	
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00	
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00	
40.00	04000 SUBPROVIDER - IPF		0	0	0	40.00	
41.00	04100 SUBPROVIDER - IRF		0	0	0	41.00	
42.00	04200 SUBPROVIDER		0	0	0	42.00	
43.00	04300 NURSERY		2,782,655	0	2,782,655	43.00	
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00	
45.00	04500 NURSING FACILITY		0	0	0	45.00	
46.00	04600 OTHER LONG TERM CARE		0	0	0	46.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		16,465,035	0	16,465,035	50.00	
51.00	05100 RECOVERY ROOM		1,681,491	0	1,681,491	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		4,525,378	0	4,525,378	52.00	
53.00	05300 ANESTHESIOLOGY		0	0	0	53.00	
53.01	05301 PAIN MANAGEMENT		57,576	107,292	164,868	53.01	
54.00	05400 RADIOLOGY-DIAGNOSTIC		10,254,325	41,568	10,295,893	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		21,317,818	361,781	21,679,599	55.00	
56.00	05600 RADIOISOTOPE		1,252,942	0	1,252,942	56.00	
56.01	05601 CARDIAC CATH LAB		6,771,740	0	6,771,740	56.01	
57.00	05700 CT SCAN		2,425,662	0	2,425,662	57.00	
58.00	05800 MRI		1,143,434	0	1,143,434	58.00	
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00	
60.00	06000 LABORATORY		13,884,392	0	13,884,392	60.00	
60.01	06001 BLOOD LABORATORY		0	0	0	60.01	
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	62.00	
63.00	06300 BLOOD STORING PROCESSING & TRANS.		56,152	0	56,152	63.00	
64.00	06400 INTRAVENOUS THERAPY		411	411	411	64.00	
65.00	06500 RESPIRATORY THERAPY	0	4,617,542	0	4,617,542	65.00	
66.00	06600 PHYSICAL THERAPY	0	4,611,734	0	4,611,734	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,147,789	0	1,147,789	67.00	
68.00	06800 SPEECH PATHOLOGY	0	653,965	0	653,965	68.00	
69.00	06900 ELECTROCARDIOLOGY		1,050,880	0	1,050,880	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		0	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		13,727,297	0	13,727,297	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		7,661,196	0	7,661,196	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		43,799,648	0	43,799,648	73.00	
74.00	07400 RENAL DIALYSIS		378,989	0	378,989	74.00	
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00	
76.00	03950 NUTRITION THERAPY		479,338	0	479,338	76.00	
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION		0	0	0	77.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
90.00	09000 CLINIC		230,557	0	230,557	90.00	
90.02	09002 WOUND CLINIC		2,150,456	0	2,150,456	90.02	
90.03	09003 MOBILE CLINIC		0	0	0	90.03	
91.00	09100 EMERGENCY		13,251,274	70,919	13,322,193	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		8,849,571	0	8,849,571	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	09900 CMHC		0	0	0	99.00	
101.00	10100 HOME HEALTH AGENCY		4,330,555	0	4,330,555	101.00	
102.00	10200 OPIOID TREATMENT PROGRAM		0	0	0	102.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE		0	0	0	113.00	
114.00	11400 UTILIZATION REVIEW-SNF		0	0	0	114.00	
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00	
116.00	11600 HOSPICE		3,369,230	0	3,369,230	116.00	
200.00	Subtotal (see instructions)		236,177,034	581,560	236,758,594	200.00	
201.00	Less Observation Beds		8,849,571	0	8,849,571	201.00	
202.00	Total (see instructions)		227,327,463	581,560	227,909,023	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0026

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2023 4:39 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	30,955,235		30,955,235		30.00
31.00	03100	INTENSIVE CARE UNIT	12,845,366		12,845,366		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	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	19,959,276		19,959,276		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	18,329,031	47,880,077	66,209,108	0.248682	50.00
51.00	05100	RECOVERY ROOM	2,262,745	4,721,115	6,983,860	0.240768	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,811,722	568,266	8,379,988	0.540022	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
53.01	05301	PAIN MANAGEMENT	820,436	2,355,009	3,175,445	0.018132	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,598,240	51,008,582	60,606,822	0.169194	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	521,883	55,892,818	56,414,701	0.377877	55.00
56.00	05600	RADIOISOTOPE	1,316,321	19,899,901	21,216,222	0.059056	56.00
56.01	05601	CARDIAC CATH LAB	15,390,656	26,133,150	41,523,806	0.163081	56.01
57.00	05700	CT SCAN	8,334,334	28,563,456	36,897,790	0.065740	57.00
58.00	05800	MRI	883,930	8,137,139	9,021,069	0.126751	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	15,167,781	27,813,563	42,981,344	0.323033	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,989,884	941,587	2,931,471	0.019155	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,005	2,005	0.204988	64.00
65.00	06500	RESPIRATORY THERAPY	4,945,396	3,353,402	8,298,798	0.556411	65.00
66.00	06600	PHYSICAL THERAPY	1,652,091	7,852,716	9,504,807	0.485200	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,648,152	2,421,187	4,069,339	0.282058	67.00
68.00	06800	SPEECH PATHOLOGY	245,429	1,677,612	1,923,041	0.340068	68.00
69.00	06900	ELECTROCARDIOLOGY	5,213,332	4,946,447	10,159,779	0.103435	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,791,538	16,864,796	30,656,334	0.447780	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,582,429	12,218,168	17,800,597	0.430390	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,010,002	182,905,748	213,915,750	0.204752	73.00
74.00	07400	RENAL DIALYSIS	489,510	152,565	642,075	0.590257	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03950	NUTRITION THERAPY	259,276	100,641	359,917	1.331801	76.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	1,095	1,358,116	1,359,211	0.169626	90.00
90.02	09002	WOUND CLINIC	17,747	5,075,088	5,092,835	0.422251	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	7,926,257	38,762,652	46,688,909	0.283821	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,957,252	10,619,280	12,576,532	0.703657	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	09900	CMHC	0	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	0	2,784,790	2,784,790		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
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		115.00
116.00	11600	HOSPICE	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					201.00
202.00		Total (see instructions)	220,926,346	571,255,609	792,181,955		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0026

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2023 4:39 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
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
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
45.00	04500 NURSING FACILITY				45.00
46.00	04600 OTHER LONG TERM CARE				46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.000000			50.00
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
53.01	05301 PAIN MANAGEMENT	0.000000			53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600 RADIOISOTOPE	0.000000			56.00
56.01	05601 CARDIAC CATH LAB	0.000000			56.01
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MRI	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.000000			63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400 RENAL DIALYSIS	0.000000			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950 NUTRITION THERAPY	0.000000			76.00
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000			77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000 CLINIC	0.000000			90.00
90.02	09002 WOUND CLINIC	0.000000			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
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.00	09900 CMHC				99.00
101.00	10100 HOME HEALTH AGENCY				101.00
102.00	10200 OPIOID TREATMENT PROGRAM				102.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
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 HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 15-0026

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

Worksheet D  
Part I  
Date/Time Prepared:  
5/30/2023 4:39 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,225,029	0	1,225,029	21,430	57.16	30.00
31.00	INTENSIVE CARE UNIT	365,708		365,708	2,870	127.42	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	145,500		145,500	1,817	80.08	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	1,736,237		1,736,237	26,117		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,632	264,765				
31.00	INTENSIVE CARE UNIT	880	112,130				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	5,512	376,895				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0026

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

Worksheet D  
Part II  
Date/Time Prepared:  
5/30/2023 4:39 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	1,464,197	66,209,108	0.022115	4,986,021	110,266	50.00
51.00	05100 RECOVERY ROOM	106,771	6,983,860	0.015288	604,018	9,234	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	212,384	8,379,988	0.025344	1,109	28	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
53.01	05301 PAIN MANAGEMENT	1,226	3,175,445	0.000386	187,042	72	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,090,537	60,606,822	0.017994	3,172,672	57,089	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,483,344	56,414,701	0.026294	225,072	5,918	55.00
56.00	05600 RADIOISOTOPE	41,162	21,216,222	0.001940	481,134	933	56.00
56.01	05601 CARDIAC CATH LAB	856,302	41,523,806	0.020622	5,200,820	107,251	56.01
57.00	05700 CT SCAN	42,906	36,897,790	0.001163	2,610,195	3,036	57.00
58.00	05800 MRI	34,369	9,021,069	0.003810	260,320	992	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	252,376	42,981,344	0.005872	4,708,867	27,650	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING PROCESSING & TRANS.	6,373	2,931,471	0.002174	490,449	1,066	63.00
64.00	06400 INTRAVENOUS THERAPY	775	2,005	0.386534	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	227,128	8,298,798	0.027369	1,740,325	47,631	65.00
66.00	06600 PHYSICAL THERAPY	246,225	9,504,807	0.025905	614,205	15,911	66.00
67.00	06700 OCCUPATIONAL THERAPY	67,701	4,069,339	0.016637	609,679	10,143	67.00
68.00	06800 SPEECH PATHOLOGY	28,892	1,923,041	0.015024	104,499	1,570	68.00
69.00	06900 ELECTROCARDIOLOGY	79,269	10,159,779	0.007802	1,737,108	13,553	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	185,361	30,656,334	0.006046	3,723,710	22,514	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	103,560	17,800,597	0.005818	2,560,801	14,899	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	670,849	213,915,750	0.003136	9,317,168	29,219	73.00
74.00	07400 RENAL DIALYSIS	3,988	642,075	0.006211	177,730	1,104	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950 NUTRITION THERAPY	63,269	359,917	0.175788	91,987	16,170	76.00
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	31,034	1,359,211	0.022832	0	0	90.00
90.02	09002 WOUND CLINIC	273,088	5,092,835	0.053622	17,747	952	90.02
90.03	09003 MOBILE CLINIC	0	0	0.000000	0	0	90.03
91.00	09100 EMERGENCY	558,804	46,688,909	0.011969	2,561,307	30,656	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	298,284	12,576,532	0.023718	716,102	16,985	92.00
200.00	Total (lines 50 through 199)	8,430,174	719,391,555		46,900,087	544,842	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0026		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part III Date/Time Prepared: 5/30/2023 4:39 pm	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	
42.00	04200	SUBPROVIDER	0	0	0	0	0	
43.00	04300	NURSERY	0	0	0	0	0	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	
45.00	04500	NURSING FACILITY	0	0	0	0	0	
200.00		Total (lines 30 through 199)	0	0	0	0	0	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	21,430	0.00	4,632	
31.00	03100	INTENSIVE CARE UNIT	0	0	2,870	0.00	880	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	
43.00	04300	NURSERY	0	0	1,817	0.00	0	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	
45.00	04500	NURSING FACILITY	0	0	0	0.00	0	
200.00		Total (lines 30 through 199)	0	0	26,117		5,512	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
			9.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					
31.00	03100	INTENSIVE CARE UNIT	0					
32.00	03200	CORONARY CARE UNIT	0					
33.00	03300	BURN INTENSIVE CARE UNIT	0					
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					
40.00	04000	SUBPROVIDER - IPF	0					
41.00	04100	SUBPROVIDER - IRF	0					
42.00	04200	SUBPROVIDER	0					
43.00	04300	NURSERY	0					
44.00	04400	SKILLED NURSING FACILITY	0					
45.00	04500	NURSING FACILITY	0					
200.00		Total (lines 30 through 199)	0					



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0026	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 4:39 pm
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Cost Center Description	Title XVIII				Hospital			
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	PPS		
	1.00	2A	2.00	3A	3.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	CARDIAC CATH LAB	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	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	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	0	0	0	0	0	76.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	WOUND CLINIC	0	0	0	0	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	278,109	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	278,109	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0026	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 4:39 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	66,209,108	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	6,983,860	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	8,379,988	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
53.01 05301 PAIN MANAGEMENT	0	0	0	3,175,445	0.000000	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	60,606,822	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	56,414,701	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	21,216,222	0.000000	56.00
56.01 05601 CARDIAC CATH LAB	0	0	0	41,523,806	0.000000	56.01
57.00 05700 CT SCAN	0	0	0	36,897,790	0.000000	57.00
58.00 05800 MRI	0	0	0	9,021,069	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	42,981,344	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00 06300 BLOOD STORING PROCESSING & TRANS.	0	0	0	2,931,471	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	2,005	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	8,298,798	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	9,504,807	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	4,069,339	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,923,041	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	10,159,779	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	30,656,334	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,800,597	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	213,915,750	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	642,075	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00 03950 NUTRITION THERAPY	0	0	0	359,917	0.000000	76.00
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0.000000	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	1,359,211	0.000000	90.00
90.02 09002 WOUND CLINIC	0	0	0	5,092,835	0.000000	90.02
90.03 09003 MOBILE CLINIC	0	0	0	0	0.000000	90.03
91.00 09100 EMERGENCY	0	278,109	278,109	46,688,909	0.005957	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	12,576,532	0.000000	92.00
200.00 Total (lines 50 through 199)	0	278,109	278,109	719,391,555		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0026	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 4:39 pm
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Cost Center Description		Title XVIII					Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS	
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	4,986,021	0	8,740,049	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	604,018	0	1,725,503	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	1,109	0	2,712	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00	
53.01	05301 PAIN MANAGEMENT	0.000000	187,042	0	495,604	0	53.01	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	3,172,672	0	10,373,566	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	225,072	0	13,760,365	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	481,134	0	4,974,193	0	56.00	
56.01	05601 CARDIAC CATH LAB	0.000000	5,200,820	0	8,935,745	0	56.01	
57.00	05700 CT SCAN	0.000000	2,610,195	0	5,438,175	0	57.00	
58.00	05800 MRI	0.000000	260,320	0	1,512,430	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
60.00	06000 LABORATORY	0.000000	4,708,867	0	4,811,258	0	60.00	
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00	
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.000000	490,449	0	168,540	0	63.00	
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	1,740,325	0	936,503	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	614,205	0	73,630	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	609,679	0	57,563	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	104,499	0	18,576	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,737,108	0	797,779	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,723,710	0	3,759,344	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,560,801	0	3,522,026	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	9,317,168	0	47,978,174	0	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	177,730	0	52,395	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
76.00	03950 NUTRITION THERAPY	0.000000	91,987	0	1,959	0	76.00	
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
90.00	09000 CLINIC	0.000000	0	0	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	0	0	0	0	90.03	
91.00	09100 EMERGENCY	0.005957	2,561,307	15,258	4,440,875	26,454	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	716,102	0	2,844,734	0	92.00	
200.00	Total (lines 50 through 199)		46,900,087	15,258	127,234,747	26,454	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0026	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/30/2023 4:39 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.248682	8,740,049	0	0	2,173,493	50.00
51.00	05100 RECOVERY ROOM	0.240768	1,725,503	0	0	415,446	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.540022	2,712	0	0	1,465	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
53.01	05301 PAIN MANAGEMENT	0.018132	495,604	0	0	8,986	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.169194	10,373,566	0	0	1,755,145	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.377877	13,760,365	0	225	5,199,725	55.00
56.00	05600 RADIOISOTOPE	0.059056	4,974,193	0	0	293,756	56.00
56.01	05601 CARDIAC CATH LAB	0.163081	8,935,745	0	0	1,457,250	56.01
57.00	05700 CT SCAN	0.065740	5,438,175	0	0	357,506	57.00
58.00	05800 MRI	0.126751	1,512,430	0	0	191,702	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.323033	4,811,258	0	0	1,554,195	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.019155	168,540	0	0	3,228	63.00
64.00	06400 INTRAVENOUS THERAPY	0.204988	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.556411	936,503	0	0	521,081	65.00
66.00	06600 PHYSICAL THERAPY	0.485200	73,630	0	0	35,725	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.282058	57,563	0	0	16,236	67.00
68.00	06800 SPEECH PATHOLOGY	0.340068	18,576	0	0	6,317	68.00
69.00	06900 ELECTROCARDIOLOGY	0.103435	797,779	0	0	82,518	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.447780	3,759,344	0	0	1,683,359	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.430390	3,522,026	0	0	1,515,845	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.204752	47,978,174	7,358	67,279	9,823,627	73.00
74.00	07400 RENAL DIALYSIS	0.590257	52,395	0	0	30,927	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950 NUTRITION THERAPY	1.331801	1,959	0	0	2,609	76.00
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC						88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000 CLINIC	0.169626	215,901	0	0	36,622	90.00
90.02	09002 WOUND CLINIC	0.422251	1,597,148	0	0	674,397	90.02
90.03	09003 MOBILE CLINIC	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.283821	4,440,875	0	27	1,260,414	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.703657	2,844,734	0	0	2,001,717	92.00
200.00	Subtotal (see instructions)		127,234,747	7,358	67,531	31,103,291	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		127,234,747	7,358	67,531	31,103,291	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0026	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/30/2023 4:39 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
53.01	05301 PAIN MANAGEMENT	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	85	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
56.01	05601 CARDIAC CATH LAB	0	0	56.01
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,507	13,776	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950 NUTRITION THERAPY	0	0	76.00
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0	0	90.00
90.02	09002 WOUND CLINIC	0	0	90.02
90.03	09003 MOBILE CLINIC	0	0	90.03
91.00	09100 EMERGENCY	0	8	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00	Subtotal (see instructions)	1,507	13,869	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	1,507	13,869	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0026	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/30/2023 4:39 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		21,430	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,430	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		16,212	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		4,632	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		36,344,577	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		36,344,577	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		36,344,577	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,695.97	38.00
39.00	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
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		7,855,733	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0026		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/30/2023 4:39 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	6,903,425	2,870	2,405.37	880	2,116,726		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					12,433,236		48.00
48.01 Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0		48.01
49.00 Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					22,405,695		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					376,895		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					560,100		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					936,995		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					21,468,700		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
55.01 Permanent adjustment amount per discharge					0.00		55.01
55.02 Adjustment amount per discharge (contractor use only)					0.00		55.02
56.00 Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00		59.00
60.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00		60.00
61.00 Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					5,218		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,695.97		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					8,849,571		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0026		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/30/2023 4:39 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,225,029	36,344,577	0.033706	8,849,571	298,284	90.00
91.00	Nursing Program cost	0	36,344,577	0.000000	8,849,571	0	91.00
92.00	Allied health cost	0	36,344,577	0.000000	8,849,571	0	92.00
93.00	All other Medical Education	0	36,344,577	0.000000	8,849,571	0	93.00



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0026	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/30/2023 4:39 pm	
Cost Center Description		Ratio of Cost To Charges	Hospital	PPS	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		11,966,261	30.00
31.00	03100	INTENSIVE CARE UNIT		3,920,750	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.248682	4,986,021	50.00
51.00	05100	RECOVERY ROOM	0.240768	604,018	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.540022	1,109	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
53.01	05301	PAIN MANAGEMENT	0.051920	187,042	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169880	3,172,672	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.384290	225,072	55.00
56.00	05600	RADIOISOTOPE	0.059056	481,134	56.00
56.01	05601	CARDIAC CATH LAB	0.163081	5,200,820	56.01
57.00	05700	CT SCAN	0.065740	2,610,195	57.00
58.00	05800	MRI	0.126751	260,320	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.323033	4,708,867	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.019155	490,449	63.00
64.00	06400	INTRAVENOUS THERAPY	0.204988	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.556411	1,740,325	65.00
66.00	06600	PHYSICAL THERAPY	0.485200	614,205	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.282058	609,679	67.00
68.00	06800	SPEECH PATHOLOGY	0.340068	104,499	68.00
69.00	06900	ELECTROCARDIOLOGY	0.103435	1,737,108	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.447780	3,723,710	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.430390	2,560,801	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.204752	9,317,168	73.00
74.00	07400	RENAL DIALYSIS	0.590257	177,730	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	NUTRITION THERAPY	1.331801	91,987	76.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.169626	0	90.00
90.02	09002	WOUND CLINIC	0.422251	17,747	90.02
90.03	09003	MOBILE CLINIC	0.000000	0	90.03
91.00	09100	EMERGENCY	0.285340	2,561,307	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.703657	716,102	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		46,900,087	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)		46,900,087	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0026	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/30/2023 4:39 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		8,829,599	1.01
1.02	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 October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		657,646	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		38,356	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		88.70	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
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	31.00
32.00	Sum of lines 30 and 31		21.47	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.93	33.00
34.00	Disproportionate share adjustment (see instructions)		206,834	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0026	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/30/2023 4:39 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Payment Adjustment</b>				
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	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	2,073,794	2,014,226	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	1,551,084	507,696	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	2,058,780		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	14,900,039		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
		<b>Amount</b>		
		1.00		
49.00	Total payment for inpatient operating costs (see instructions)		14,900,039	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		904,691	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		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 69)		0	55.00
55.01	Cellular therapy acquisition cost (see instructions)		0	55.01
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		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	Coinurance billed to program beneficiaries		20,228	63.00
64.00	Allowable bad debts (see instructions)		47,718	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		31,017	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		18,338	66.00
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 applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.75	N95 respirator payment adjustment amount (see instructions)		0	70.75
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		0	70.93
70.94	HRR adjustment amount (see instructions)		-2,706	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0026	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/30/2023 4:39 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	1.00	0 70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0 70.97
70.98	Low Volume Payment-3			0 70.98
70.99	HAC adjustment amount (see instructions)			0 70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		14,773,924	71.00
71.01	Sequestration adjustment (see instructions)		186,152	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM or CHART pass-throughs			71.03
72.00	Interim payments		13,818,630	72.00
72.01	Interim payments-PARHM or CHART			72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM or CHART (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		769,142	74.00
74.01	Balance due provider/program-PARHM or CHART (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		461,644	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0 90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0 95.00
96.00	Time value of money for capital related expenses (see instructions)			0 96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
<b>HSP Bonus Payment Amount</b>				
100.00	HSP bonus amount (see instructions)		0	0 100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000 101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0 102.00
<b>HRR Adjustment for HSP Bonus Payment</b>				
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000 103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0 104.00
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
<b>Cost Reimbursement</b>				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
<b>Comparison of PPS versus Cost Reimbursement</b>				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0026

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/30/2023 4:39 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,829,599	0	8,829,599		8,829,599	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,108,824	0		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	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	657,646	0	657,646		657,646	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	38,356	0		38,356	38,356	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>								
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	36.00	2,058,780	0	1,551,084	507,696	2,058,780	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	14,900,039	0	11,191,302	3,708,737	14,900,039	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	14,900,039	0	11,191,302	3,708,737	14,900,039	15.00
16.00	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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0026

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/30/2023 4:39 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	194,901	0	189,565	5,337	194,902	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	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	1.00	892,023	0	661,711	230,312	892,023	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	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	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	904,691	0	674,270	230,421	904,691	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0026	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2023 4:39 pm
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		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,829,599	8,829,599		8,829,599	1.01
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	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	657,646	657,646		657,646	2.02
2.03	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
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0693	0.0693	0.0693		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	206,834	152,973	53,861	206,834	11.00
11.01	Uncompensated care payments	36.00	2,058,780	1,551,084	507,696	2,058,780	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
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 and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	14,900,039	11,191,302	3,708,737	14,900,039	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	904,691	674,270	230,421	904,691	16.00
17.00	Special add-on payments for new technologies	54.00	194,901	189,564	5,337	194,901	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			12,055,136	3,944,495	15,999,631	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0026

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
5/30/2023 4:39 pm

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	892,023	661,711	230,312	892,023	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	12,668	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		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		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	904,691	674,270	230,421	904,691	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	0	0	0	0	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-2,706	-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	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00	



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0026	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/30/2023 4:39 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		15,376	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		31,076,837	2.00
3.00	OPPS payments		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 instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		26,454	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		15,376	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	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
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		74,889	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		59,513	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		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 instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		22,045,475	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,583,305	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		18,477,546	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		18,477,546	30.00
31.00	Primary payer payments		4,729	31.00
32.00	Subtotal (line 30 minus line 31)		18,472,817	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		211,547	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		137,506	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		177,289	36.00
37.00	Subtotal (see instructions)		18,610,323	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-190	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		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	Sequestration adjustment-PARHM or CHART pass-throughs		0	40.03
41.00	Interim payments		18,332,913	41.00
41.01	Interim payments-PARHM or CHART		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM or CHART (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		43,108	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		386,742	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0026	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/30/2023 4:39 pm
		Title XVIII	Hospital PPS
			1.00
200.00	MEDI CARE PART B ANCI LLARY COSTS Part B Combined Billed Days		0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0026

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2023 4:39 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		13,818,630		18,332,913	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		13,818,630		18,332,913	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		769,142		43,108	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		14,587,772		18,376,021	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0026	Period: From 01/01/2022 To 12/31/2022	Worksheet E-1 Part II Date/Time Prepared: 5/30/2023 4:39 pm
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0026	Period: From 01/01/2022 To 12/31/2022	Worksheet E-5
			Date/Time Prepared: 5/30/2023 4:39 pm	
Title XVIII			PPS	
			1.00	
<b>TO BE COMPLETED BY CONTRACTOR</b>				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0 1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2			0 2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)			0 3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)			0 4.00
5.00	The rate used to calculate the time value of money (see instructions)			0.00 5.00
6.00	Time value of money for operating expenses (see instructions)			0 6.00
7.00	Time value of money for capital related expenses (see instructions)			0 7.00

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

Provider CCN: 15-0026

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

Worksheet G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	322,227	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	97,212,755	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-68,926,359	0	0	0	6.00
7.00	Inventory	7,926,721	0	0	0	7.00
8.00	Prepaid expenses	10,582,021	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	47,117,365	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	5,535,262	0	0	0	12.00
13.00	Land improvements	4,922,978	0	0	0	13.00
14.00	Accumulated depreciation	-2,477,924	0	0	0	14.00
15.00	Buildings	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	0	0	0	17.00
18.00	Accumulated depreciation	-36,948	0	0	0	18.00
19.00	Fixed equipment	21,846,490	0	0	0	19.00
20.00	Accumulated depreciation	-11,640,531	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	139,924,363	0	0	0	23.00
24.00	Accumulated depreciation	-93,222,172	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	189,417,814	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	221,466,971	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	221,466,971	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	458,002,150	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	15,576,163	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,031,819	0	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	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	2,023,213	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	43,270,168	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	84,920,588	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,483,516	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	86,404,104	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	129,674,272	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	328,327,878	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	328,327,878	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	458,002,150	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0026

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

Worksheet G-1

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

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		425,220,112		0	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		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		329,397,693		0	11.00
12.00	EQUITY TRANSFER	1,069,810		0		12.00
13.00	ROUNDING OFF	5		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		1,069,815		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		328,327,878		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	EQUITY TRANSFER		0			12.00
13.00	ROUNDING OFF		0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0026

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/30/2023 4:39 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	72,902,360		72,902,360	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	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)	72,902,360		72,902,360	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	13,524,911		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	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	13,524,911		13,524,911	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	86,427,271		86,427,271	17.00
18.00	Ancillary services	138,688,830	510,069,659	648,758,489	18.00
19.00	Outpatient services	8,097,574	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	0	0	21.00
22.00	HOME HEALTH AGENCY		2,784,790	2,784,790	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	6,245,733	6,245,733	26.00
27.00	PROFESSIONAL REVENUE	0	22,447,810	22,447,810	27.00
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 Wkst. G-3, line 1)	233,213,675	587,827,077	821,040,752	28.00
<b>PART II - OPERATING EXPENSES</b>					
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)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		305,155,040		43.00



STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0026

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

Worksheet G-3

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

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	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	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	305,155,040	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-56,743,105	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	134,946	6.00
7.00	Income from investments	-44,792,286	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	2,616,077	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	240,783	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,681,425	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC OTHER OPER/NON OPER REVENUE	1,039,741	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	-39,079,314	25.00
26.00	Total (line 5 plus line 25)	-95,822,419	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-95,822,419	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0026

Period: From 01/01/2022

Worksheet H

HHA CCN: 15-7174

To 12/31/2022

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

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	22,100	1,252	23,352	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	902,119	0	78,079	146,302	1,228,961	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	850,364	0	0	0	850,364	6.00
7.00	Physical Therapy	368,750	0	0	0	368,750	7.00
8.00	Occupational Therapy	151,505	0	0	0	151,505	8.00
9.00	Speech Pathology	50,504	0	0	0	50,504	9.00
10.00	Medical Social Services	94,491	0	0	0	94,491	10.00
11.00	Home Health Aide	65,752	0	0	0	65,752	11.00
12.00	Supplies (see instructions)	0	0	0	17,744	17,744	12.00
13.00	Drugs	0	0	0	255	255	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,483,485	0	78,079	168,402	2,851,678	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	23,352	0	23,352	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	0	1,228,961	-4,664	1,224,297	0	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	850,364	0	850,364	0	6.00
7.00	Physical Therapy	0	368,750	0	368,750	0	7.00
8.00	Occupational Therapy	0	151,505	0	151,505	0	8.00
9.00	Speech Pathology	0	50,504	0	50,504	0	9.00
10.00	Medical Social Services	0	94,491	0	94,491	0	10.00
11.00	Home Health Aide	0	65,752	0	65,752	0	11.00
12.00	Supplies (see instructions)	-130	17,614	0	17,614	0	12.00
13.00	Drugs	-255	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	-385	2,851,293	-4,664	2,846,629	0	24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0026 HHA CCN: 15-7174		Period: From 01/01/2022 To 12/31/2022		Worksheet H-1 Part I Date/Time Prepared: 5/30/2023 4:39 pm	
				Home Health Agency I		PPS	
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
	0	1.00	2.00	3.00	4.00	4A.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0		0		0	2.00
3.00	Plant Operation & Maintenance	23,352	0	0	23,352	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,224,297	0	0	23,352	0	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	850,364	0	0	0	0	6.00
7.00	Physical Therapy	368,750	0	0	0	0	7.00
8.00	Occupational Therapy	151,505	0	0	0	0	8.00
9.00	Speech Pathology	50,504	0	0	0	0	9.00
10.00	Medical Social Services	94,491	0	0	0	0	10.00
11.00	Home Health Aide	65,752	0	0	0	0	11.00
12.00	Supplies (see instructions)	17,614	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,846,629	0	0	23,352	0	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	1,247,649					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	663,520	1,513,884				6.00
7.00	Physical Therapy	287,728	656,478				7.00
8.00	Occupational Therapy	118,216	269,721				8.00
9.00	Speech Pathology	39,407	89,911				9.00
10.00	Medical Social Services	73,729	168,220				10.00
11.00	Home Health Aide	51,305	117,057				11.00
12.00	Supplies (see instructions)	13,744	31,358				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		2,846,629				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0026

Period: From 01/01/2022

Worksheet H-1

HHA CCN: 15-7174

To 12/31/2022

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

Home Health  
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	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)		
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)						
	1.00	2.00						3.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00	
2.00	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
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	0	0	0	0	0	850,364	6.00
7.00	Physical Therapy	0	0	0	0	0	368,750	7.00
8.00	Occupational Therapy	0	0	0	0	0	151,505	8.00
9.00	Speech Pathology	0	0	0	0	0	50,504	9.00
10.00	Medical Social Services	0	0	0	0	0	94,491	10.00
11.00	Home Health Aide	0	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	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	142	18,459	0	-1,247,649	1,598,980	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	23,352	0		1,247,649	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	1.265074	0.000000		0.780278	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0026

Period: From 01/01/2022

Worksheet H-2 Part I

HHA CCN: 15-7174

To 12/31/2022

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

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
	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 Physical Therapy	656,478	0	0	97,465	0	753,943	3.00	
4.00 Occupational Therapy	269,721	0	0	40,044	0	309,765	4.00	
5.00 Speech Pathology	89,911	0	0	13,349	0	103,260	5.00	
6.00 Medical Social Services	168,220	0	0	24,975	0	193,195	6.00	
7.00 Home Health Aide	117,057	0	0	17,379	0	134,436	7.00	
8.00 Supplies (see instructions)	31,358	0	0	0	0	31,358	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	2,846,629	54,687	16,459	656,412	11,574	3,585,761	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.000000	21.00	
Cost Center Description	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
	5.02	6.00	7.00	8.00	9.00	10.00		
1.00 Administrative and General	48,609	0	92,597	0	43,860	0	1.00	
2.00 Skilled Nursing Care	263,153	0	0	0	0	0	2.00	
3.00 Physical 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 Health Aide	20,348	0	0	0	0	0	7.00	
8.00 Supplies (see instructions)	4,746	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	542,723	0	92,597	0	43,860	0	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0026

Period: From 01/01/2022

Worksheet H-2

HHA CCN: 15-7174

To 12/31/2022

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

Home Health Agency I

PPS

Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	12.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	12,382	0	0	2,738	0	17,912	1.00
2.00	Skilled Nursing Care	19,082	0	0	0	0	0	2.00
3.00	Physical Therapy	7,217	0	0	0	0	0	3.00
4.00	Occupational Therapy	3,377	0	0	0	0	0	4.00
5.00	Speech Pathology	394	0	0	0	0	0	5.00
6.00	Medical Social Services	2,188	0	0	0	0	0	6.00
7.00	Home Health Aide	324	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	44,964	0	0	2,738	0	17,912	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

  

Cost Center Description		INTERNS & RESIDENTS						
		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	SERVICES-SALARIES & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	
		17.00	19.00	20.00	21.00	22.00	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0026

Period: From 01/01/2022

Worksheet H-2

HHA CCN: 15-7174

To 12/31/2022

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

Home Health Agency I

PPS

Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	539,257	0	539,257				1.00
2.00 Skilled Nursing Care	2,020,880	0	2,020,880	287,443	2,308,323		2.00
3.00 Physical Therapy	875,273	0	875,273	124,494	999,767		3.00
4.00 Occupational Therapy	360,026	0	360,026	51,208	411,234		4.00
5.00 Speech Pathology	119,283	0	119,283	16,966	136,249		5.00
6.00 Medical Social Services	224,624	0	224,624	31,949	256,573		6.00
7.00 Home Health Aide	155,108	0	155,108	22,062	177,170		7.00
8.00 Supplies (see instructions)	36,104	0	36,104	5,135	41,239		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
19.50 Telemedicine	0	0	0	0	0		19.50
20.00 Total (sum of lines 1-19) (2)	4,330,555	0	4,330,555	539,257	4,330,555		20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.142235			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0026  
HHA CCN: 15-7174

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

Worksheet H-2 Part II  
Date/Time Prepared: 5/30/2023 4:39 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00					
1.00	Administrative and General	5,125	18,916	902,119	2,784,790	0	321,159	1.00
2.00	Skilled Nursing Care	0	0	850,364	0	0	1,738,645	2.00
3.00	Physical Therapy	0	0	368,750	0	0	753,943	3.00
4.00	Occupational Therapy	0	0	151,505	0	0	309,765	4.00
5.00	Speech Pathology	0	0	50,504	0	0	103,260	5.00
6.00	Medical Social Services	0	0	94,491	0	0	193,195	6.00
7.00	Home Health Aide	0	0	65,752	0	0	134,436	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	31,358	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	5,125	18,916	2,483,485	2,784,790	0	3,585,761	20.00
21.00	Total cost to be allocated	54,687	16,459	656,412	11,574	0	542,723	21.00
22.00	Unit cost multiplier	10.670634	0.870110	0.264311	0.004156	0	0.151355	22.00
Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	0	5,125	0	5,125	0	18,056	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	27,826	2.00
3.00	Physical Therapy	0	0	0	0	0	10,524	3.00
4.00	Occupational Therapy	0	0	0	0	0	4,925	4.00
5.00	Speech Pathology	0	0	0	0	0	575	5.00
6.00	Medical Social Services	0	0	0	0	0	3,190	6.00
7.00	Home Health Aide	0	0	0	0	0	472	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	5,125	0	5,125	0	65,568	20.00
21.00	Total cost to be allocated	0	92,597	0	43,860	0	44,964	21.00
22.00	Unit cost multiplier	0.000000	18.067707	0.000000	8.558049	0.000000	0.685761	22.00



ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0026  
HHA CCN: 15-7174

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

Worksheet H-2  
Part II  
Date/Time Prepared:  
5/30/2023 4:39 pm  
PPS

Cost Center Description	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
	12.00	13.00	14.00	15.00	16.00	17.00	
1.00 Administrative and General	0	0	48,878	0	2,784,790	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	48,878	0	2,784,790	0	20.00
21.00 Total cost to be allocated	0	0	2,738	0	17,912	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.056017	0.000000	0.006432	0.000000	22.00

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	19.00	20.00	21.00	22.00	23.00	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0026	Period: From 01/01/2022 To 12/31/2022	Worksheet H-3 Part I Date/Time Prepared: 5/30/2023 4:39 pm		
				HHA CCN: 15-7174	Title XVIII		Home Health Agency I	
						PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,308,323		2,308,323	6,362	362.83	1.00
2.00	Physical Therapy	3.00	999,767	0	999,767	3,151	317.29	2.00
3.00	Occupational Therapy	4.00	411,234	0	411,234	1,713	240.07	3.00
4.00	Speech Pathology	5.00	136,249	0	136,249	139	980.21	4.00
5.00	Medical Social Services	6.00	256,573		256,573	295	869.74	5.00
6.00	Home Health Aide	7.00	177,170		177,170	308	575.23	6.00
7.00	Total (sum of lines 1-6)		4,289,316	0	4,289,316	11,968		7.00
				Program Visits				
				Part B				
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles		
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		21140	0	1,511			8.00
8.01	Skilled Nursing Care		26900	0	3			8.01
8.02	Skilled Nursing Care		43780	0	10			8.02
8.03	Skilled Nursing Care		99915	0	204			8.03
9.00	Physical Therapy		21140	0	783			9.00
9.01	Physical Therapy		26900	0	0			9.01
9.02	Physical Therapy		43780	0	0			9.02
9.03	Physical Therapy		99915	0	188			9.03
10.00	Occupational Therapy		21140	0	446			10.00
10.01	Occupational Therapy		26900	0	1			10.01
10.02	Occupational Therapy		43780	0	0			10.02
10.03	Occupational Therapy		99915	0	128			10.03
11.00	Speech Pathology		21140	0	46			11.00
11.01	Speech Pathology		26900	0	0			11.01
11.02	Speech Pathology		43780	0	0			11.02
11.03	Speech Pathology		99915	0	0			11.03
12.00	Medical Social Services		21140	0	75			12.00
12.01	Medical Social Services		26900	0	0			12.01
12.02	Medical Social Services		43780	0	0			12.02
12.03	Medical Social Services		99915	0	16			12.03
13.00	Home Health Aide		21140	0	89			13.00
13.01	Home Health Aide		26900	0	0			13.01
13.02	Home Health Aide		43780	0	0			13.02
13.03	Home Health Aide		99915	0	31			13.03
14.00	Total (sum of lines 8-13)			0	3,531			14.00
Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 + col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	41,239	0	41,239	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0026

Period: From 01/01/2022

Worksheet H-3

HHA CCN: 15-7174

To 12/31/2022

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

Title XVIII

Home Health Agency I

PPS

Cost Center Description	Program Visits			Cost of Services		Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	Part A	Part B		Part A	Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance			Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	1,728		0	626,970	1.00	
2.00	Physical Therapy	0	971		0	308,089	2.00	
3.00	Occupational Therapy	0	575		0	138,040	3.00	
4.00	Speech Pathology	0	46		0	45,090	4.00	
5.00	Medical Social Services	0	91		0	79,146	5.00	
6.00	Home Health Aide	0	120		0	69,028	6.00	
7.00	Total (sum of lines 1-6)	0	3,531		0	1,266,363	7.00	
Cost Center Description								
		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care						8.00	
8.01	Skilled Nursing Care						8.01	
8.02	Skilled Nursing Care						8.02	
8.03	Skilled Nursing Care						8.03	
9.00	Physical Therapy						9.00	
9.01	Physical Therapy						9.01	
9.02	Physical Therapy						9.02	
9.03	Physical Therapy						9.03	
10.00	Occupational Therapy						10.00	
10.01	Occupational Therapy						10.01	
10.02	Occupational Therapy						10.02	
10.03	Occupational Therapy						10.03	
11.00	Speech Pathology						11.00	
11.01	Speech Pathology						11.01	
11.02	Speech Pathology						11.02	
11.03	Speech Pathology						11.03	
12.00	Medical Social Services						12.00	
12.01	Medical Social Services						12.01	
12.02	Medical Social Services						12.02	
12.03	Medical Social Services						12.03	
13.00	Home Health Aide						13.00	
13.01	Home Health Aide						13.01	
13.02	Home Health Aide						13.02	
13.03	Home Health Aide						13.03	
14.00	Total (sum of lines 8-13)						14.00	
Program Covered Charges								
Cost Center Description	Part A	Part B		Part A	Part B		Subject to Deductibles & Coinsurance	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	6.00	7.00	8.00	9.00	10.00	11.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	70,241	0	0	0	15.00	
16.00	Cost of Drugs		0	0		0	16.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0026  
HHA CCN: 15-7174

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

Worksheet H-3  
Part I  
Date/Time Prepared:  
5/30/2023 4:39 pm

Title XVIII

Home Health  
Agency I

PPS

Cost Center Description		Total Program Cost (sum of cols. 9-10)		
		12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION				
Cost Per Visit Computation				
1.00	Skilled Nursing Care	626,970		1.00
2.00	Physical Therapy	308,089		2.00
3.00	Occupational Therapy	138,040		3.00
4.00	Speech Pathology	45,090		4.00
5.00	Medical Social Services	79,146		5.00
6.00	Home Health Aide	69,028		6.00
7.00	Total (sum of lines 1-6)	1,266,363		7.00
Cost Center Description		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0026  
HHA CCN: 15-7174

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

Worksheet H-3  
Part II  
Date/Time Prepared:  
5/30/2023 4:39 pm  
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Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>							
1.00	Physical 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 15.00	4.00
5.00	Cost of Drugs	73.00	0.204752	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0026 HHA CCN: 15-7174	Period: From 01/01/2022 To 12/31/2022	Worksheet H-4 Part I-II Date/Time Prepared: 5/30/2023 4:39 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	643,244
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	182,320
13.00	Total PPS Reimbursement - LUPA Episodes		0	12,844
14.00	Total PPS Reimbursement - PEP Episodes		0	745
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	47,404
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	886,557
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	886,557
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	886,557
27.00	Allowable bad debts (from your records)		0	0
27.01	Adjusted reimbursable bad debts (see instructions)		0	0
28.00	Allowable bad debts for dual eligible (see instructions)		0	0
29.00	Total costs - current cost reporting period (see instructions)		0	886,557
30.00	ROUNDING		0	1
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	886,558
31.01	Sequestration adjustment (see instructions)		0	10,823
31.02	Demonstration payment adjustment after sequestration		0	0
31.75	Sequestration adjustment for non-claims based amounts (see instructions)		0	0
32.00	Interim payments (see instructions)		0	875,735
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 31.75, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 15-0026  
HHA CCN: 15-7174

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

Worksheet H-5  
Date/Time Prepared:  
5/30/2023 4:39 pm  
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		875,735	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		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
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		875,735	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0026

Period: From 01/01/2022

Worksheet 0

Hospice CCN: 15-1527

To 12/31/2022

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

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	275,344	0	275,344	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	4,771	4,771	0	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	857	857	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	60,536	60,536	-354	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	40,485	40,485	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	13.00
14.00	PHARMACY*	0	175,911	175,911	-175,911	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	300,945	300,945	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	572,079	894,934	1,467,013	0	28.00
29.00	LPN/LVN**	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	333,061	0	333,061	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	137,085	137,085	-137,085	38.00
39.00	PATIENT TRANSPORTATION**	0	5,352	5,352	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	46.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	71.00
100.00	TOTAL	1,180,484	1,620,876	2,801,360	-313,350	2,488,010

\* 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.



ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0026

Period: From 01/01/2022

Worksheet 0

Hospice CCN: 15-1527

To 12/31/2022

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	275,344	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	4,771	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	857	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	60,182	10.00
11.00	MEDICAL RECORDS*	0	0	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	0	15.00
16.00	OTHER GENERAL SERVICE*	0	300,945	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	1,467,013	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	33.00
34.00	SPIRITUAL COUNSELING**	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	333,061	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	5,352	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
<b>NONREIMBURSABLE COST CENTERS</b>				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	0	2,488,010	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 15-0026 Hospice CCN: 15-1527	Period: From 01/01/2022 To 12/31/2022	Worksheet 0-2 Date/Time Prepared: 5/30/2023 4:39 pm
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		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>						
25.00	INPATIENT CARE-CONTRACTED					25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	567,750	888,163	1,455,913	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	330,541	0	330,541	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	136,048	136,048	-136,048	38.00
39.00	PATIENT TRANSPORTATION	0	5,312	5,312	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	46.00
100.00	TOTAL *	898,291	1,029,523	1,927,814	-136,048	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	1,455,913	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	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	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	1,791,766	100.00

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



ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN: 15-0026 Hospice CCN: 15-1527	Period: From 01/01/2022 To 12/31/2022	Worksheet 0-4 Date/Time Prepared: 5/30/2023 4:39 pm
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		SALARIES	OTHER	SubTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI- CATIONS	SubTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	2,460	3,848	6,308	0	6,308	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	1,432	0	1,432	0	1,432	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	589	589	-589	0	38.00
39.00	PATIENT TRANSPORTATION	0	23	23	0	23	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	3,892	4,460	8,352	-589	7,763	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	6,308	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	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	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	7,763	100.00

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

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

Provider CCN: 15-0026

Period: From 01/01/2022

Worksheet 0-5

Hospice CCN: 15-1527

To 12/31/2022

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

Descriptions		Hospice I		
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols. 1 + 2)
		1.00	2.00	3.00
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0
3.00	EMPLOYEE BENEFITS DEPARTMENT	275,344	312,014	587,358
4.00	ADMINISTRATIVE & GENERAL	4,771	475,227	479,998
5.00	PLANT OPERATION & MAINTENANCE	0	0	0
6.00	LAUNDRY & LINEN SERVICE	0	0	0
7.00	HOUSEKEEPING	0	0	0
8.00	DIETARY	857	0	857
9.00	NURSING ADMINISTRATION	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES	60,182	53,806	113,988
11.00	MEDICAL RECORDS	0	40,173	40,173
12.00	STAFF TRANSPORTATION	40,485	0	40,485
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0
14.00	PHARMACY	0	0	0
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0
16.00	OTHER GENERAL SERVICE	300,945	0	300,945
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0
<b>LEVEL OF CARE</b>				
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0
51.00	HOSPICE ROUTINE HOME CARE	1,791,766	0	1,791,766
52.00	HOSPICE INPATIENT RESPIRE CARE	5,897	0	5,897
53.00	HOSPICE GENERAL INPATIENT CARE	7,763	0	7,763
<b>NONREIMBURSABLE COST CENTERS</b>				
60.00	BEREAVEMENT PROGRAM	0	0	0
61.00	VOLUNTEER PROGRAM	0	0	0
62.00	FUNDRAISING	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0
64.00	PALLIATIVE CARE PROGRAM	0	0	0
65.00	OTHER PHYSICIAN SERVICES	0	0	0
66.00	RESIDENTIAL CARE	0	0	0
67.00	ADVERTISING	0	0	0
68.00	TELEHEALTH/TELEMONITORING	0	0	0
69.00	THRIFT STORE	0	0	0
70.00	NURSING FACILITY ROOM & BOARD	0	0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0
99.00	NEGATIVE COST CENTER	0	0	0
100.00	TOTAL	2,488,010	881,220	3,369,230

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1527

To 12/31/2022

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

Descriptions	Hospice I				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT	0	0			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	587,358	0	0	587,358	3.00
4.00	ADMINISTRATIVE & GENERAL	479,998	0	0	587,358	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	7.00
8.00	DIETARY	857	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	113,988	0	0	0	10.00
11.00	MEDICAL RECORDS	40,173	0	0	0	11.00
12.00	STAFF TRANSPORTATION	40,485	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	300,945	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		17.00
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,791,766			0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	5,897	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	7,763	0	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0				70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	3,369,230	0	0	587,358	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1527

To 12/31/2022

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

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00 ADMINISTRATIVE & GENERAL	1,067,356					4.00
5.00 PLANT OPERATION & MAINTENANCE	0	0				5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00 HOUSEKEEPING	0	0		0		7.00
8.00 DIETARY	397	0		0	1,254	8.00
9.00 NURSING ADMINISTRATION	0	0		0		9.00
10.00 ROUTINE MEDICAL SUPPLIES	52,855	0		0		10.00
11.00 MEDICAL RECORDS	18,628	0		0		11.00
12.00 STAFF TRANSPORTATION	18,772	0		0		12.00
13.00 VOLUNTEER SERVICE COORDINATION	0	0		0		13.00
14.00 PHARMACY	0	0		0		14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0		15.00
16.00 OTHER GENERAL SERVICE	139,545	0		0		16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
<b>LEVEL OF CARE</b>						
50.00 HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00 HOSPICE ROUTINE HOME CARE	830,825					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	2,734	0	0	0	541	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	3,600	0	0	0	713	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00 BEREAVEMENT PROGRAM	0	0		0		60.00
61.00 VOLUNTEER PROGRAM	0	0		0		61.00
62.00 FUNDRAISING	0	0		0		62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00 PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00 OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00 RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00 ADVERTISING	0	0		0		67.00
68.00 TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00 THRIFT STORE	0	0		0		69.00
70.00 NURSING FACILITY ROOM & BOARD						70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00 TOTAL	1,067,356	0	0	0	1,254	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1527

To 12/31/2022

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

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	NURSING ADMINISTRATION	0				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	166,843			10.00
11.00	MEDICAL RECORDS	0		58,801		11.00
12.00	STAFF TRANSPORTATION	0			59,257	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	13.00
14.00	PHARMACY	0			0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	15.00
16.00	OTHER GENERAL SERVICE	0			0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0			0	17.00
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	165,581	58,356	59,257	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	545	192	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	717	253	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM	0			0	60.00
61.00	VOLUNTEER PROGRAM	0			0	61.00
62.00	FUNDRAISING	0			0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	65.00
66.00	RESIDENTIAL CARE	0			0	66.00
67.00	ADVERTISING	0			0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	68.00
69.00	THRIFT STORE	0			0	69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	0	166,843	58,801	59,257	100.00



COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1527

To 12/31/2022

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

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	0					14.00
15.00	0	0				15.00
16.00	0		440,490			16.00
17.00				0		17.00
<b>LEVEL OF CARE</b>						
50.00	0	0	0		0	50.00
51.00	0	0	0		2,905,785	51.00
52.00	0	0	440,490	0	450,399	52.00
53.00	0	0	0	0	13,046	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	0		0		0	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00					0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	0	0	440,490	0	3,369,230	100.00

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

Provider CCN: 15-0026

Hospice CCN: 15-1527

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

Worksheet 0-6  
Part II  
Date/Time Prepared:  
5/30/2023 4:39 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	HOSPICE I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIX	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	275,342			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	275,342	-1,067,356	2,301,874	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	857	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	113,988	10.00
11.00	MEDICAL RECORDS	0	0	0	0	40,173	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	40,485	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	300,945	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			0	0	1,791,766	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	5,897	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	7,763	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	587,358		1,067,356	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	2.133194		0.463690	101.00

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

Provider CCN: 15-0026

Period:

Worksheet 0-6

Hospice CCN: 15-1527

From 01/01/2022  
To 12/31/2022

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

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION  (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	0					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	183		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	79	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	104	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)				1,254		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000	6.852459	0.000000	101.00

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

Provider CCN: 15-0026

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1527

To 12/31/2022

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

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	24,185					10.00
11.00	MEDICAL RECORDS		24,185				11.00
12.00	STAFF TRANSPORTATION			194,787			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0		13.00
14.00	PHARMACY				0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES				0	0	15.00
16.00	OTHER GENERAL SERVICE				0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0	0	17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	24,002	24,002	194,787	0	0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	79	79	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	104	104	0	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	166,843	58,801	59,257	0	0	100.00
101.00	UNIT COST MULTIPLIER	6.898615	2.431300	0.304214	0.000000	0.000000	101.00

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

Provider CCN: 15-0026

Period:

Worksheet 0-6

Hospice CCN: 15-1527

From 01/01/2022  
To 12/31/2022

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

Cost Center Descriptions		Hospice I			
		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	
		15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	CAP REL COSTS-BLDG & FIXT				1.00
2.00	CAP REL COSTS-MVBLE EQUIP				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT				3.00
4.00	ADMINISTRATIVE & GENERAL				4.00
5.00	PLANT OPERATION & MAINTENANCE				5.00
6.00	LAUNDRY & LINEN SERVICE				6.00
7.00	HOUSEKEEPING				7.00
8.00	DIETARY				8.00
9.00	NURSING ADMINISTRATION				9.00
10.00	ROUTINE MEDICAL SUPPLIES				10.00
11.00	MEDICAL RECORDS				11.00
12.00	STAFF TRANSPORTATION				12.00
13.00	VOLUNTEER SERVICE COORDINATION				13.00
14.00	PHARMACY				14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			15.00
16.00	OTHER GENERAL SERVICE		405,595		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0	17.00
<b>LEVEL OF CARE</b>					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0		50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	405,595	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>					
60.00	BEREAVEMENT PROGRAM		0		60.00
61.00	VOLUNTEER PROGRAM		0		61.00
62.00	FUNDRAISING		0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0		63.00
64.00	PALLIATIVE CARE PROGRAM		0		64.00
65.00	OTHER PHYSICIAN SERVICES		0		65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING		0		67.00
68.00	TELEHEALTH/TELEMONITORING		0		68.00
69.00	THRIFT STORE		0		69.00
70.00	NURSING FACILITY ROOM & BOARD		0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER				99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	440,490	0	100.00
101.00	UNIT COST MULTIPLIER	0.000000	1.086034	0.000000	101.00

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

Provider CCN: 15-0026

Period: From 01/01/2022

Worksheet 0-7

Hospice CCN: 15-1527

To 12/31/2022

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

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.485200	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.282058	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.340068	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.204752	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.323033	0	0	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.447780	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.377877	0	0	0	9.00
10.00	NUTRITION THERAPY	76.00	1.331801	0	0	0	10.00
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
6.01	BLOOD LABORATORY	0	0	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	NUTRITION THERAPY	0	0	0	0	0	10.00
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0026

Period:

Worksheet 0-8

Hospice CCN: 15-1527

From 01/01/2022  
To 12/31/2022

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

		Hospice I			
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL	
		1.00	2.00	3.00	
<b>HOSPICE CONTINUOUS HOME CARE</b>					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
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	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
<b>HOSPICE ROUTINE HOME CARE</b>					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			2,905,785	6.00
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	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	18,118	0		9.00
10.00	Program cost (line 8 times line 9)	2,193,365	0		10.00
<b>HOSPICE INPATIENT RESPITE CARE</b>					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			450,399	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			79	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			5,701.25	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	39	0		14.00
15.00	Program cost (line 13 times line 14)	222,349	0		15.00
<b>HOSPICE GENERAL INPATIENT CARE</b>					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			13,046	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			104	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			125.44	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	70	0		19.00
20.00	Program cost (line 18 times line 19)	8,781	0		20.00
<b>TOTAL HOSPICE CARE</b>					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			3,369,230	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			24,185	22.00
23.00	Average cost per diem (line 21 divided by line 22)			139.31	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0026	Period: From 01/01/2022 To 12/31/2022	Worksheet L Parts I-III Date/Time Prepared: 5/30/2023 4:39 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		892,023	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		12,668	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		53.23	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		904,691	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00